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## US law enforcement crowd control tactics at anti-racism protests: a public health threat

George Floyd's murder by Minneapolis police on May 25, 2020, the latest of many such extrajudicial killings of African Americans and Native Americans, triggered protests throughout the USA and beyond. Many law enforcement agencies have responded with excessive force, raising serious health and human rights concerns.

Numerous videos document law enforcement officers' indiscriminate use of chemical irritants and kinetic impact projectiles (KIPs); striking peaceful protesters, and even journalists, with batons, fists, and vehicles; and corralling crowds in confined areas, making physical distancing impossible.

Chemical irritants, including tear gas and pepper spray, have been lobbed at protests nationwide. In one well publicised incident, officers used chemical irritants to chase peaceful protesters from a square near the White House to clear a path for President Trump to attend a photo opportunity. Such weapons, which are banned in warfare, carry substantial risks. A systematic review<sup>1</sup> of 31 studies found that among 9261 injuries from chemical irritants, 8.7% were severe, two were lethal, and 58 caused permanent disabilities. Because chemical irritants provoke coughing and sneezing, their use during the COVID-19 pandemic raises particular concern about viral spread.

The use of KIPs such as rubber bullets and bean bag rounds, sometimes shot from standard firearms, raises even more serious health concerns. A 2017 review<sup>2</sup> of 26 studies involving 1984 individuals wounded by KIPs showed that 3% died and 15.5% suffered permanent disabilities, including vision loss and surgical abdominal injuries. In the last 3 days of May, 2020, alone, at least twelve protesters incurred grave

injuries from KIPs according to media reports (appendix); several required intensive care, and five suffered severe ocular trauma resulting in partial or complete loss of vision.

Mass arrests of protesters, often for curfew violations, raise additional concerns. The USA incarcerates more people than any other nation, and its overcrowded jails have functioned as incubators for COVID-19. As many as 15% of COVID-19 cases in Illinois may be attributable to the cycling of community members into and out of jails.<sup>3</sup> Mass arrests, particularly combined with indiscriminate use of chemical irritants, risk accelerating the pandemic's spread.

The medical profession must join in demanding an end to human rights abuses by law enforcement. Police murders of people of colour and assaults on peaceful protesters must stop. A moratorium on the use of tear gas is needed.<sup>4</sup> KIP use should be banned. Some of the US\$115 billion spent annually on law enforcement in the USA<sup>5</sup> would be better spent on alternatives to policing, such as health, educational, and social programmes.

All authors declare serving as leaders in Physicians for a National Health Program, a non-profit organisation that favours coverage expansion through a single-payer programme. AWG is reimbursed for some travel on behalf of the organisation; all other authors receive no compensation from the organisation.

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- 1 Haar RJ, Iacopino V, Ranadive N, Weiser SD, Dandu M. Health impacts of chemical irritants used for crowd control: a systematic review of the injuries and deaths caused by tear gas and pepper spray. *BMC Public Health* 2017; **17**: 831.
- 2 Haar RJ, Iacopino V, Ranadive N, Dandu M, Weiser SD. Death, injury and disability from kinetic impact projectiles in crowd-control settings: a systematic review. *BMJ Open* 2017; **7**: e018154.
- 3 Reinhart E, Chen D. Incarceration and its disseminations: COVID-19 pandemic lessons from Chicago's Cook County Jail. *Health Affairs* 2020; published online June 4. DOI:10.1377/hlthaff.2020.00652.

- 4 American Thoracic Society. Tear gas use during COVID-19 pandemic irresponsible; moratorium needed, says American Thoracic Society. June 11, 2020. <https://www.thoracic.org/about/newsroom/press-releases/journal/2020/tear-gas-use-during-covid-19-pandemic-irresponsible-moratorium-needed,-says-american-thoracic-society.php> (accessed June 17, 2020).
- 5 Urban Institute. Police and corrections expenditures. Oct 20, 2017. <https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/state-and-local-backgrounders/police-and-corrections-expenditures> (accessed June 7, 2020).

## Lockdown is not egalitarian: the costs fall on the global poor

We support Richard Horton's call for a post-COVID-19 health recovery programme,<sup>1</sup> but his lack of attention to so-called lockdown victims is disappointing.

Evidence of avoidable non-COVID-19 deaths (eg, cancer deaths,<sup>2</sup> child deaths from measles,<sup>3</sup> women dying in labour<sup>4</sup>) is mounting. We are disappointed by the false dichotomy implicit in the assertion that there "should be no trade-off between health and wealth". The wealthy might profit from the economy, but the poor live by it.

Like UNICEF<sup>5</sup> and others, we believe that lockdowns kill people through disruption of health services and deprivation of livelihoods. At the bottom of the global pile, recession is not just a matter of having less: it is a matter of life and death.

When we lockdown, we cause deaths in the developing world to prolong lives in the developed world. Too poor to weather the storm, and lucky to make it to adulthood (according to UNICEF, over 5 million children under age 5 years die annually, and according to UN World Population Prospects 2019 data, the median age in Africa is 19.7 years), those near or below the poverty line stand to benefit little from lockdown, but they bear the lion's share of the cost. Children are especially vulnerable to malnutrition and diseases of poverty—and especially not vulnerable to COVID-19.



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For UNICEF child mortality estimates see <https://childmortality.org/>  
For UN World Population Prospects 2019 data see <https://population.un.org/wpp/DataQuery/>

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