A Qualitative Study: An Examination of Police Officers’ Lived Experiences During the COVID-19 Pandemic

Richard C. Helfers\textsuperscript{1} and Johnny Nhan\textsuperscript{2}

Abstract
In the spring of 2020, the COVID-19 pandemic spread across the globe prompting stay-at-home orders for all but the most essential workers in society. Policing was one of the professions that is essential for community safety, regardless of the circumstances. Officers were on the front-line of the COVID-19 public health crisis and their preparedness was crucial for officer and community health. During the onset of the pandemic little was known about how officers perceived the virus and how police agencies prepared officers to work in a highly contagious environment. This study used semistructured interviews of police officers in two states in the United States that had elevated cases of the virus. The authors explored the lived experiences of police officers to explore officers’ perceptions, concerns, implications the pandemic had on patrol activity, and agency preparedness during the onset of the COVID-19 pandemic. The results revealed structural and cultural forces that resulted in officers and their agency leadership not taking the pandemic seriously, ill-preparation and ill-equipping, and disincentives in reporting exposure. Moreover, officers’ fears were largely not based on their own well-being, but on the risk of spreading the disease to their family members.

Keywords
policing, pandemic, COVID-19, public health

In the early months of 2020, the COVID-19 virus impacted the United States and disrupted daily routines in America (Stogner et al., 2020). Most businesses and organizations temporarily shut down operations or moved them online, but police officers had to remain on the job and continue performing many of the physical duties associated with police work. Police officers already have shorter life-spans than nonpolice officers (Violanti et al., 2013) and have to be on the front-line of the COVID-19 pandemic, which naturally placed them at a higher risk of contracting the disease. Khadse et al.

\textsuperscript{1}The University of Texas at Tyler, Tyler, TX, USA
\textsuperscript{2}Texas Christian University, Fort Worth, TX, USA

Corresponding Author:
Richard C. Helfers, The University of Texas at Tyler, 3900 University Blvd., Tyler, TX USA.
Email: rhelfers@uttyler.edu
(2020) indicate that “police personnel are 8.78 times more likely to be affected by COVID-19 than the general population” (p. 578). Compounding this unprecedented time period, officers were also confronted with social upheaval and urban riots sparked by police use of force incidents that resulted in the deaths of George Floyd Jr in Minneapolis, Minnesota, and Breonna Taylor in Louisville, Kentucky. Thus, officers faced contentious situations that possibly increased their exposure to the virus where little was known about the effects on their health and well-being. Therefore, foresight among police administrators is paramount to ensure the safety of their officers and to enhance the public health of their communities.

This study examined the nature of police work during the COVID-19 pandemic using qualitative interviews with front-line police officers and supervisors from Texas and California, two states in the United States that experienced elevated levels of infections. The researchers focused on practical, cultural, and structural factors related to officer sentiments on the virus and changes in patrol activities, comments on preparedness and policy, along with the compounded impact of friction with the public arising from highly publicized incidents involving the police use of force on unarmed African Americans. The scope and quick spread of COVID-19 coupled with social upheavals intersecting with the structural, procedural, and cultural rigid institution of police may have exposed law enforcement’s limitations as the de facto panacea for various societal social ills.

**Review of the Literature**

**Brief Historical Overview**

In the United States, as society was evolving with increased population and technology in the late 19th century and early 20th century, a primary role of the police was to provide social service-type functions such as assisting those in need of housing and food (Oliver, 2017). Then the police transitioned toward a focus on their crime control function in the reform era of policing (Walker, 1977) and then recognized the need to engage with the community in the late 20th century during the community policing era (Trojanowicz & Bucqueroux, 1990). Overall, the role and expectations for the police are complex with a common denominator that they must intimately interact with individuals in an effort to solve complex individual and community concerns. Through these intimate personal contacts, police officers are naturally at a higher risk of exposure to individuals with communicable diseases.

**Contemporary Expanding Role for the Police**

As a result of the deinstitutionalization movement in the 1960s and 1970s, the police interacted with persons with mental health concerns at higher rates (Barker, 2013). A byproduct of this movement resulted in individuals with mental illness being homeless (Mechanic & Rochefort, 1990). A result is police today come into contact with many individuals who are homeless and may have communicable diseases. Woodyard (2019) reported a hepatitis A outbreak that occurred in Los Angeles among the homeless population in 2018 and Seattle experienced outbreaks of strep throat and Shigella infections among their homeless population. Gorman (2019) has also argued that unsanitary living conditions proliferated the spread of “medieval” diseases among the homeless population in Los Angeles and unsanitary conditions were blamed for several Los Angeles Police Department officers and city employees near Skid Row contracting bacterial infections related to typhus (Puente et al., 2019).

Additionally, a study of tenants of permanent supportive housing in the Los Angeles’ Skid Row area found the residents to be at high risk for COVID-19 (Henwood et al., 2020). They noted that the increased risk factors included lower awareness of the seriousness of COVID-19 and lowered
perceived risk of infection, preexisting conditions, inconsistent hand washing and social distancing, and inability to shelter-in-place. These conditions were compounded by the lack of food and hygiene items, as well as medication delivery. Thus, when the police interact with individuals as part of their daily routine, whether it is with the homeless or nonhomeless populations, they are likely to be exposed to COVID-19.

The question at the beginning of the pandemic was how prepared were officers to protect themselves from exposure, while at the same time being able to perform their job tasks? The contagious nature of COVID-19 extends to all interactions the police may have and places them, as front-line workers, in direct line of being exposed to the disease. As police now assist with an increasing myriad of social issues, the nature of police expectations requires officers to interact with individuals who may have a hidden medical condition that places them at risk of contracting the illness and also exposing others.

**Policing and Infectious Diseases**

Police research related to communicable/infectious diseases primarily focused on acquired immunodeficiency syndrome (AIDS)/human immunodeficiency virus (HIV) and hepatitis exposure. At the outset of the HIV epidemic, there was a significant amount of misinformation (Flavin, 1998) and the epidemic occurred as America’s war on drugs was gaining momentum. Thus, officers were naturally concerned about being infected because of their contact with illicit drug users (Lorentz et al., 2000; Mittal et al., 2016). The research focused on the potential for officers’ HIV infection occurring through inadvertent needle-stick injuries (NSIs) during encounters with illicit drug users (Beletsky et al., 2005, 2011) and through being bitten or spat upon (Cresswell et al., 2018). Not only did research indicate officers were anxious about the transmission of diseases and viruses from NSIs, but they were also ill-trained and ill-equipped to deal with disease transmission (Beletsky et al., 2005). More recently, Cepeda et al. (2017) examined Baltimore city police officers’ experience with exposure to NSIs during the opioid crisis and found they were three times more likely to experience the injury and have an elevated risk of hepatitis C and HIV.

Police officers are naturally at risk of exposure to airborne and blood borne infectious diseases simply due to the nature of their job tasks. In fact, Baker et al. (2020) reported police officers are in a profession that likely exposes them to an infectious/communicable disease at least once a week. Therefore, training is paramount because officers’ perceptions of exposure and the likelihood of contracting communicable diseases are not commensurate (Averhoff et al., 2002; Beletsky et al., 2011; Cresswell et al., 2018; Flavin, 1998; Hartley et al., 2013; Hoffman et al., 1994; Sonder et al., 2005). However, protecting officers and minimizing the likelihood of infection is an administrative responsibility, but Jessop et al. (2014) found police agencies do not prioritize preventive measures (e.g., vaccines for hepatitis, influenza, etc.) or training to reduce officers’ risk. Additionally, training needs to be directive and informative. The quality of the training matters if it is to have a benefit to officers (Dunleavy et al., 2012). When officers were provided training about the “reality” of HIV, their anxiety about being infected was reduced (Thompson & Marquart, 1998).

