

Abstract Submitted
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A safe Taser dose: Evaluation of Taser-related in-custody deaths, with implications for law enforcement policy and training MARJORIE LUNDQUIST, Bioelectromagnetic Hygiene Institute, Milwaukee WI 53211-0831 USA — The Taser, an electroconductive skeletal-muscle-incapacitating device originally designed by Taser International Inc. as a *non-lethal weapon*, is used by increasing numbers of law enforcement agencies (LEAs) in the USA and Canada. Since 1999, over 200 people “Tasered” by law enforcement personnel (LEP) have collapsed and died, prompting public calls for a moratorium on LEA Taser use except when deadly force is justified. If a sufficiently long Taser shock can kill, as seems likely [metabolic acidosis climbs, impairing respiration and elevating the risk of ventricular fibrillation], the data on Taser-related in-custody human deaths collectively support a *single-shock policy* for LEAs (ideally, Taser use on people exhibiting physical exhaustion or any type of delirium, or who are taking drugs for mental health reasons, or are pregnant, is **prohibited unless deadly force is justified**), with a *second shock* permitted in emergencies **only** for people **not** in the foregoing “prohibited” category. If all Taser-using LEAs in North America were to adopt a policy of this type, a *10- to 20-fold reduction* in the rate of Taser-related in-custody deaths is projected! To protect the public, LEP training should distinguish between lethal and non-lethal Taser deployment using a “safe Taser dose” concept.

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