

## PILLAR 6. OFFICER WELLNESS & SAFETY

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Most law enforcement officers walk into risky situations and encounter tragedy on a regular basis. Some, such as the police who responded to the carnage of Sandy Hook Elementary School, witness horror that stays with them for the rest of their lives. Others are physically injured in carrying out their duties, sometimes needlessly, through mistakes made in high stress situations. The recent notable deaths of officers are stark reminders of the risk officers face. As a result, physical, mental, and emotional injuries plague many law enforcement agencies.

However, a large proportion of officer injuries and deaths are not the result of interaction with criminal offenders but the outcome of poor physical health due to poor nutrition, lack of exercise, sleep deprivation, and substance abuse. Yet these causes are often overlooked or given scant attention. Many other injuries and fatalities are the result of vehicular accidents.

The wellness and safety of law enforcement officers is critical not only to themselves, their colleagues, and their agencies but also to public safety. An officer whose capabilities, judgment, and behavior are adversely affected by poor physical or psychological health not only may be of little use to the community he or she serves but also may be a danger to the community and to other officers. As task force member Tracey Meares observed, “Hurt people can hurt people.”<sup>106</sup>

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106. Listening Session on Officer Safety and Wellness (comment of Tracey Meares, task force member, for the President’s Task Force on 21st Century Policing, Washington, DC, February 23, 2015).

Commenting on the irony of law enforcement’s lack of services and practices to support wellness and safety, Dr. Laurence Miller observed in his testimony that supervisors would not allow an officer to go on patrol with a deficiently maintained vehicle, an un-serviced duty weapon, or a malfunctioning radio—but pay little attention to the maintenance of what is all officers’ most valuable resource: their brains.<sup>107</sup>

Officer suicide is also a problem: a national study using data of the National Occupational Mortality Surveillance found that police died from suicide 2.4 times as often as from homicides. And though depression resulting from traumatic experiences is often the cause, routine work and life stressors—serving hostile communities, working long shifts, lack of family or departmental support—are frequent motivators too.

In this pillar, the task force focused on many of the issues that impact and are impacted by officer wellness and safety, focusing on strategies in several areas: physical, mental, and emotional health; vehicular accidents; officer suicide; shootings and assaults; and the partnerships with social services, unions, and other organizations that can support solutions.

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107. Listening Session on Officer Safety and Wellness (oral testimony of Laurence Miller, psychologist, for the President’s Task Force on 21st Century Policing, Washington, DC, February 23, 2015).

Physical injuries and death in the line of duty, while declining, are still too high. According to estimates of U.S. Bureau of Labor Statistics, more than 100,000 law enforcement professionals are injured in the line of duty each year. Many are the result of assaults, which underscores the need for body armor, but most are due to vehicular accidents.

To protect against assaults, Orange County (Florida) Sheriff Jerry Demings talked about immersing new officers in simulation training that realistically depicts what they are going to face in the real world. "I subscribe to an edict that there is no substitute for training and experience . . . deaths and injuries can be prevented through training that is both realistic and repetitive."<sup>108</sup>

But to design effective training first requires collecting substantially more information about the nature of injuries sustained by officers on the job. Dr. Alexander Eastman's testimony noted that the field of emergency medicine involves the analysis of vast amounts of data with regard to injuries in order to improve prevention as well as treatment.

In order to make the job of policing more safe, a nationwide repository for [law enforcement officer] injuries sustained is desperately needed. A robust database of this nature, analyzed by medical providers and scientists involved in law enforcement, would allow for recommendations in tactics, training, equipment, medical care and even policies/procedures that are grounded in that interface between scientific evidence, best medical practice, and sound policing.<sup>109</sup>

108. Listening Session on Officer Safety and Wellness: Officer Safety (oral testimony of Jerry Demings, sheriff, Orange County, FL, for the President's Task Force on 21st Century Policing, Washington, DC, February 23, 2015).

109. Listening Session on Officer Safety and Wellness: Officer Safety (oral testimony of Dr. Alexander Eastman, lieutenant and deputy medical director, Dallas Police Department, for the President's Task Force on 21st Century Policing, Washington, DC, February 23, 2015).

Poor nutrition and fitness are also serious threats, as is sleep deprivation. Many errors in judgment can be traced to fatigue, which also makes it harder to connect with people and control emotions. But administrative changes such as reducing work shifts can improve officer's feelings of well-being, and the implementation of mental health strategies can lessen the impact of the stress and trauma.

