

## **Defund the Police: A Public Health Care Advocate's Perspective**

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Currently, there is a conversation raging across North America around systemic racism and police violence, which has highlighted the ways that the over-policing of black, Indigenous and racialized communities has intruded into public service provision.

Systemic racism permeates every aspect of health.<sup>i</sup> The relationship between the structural barriers that impact income level, employment, access to food, education and housing, etc. and the disproportionately high rates of health issues experienced by racialized communities is well established in literature on the social determinants of health.<sup>ii</sup> Compounding this, the stress of racial discrimination itself has been shown to negatively impact health outcomes.<sup>iii</sup>

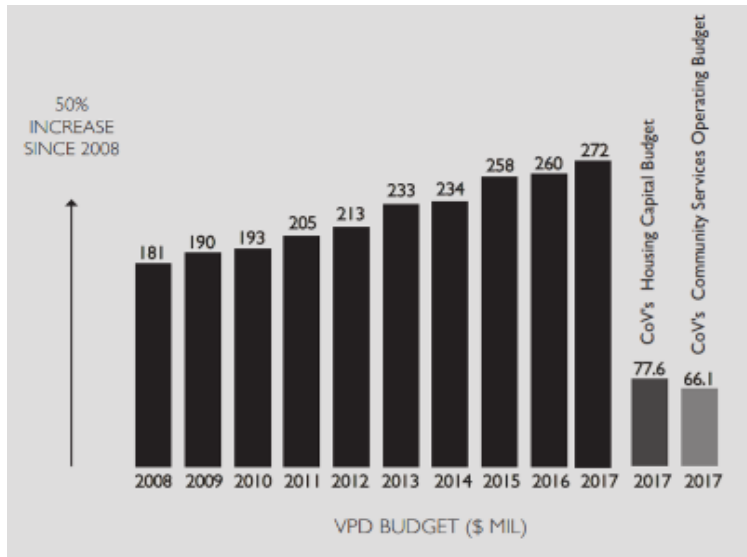
Then there are of course the ways racism shapes provision of and access to health care services, which the current organizing has highlighted.

### **The impact of police in providing mental health services**

Community organizers have justifiably called into question the role of police in providing health care and other public services. In Canada at least four people, all of whom were racialized, have been killed since April during police conducted “wellness checks”.<sup>iv</sup> “Wellness checks” have no standardized definition but are generally associated with incidents where emergency services are called by or for an individual who is experiencing mental health distress. Increased funding and empowering of police as first responders to people in mental health distress has led to a dramatic increase in apprehensions under the Mental Health Act. As the Carnegie Community Action Project shares, the increase in the Vancouver Police Department’s embedment in mental health outreach “ignores the real harms done by police and makes people fearful of coming forward if they need assistance for fear they will be forced to engage with cops.”<sup>v</sup> Between 2000 and 2017, police were involved in at least 460 fatal interactions with civilians across Canada.<sup>vi</sup> 70 percent of people who died during encounters with police suffered from mental health or substance abuse problems. Per capita, Indigenous and Black people are “overwhelmingly overrepresented” in police killings.<sup>vii</sup>

### **Austerity and Increases to Police Budgets**

Increased austerity measures often spur further government investment in policing because neoliberalism depends on police enforcement to function. The chronic underfunding and cutting of social services marginalizes individuals and communities, resulting in social unrest and an increase in “crimes” driven by the necessity to meet basic needs while living in poverty. The Carnegie Community Action Project’s analysis<sup>viii</sup> in 2017 of Vancouver Police Department funding within the City of Vancouver’s budget demonstrates a dramatic increase of almost \$100 million over 10 years, which is far more than the City’s housing investment and community services budget:



As a result, police are often stepping into roles they are not equipped for or meant to do. For example, during a time when the education system has been faced with a funding crisis leading to overcrowded classrooms and understaffing, police in school programs have emerged to address conflicts which schools no longer have the resources to address.

