

POLICING AND PUBLIC HEALTH IN PAKISTAN

Zoha Waseem*



Discussions on the COVID-19 pandemic have recognised a number of ways in which the crisis is affecting policing and police response: the [vulnerability of police personnel](#) and their [exposure to the virus](#), their propensity to [over-police ethnic and racial minorities](#) and criminalise the poor, their [confusion over official guidelines](#), and their [struggle to enforce social distancing](#) measures. Indeed, in most countries, [pre-existing pandemic plans have traditionally excluded the role of the police](#), so policing organisations have had little prior guidance to rely upon. The police have also been required to shift priorities and resources to address changes in crime patterns with an increase in [domestic violence](#), [child abuse](#), [cybercrime](#), and [crimes against older people](#) during the current crisis. The case of Pakistan and police response to the public health emergency (PHE) is no different. However, it presents scholars, policymakers and practitioners interested in policing and police reforms a unique opportunity to learn how such crises can be managed by law enforcement agencies in countries and contexts where [evidence-based policing](#) is non-existent and where public trust in the police has been low.

This article is divided into three sections. In the first, I briefly discuss how the COVID-19 emergency has affected policing in Pakistan in the weeks since the lockdown was enforced in late March. In the second, I analyse how the emergency — and subsequent police response — is likely to affect public perceptions of the police and police legitimacy going forward. Finally, I explore the intersection between law enforcement and public health (LEPH), a growing area of academic interest, and the possibility of its development in Pakistan for improving the role of the police in public health security.

Pakistan's Response to COVID-19 and the Impact on Public Policing

During the approximately seven weeks of lockdown in Pakistan, that began gradually in late March and ended in mid-May, more than 500 police officers contracted the virus. More than 170 police officials had tested positive in Sindh (including a senior officer in charge of police welfare) and approximately 300 had tested positive in Punjab. Five policemen had died after contracting the virus in Karachi, the city most affected by COVID-19 in Pakistan, while two had died in the city of Lahore. These numbers are likely to increase in the coming weeks with the lockdown lifted entirely.

Since the first cases of COVID-19 were reported in late February and early March, policing organisations have seen an increase in their routine mandates and most provincial police departments have had to design relevant guidelines for PHEs — from scratch, in most cases — and struggled to educate the workforce. The guidelines issued by some police departments have included information for police officers on how to use PPE (the provision of which is still limited), interact with visitors at police stations, and keep their equipment and workspaces clean. Police leadership has advised officers in the field to maintain social distancing, which seems like an unrealistic expectation in this line of work. [Police leadership have also promised to allocate funds](#) for the treatment of infected police personnel and families of police officials who die after contracting the virus. Officer well-being is thus seemingly recognised, although there is no evidence yet to suggest that there is any preparation under way to help officers cope with psychological stress, trauma, and anxieties.

Much of the measures designed for public health security and relied upon by law enforcement agencies in the current crisis are likely to raise concerns about civil liberties. In Khyber Pakhtunkhwa, for instance, the police have relied upon [drone cameras to monitor lockdown violations](#). In Punjab, more than [27,000 people have been arrested](#) for violating the lockdown across the province. More than [4,000 people were detained by the police in Karachi](#) alone in the first month of the lockdown (of which 1,700 were charged). As more information is disclosed about the number of people arrested across the country, the police are likely going to receive backlash from members of the civil society.

Police response to COVID-19 in Pakistan has been coloured by three prominent factors: (1) [disagreements between provincial and federal governments](#) over how the lockdown is to be imposed and policed; (2) a [lack of compliance to health restrictions on the part of religious groups](#) and clerics who have refused to close down mosques to prevent congregations or cancel religious processions; and (3) the structural inadequacies of policing organisations that lead to reliance upon legal frameworks that [criminalise public assembly](#) during a time of crisis and upon traditional practices that have [tolerated corporal punishment](#) on the part of the constabulary.

Effects on Public Perceptions of the Police

Research on public perceptions of the police in Pakistan is severely limited, which is why there is little evidence upon which a baseline understanding of public trust in the police can be developed. Nevertheless, police corruption has been a well-recognised problem and the police were ranked by Transparency International as the [most corrupt institution between 2002 and 2010](#). But financial corruption has been just one of the reasons for low public trust in the police; as my research on policing in Karachi shows, [extrajudicial killings](#) as well as police inefficiency and incompetence that has resulted in [military interventions in routine policing](#) have adversely affected the legitimacy of the civilian police. How then is police response to COVID-19 emergency measures – enforcing lockdowns and social distancing, restricting movement, and punishing violations – likely to impact public perceptions of the police?

In the first few weeks of the lockdown, as people tried to make sense of the virus and the subsequent health restrictions, there was observable outpouring of sympathy for police officers. On social media and [in the press](#), observers otherwise critical of the police referred to these frontline responders as ‘heroes’. In private discussions, residents otherwise resentful of stop-and-search tactics, voiced their support for police officers manning checkpoints and politely asking commuters to return home. Elsewhere, the [manhandling of police officers](#) by mosque-goers on at least two separate occasions in Karachi further led to citizens publicly expressing their support for police officers and condemning non-compliance on the part of certain religious groups.