However, the most important factor to consider when discussing wellness and safety is the culture of law enforcement, which needs to be transformed. Support for wellness and safety should permeate all practices and be expressed through changes in procedures, requirements, attitudes, and behaviors. An agency work environment in which officers do not feel they are respected, supported, or treated fairly is one of the most common sources of stress. And research indicates that officers who feel respected by their supervisors are more likely to accept and voluntarily comply with departmental policies. This transformation should also overturn the tradition of silence on psychological problems, encouraging officers to seek help without concern about negative consequences.

Partnerships are another crucial element. An agency cannot successfully tackle these issues without partners such as industrial hygienists, chaplains, unions, and mental health providers. But no program can succeed without buy-in from agency leadership as well as the rank and file.

The "bulletproof cop" does not exist. The officers who protect us must also be protected—against incapacitating physical, mental, and emotional health problems as well as against the hazards of their job. Their wellness and safety are crucial for them, their colleagues, and their agencies, as well as the well-being of the communities they serve.



Elliot Cohen of the Maryland State Police speaks about technology usage while Madhu Grewal of the Constitution Project waits her turn to testify, Cincinnati, January 31, 2015.

PHOTO: DEBORAH SPENCE

### **6.1 RECOMMENDATION: The U.S. Department of Justice should enhance and further promote its multi-faceted officer safety and wellness initiative.**

As noted by all task force members during the listening session, officer wellness and safety supports public safety. Officers who are mentally or physically incapacitated cannot serve their communities adequately and can be a danger to the people they serve, to their fellow officers, and to themselves.

#### **6.1.1 ACTION ITEM: Congress should establish and fund a national “Blue Alert” warning system.**

Leveraging the current Amber Alert program used to locate abducted children, the Blue Alert would enlist the help of the public in finding suspects after a law enforcement officer is killed in the line of duty. Some similar state systems do exist, but there are large gaps; a national system is needed. In addition to aiding the apprehension of suspects, it would send a message about the importance of protecting law enforcement from undue harm.

#### **6.1.2 ACTION ITEM: The U.S. Department of Justice, in partnership with the U.S. Department of Health and Human Services, should establish a task force to study mental health issues unique to officers and recommend tailored treatments.**

Law enforcement officers are subject to more stress than the general population owing to the nature of their jobs. In addition to working with difficult—even hostile—individuals, responding to tragic events, and sometimes coming under fire themselves, they suffer from the effects of everyday stressors—the most acute of which often come from their agencies, because of confusing messages or non-supportive management; and their families, who do not fully understand the pressures the officers face on the job. And as witness Laurence Miller said, “When both work and family relations fray, the individual’s coping abilities can be stretched to the limit, resulting in alcohol abuse, domestic violence, overaggressive policing, even suicide.”<sup>110</sup>

110. Listening Session on Officer Safety and Wellness (oral testimony of Laurence Miller, psychologist, for the President’s Task Force on 21st Century Policing, Washington, DC, February 23, 2015).

To add to the problems of those suffering from psychological distress, law enforcement culture has not historically supported efforts to treat or even acknowledged mental health problems, which are usually seen as a sign of “weakness.” The challenges and treatments of mental health issues should therefore be viewed within the context of law enforcement’s unique culture and working environment.

This task force should also look to establish a national toll-free mental health hotline specifically for police officers. This would be a fast, easy, and confidential way for officers to get advice whenever they needed to; and because they would be anonymous, officers would be more likely to take advantage of this resource. Since nobody understands the challenges an officer faces like another officer, it should be peer driven—anononymously connecting callers to officers who are not in the same agency and who could refer the caller to professional help if needed. An advisory board should be formed to guide the creation of this hotline service.

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**6.1.3 ACTION ITEM: The Federal Government should support the continuing research into the efficacy of an annual mental health check for officers, as well as fitness, resilience, and nutrition.**

Currently, most mental health checks are ordered as interventions for anger management or substance abuse and are ordered reactively after an incident. Mental health checks need to be more frequent to prevent problems. Because officers are exposed to a wide range of stressors on a continuous basis as part of their daily routines, mental and physical health check-ups should be conducted on an ongoing basis. Furthermore, officer nutrition and fitness issues change with time, varying widely from those of the new academy graduate

to those of the veteran who has spent the last five years sitting in a squad car. Many health problems—notably cardiac issues—are cumulative.