### **The goals of policing contradict the goals of Public Health Care**

Police intrusion into mental and public health care undermines the goals these services are trying to achieve. In Project Inclusion, Pivot Legal shared how “in the context of longstanding public health efforts to reduce rates of Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) among people who use drugs and an unprecedented opioid crisis, police are routinely disrupting harm reduction activities and contributing to less safe substance use practices.”<sup>ix</sup>

Police services are simply not designed to provide care. Due to the relationship between policing and neoliberalism, police actions and practices are not required to be evidence-based. In fact, police practises in handling of domestic and sexual violence cases, has continually been revealed to be counterproductive and it has been shown that increases to police spending do not lead to increases to community safety.<sup>x</sup> These practises have a long history of institutionalized racism. Police forces in North America were created as a racially directed system of law enforcement with an explicitly colonial and racist agenda.<sup>xi</sup> The NWMP, which eventually became the RCMP, was created in 1873 to control Indigenous populations, facilitate the transfer of Indigenous territory to the federal government and to help force Indigenous people onto reserves. In the southern U.S. the first police departments were called “slave patrols and night watches” tasked with ensuring that slaves would not escape or revolt.

As stated in *Red Women Rising: Indigenous Women Survivors in Vancouver's Downtown Eastside*,<sup>xii</sup> “fundamentally, the criminal justice system is an inappropriate and oppressive tool to resolve social and economic issues.”

## Defund The Police and Fund Social Services

As Black Lives Matter and other community organizers have made clear, we need to consciously redirect police and RCMP funds into essential community services.

There alternative models to police as first line crisis responders, which use integrated teams that include specialized psychiatry nurses, crisis workers and paramedics.<sup>xiii</sup> There are also evidence-based solutions that can actually create structural shifts. Community Health Centres (CHCs) are community-governed, non-profit primary care organizations that provide integrated health care and social services **with a focus on addressing the social determinants of health**. CHCs are responsive to the patients/members they serve and provide a community of care where a broad team of health care practitioners and community outreach staff with lived experience work together to improve health outcomes. CHC's, such as TAIBU Community Health Centre which primarily serves the Black Community across the Greater Toronto Area, are more responsive and equipped to address the health needs of diverse populations. When funded and resourced effectively this type of integrated preventative care provision can effectively reduce the need for-emergency services.

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<sup>i</sup> The Local, ["The Health Effects of Anti-Black Racism"](#)

<sup>ii</sup> Toronto Public Health, [Racialization and Health Inequities in Toronto](#)

<sup>iii</sup> Lauderdale, Diane S. "Birth outcomes for Arabic-named women in California before and after September 11."

<sup>iv</sup> CBC, ["Recent deaths prompt questions about police wellness checks"](#)

<sup>v</sup> Carnegie Community Action Project, [No Pill For This Ill: Our Community Vision of Mental Health](#)

<sup>vi</sup> CBC, [Deadly force Fatal encounters with police in Canada: 2000-2007](#)

<sup>vii</sup> Pivot Legal Society, [17 years of police violence in Canada](#)

<sup>viii</sup> Carnegie Community Action Project, [No Pill For This Ill: Our Community Vision of Mental Health](#)

<sup>ix</sup> Pivot Legal Society, Project Inclusion: Confronting Anti-Homeless & Anti-Substance User Stigma in B.C.

<sup>x</sup> Wired, ["why defunding the police would actually make our streets safer"](#).

<sup>xi</sup> Global News, ["What does 'defund the police' really mean?"](#)

<sup>xii</sup> Downtown Eastside Women's Centre, [Red Women Rising: Indigenous Women Survivors in Vancouver's Downtown Eastside](#)

<sup>xiii</sup> International Journal of Mental Health, [First-year follow-up of the Psychiatric Emergency Response Team \(PAM\) in Stockholm County, Sweden: A descriptive study](#)