**Police and COVID-19 Preparedness**

Since the inception of the COVID-19 pandemic impacting the United States, researchers have begun examining its influence on American policing. Studies have ranged from examining the impact the pandemic was having on crime reporting/rates (Boman & Gallupe, 2020; Piquero et al., 2020), police agency response (Jennings & Perez, 2020), role of the police (White & Fradella, 2020), impact on the mental health of the police (Stogner et al., 2020), rural victimization (Hansen & Lory, 2020), etc. The pandemic is unquestionably an unprecedented time, where police
departments were ill-prepared to adequately protect their officers and provide direction. This was not only an issue in the United States, but also in other countries around the globe (Gujski et al., 2020; Matarazzo et al., 2020). In fact, in Brazil, over two-fifths of officers reported they did not feel prepared and almost a quarter did not know how to act—and in the New York Police Department, in early April 2020, approximately a fifth of officers were infected with COVID-19 and over 10 officers died (Matarazzo et al., 2020).

Officers understand the risks associated with their profession (Djalante et al., 2020), but also need to look to leadership to provide them guidance and protection. No doubt, there was misinformation and conflicting information at the outset. But, those agencies that were most successful had leaders who had foresight and were concerned for the safety and security of their officers and not hesitant to take action (Matarazzo et al., 2020). However, research has not inquired into officers’ perceptions of their lived experiences during the opening months of the pandemic. Stogner et al. (2020) reported there were changes to police operations at the outset, but how this was viewed by officers through a qualitative inquiry has not been reported. This study will help fill this knowledge gap that exists in the literature. Therefore, this study will explore two research questions: How prepared was police leadership for the onset of the COVID-19 pandemic in the context of procedural, structural, and cultural factors? And, what were the experiences of police officers during the opening months of the COVID-19 pandemic?

The Current Study

This study expands our knowledge on how police departments prepare their officers for communicable disease exposures. In the case of COVID-19, officers dealt with a combination of new elements and risks previously unseen: a much larger scope of infection, risk of direct infection and infecting others, dealing with public gatherings, shortage of personal protective equipment (PPE), unclear policies and procedures, dealing with political undertones, and unexpected mass social upheavals. This study will help us understand, from the lived experience of police officers on the front-line, their perceptions of the disease, their agency preparedness, and their ability to perform their essential job functions.

Methods of Inquiry

Gaining access to police officers is often problematic for researchers as police leaders (i.e., Chiefs, Sheriffs, etc.) are often reluctant to allow researchers access to their officers (Broome, 2014; Reynolds et al., 2018). Also, police officers are often hesitant to discuss their experiences with researchers because they are skeptical of researchers’ objectives (Gordon, 2010). Additionally, the nature of this research did not present itself to soliciting participation from police administrators due to the time this research was being conducted (the onset of the pandemic when administrators were occupied trying to figure out what to do) and the appearance this research would not reflect favorably on police administrators. Thus, in an effort to overcome this obstacle, the researchers in this study contacted individuals they knew were current front-line police officers performing patrol-related duties and willing to discuss their professional experiences about the COVID-19 pandemic. The researchers then used a snowball sampling technique to gather more police officers who were willing to participate in the study. Officers located additional officers in other jurisdictions through officers who were interviewed. Using officers to recruit others was a way to enhance the representativeness of the sample to avoid other participants being acquainted with the researchers.

The researchers continued soliciting officers to participate until the content of the interviews reached saturation. There were a total of 17 California and Texas officers interviewed (10 from Texas and seven from California). The California sample included one of the largest departments
in the United States and several smaller suburban agencies. Eight officers were associated with rural, smaller police agencies and nine from major metropolitan areas of the two states in the United States. There were 11 unique police agencies represented in the sample.

The criteria for inclusion in the study were for the officer to be a current police officer, willing to be interviewed, and agree to a recorded interview. The interviews were conducted between June 24 and August 1, 2020. Each officer was asked prior to the interview if he/she would consent to allow the interview to be recorded. All agreed to the interviews being recorded. The officers were also advised that their participation was voluntary and they could refrain from answering any questions or stop the interview at any time. And, their responses would be anonymous. Furthermore, the identity of their agency would not be known. Prior to any interviews, the research protocol was approved by the Institutional Review Board (IRB) of the primary author (Table 1).

**Data Collection**

The validity of the interview questions was satisfied because the researchers pretested them as part of the research protocol. The researchers did not have a predefined number of officers to interview leading to the study as the interviews continued until the researchers recognized the information being obtained reached a level of saturation (meaning no new knowledge was being gained from continuing the interviews). The number of interviews conducted (17) before saturation was obtained was

| Variables          | N  |
|--------------------|----|
| Sex                |    |
| N                  | 17 |
| Male               | 13 |
| Female             | 4  |
| Race               |    |
| White              | 10 |
| African American   |  5 |
| Hispanic           |  2 |
| Age                |    |
| 21–30              |  4 |
| 31–40              |  6 |
| 41–50              |  6 |
| 51–60              |  1 |
| Rank               |    |
| Officer            | 14 |
| Supervisor         |  3 |
| Marital Status     |    |
| Single/divorced    |  4 |
| Married            | 13 |
| Children           |    |
| Yes                | 13 |
| No                 |  4 |
| Experience         |    |
| 0–5 years          |  6 |
| 6–10 years         |  4 |
| 11–15 years        |  4 |
| 16 or more         |  3 |
consistent with qualitative research because the essence of this type of research is acquiring an in-depth understanding of the experience (Patton, 2015; Tracy, 2013) where a large “n” does not equate to quality or rigor.

The IRB-approved protocol included a semistructured interview questionnaire where the researchers asked the question and allowed the officer to respond. As per the approved protocol, all interviews were conducted via Zoom due to the COVID-19 pandemic research restrictions prohibiting in-person interviews to protect the health and well-being of the research subjects (police officers) and the researchers. The interviews began by asking the officer if they consented to the interview and it being audio/video recorded. Each officer was advised that she/he could refuse to answer any questions or terminate the interview at any time. All officers consented to the recording of the interview and each answered all the questions. The average time of the interviews was 35 min 35 s, with a range between 25 min 39 s and 61 min 24 s. The officers were advised that their acknowledgment to participate in the interview would serve as their implied consent. Each recorded interview was transcribed within 48 h of its conclusion, which is consistent with best practices for qualitative research (Creswell, 2013).

The interviews began with the researchers asking a generic (icebreaker) type of question to relax the officer and engage in a dialog with the researcher. The question asked was “Are you ready for your life to get back to some sense of normalcy”? After the question was asked and answered, there were one or two follow-up questions to get the conversation flowing. Then the researchers asked questions related to infectious disease protocol (policies, procedures, and training) prior to the pandemic, thoughts about the pandemic, agency preparedness, changes in policing since the onset of the pandemic, challenges for them, and lessons learned.