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**6.1.4 ACTION ITEM: Pension plans should recognize fitness for duty examinations as definitive evidence of valid duty or non-duty related disability.**

Officers who have been injured in the line of duty can exist in limbo, without pay, unable to work but also unable to get benefits because the “fitness for duty” examinations given by their agencies are not recognized as valid proof of disability. And since officers, as public servants, cannot receive social security, they can end up in a precarious financial state.

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**6.1.5 ACTION ITEM: Public Safety Officer Benefits (PSOB) should be provided to survivors of officers killed while working, regardless of whether the officer used safety equipment (seatbelt or anti-ballistic vest) or if officer death was the result of suicide attributed to a current diagnosis of duty-related mental illness, including but not limited to post-traumatic stress disorder (PTSD).**

Families should not be penalized because an officer died in the line of duty but was not wearing a seat belt or body armor. Though these precautions are very important and strongly encouraged, there are occasions when officers can be more effective without them.<sup>111</sup>

A couple of situations were mentioned by task force member Sean Smoot, who described the efforts of an officer who took off his seat belt to tend to the injuries of a victim in the back of the car as his partner sped to the hospital. Another

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111. Listening Session on Officer Safety and Wellness: Voices from the Field (oral testimony of William Johnson, executive director, National Association of Police Organizations, for the President’s Task Force on 21st Century Policing, Washington, DC, February 23, 2015).



scenario he mentioned was the rescue of a drowning woman by an officer who shed his heavy body armor to go into the water. Charles Ramsey, task force co-chair, also noted that these types of situations could be further mitigated by the invention of seatbelts that officers could quickly release without getting tangled on their belts, badges, and radios, as well as body armor that is lighter and more comfortable.

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## **6.2 RECOMMENDATION: Law enforcement agencies should promote safety and wellness at every level of the organization.**

Safety and wellness issues affect all law enforcement professionals, regardless of their management status, duty, or tenure. Moreover, line officers are more likely to adopt procedures or change practices if they are advised to do so by managers who also model the behavior they encourage. According to witness David Orr, buy-in from the leaders as well as the rank and file is essential to the success of any program.<sup>112</sup>

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### **6.2.1 ACTION ITEM: Though the Federal Government can support many of the programs and best practices identified by the U.S. Department of Justice initiative described in recommendation 6.1, the ultimate responsibility lies with each agency.**

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112. Listening Session on Officer Safety and Wellness (oral testimony of David Orr, sergeant, Norwalk [CT] Police Department, to the President's Task Force on 21st Century Policing, Washington, DC, February 23, 2015).

Though legislation and funding from the Federal Government is necessary in some cases, most of the policies, programs, and practices recommended by the task force can and should be implemented at the local level. It is understood, however, that there are no "one size fits all" solutions and that implementation will vary according to agency size, location, resources, and other factors.

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## **6.3 RECOMMENDATION: The U.S. Department of Justice should encourage and assist departments in the implementation of scientifically supported shift lengths by law enforcement.**

It has been established by significant bodies of research that long shifts can not only cause fatigue, stress, and decreased ability to concentrate but also lead to other more serious consequences.<sup>113</sup> Fatigue and stress undermine not only the immune system but also the ability to work at full capacity, make decisions, and maintain emotional equilibrium. Though long shifts are understandable in the case of emergencies, as a standard practice they can lead to poor morale, poor job performance, irritability, and errors in judgment that can have serious, even deadly, consequences.

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### **6.3.1 ACTION ITEM: The U.S. Department of Justice should fund additional research into the efficacy of limiting the total number of hours an officer should work within a 24–48-hour period, including special findings on the maximum number of hours an officer should work in a high risk or high stress environment (e.g., public demonstrations or emergency situations).**

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113. Bryan Vila, *Tired Cops: The Importance of Managing Police Fatigue*, (Washington, DC: Police Executive Research Forum, 2000); Mora L. Fiedler, *Officer Safety and Wellness: An Overview of the Issues* (Washington, DC: Office of Community Oriented Policing Services, 2011), 4, <http://cops.usdoj.gov/pdf/OSWG/e091120401-OSWGReport.pdf>.



Christina Brown of Black Lives Matter Cincinnati speaks about mass demonstrations while Superintendent Garry McCarthy of the Chicago Police Department looks on, Cincinnati, January 30, 2015.

