

# Unwarranted Interventions?

Not all policing occurs on city streets or in residential communities. Scrutiny of American policing practices is beginning to turn to hospitals and emergency rooms as sites of modern law enforcement and investigation.<sup>1</sup> Police officers are frequently present in emergency rooms to serve as security, but the lines between security and surveillance are blurred in some cases. In hospitals, police officers may easily obtain patient names—when a patient signs in, in the waiting room, or when a visitor checks in—and they can search for outstanding arrest warrants. In some jurisdictions, officers have parked outside of emergency rooms at patient drop-off zones and scanned the plates of all incoming traffic to likewise search for warrants. Finally, patients’ bodies and belongings may be subject to search upon emergency room entry and admission.

In some states, mandatory reporting requirements can require hospital staff to activate police involvement. For example, in North Carolina, physicians are mandated to report to the police any gunshot wound, any stab wound which appears to be the result of a criminal act, or any serious, non-accidental injury to a minor.<sup>2</sup>

Critics of these practices have argued that police are opportunistically taking advantage of people at their most vulnerable: specifically, when they are suffering from potentially life-threatening sickness or injury and in need of medical care. Individuals may forgo necessary medical care in order to avoid potential encounters with law enforcement, even for lower-level misdemeanor charges of shoplifting or drug possession, or for minor parole violations. Healthcare is a right to which even prisoners are entitled, critics argue, so hospitals should not be allowed to serve effectively as “traps” for those not yet convicted of crimes.

Defenders of policing in emergency rooms argue that physicians, nurses, and staff have a right to know they are safe from potentially violent offenders, and that warrant screenings are the best way of effectuating this. They contend that any member of the public without an active warrant against them has nothing to fear. Finally, law enforcement agencies point out that arrest warrants are issued when there is probable cause or a reasonable likelihood of an individual’s criminal activity, and that suspects should not be able to escape responsibility just because they get sick or injured. It sets a bad precedent, they hold, to tell police officers to turn a blind eye to crime just because someone falls ill.

## DISCUSSION QUESTIONS

1. Are there compromises that could be reached on this issue, or does any police presence in the hospital effectively deprive some portion of the public from access to emergency healthcare?
2. Should decisions about policing be left up to individual hospitals and law enforcement departments, based on local needs, or would such regional flexibility perpetuate the very uncertainty that keeps some people from receiving healthcare?
3. Are police officers in or around emergency rooms acting in a predatory fashion, or are they just efficiently fulfilling their socially assigned jobs?

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<sup>1</sup> <https://harvardlawreview.org/wp-content/uploads/2021/06/134-Harv-L.-Rev.-2646.pdf>

<sup>2</sup> [https://www.ncleg.gov/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_90/GS\\_90-21.20.html](https://www.ncleg.gov/EnactedLegislation/Statutes/HTML/BySection/Chapter_90/GS_90-21.20.html)