Data Analysis

As mentioned above, within 48 h of an interview concluding, each was transcribed into Microsoft Word. Then to ensure accuracy of the transcription, the recording was played back as the researchers followed the transcribed interview. The researchers individually read and reread each transcribed interview numerous times, using open coding, to identify textual patterns. The data collection process was commensurate with qualitative research practices (see Glaser & Strauss, 1967; Rennison & Hart, 2019). This study was about police officers’ lived police experience during the COVID-19 pandemic. Thus, an assumption is made that the officers were being candid on their own terms. This form of research as explained by Creswell (2013) is to focus on the officers’ subjective experience and their perceptions of their objective experience. Researchers then jointly met to refine their individual coding interpretations to ensure interreliability was maintained. The researchers took an additional step to confirm the researchers’ interpretation of the themes was accurate; they also had another policing expert read the transcripts and provide interpretation without information from the researchers.

Next, the researchers used axial coding that categorized words to develop the themes from the transcripts. This qualitative research technique involves listening to the words of the interviewees and identifying specific language to construct underlying themes (Glaser & Strauss, 1967). The following primary themes were identified: dismissive of the pandemic, policing became reactive, agency leadership was not prepared, and spreading the disease to family members being a significant concern.

Results

Several themes emerged from our data that reflected individual officer sentiments and structural or departmental policies.
Officer Sentiments Reflected Public Attitudes

Officers’ attitudes toward the pandemic paralleled those of the public, often temporally fluctuating and a dichotomous variation between those who took the threat seriously and those who felt it was overblown. Initially, most officers dismissed the virus or minimized its danger, equating it to something akin to the seasonal flu virus. Similar to the general public, most officers initially believed it was a foreign virus that did not and would not aggressively be a widespread public health issue in the United States, while others were more concerned and apprehensive.

One typical response by subjects who did not initially take the virus seriously was given by one officer, who stated:

I wasn’t paying a lot of attention to it. All of it was overseas and localized in certain areas. Their medical care isn’t as great as ours and I expected a vaccine to arrive quickly. I really just considered it a strain of flu and I wasn’t too concerned.

Another officer echoed this opinion, expressing:

I didn’t pay much attention to it prior to March. I figured it wasn’t going to be that big of a deal.

The uncertainty of the virus was even shared by one officer who caught the virus. When he did catch the virus, the confusion and uncertainty of the virus were still unknown. He explained:

When I first got it, we didn’t know what COVID was. It was just barely in the media…I ended up being off 12 days total before I felt comfortable enough to come back into work. Just out of courtesy I wore a mask but I still had a bad cough. The doctor said I wasn’t contagious but he didn’t know what I had. I didn’t find out what I had until the end of March.

Like public attitudes, police attitudes were often influenced by policymakers and politicians, who often struggled with understanding the virus and what to do about the growing public health crisis. This uncertainty affected officers’ attitudes toward the virus and attributed to their initial ambivalence. One officer stated:

The back and forth about what it was or wasn’t made me not really care because no one knew. Then eventually I realized it had some merit. I don’t know what my view is on it even today because of so much misinformation from the quote unquote authorities.

Many officers interviewed expressed that since the virus originated overseas, they initially perceived COVID-19 as a distant threat that did not and would not affect them personally. For instance, one officer explained:

When I first heard about it, I read about the reports in China, and that must have been very early January. I was concerned and then it started to spread and then we started to get our first case over here. For a while until we learned about how serious it was it didn’t really change my routine that much.

The escalation process mirrored those of the general public, as expressed by another officer:

I wasn’t paying a lot of attention to it. All of it was overseas and localized in certain areas. Their medical care isn’t as great as ours and I expected a vaccine to arrive quickly. I really just considered it a strain of flu and I wasn’t too concerned.
Thus, officers were out in public interacting with others, not knowing (or in some cases not caring) about exposure. There may also be increased risk to those they interacted with due to their non-cholent attitude.

**The Influence of Politics and Leadership**

Leadership appeared to have an effect on officers’ attitudes toward the pandemic. Officers were influenced by departmental management, state, and national leadership. For instance, one officer expressed the influence of the president, stating, “I really started to worry about it when the president was not worried about it. That is when I started to worry.”

Another subject explained the influence and impact of state leadership, in this case, the lack of:

[The state] should have a pandemic plan in place. I don’t think anyone was prepared for this…The culture is so powerful because if you have leaders that blow something like this off, then officers are going to. There needs to be policies in place on how to respond during a time like this. The state needs to monitor it.

Some criticized the leadership in their own departments, which can be described as confusion.

My administration was like, just don’t go into houses, just continue to do everything else. Keep answering the calls, making your traffic stops, making your contacts, and doing your job. Then the next night they diametrically changed their view because they thought someone in the jail was positive. It went from doing nothing and don’t worry about this to oh shit, we need to do something.

**Shifts in Policing Activities**

COVID-19 altered officers’ activities and many departmental protocols to minimize exposure, which is consistent with previous research (Stogner et al., 2020; Vera Institute of Justice, 2020). This slowdown in activity was attributed to individual concern about contracting the virus and departmental policy changes, such as diverting nonemergency calls that once dispatched officers to now be handled over the phone. One officer explained, “I don’t get out of my car much. I do a lot of things over the phone and by email. I only take the most drastic ones or the priority one calls if I have to.” Another officer echoed this change in patrol activities, expressing:

Self-initiation has gone down tremendously because nobody wants to be exposed and separated from their family. Nobody wants to get sick and have to go through all that… The officers just going to their call that they been dispatch to and then hanging out with each other in a parking lot, not interacting with the public like we did prior to COVID, even with the traffic stops.

The activity slowdown was received differently by different officers. Officers who tended to be more proactive and enjoyed patrol work felt frustrated. One veteran officer who forgone promotions to remain in patrol expressed, “It bothers me a lot because I’ve been an active proactive officer for about 30 years. What I’m afraid of is I don’t want it to become the standard.”

While most expressed frustration in lowered patrol activities, some officers liked the change as a break from the stresses of routine policing activities, even exposing administrative inefficiencies. One female officer expressed:

I honestly felt like it was kind of a break…when everything started heating up and everyone had to be at home it was sort of a break for officers on duty. Most of the calls were minor and can just be taken over the phone. I felt like the department found new ways to take reports that probably should’ve been done in the first place.
Police Danger is Still the First Priority

While COVID-19 was a persistent danger, most officers felt acute dangers and uncertainty of patrol work was the priority. One officer stated:

You’re more concerned about getting hurt on the job or shot or something that’s going to be more instantly damaging than if you’re going to get COVID-19. It’s an additional thing on the list to worry about but it’s not high on the list [of priorities].

Even one officer interviewed who contracted COVID-19 still stressed the acute dangers of police work over the virus, explaining:

My number one concern is always hands. Let me see your hands. As long as I can see those, I’m confident, I’m happy. Once those hands are in handcuffs, if it’s that type of call, then we start worrying about all the other stuff.

While this officer did not fear the virus for himself and prioritized the inherent dangers of the profession, officers’ main fear of the virus was exposure to their families and loved ones.

