

Testimony on Police Accountability Legislative Concepts

To: Governor Kate Brown, Joint Committee on the Special Session Co-Chairs Senator Courtney and Representative Kotek, Co-Vice Chairs Senator Girod and Representative Drazen

June 23, 2020

We are offering this testimony on Police Accountability Legislative Concepts on behalf of Oregon Physicians for Social Responsibility, a statewide organization of more than 2000 health professionals and public health advocates. We support the concerns raised in the joint testimony submitted by Unite Oregon, PAALF, Urban League, Rose City Justice and other organizations.

As a health-based organization, we agree with the American Public Health Association's assessment that police violence is a public health crisis¹. would like to specifically support a strengthened version of LC 81 which prohibits law enforcement from using tear gas, long range acoustic devices, or sound cannons. These so-called non-lethal weapons used by police in response to demonstrations, including flashbang or pressure grenades and tear gas, are serious threats to health.

Flashbang grenades produce high intensity impulse noise and very bright flashes in order to disorient people.² Impulse noise levels of flash bang grenades have been measured at >170 decibels. The OSHA standard specifies that no exposure to impulsive sound should be permitted if the peak sound pressure level exceeds 140 decibels. At 140 decibels hearing loss is immediate and acoustic trauma results from direct mechanical damage to the inner ear.

Tear gas has been banned for warfare since 1925. But, (*o*-Chlorobenzylidene malononitrile) CS is one of the most extensively used riot control agents. It has transient as

¹ https://www.apha.org/news-and-media/news-releases/apha-news-releases/2020/apha-calls-out-police-violence

² NIOSH [2014]. NIOSH HHE Report No. 2013-0124-3208. https://www.cdc.gov/niosh/hhe/reports/pdfs/2013-0124 3208.pdf?id=10.26616/NIOSHHETA201301243208

well as lasting serious, life threatening effects on skin, respiratory system, and eyes. Police, demonstrators, bystanders, and secondarily exposed health care workers have been harmed by exposure to CS.³

One in ten people in Oregon has asthma, with disproportionate rates among communities of color. Using tear gas arbitrarily puts people with varying levels of health or vulnerability, such as asthma or COPD, at risk of serious life threatening illness. During a pandemic of respiratory disease, it is excessively reckless to expose people in a crowd to lung irritants.

People living and working in neighborhoods nearby or just passing have been exposed to tear gas and flash bang or pressure grenades, without having been involved in a demonstration. This threatens people in their homes and workplaces.

Police forces, police unions, and their lobbyists have already and will continue to spread fear by insisting that banning the use of tear gas and other riot control munitions would leave them no option but to increase use of physical force on demonstrators. This is a false choice that is deliberately meant to instill fear in elected officials with the goal of shielding police from accountability for assaulting Oregonians. We are currently seeing weeks of sustained nonviolent protests that are attacked indiscriminately by police officers using riot control devices *and* physical force. De-escalation and respecting first amendment rights to peaceful assembly is the alternative to riot control munitions and violence against protesters.

We urge you to take bold and swift action to pass LC 81 with the additional strengthening suggested by Unite Oregon et al.

As you move quickly on police accountability, we also urge you to support the call for the establishment of a community-led effort to reimagine safety and resilience. This should include grounding and resourcing the effort in Black-led and Black-serving organizations and advocates, including leaders from transgender and houseless communities.

Thank you for your consideration of our concerns.

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³ Y Dimitroglou, G Rachiotis, C Hadjichristodoulou, Exposure to the riot control agent CS and potential health effects: a systematic review of the evidence. *Int. J. Environ. Res. Public Health* 2015, *12*(2), 1397-1411; https://doi.org/10.3390/ijerph120201397