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The harms of police frisking in times of a pandemic

The lack of personal protective equipment (PPE) among health-care workers in the UK has been an integral part of the debate on the UK Government's failure in dealing with the COVID-19 pandemic.¹ Similar to the close contact that is expected between patients and health-care staff, which could put both at risk of transmissible disease in the absence of appropriate measures, members of the public can also come in close contact with police staff during the process of frisking. The chances of being stopped and frisked by the police are dramatically (up to 10 fold) increased for Black, Asian, and Minority Ethnic (BAME) individuals² in the UK who are also disproportionately affected by the risks of COVID-19.³

On the afternoon of June 11, 2020, I was stopped by two officers from the Merseyside Police Force in Liverpool, UK. The officers were wearing civilian clothing and claimed that I had been walking at an unusually slow pace, which had seemingly raised their suspicion. The officers kept very close to me as I was being questioned, despite my pleas to keep a 2 m distance. They then attempted to do a full body search. I was surprised that they were going to search me without using PPE, so I demanded that they at least wear gloves if they were to search me. Because the officers had no gloves at the time, I was walked to a police van about 200 m away where PPE was available. I was forced to enter the police van, which had other personnel inside it who also were not wearing PPE. One of the officers picked a pair of gloves with their bare hands and handed them to another officer who wore them and immediately started frisking me without disinfecting them.

The official guidance on the use of PPE among the police force in the UK⁴ recommends their use to protect

police staff but critically, the four-page document pays no attention to the safety of the public who are especially exposed during body searches. I made an official complaint to Merseyside Police about the health risks involved in their current stop-and-search practices. The police informed me that they will make sure officers use PPE more properly in the future, but I did not receive an apology.

I was speaking in Arabic on the phone when I was stopped. The two officers seemed very interested in my origins, asking where I was from on multiple occasions. In the UK, stop-and-search is only authorised on reasonable grounds.⁵ Whether walking pace, spoken language, or refusal to answer where one is from count as reasonable grounds to stop and search somebody is perhaps a personal judgement. To me, this incident displayed an alarming synergy between the evidenced institutional racism in the British police force,⁶ the disproportionate vulnerability of BAME individuals to COVID-19,³ and the police's apparent preferential interest in the safety of its own,⁴ disproportionately white British staff,⁷ over the public's safety.

A review of the UK police's stop-and-search practices during the COVID-19 pandemic is urgently required. George Floyd's chilling last words "I can't breathe" might well be uttered in hospital wards by a different victim as they literally suffocate from a disease that was brought to them by no more than a casual police search for a mere bag of cannabis.

I declare no competing interests.

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The health-care sector's role in climate stabilisation

Nick Watts and colleagues' 2019 report of the *Lancet* Countdown on health and climate change¹ leaves no doubt that global warming will heavily affect every child born today. Young people—the generation that will have to live through the consequences of a warming world for the longest—are actively taking part in raising awareness for climate change. Inspired by the Fridays for Future movement, thousands of young people have been doing everything possible to bring about social change towards a sustainable ecological lifestyle.

As Rockström and colleagues² suggested, time is running out, and climate stabilisation should become established in global governance alongside economic development, human rights, democracy, and peace. We believe that as doctors and medical educators, not only are we well

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