What Officers Feared: Spread to Family

While most officers interviewed expressed concern, but did not fear COVID-19 for themselves, all interviewees were concerned about the risk toward their families and close relatives. To this end, many officers took the virus seriously and took some precautions, such as increased hand washing and separating themselves from family members, but were reluctant to wear face coverings. One officer, who was not married and without children expressed concern for her contact with her nieces, stating, “With this coronavirus you just have to take a step back and what matters at the end really. That’s you taking this home to your family order, nieces and nephews and all that.” Another officer shared similar concerns, stating:

My only concern was bringing it home. I wasn’t worried about myself I didn’t want to unnecessarily expose my family to something they didn’t need to be exposed to. I didn’t bring any of my uniforms home. As soon as I got home I took a shower. I try to wash my hands more at work and use the hand sanitizer.

Family was a concern, another subject stated:

[I was mainly concerned about] catching [COVID-19] and not knowing I have it and possibly spreading it to my wife and my child. Of course, there are so many questions…There were fears, but I was concerned about the amount of misinformation that was out there.

Besides individual factors, structural factors affected officer behavior that could contribute to the spread of the virus among officers. Moreover, structural issues revealed policy complications.

Structural Issues

One potential spread of the virus can be attributed to departmental policies that structurally dis-incentivized officers to report their exposure to COVID-19. For one department, reporting exposure to the virus could come at a personal financial cost. While the city and department have allowed for up to 80 h of disability compensation for virus exposure, it did not take into account its effects on overtime pay. One officer explained the situation using a scenario:
Last week I worked eight hours of city overtime and when I was sent home on Friday, I had to use my personal holiday at holiday time to stay at my overtime. They give us 80 hours of coronavirus time but if I use that then my overtime wouldn’t have counted and I would have just been paid regular time…Like if I have to take off and I have to work overtime I still have to use my holiday or personal time which only comes every so often that I get the time.

In a follow-up, another officer was asked about the overtime situation, which revealed the point of contention and confusion among officers. He explained:

Even if I test positive, but don’t have the symptoms—should I tell my sergeant? Because if I can’t contact trace my positive test to some specific exposure to a call when I was on duty, then I have to use my own sick time. It should be workman’s comp without the onus on me to prove I got it when I was on duty. Why isn’t that the default?

The same officer questioned that in the end, if an officer has no symptoms, who can enforce the quarantine?

At the state level, police unions were fighting to ensure coronavirus illness and even death was covered under workman’s compensation for their families. One officer who was in a leadership position in the police union questioned, “…God forbid an officer dies. Is the state going to take care of them because they caught it at work?”

Even the simple solution of quarantining officers directly exposed to COVID-19 revealed procedural and staffing issues for supervisors and departments that potentially contributed to the virus’ spread. Many departments initially implemented policies of mandatory two-week self-quarantines for officers with direct exposure to individuals with coronavirus. Supervisors quickly realized this policy was impractical, especially during a time of social unrest. Officers working demonstrations were among crowds with a high likelihood of direct exposure and should self-quarantine as per COVID-19 policy. However, quarantining entire teams and divisions of officers was not possible. One officer explained the dilemma of balancing adequate staffing and safety:

I had lunch with an officer friend and then on Thursday I had a call that she was having symptoms and so I told my sergeant on Friday while I was headed to work. He told me to go home for just the weekend, but she didn’t get tested until yesterday and we won’t get the results back until today or tomorrow. And so, he didn’t know what to do…

Officers in smaller departments also faced this dilemma as one officer stated:

I work in a small department there are only two to three of us on the street at any one time. It got to the point that the Chief didn’t want us to get tested…if we got the COVID at the same time then we would have to shut down and then there wouldn’t be any police in town.

On Policy and Procedures: Inadequate Policy and Procedures, PPE

The coronavirus response exposed the lack of training for communicable diseases. While many police departments have historically implemented some degree of training for infectious diseases, but no department was prepared in terms of training for the scope of COVID-19. Most training focused on officer exposure to infected individuals and some officers only received training during the academy many years earlier. When asked whether he received training for infectious diseases, one officer replied, “Nope, not really any training. I think there was some stuff in the academy, but I can’t really tell you what that was.” Another officer shared a similar experience, stating, “Our concern was needles and exposure like AIDS, Hep C, airborne exposures and it was in the academy.
Outside of that not really anything. It was the basics.” A third officer from a different department expressed a nearly identical answer, stating, “I think there may have been something when I went through the academy we talked about needle pricks and being careful searching cars. It was more about protecting ourselves from HIV and Hep C.”

Most training focused on the basics of taking necessary precautions in terms of PPE and going to the hospital if directly exposed, such as from a bite or needle stick. One officer who is a certified instructor on communicable diseases explained the nature of existing training, stating:

I actually teach a class on communicable diseases, it is required by TCOLE [state licensing agency] the one on AIDS, HIV, Hepatitis in law enforcement. We do have a policy that we have had in place for as long as I can remember that outlines the controlled procedures in case someone gets exposed to airborne or communicable disease or is bitten...Now with COVID-19 we have several revisions.

Another officer explained most officers’ general casual attitudes of COVID-19 were based largely on past handlings of homeless individuals. These past precautions centered on PPE and social distancing. He explained:

We’ve handled many cases of the homeless before and it always on my mind that I may get sick or get infected somehow whether it some sort of staph infection or HIV or something. Anytime you deal with the homeless, you run the risk of a needle stick or bodily fluids getting on you, so you must be prepared with gloves, glasses, and maintaining your distance. That’s why I think it’s not that big of a life altering change for cops. It’s just another communicable disease.

However, with the novel coronavirus, PPE shortages became a real problem that officers initially dealt with during the onset of the pandemic in the United States.

PPE. Limited supplies ironically may have led to greater exposure and infection. Initially, the issue centered around the shortage of facemasks, leading to some peculiar situations for officers who had to share masks with other officers. One officer described the less-than-ideal situation, stating:

[The department] gave us a mask for a car and expected to reuse it until had an actual exposure, then we could get rid of them. The masks were good ones, N95, but they were not issued to an officer, they were issued to a car. So, you would actually have several officers using that same mask.

Another department dealt with the mask shortage by attempting to disinfect the disposable masks. However, officers interviewed were unsettled by the disinfecting process and reissuance of the masks to different individuals. One expressed:

They tried to give everyone masks when this first started happening, but they didn’t have enough so the police department was decontaminating masks and re-issuing them and you didn’t necessarily get your same mask back. So, the officers were like, this is bullshit that I have to take somebody else’s mask. I don’t even know who had it before me. We didn’t trust the decontamination process.

Another officer from the same department confirmed the same situation, expressing:

The department told the officers at the end of their shifts take their N95 mask and throw it into a bin... Then when they report back to duty the next day, they’ll just issue you a new mask. It’s not new, it’s been used by who knows who. So, they said the fire department was going to be cleaning the masks and the officers didn’t trust that process. Wait a second, somebody’s been breathing through this mask for a 10-hour shift, I’m going to throw it into a bin with other masks that could have COVID on it, the fire
department’s going to clean it, and you’re going to give me a mask back that is not my own mask? That doesn’t seem right, and that’s been going on for a while.