However, in their reliance upon existing frameworks such as [Section 144](#) – colonial era legislation that allows the police to arrest citizens for unlawful assembly, coupled with the increasing number of people being detained and punished by the police, an observable return to public criticism of the police has occurred. Furthermore, during a [doctor’s protest against the lack of provisions](#) and PPE available to them, police personnel publicly resorted to the disproportionate use of force and detained dozens of healthcare workers, leading to a widespread outcry against police high-handedness.

These fluctuating public sentiments indicate how fragile public trust in the Pakistani police is and how unlikely it is to improve during or after this pandemic. A similar blend of sympathy and contempt has been seen in the context of policing and counterterrorism in Pakistan: public support in favour of police officials tends to increase in the aftermath of an attack against police officers, but decreases when innocent civilians are killed in counterterrorism operations led by the police against suspected terrorists. In the long-term, therefore, in the aftermath of the COVID-19 emergency, public perceptions of the police are unlikely to improve.

There is also something to be said here of the inability of the police to adequately disseminate information to the public or maintain communication with concerned citizens at the time of a PHE. There is a lack of online communication strategies that police officers in Pakistan can rely upon. Police use of social media in Pakistan has developed in response to how policing organisations around the world have turned to social media, such as Facebook and Twitter. This itself is a contentious area, and police use of online communication has been inconsistent in most parts of the world. In the current emergency, therefore, there is little guidance and fewer resources that police departments can dedicate to social media campaigns. What this results in, in the case of Pakistan, is that police accounts respond to civilian grievances and queries in an ad hoc, cherry-picking manner that caters more towards police propaganda and does little to establish trust in a time of uncertainty and insecurity.

Nevertheless, there is some indication that [the top echelons in the police realise](#) that successful policing depends on public cooperation, compliance and flexible communication. In this regard, what needs to be developed is stronger multi-agency cooperation between law enforcement and public health.

Exploring the Intersections of Law Enforcement and Public Health in Pakistan

Law Enforcement and Public Health (LEPH), an [emerging and developing area of research](#), asks the police to reimagine their role as a service provider with a public health function, rather than simply law enforcers, crime-controllers or providers of public security. This is hardly a simple ask. LEPH calls for greater multi-agency collaboration and partnership between the police and public health sector and emphasis developing context-specific understandings of how the two sectors can best intersect to prevent harm and minimise violence. It demands that community policing be at the heart of policing styles and policies, to protect those most vulnerable (e.g. victims of domestic violence, child abuse, criminal exploitation and grooming, as well as drug addicts, sex workers, and homeless persons). It recognises that the socio-economically disadvantaged groups and marginalised communities that are likely to suffer most during a PHE – such as COVID-19 – are also most likely to be criminalised and penalised by the criminal justice system. It further necessitates gravitating away from criminalisation and punishment as the primary responses to public health violations, [practices for which law enforcement agencies are being criticised globally](#) in their enforcement of COVID-19 restrictions.

In Pakistan, there has traditionally been [little cooperation and collaboration](#) between these two sectors. Instead, [mistrust between public health workers \(such as ambulance drivers\) and the police](#), often due to harassment of the former by the police, has resulted in weak relations between the two. Nevertheless, there is one area that might provide a foundation upon which LEPH can develop in Pakistan: the anti-polio vaccination campaign.

In 2014, the World Health Organisation declared the spread of poliovirus a global health emergency of international concern. That year, Pakistan established polio emergency operation centres to supervise the campaign and dedicate police teams — [however ill-equipped and ill-prepared](#) — to guard polio workers. Since then, police departments have been tasked with providing security to anti-polio vaccination campaigners and workers as they travel across the country to provide the vaccine to the country's 35 million children. [Dozens of police officials have been killed in attacks](#) by militant groups who consider the vaccine to be anti-Islamic. Moreover, the provision of public security for the campaign has intersected with Pakistan's anti-terrorism operations in which the same police have played a seminal role, becoming one of the state institutions perhaps most affected by terrorist attacks. Over the last decade, therefore, field officers have oscillated between countering terrorism through a militarised approach and community policing with a public health function. Unfortunately, investments in the latter have not been adequately prioritised.

The only possibility that might allow police departments in Pakistan to bridge the gap between law enforcement and public health to better police response to PHEs such as COVID-19 is to learn from police partnership with healthcare workers during the anti-polio campaign and make that a base of knowledge-building. In particular, this necessitates learning from the experiences of the police personnel posted to protect the field immunisation staff, who have direct interactions with healthcare workers as they accompany them in their door-to-door efforts. It also means dedicating adequate training and resources to these police teams and personnel.

The COVID-19 pandemic is changing police practices worldwide and potentially laying foundations for organisational change and reform. One of the core offerings of LEPH is the importance it places on multi-agency partnerships. Police partnerships with agencies outside of law enforcement sectors will be absolutely crucial for strengthening the public health function of the police. Luckily, Pakistani police departments have the recent history of liaising with healthcare workers in the country's anti-polio vaccination campaign. It is now up to the police to capitalise on this relationship, develop it, and foster the exchange of knowledge between policing and public health.

* Zoha Waseem is a postdoctoral research fellow at the Institute for Global City Policing, University College London.