During the past week, the images of peaceful protesters in the United States being shot with projectiles, sprayed with pepper spray, or teargassed by police in riot gear reminded us of the many peaceful protesters in other countries who have been severely injured from excessive use of force by the state. As physician-researchers for Physicians for Human Rights, we have investigated the health effects of the use of so-called nonlethal crowd-control weapons by security officials against demonstrators in Bahrain, India, Palestine, South Korea, Sudan, Turkey, and Hong Kong.¹ We have examined people who were blinded by rubber bullets, who experienced traumatic brain injury from teargas canisters shot at close range, and who have had prolonged respiratory difficulties from teargas exposure. The settings vary, but the weapons are similar.

What is shared among the individuals we have interviewed and examined, regardless of their country and their reasons for protesting, is that their injuries were caused by excessive force. An excessive use of force in largely peaceful demonstrations fails to meet the international human rights principles of necessity, proportionality, legality, and accountability for the use of crowd-control weapons.²

During the past days, we have witnessed violations of the rights of people demonstrating against police brutality in cities throughout the United States. A student at Indiana Tech was hit in the eye by a teargas canister shot by a police officer. Police body camera footage depicted a young woman dragged out of a car while being tased by police officers in Atlanta. A tweet from Dallas showed a young girl with blood streaming down her face after being hit by a rubber bullet. A woman outside a medic tent described being shot at with rubber bullets while trying to provide medical care to an injured demonstrator in Minneapolis. On live television, a reporter was hit by a pepper ball shot by an officer. In an act of gratuitous cruelty during a pandemic, video footage showed a New York City police officer pulling down the mask of a young man whose hands are up and shooting pepper spray directly into his face.

Crowd-control weapons are not benign. Rubber bullets, a general term for kinetic impact projectiles that includes bean bag rounds, sponge rounds, and other projectiles, are made of hard plastic or rubber, mixtures of metal and foam, or shards of metal inside rubber. They often lead to serious injuries, particularly when they hit the head, eyes, or neck. Rubber bullets have resulted in many deaths worldwide.³,⁴ Their projectile force is equivalent to that of a bullet, so if fired at close range, they hit people with the same impact as live ammunition. Once fired, these bullets have an unpredictable trajectory, so they may hit individuals’ faces and necks even if not aimed there.

Teargas and pepper spray, both being widely used against demonstrators in the United States, are chemical compounds deployed as spray through canisters or grenades or via pellets. Their aim is to produce sensory irritation in the eyes, on the skin, and in the throat. These chemical irritants often cause severe respiratory distress as well as disorientation and agitation, leading in some cases to permanent disability and death.¹,⁵,⁶ They are dispelled into the air, so anyone in the targeted area—protesters, bystanders, and the police themselves—can be exposed.

Teargas canisters have caused traumatic injuries to the head, neck, and upper chest as well as to other body parts. When teargas is excessively used, fired in enclosed spaces, or in areas from which people cannot escape, the risk of injury or death from the chemical exposure dramatically increases.
The police can play an important role in ensuring public safety while enabling individuals to exercise their freedom of assembly and expression. Officers should be well trained in the de-escalation strategies of negotiation and dialogue, which are the most effective methods for crowd control, in ways that protect the safety and the rights of all those present—protesters, journalists, medical personnel, monitors, and bystanders. US courts and international norms recognize that the use of crowd-control techniques may be required to quell violence but stipulate that these must be used as a last resort and only in proportion to the risks faced. Not all the police actions we are seeing across the United States meet these criteria.

There is now strong evidence worldwide of the limited capacity of crowd-control weapons to achieve the stated goal of safe crowd dispersal. In fact, their use is often counterproductive, given that they cause confusion and panic, resulting in additional injuries as well as an escalation of violence.

Police violence occurring now on the streets of countless US cities under the guise of crowd control must immediately stop. The misuse of crowd-control measures is exacerbated by a lack of controls and regulations, owing in part to the common misconception that these weapons are not dangerous or potentially lethal. The use of such weapons must be controlled, and in the cases where they may be acceptable, they must be deployed in a manner that minimizes the risk of injury and allows peaceful protesters to continue their assemblies.

We also need accountability and enforcement of laws against undue use of force against demonstrators. Law enforcement officials must be required to record and report any use of crowd-control weapons, including specific models deployed, distances from targeted individuals, duration of deployment, the number of each type used, and documented or reported injuries caused. Their reporting must demonstrate that the use of such tactics was proportional, necessary, and legal. Officials who misuse these weapons must be investigated and punished.

Police officers’ killing of George Floyd sparked the demonstrations roiling the United States. And now officers’ use of crowd-control weapons is compounding the trauma of Floyd’s death. States and localities must take action now to prevent more injury, death, and trauma at the hands of US law enforcement officials while not distracting from the calls for reform and the protection of black lives. Protests against police violence must not be met by more police violence.

ARTICLE INFORMATION

Open Access: This is an open access article distributed under the terms of the CC-BY License.

Corresponding Author: Michele Heisler, MD, MPA, Building 16, North Campus Research Complex, 2800 Plymouth Rd, Ann Arbor, MI 48109 (mheisler@umich.edu).

Author Affiliations: Physicians for Human Rights, New York, New York (Heisler, Mishori, Haar); Department of Internal Medicine, University of Michigan Medical School, Ann Arbor (Heisler); Department of Health Behavior and Health Education, School of Public Health, University of Michigan, Ann Arbor (Heisler); Georgetown University School of Medicine, Washington, DC (Mishori); School of Public Health, University of California, Berkeley (Haar).

Conflict of Interest Disclosures: None reported.

REFERENCES