A Pandemic During a Time of Social Unrest

One unanticipated element that emerged during the pandemic was the controversial death of George Floyd, which sparked global protests and rioting. Social distancing became very difficult among large groups of protestors. Dealing with the social tension often meant officers and departments shifted their attention away from COVID-19, before a larger outbreak and shifting back to the virus. This situation was exacerbated in Texas, where the state began reopening businesses and other establishments. Not only was containment of the virus problematic, but also lack of direction from agency leadership in protecting officers was frustrating for officers. One officer elucidated the impact of the social upheaval during the pandemic for police, stating:

Officers were very concerned with the bike officers and the special teams were being out there in the front lines being yelled at. The officers there were afraid they were going to get COVID.

This similar opinion was echoed in a different department. One officer explained, “I think with the protest stuff that had started…[COVID-19] just kind of was forgotten about, but the priorities seem to be a little bit different now.” Another officer explained what can be described as oscillations between overreactions by departments and permissiveness due to fatigue. One officer described the situation as a “nightmare” scenario, explaining:

When COVID first hit, over sanitizing everything, take your temperature before you go into any building and have your mask on…I’m not going to say it’s a bad thing to have that over abundance of caution, but COVID was a hot topic as the riots started and that just dropped to the back burner. And now the virus is back so they shut down the Academy late last week. Some of the staff tested positive. Can you think about it if a staff member has it at the Academy then what are the odds that they can transmit it? It’s a nightmare really.

Discussion

Our results reveal officers’ activities reflect the interaction of the sociopolitical environment with structural and cultural characteristics of police organizations. First, police response was closely tied with larger policies from the state and federal government. Officers represented 11 distinct police agencies were included in this study and the initial response was consistent with guidance provided by the Vera Institute of Justice (2020) that recommended not responding to unnecessary calls for service, minimize arrests, and enhance sanitization of patrol vehicles. Officers across the board reported that they were directed not to do any proactive work, which also supports Stogner et al. (2020) research findings. Officers reported sitting in their patrol cars or just staying at the police station until they were needed to respond. This was sound advice for agencies as the police are first responders and need to be on-duty during times of crisis. This was also consistent with trying to minimize the spread of the virus from a public health perspective. Moreover, this gave officers less exposure to potential legal issues given the volatile political climate.

Despite a strong subculture that researchers often describe as institutional insulation, departments and officers’ ability to effectively be champions for public health initiatives is undermined by a mentality that reflects their social environment. The general lack of preparedness can be in large part attributed to attitudes that mirrored those of the general public. We found that officers’ attitudes at the outset of the pandemic were similar to the general public in the sense they did not recognize
the contagious aspect of the virus (McFadden et al., 2020). Officers did not have adequate PPE and when they did have it, they were generally reluctant to wear a face covering. This may be related to the development of officers’ autonomy associated with the police culture where officers are self-confident and a belief they are invincible or at least accountable only to other officers (Paoline, 2003).

Our research finds this subcultural mindset by officers and the leadership most likely led to resistance by the policing institution instead of serving as a central hub for information, resources, and leadership during a public health crisis. Neither the officers nor agency leadership were taking this seriously and did not realize their role as public health ambassadors (Goldsworthy, 2020). National, state, local, and agency leadership did not recognize the severity of the virus. Officers acknowledged their agencies were unprepared, but they also acknowledged foresight and planning are the responsibility of agency leadership (Brito et al., 2009; Richards et al., 2006). But within fairness to agency leadership, the pandemic was unprecedented and was not on the horizon for police leaders across the nation and globe (Jennings & Perez, 2020).

The response after the realization that COVID-19 was a legitimate public health concern in the United States was important. Even after the initial impact with the stay-at-home/shelter-in-place orders, officers were not getting a coherent message. This could be the result of previous research that suggested police agencies, as a whole, are mired in bureaucratic immobility and have a cultural dogma that is slow to react (Mastrofski & Willis, 2010). Police officers generally possess values that may be more aligned to a conservative political ideology (Crank & Caldero, 2000) and the lack of an urgent message from national leadership may have had a role in their reluctance to believe COVID-19 was dissimilar from the seasonal flu (French, 2020; McCormack, 2020).

Through the first 6 months of the pandemic, there were a variety of reports emphasizing the severity of the virus (McCormack, 2020; Preskorn, 2020) and others minimizing the virus (Abramsky, 2020; French, 2020). Additionally, recommendations from the Centers for Disease Control have changed since the beginning of the pandemic (Jingnan et al., 2020; Oaklander, 2020; Rothstein, 2020). Thus, the mixed messages and constant changes created confusion and “knee-jerk reactions” by department administration that frustrated officers. This exacerbated tensions that already may exist between line officers and agency leadership. However, the uncertainty of the virus and the misinformation was similar to the HIV/AIDS epidemic in the 1980s and 1990s (Flavin, 1998).

The sentiment conveyed was that while patrol officers were on the front lines, management made decisions away from any danger and first-hand knowledge. This tension between street cops and management cops has been studied by Reuss-Ianni (1983), who found tensions produced by managerial functions that are based on efficiency and the street officer culture of mistrust that is resistant to change. This may have been part of the reason officers reported that their agency administration was not taking the pandemic seriously. The officers went from business as usual in early March 2020 to not engaging in but the basics of a reactive police style by mid-March 2020. Then, once the Texas governor ordered the relaxation of the stay-at-home/shelter-in-place orders, officers reported a return to a state of normalcy where they started proactive policing measures.

The problem of inadequate communication between management and line officers was more pronounced with officers in rural agencies, which did not mandate face coverings. Officers in these smaller agencies were found to conduct their daily tasks in the same manner they did in the pre-pandemic environment. The officers interviewed reported enjoying the proactive element to policing where they could interact with individuals and hold law violators responsible for their conduct. Generally, officers reported they were not using face coverings because the nature of police work does not comport to social distancing. However, this finding was not commensurate with protocols to secure the public health (Vera Institute of Justice, 2020). Furthermore, research suggests that those that have lower confidence in the police, which are also the ones the police are more likely to interact with in a negative connotation, are less likely to adhere to recommendations to lower transmission of the virus (McCarthy et al., 2020), which increases the likelihood the police are exposed to the virus.
One noteworthy finding was the structural and cultural ramifications of being directly exposed to or contracting the virus. The disincentives for reporting exposure to the virus, coupled with pressure to work in some departments can mean the spread of COVID-19 through presymptomatic and asymptomatic carriers. One officer who contracted the virus offered a unique perspective and insight into the world and culture of policing by how other officers reacted. Perhaps reflective of a dark humor that often develops in policing, officers did not necessarily fear exposure to the recovering officer, but instead, he faced relentless “ribbing.” He described his experience, stating:

When I went to go get the antibody test, everybody at the office was like, dude, you had it. You had it. I have that cough from like February to about May when it finally ended… All throughout that time whenever I would cough, the guys would razz me, “rona!” rona! Every time.

Many officers contended with balancing potential social stigma with a common police cultural image of strength, bravery, and invulnerability. Some officers expressed the best defense against the virus was a “strong immune system” that they possessed. Despite this cultural attitude, officers were concerned about taking precautions and frustrated by their agencies’ lack of preparedness and leadership’s prolonged lack of a definitive response.

The most significant criticism of leadership was attributed to the lack of PPE. The supply chain for PPE was fractured not only because the items were in short supply, but also due to those items being reserved for medical first responders (Deepthi et al., 2020; Shrivastava & Shrivastava, 2020; Thomas et al., 2020). The officers interviewed did acknowledge they understood the top-rated N95 masks should be reserved for medical personnel, but were frustrated that their agency did not have a supply (or any) of PPE. This is concerning from a public health perspective because without the nation’s first responders that were having close quarter contact with community residents and not having the basic PPE to protect themselves and others from further transmission may have led to unnecessary spread of the virus (Jennings & Perez, 2020). Officers interviewed largely recognized their agency leaders failed them and their families.

