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“I Can’t Breathe”: It is Time for All Law Enforcement Agencies in America to Limit Pressure to the Neck to Deadly Force Situations

Press Release

[The Training Institute on Strangulation Prevention](#), a program of [Alliance for HOPE International](#), has taken the position since 2011 that pressure to the neck of a criminal suspect should be reserved for only such situations where deadly (lethal) force is appropriate.

“We have been training on these issues for nearly 25 years now. While our primary focus has been on the use of strangulation by abusive men in intimate relationships, the physiology is the same. Pressure to the neck is life-threatening conduct,” said Gael Strack, Chief Executive Officer of Alliance for HOPE International, and the founder of the Training Institute on Strangulation Prevention. Strack has trained thousands of law enforcement officers in the handling and near and non-fatal strangulation cases for over 20 years.

“Make no mistake about it, pressure on the neck, chest or abdomen can lead to deadly results. Inhibiting a human’s ability to breathe through the application of external pressure results in decreasing oxygen levels in the blood,” said Dr. William Smock, the Medical Director of Alliance for HOPE International.

“While we await the medical examiner’s report to understand the exact cause of death, the videotaped death of George Floyd in Minneapolis has shown the public how vulnerable the neck is and how quickly someone can die when a law enforcement officer applies pressure to the neck,” said Casey Gwinn, President of Alliance for HOPE International. [Gwinn posted a video this morning reacting to the death of George Floyd.](#)

Gwinn, Strack and Smock urge all law enforcement agencies to stop permitting pressure to the neck except in situations where use of a firearm or other deadly force would also be permissible by a law enforcement officer.

Lawsuits, Criminal Charges, and Terminations

Officers applying pressure to the neck, resulting in the death of a criminal suspect or an inmate, have been occurring for many years. Recent cases have brought national attention to the deadly use of neck restraints:

In 2013, [Michael Ruiz, 44](#), died in police custody after officers tased him and placed him in a chokehold. His hands and feet were handcuffed as he was dragged down stairs with his head unsupported. Ruiz’s father, a retired LAPD Detective, said his son was dead when he reached the hospital. A civil lawsuit was filed against the officers and the city of Phoenix and appears to still be pending in the courts.

In 2014, two officers from the New York Police Department approached Eric Garner on a sidewalk and accused him of selling untaxed cigarettes. The incident resulted in the use of chokehold, the death of Eric Garner, [a \\$5.9 million dollar settlement](#) and the officer being fired.

In 2016, [Humbert Martinez, 32](#), died in police custody after officers put him in a neck hold and also applied pressure to his chest/back. His family subsequently filed a federal civil lawsuit against the officers and the City of Pittsburg, California.

In 2017, Officer Kenneth Lopera from the Metropolitan Police Department in Nevada was [formally charged in the death of Tashii Brown](#), the unarmed Las Vegas man who died after being shocked with a taser and put in a neck hold while being arrested. The case was later [dropped by the District Attorney's Office](#) but a federal lawsuit remains pending.

Chauna Thompson, an off-duty Texas sheriff's duty was accused of helping her husband, Terry Thompson, choke 24-year old John Hernandez to death outside a Denny's restaurant in 2017. Both were initially charged with murder. The murder charge against Chauna was subsequently dropped in 2019 and she was terminated from the Sheriff's Department. Terry was [convicted and sentenced to 25 years](#) in prison for the murder of John Hernandez. A lawsuit against the Thompsons and the Sheriff's Department is pending.

In 2019, Sonoma County Deputy Sheriff Charles Blount was fired after killing [David Glen Ward](#) with a chokehold in California.

Many other less high-profile cases have resulted in the termination of officers, criminal charges, and/or major civil liability for cities and counties. The cost of all police and sheriff misconduct cases has skyrocketed into the hundreds of millions of dollars per year and [chokehold cases play a major role in those settlement amounts.](#)

Individuals have been seriously hurt and/or died as a result of pressure being applied to the neck and/or body by law enforcement. Lawsuits have been filed. Taxpayers have paid out millions of dollars in settlements. Officers and deputies have lost their jobs and/or been prosecuted. [Assisting officers have also been held responsible for not intervening.](#)

In the words of Justice Thurgood Marshall: "It is undisputed that chokeholds pose a high and unpredictable risk of serious injury or death. Chokeholds are intended to bring a subject under control by causing pain and rendering him unconscious. Depending on the position of the officer's arm and the force applied, the victim's voluntary or involuntary reaction, and his state of health, an officer may inadvertently crush the victim's larynx, trachea, or thyroid. The result may be death caused by either cardiac arrest or asphyxiation." 461 U.S. 95 (1983) (Marshall, J., dissenting). "[The] potential for a fatal outcome is present each time a neck hold is applied and each time a firearm is drawn from its holster. The neck hold differs in that its fatal consequence can be totally unpredictable." (Reay & Eisele, 1982, p.257).