Overall, the officers interviewed were proud to be police officers for their individual communities but were disappointed in their agency leadership, which contributed to stress. This is consistent with previous research that has suggested officers have historically been ill-trained in regard to disease transmission (Beletsky et al., 2005; Jessop et al., 2014). There was no clarity and consistency in policy and leadership. The culmination of these issues impacted officers’ physical, mental, and emotional health (Stogner et al., 2020). Research has suggested officers’ repeated and prolonged exposure to stressful incidents have a detrimental impact on the mental health of first responders (Hartley et al., 2011), which also contributes toward officers having lower life expectancies than individuals not choosing policing as a career (Violanti et al., 2013).

The lack of preparedness for police agencies to have a coherent plan to deal with a prolonged crisis was a detriment to the public health of communities and the nation as police services waned. However, the derailment from proactive policing may have benefited communities that may suffer from over-policing, and this is an area where further research should be directed. However, research is emerging that more serious/violent crime increased (Boman & Gallupe, 2020; Zero & Geary, 2020), at least initially (Piquero et al., 2020). Disentangling rising public crime and crimes occurring in public residences (e.g., domestic violence) from the civil unrest as a result of the killing of George Floyd and other Blacks may be difficult.

Complicating matters was the social unrest triggered by the police use-of-force death of George Floyd in Minneapolis while the country began reopening before the containment of the pandemic. These large gatherings hindered the ability to socially distance (Stogner et al., 2020). Furthermore, protestors were not always wearing face coverings and this is likely to have led to increased transmission and spread of the virus (Vo et al., 2020). Officers generally mentioned
concerns with rioting and close quarter contact compromised officers’ ability to not only protect themselves with social distancing, but inhibited their ability to protect their families.

**Limitations**

There are limitations to this study that must be acknowledged. First, the research design was at the lower end of the spectrum through the use of a snowball sample, but due to the nature of the inquiry, this type of design was necessary. However, qualitative research does provide a richness and depth of determining what occurs from a human perspective that can be lost in quantitative studies (Lofland et al., 2005). Thus, this study adds to our knowledge and helps us better understand the lived experiences of police officers. Future research should examine officer perceptions of their agency preparedness at various stages of the pandemic. As administrators adjusted to the changing nature of the pandemic and providing more resources for their officers, administrators are more likely to be receptive to research inquiry into their officers’ perceptions. Additionally, this study interviewed officers from two states within the United States. There was a variety of police agencies represented in terms of size and location (rural, suburban, urban, and state) and saturation of the interviews occurred where no additional information was being obtained from the questions, but there may be selection bias that inhibits generalizability of the results beyond the sample of officers or beyond officers who were willing to discuss controversial actions by their agency leadership. Lastly, due to COVID-19 research protocols not allowing face-to-face interviewing, the best option available was to conduct the interviews in an online synchronous manner. The researchers would have preferred face-to-face interviews due to their historical strength in qualitative research. However, synchronous online interviews are gaining popularity. Thus, there are strengths and weaknesses to both face-to-face and synchronous online interviewing formats the reader should recognize (see Irani, 2019; Jowett et al., 2011).

**Conclusion**

Dealing with a fast-moving global pandemic requires a massive concerted effort between organizations and individuals. This point in time provided a unique research opportunity to explore police officers’ perceptions of their internal and external working environment. Policing is an institution that has evolved to be a panacea for many social problems, including public health to a certain degree. Unfortunately, COVID-19 has shown that police, a slow-moving institution steeped in a strong subculture and procedural rigidity, was not ready for a situation that required coordination and communication of information. Historically, police serve as an information and resource hub during emergencies. However, during the pandemic, this was not the case as their own leadership and internal communications were often in disarray.

The breakdown of communications was a factor in the pandemic response. Communication is integral to organizational success (Dias & Vaughn, 2006). The larger or more complex the organization, the more difficult the communication becomes due to the various layers of transmission (Giblin, 2014). However, providing timely and accurate information is salient for police officers when involved in a crisis. Officers did report that they appreciated improved communication from their agency leadership as the pandemic evolved. Many were hopeful that this improved communication will transfer to all aspects of their organizational life when the pandemic is resolved. This is promising as better communication in organizations may result in higher levels of job satisfaction for officers (Wolfe et al., 2018). Even with improved communication, when officers received information in regard to best practices to assist public health (e.g., face coverings), they were not quick to accept the information as necessary to protect the health of others in their communities.

It would not be fair to criticize police organizations for the lack of preparedness for a global pandemic of this magnitude. However, warnings and discussions about this type of situation, maybe not
to its magnitude, have been occurring for years and agency leaders should expect the unexpected and be prepared when the unfortunate occurs (Brito et al., 2009; Richards et al., 2006). Consequently, officers were disheartened by the lack of PPE available to them as a criticism of leadership. Lack of preparedness and slow responses, however, as it has been shown, may be reflective of more deep-rooted issues of a rigid structure and a dogmatic subculture. This was exacerbated by what officers perceived as a socially hostile environment of protests. Preparing for the unexpected future emergencies may need to take those factors into account as police continue to play the role as a social panacea.

Declaration of Conflicting Interests
The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding
The authors received no financial support for the research, authorship, and/or publication of this article.

ORCID iD
Richard C. Helfers https://orcid.org/0000-0003-1082-1294

Notes
1. The demographics of the sample to the US were comparable. The sample was 59% White, the US is 62.4%. The sample was 76% male and the US is 78.8% (retrieved from www.zippia.com/police-officer-jobs/demographics).
2. The questions were pretested using a focus group of five police officers. These officers did not participate in the data collection for this study. The focus group refined the wording of questions, so they were understandable by police officers.
3. The police expert was a qualitative police researcher who was also a current police practitioner.

References
Abramsky, S. (2020, July 27/August 3). Trump’s killer lies. The Nation, 7. Retrieved from the nation.com/issue/july-27-august-3-2020-issue/
Averhoff, F. M., Moyer, L., Woodruff, B., Deladisma, A. M., Nunnery, J., Alter, M. J., & Margolis, H. S. (2002). Occupational exposures and risk of hepatitis B virus infection among public safety workers. Journal of Occupational and Environmental Medicine, 44(6), 591–596.
Baker, M. G., Peckham, T. K., & Seixas, N. S. (2020, April). Estimating the burden of United States workers exposed to infection or disease: A Key factor in containing risk of COVID-19 infection. PLoS One, 15(4), 1–8. https://doi.org/10.1371/journal.pone.0232452
Barker, J. (2013). Police encounters with the mentally ill after deinstitutionalization. Psychiatric Times, 30(1), 1–11.
Beletsky, L., Agrawal, A., Moreau, B., Kumar, P., Weiss-Laxer, N., & Heimer, R. (2011). Police training to align law enforcement and HIV prevention: Preliminary evidence from the field. American Journal of Public Health, 101(11), 2012–2015. https://doi.org/10.2105/AJPH.2011.300254
Beletsky, L., Macalina, G. E., & Burris, S. (2005). Attitudes of police officers towards syringe access, occupational needle-sticks, and drug use: A qualitative study of one city police department in the United States. International Journal of Drug Policy, 16(4), 267–274. https://doi.org/10.1016/j.drugpo.2005.01.009
Boman, J. H., & Gallupe, O. (2020). Has COVID-19 changed crime? Crime rates in the United States during the pandemic. American Journal of Criminal Justice, 45, 537–545. https://doi.org/10.1007/s12103-020-09551-3
Brito, C. S., Luna, A. M., & Sanberg, E. L. (2009). Benchmarks for developing a law enforcement pandemic flu plan. US Department of Justice: Bureau of Justice Assistance. https://www.publicsafety.gc.ca/lbrr/archives/cnmcslcpln/cn34974-eng.pdf

Broome, R. E. (2014). A phenomenological psychological study of the police officer’s Lived experience of the use of deadly force. Journal of Humanistic Psychology, 54(2), 158–181. https://doi.org/10.1177/0022167813480850

Cepeda, J. A., Beletsky, L., Sawyer, A., Serio-Chapman, C., Smelyanskaya, M., Han, J., Robinowitz, N., & Sherman, S. G. (2017). Occupational safety in the age of the opioid crisis: Needle stick injury among Baltimore police. Journal of Urban Health, 94(1), 100–103. https://doi.org/10.1007/s11524-016-0115-0

Crank, J. P., & Caldero, M. A. (2000). Police ethics: The corruption of noble cause. Anderson Publishing.

Creswell, J. W. (2013). Qualitative inquiry and research design: Choosing among five approaches. Sage Publications.

Creswell, J. W. (2013). Qualitative inquiry and research design: Choosing among five approaches. Sage Publications.

Deepthi, R., Masthi, N. R. R., Nirmala, C. J., Manjula, R., & Vinothkumar, S. (2020). Personal protective equipment (PPE)–prerequisites, rationale, and challenges during COVID-19 pandemic. Indian Journal of Community Health, 32(2), 196–205. https://doi.org/10.47203/ijch.2020.v32i02supp.005

Dias, C. F., & Vaughn, M. S. (2006). Bureaucracy, managerial discretion, and administrative breakdown in criminal justice agencies. Journal of Criminal Justice, 34(5), 543–555. https://doi.org/10.1016/j.jcrimjus.2006.09.009

Djalante, R., Shaw, R., & Dewit, A. (2020). Building resilience against biological hazards and pandemics: COVID-19 and its implications for the sendai framework. Progress in Disaster Science, 6, 1–7. https://doi.org/10.1016/j.pdisas.2020.100080

Dunleavy, K., Taylor, A., Gow, J., Cullen, B., & Roy, K. (2012). Police officer anxiety after occupational blood and body fluid exposure. Occupational Medicine, 62(5), 382–384. https://doi.org/10.1093/occmed/kqs078

Dunleavy, K., Taylor, A., Gow, J., Cullen, B., & Roy, K. (2012). Police officer anxiety after occupational blood and body fluid exposure. Occupational Medicine, 62(5), 382–384. https://doi.org/10.1093/occmed/kqs078

Dunleavy, K., Taylor, A., Gow, J., Cullen, B., & Roy, K. (2012). Police officer anxiety after occupational blood and body fluid exposure. Occupational Medicine, 62(5), 382–384. https://doi.org/10.1093/occmed/kqs078

Dunleavy, K., Taylor, A., Gow, J., Cullen, B., & Roy, K. (2012). Police officer anxiety after occupational blood and body fluid exposure. Occupational Medicine, 62(5), 382–384. https://doi.org/10.1093/occmed/kqs078

Fleming, J. (1998). Police and HIV/AIDS: The risk, the reality, the response. American Journal of Criminal Justice, 23(1), 33–58.

French, H. W. (2020, March 25). Trump is playacting at leadership as the coronavirus surges in the U.S. World Politics Review, 35(4), 1–4.

Giblin, M. J. (2014). Organization and management in the criminal justice system: A text/reader. Sage Publications.

Glaser, B., & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualitative research. Aldine.

Goldsworthy, T. (2020, March 26). Explainer: Why police will be crucial players in the battle against coronavirus. The Conversation. Retrieved from https://theconversation.com/explainer-why-police-will-be-crucial-players-in-the-battle-against-coronavirus-134392

Gordon, R. D. (2010). Dispersed leadership: Exploring the impact of antecedent forms of power using a communicative framework. Management Communication Quarterly, 24(2), 260–287. https://doi.org/10.1177/089318909360213

Gorman, A. (2019, March 15). “Medieval” diseases flare as unsanitary living conditions proliferate: Typhus and other infectious illnesses hit homeless communities. Scientific American. Retrieved from https://www.scientificamerican.com/article/medieval-diseases-flare-as-unsanitary-living-conditions-proliferate/

Gujski, M., Jankowski, M., Pinkas, J., Wierzba, W., Samel-Kowalik, P., Zaczynski, A., Jedrusik, P., Pankowski, I., Juszczysz, G., Rakocy, K., & Raciborski, F. (2020). Prevalence of current and past SARS-CoV-2 infections among police employees in Poland, June-July 2020. Journal of Clinical Medicine, 9(10), 32–45. https://doi.org/10.3390/jcm9103245

Hansen, J. A., & Lory, G. L. (2020). Rural victimization and policing during the COVID-19 pandemic. American Journal of Criminal Justice, 45, 737–742. https://doi.org/10.1007/s12103-020-09554-0
Hartley, D. J., Davila, M. A., Marquart, J. W., & Mullings, J. L. (2013). Fear is a disease: The impact of fear and exposure to infectious disease on correctional officer job stress and satisfaction. *American Journal of Criminal Justice, 38*, 323–340. https://doi.org/10.1007/s12103-012-9175-1

Hartley, T. A., Burchfield, C. M., Fekedulegn, D., Andrew, M. E., & Violanti, J. M. (2011). Health disparities in police officers: Comparisons to the U.S. general population. *International Journal of Emergency Mental Health, 13*(4), 211–220.

Henwood, B. F., Redline, B., & Lahey, J. (2000). Surveying tenants of permanent supportive housing in skid row about COVID-19. *Journal of Health Care for the Poor and Underserved, 31*(4), 1587–1594. https://doi.org/10.1353/hpu.2020.0120

Hoffman, R. E., Henderson, N., O’Keefe, K., & Wood, R. C. (1994). Occupational exposure to human immunodeficiency virus (HIV)-infected blood in Denver, Colorado, police officers. *American Journal of Epidemiology, 139*(9), 910–917. https://doi.org/10.1093/oxfordjournals.aje.a117097

Irrani, E. (2019). The use of videoconferencing for qualitative interviewing: Opportunities, challenges, and considerations. *Clinical Nursing Research, 28*(1), 3–8. https://doi.org/10.1177/1054773818803170

Jennings, W. G., & Perez, N. M. (2020). The immediate impact of COVID-19 on law enforcement in the United States. *American Journal of Criminal Justice, 45*, 690–701. https://doi.org/10.1007/s12103-020-09536-2

Jessop, A. B., Del-Buono, F., Solomon, G., Mullen-Fortino, M., & Rogers, J. M. (2014). Police exposure to infectious agents: An audit of protective policies. *Occupational Medicine, 64*(7), 546–548. https://doi.org/10.1093/occmed/kqu112

Jingnan, H., Aubrey, A, & Wroth, C. (2020, March 31). Should we all be wearing masks in public? Health experts revisit the question. Retrieved from https://www.npr.org/sections/health-shots/2020/03/31/824560471/should-we-all-be-wearing-masks-in-public-health-experts-revisit-the-question

Jowett, A., Peel, E., & Shaw, R. (2011). Online interviewing in psychology: Reflections on the process. *Qualitative Research in Psychology, 8*(4), 354–369. https://doi.org/10.1080/14780887.2010.500352

Khadse, P. A., Gowda, G. S., Ganjekar, S., Desai, G., & Murthy, P. (2020). Mental health impact of COVID-19 on police personnel in India. *Indian Journal of Psychological Medicine, 42*(6), 580–582. https://doi.org/10.1177/0253717620963345

Lofland, J., Snow, D. A., Anderson, L., & Lofland, L. H. (2005). *Analyzing social settings: A guide to qualitative observation and analysis* (4th ed.). Wadsworth Publishing.