Terminology

There are multiple names and types of neck restraints referred to by law enforcement when they are applying pressure to the neck of a criminal suspect. The Minneapolis Police Department refers to "choke holds", "Neck Restraint", "Conscious Neck Restraint", and "Unconscious Neck Restraint." Other use of force experts refer to "Lateral Vascular Neck Restraints" or "Carotid Restraints." The Institute views any external pressure applied to the neck as a form of strangulation. We define strangulation as "external pressure applied to the neck, by any means, that occludes airflow or blood flow, or both." Such external pressure can collapse the airway, cause internal damage to the neck, block venous return or arterial flow, or lead to related health consequences. To review the Institute's Media Guide on terminology, [click here.](#)

Basic Physiology—Medical Definition

Strangulation is external pressure to the neck **by any means** which obstructs blood flow or air flow. "Inhibiting a human being's ability to respire – inhale and exhale – deprives the brain and lungs of oxygen which can lead to hypoxia, loss of consciousness, brain damage and/or death. Death can occur within minutes depending whether blood and/or air was obstructed. Other causes of death can include injury to the arteries and/or thrombosis leading to a stroke

and/or death,” said Dr. William Smock.

In 1995, the National Law Enforcement Technology Center issued a national bulletin on the use of positional asphyxia – death as a result of body position that interferes with one’s ability to breathe. It was issued to help officers recognize the danger and ensure the safety of a suspect and minimize the risk of death. The Bulletin made it clear how preexisting risk factors combined with a subject’s body position when subdued or in transit, can compound the risk of sudden death. “A person lying on his stomach has trouble breathing when pressure is applied to his back. The remedy seems relatively simple: get the pressure off his back. However, during a violent struggle between an officer or officers and a suspect, the solution is not as simple as it may sound. Often, the situation is compounded by a vicious cycle of suspect resistance and officer restraint:

- A suspect is restrained in a face-down position and breathing may become labored.
- Weight is applied to the person’s back and the more weight, the more severe the degrees of compression.
- The individual experiences increased difficulty breathing.
- The natural reaction to oxygen deficiency occurs – the person struggles more violently.
- The officer then applies more compression to subdue the increasingly violent person.

Don’t be Fooled – “I Can’t Breathe”:

Many officers assume that as long as the suspect is talking when pressure is being applied to the neck that he can breathe when in fact oxygen levels are falling and carbon dioxide levels were rising.

Many think that if an individual is still breathing, talking and/or screaming, then they must be fine. However, depending on how pressure is applied, there still can be partial obstruction of airflow and/or blood flow. The body is experiencing hypoxia. The body begins to feel that it can’t breathe. Do not be fooled into thinking the individual is fine. When someone says, “I can’t breathe”, believe him. Internal injuries may also be occurring even if airflow is unobstructed.

Changes in Policy

Policy changes have been made and/or the use of pressure to the neck has been banned by many law enforcement agencies. Today, approximately 50% of all law enforcement agencies do not permit law enforcement officers to use any form of restraint or pressure to the neck. Los Angeles and New York Police Departments were two of the first large agencies to ban the use of the chokehold as a result of multiple lawsuits. In the words of NYPD Commander John F. Timoney, when NYPD banned the use of the chokehold they said: “Basically, stay the hell away from the neck.”

For those jurisdictions that are still permitting the use of a neck restraint, the policy generally permits it when the suspect is either actively resisting and/or uses deadly force. The neck restraint policies are usually accompanied by:

- Specialized training
- Clear written protocols
- Use of only an approved method
- Limitation to pressure be applied to no more than 30 seconds and/or only twice
- The suspect must not be placed on his stomach after he is handcuffed
- Medical clearance is always required

The Institute believes such pressure to the neck should not be permitted in “active resistance” situations that do not rise the level of deadly force encounters.

Call to Action

The Training Institute on Strangulation Prevention, a program of Alliance for HOPE International, reiterates our position since 2011, and calls on all law enforcement agencies in America to limit the use of pressure to the neck of a criminal suspect, by any means, to deadly force situations.

The Training Institute on Strangulation Prevention A Program of Alliance for HOPE International

The Training Institute on Strangulation Prevention is the most comprehensive training program in the country for judges, prosecutors, defense attorneys, law enforcement professionals, advocates, doctors, nurses, and other professionals handling non-fatal and near-fatal strangulation cases in the domestic violence, sexual assault, child abuse, and elder abuse context. The Institute's [online Resource Library](#) is accessed daily by thousands of professionals across the country. To follow the Institute, go to www.strangulationtraininginstitute.com to learn more about our life-saving work.

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