Mittal, M. L., Beletsky, L., Patino, E., Abramovitz, D., Rocha, T., Arredondo, J., Banuelos, A., Rangel, G., & Statthdee, S. A. (2016). Prevalence and correlates of needle-stick injuries among active duty police officers in...
Tijuana, Mexico. Journal of International AIDS Society, 19(4S3), 1–7. https://doi.org/10.7448/IAS.19.4.20874

Oaklander, M. (2020, April 20). Federal guidance shifts on masking wearing. Time, 8.

Oliver, W. M. (2017). Policing: An introduction. Wolters Kluwer.

Paoline, E. A. (2003). Taking stock: Toward a richer understanding of police culture. Journal of Criminal Justice, 31(3), 199–214. https://doi.org/10.1016/S0047-2352(03)00002-3

Patton, M. Q. (2015). Qualitative research & evaluation methods (4th ed.). Sage Publications.

Piquero, A. R., Riddell, J. R., Bishopp, S. A., Narvey, C., Reid, J. A., & Piquero, N. (2020). Staying home, staying safe? A short-term analysis of COVID-19 on Dallas domestic violence. American Journal of Criminal Justice, 45, 601–635. https://doi.org/10.1007/s12103-020-09531-7

Preskorn, S. H. (2020, May). COVID-19: Protecting the vulnerable and opening the economy. Psychiatric Times, 37(5), 22–25.

Puente, M., Karlamangala, S., Cosgrove, J., & Winton, R. (2019, May 30). Rats and other vermin infest LAPD downtown station, sparking anger among officers. Los Angeles Times. Retrieved from https://www.latimes.com/local/lanow/la-me-rat-infestations-lapd-typhus-20190530-story.html

Rennison, C. M., & Hart, T. C. (2019). Research methods in criminal justice and criminology. Sage Publications.

Reuss-Ianni, E. (1983). Two cultures of policing: Street cops and management cops. Routledge.

Reynolds, P. D., Fitzgerald, B. A., & Hicks, J. (2018). The expendables: A qualitative study of police officers’ responses to organizational injustice. Police Quarterly, 21(1), 3–29. https://doi.org/10.1177/109861117731558

Richards, E. P., Rathbun, K. C., Brito, C. S., & Luna, A. (2006). The role of law enforcement in public health emergencies: A special consideration for an all-hazards approach. US Department of Justice: Bureau of Justice Assistance. Retrieved from https://www.ncjrs.gov/pdfs/bja/214333.pdf

Rothstein, M. A. (2020). The coronavirus pandemic: Public health and American values. Journal of Law, Medicine, & Ethics, 48(2), 354–359. https://doi.org/10.1177/1073110520935350

Shrivastava, S. R., & Shrivastava, P. S. (2020). Responding to the challenge of shortage of personal protective equipment in the corona virus disease 2019 outbreak. NTR University of Health Sciences, 9(2), 146–147. https://doi.org/10.4103/JDRNTRUHS.JDRNTRUHS_32_20

Sonder, G. J. B., Bovee, L. P. M. J., Coutinho, R. A., Baayen, D., Spaargaren, J., & van den Joek, A. (2005). Occupational exposure to bloodborne viruses in the Amsterdam police force, 2000–2003. American Journal of Preventive Medicine, 28(2), 169–174. https://doi.org/10.1016/j.amepre.2004.10.003

Stogner, J., Miller, B. L., & McLean, K. (2020). Police stress, mental health, and resiliency during the COVID-19 pandemic. American Journal of Criminal Justice, 45, 718–730. https://doi.org/10.1007/s12103-020-09548-y

Thomas, J. P., Srinivasan, A., Wickramarachchi, C. S., Dhesi, P. K., Hung, Y., & Kamath, A. V. (2020). Evaluating the national PPE guidance for NHS health care workers during the COVID-19 pandemic. Clinical Medicine, 20(3), 242–247. https://doi.org/10.7861/clinmed.2020-0143

Thompson, R. A., & Marquart, J. W. (1998). Law enforcement responses to the HIV/AIDS epidemic. Policing: An International Journal of Police Strategies and Management, 21(4), 648–665. https://doi.org/10.1108/13639519810241674

Tracy, S. J. (2013). Qualitative research methods: Collecting evidence, crafting analysis, communicating impact. Wiley-Blackwell.

Trojanowicz, R., & Bucqueroux, B. (1990). Community policing and the challenge of diversity. Anderson Publishing.

Vera Institute of Justice. (2020). Guidance for preventive response measures to coronavirus by police and law enforcement. https://www.vera.org/downloads/publications/coronavirus-guidance-police-law-enforcement.pdf
Violanti, J. M., Hartley, T. A., Gu, J. K., Fekedulegn, D., Andrew, M. E., & Burchfiel, C. M. (2013). Life expectancy in police officers: A comparison with the U.S. general population. *International Journal of Emergency Mental Health, 14*(4), 217–228.

Vo, T. S., Vo, T. T. N., & Vo, T. T. B. C. (2020). Coronavirus infection prevention by wearing masks. *The Eurasian Journal of Medicine, 52*(2), 197–201. https://doi.org/10.5152/eurasianjmed.2020.20056

Walker, S. (1977). *A critical history of police reform: The emergence of professionalism*. Lexington Books.

White, M. D., & Fradella, H. F. (2020). Policing a pandemic: Stay-at-home orders and what they mean for the police. *American Journal of Criminal Justice, 45*, 702–717. https://doi.org/10.1007/s12103-020-09538-0

Wolfe, S. E., Rojek, J., Manjarrex, V. M., & Rojek, A. (2018). Why does organizational justice matter? Uncertainty management among law enforcement officers. *Journal of Criminal Justice, 54*(1), 20–29. https://doi.org/10.1016/j.jcrimjus.2017.11.003

Woodyard, C. (2019, June 18). As homeless are suffering, risk of hepatitis, typhus and other diseases is growing. *USA Today*. Retrieved from https://www.usatoday.com/story/news/nation/2019/06/18/homeless-homelessness-disease-outbreaks-hepatitis-public-health/1437242001/

Zero, O., & Geary, M. (2020 June). COVID-19 and intimate partner violence: A call to action. *Rhode Island Medical Journal, 103*(5), 57–59.