PHOTO: DEBORAH SPENCE

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#### **6.4 RECOMMENDATION: Every law enforcement officer should be provided with individual tactical first aid kits and training as well as anti-ballistic vests.**

Task force witness Dr. Alexander Eastman, who is a trauma surgeon as well as a law enforcement professional, noted that tactical first aid kits would significantly reduce the loss of both officer and civilian lives due to blood loss. Already available to members of the military engaged in combat missions, these kits are designed to save lives by controlling hemorrhaging. They contain tourniquets, an Olaes modular bandage, and QuikClot gauze and would be provided along with training in hemorrhage control. Dr. Eastman estimated that the kits could cost less than \$50 each and require about two hours of training, which could be provided through officers who have completed “train the trainer” programs.<sup>114</sup>

This would be a national adoption of the Hartford Consensus, which calls for agencies to adopt hemorrhage control as a core law enforcement skill and

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114. Listening Session on Officer Safety and Wellness: Officer Safety (oral testimony of Dr. Alexander Eastman, lieutenant and deputy medical director, Dallas Police Department, for the President’s Task Force on 21st Century Policing, Washington, DC, February 23, 2015).

to integrate rescue/emergency medical services personnel into community-wide active shooter preparedness and training. These activities would complement the current “Save Our Own” law enforcement-based hemorrhage control programs.<sup>115</sup>

To further reduce officer deaths, the task force also strongly recommends the provision of body armor to all officers with replacements when necessary.

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##### **6.4.1 ACTION ITEM: Congress should authorize funding for the distribution of law enforcement individual tactical first aid kits.**

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##### **6.4.2 ACTION ITEM: Congress should reauthorize and expand the Bulletproof Vest Partnership (BVP) program.**

Created by statute in 1998, this program is a unique U.S. Department of Justice initiative designed to provide a critical resource to state and local law enforcement. Based on data collected and recorded by Bureau of Justice Assistance staff,

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115. M. Jacobs Lenworth, Jr., “Joint Committee to Create a National Policy to Enhance Survivability from Mass Casualty Shooting Events: Hartford Consensus II,” *Journal of the American College of Surgeons* 218, no. 3 (March 2014): 476–478.

in FY 2012 protective vests were directly attributed to saving the lives of at least 33 law enforcement and corrections officers.

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**6.5 RECOMMENDATION: The U.S. Department of Justice should expand efforts to collect and analyze data not only on officer deaths but also on injuries and “near misses.”**

Another recommendation mentioned by multiple witnesses is the establishment of a nationwide repository of data on law enforcement injuries, deaths, and near misses. Though the Federal Bureau of Investigation (FBI) does maintain a database of information pertinent to police procedures on officers killed in the line of duty, it does not contain the medical details that could be analyzed by medical providers and scientists to improve medical care, tactics, training, equipment, and procedures that would prevent or reduce injuries and save lives. The Police Foundation, with the support of a number of other law enforcement organizations, launched an online Law Enforcement Near Miss Reporting System in late 2014, but it is limited in its ability to systematically analyze national trends in this important data by its voluntary nature.<sup>116</sup>

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**6.6 RECOMMENDATION: Law enforcement agencies should adopt policies that require officers to wear seat belts and bullet-proof vests and provide training to raise awareness of the consequences of failure to do so.**

According to task force witness Craig Floyd, traffic accidents have been the number one cause of officer fatalities in recent years, and nearly half of those officers were not wearing seat belts.<sup>117</sup> He

116. Deborah L. Spence, “One on One with LEO Near Miss,” *Community Policing Dispatch* 8, no. 2 (February 2015), [http://cops.usdoj.gov/html/dispatch/02-2015/leo\\_near\\_miss.asp](http://cops.usdoj.gov/html/dispatch/02-2015/leo_near_miss.asp).

117. Listening Session on Officer Safety and Wellness (oral testimony of Craig Floyd, National Law Enforcement Officer Memorial Foundation, for the President’s

suggests in-car cameras and seat belt sensors to encourage use along with aggressive safety campaigns. Some witnesses endorsed mandatory seat belt policies as well.

The Prince George’s County (Maryland) Arrive Alive Campaign initiated by task force witness Chief Mark Magraw to promote 100 percent seat belt usage relied on incentives and peer pressure for success. The message was, “it is not just about you, it is also about your family and your department.”<sup>118</sup>

There were also many calls for mandatory requirements that all officers wear soft body armor any time they are going to be engaging in enforcement activities, uniformed or not. It was also suggested that law enforcement agencies be required to provide these for all commissioned personnel.

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**6.7 RECOMMENDATION: Congress should develop and enact peer review error management legislation.**

The task force recommends that Congress enact legislation similar to the Healthcare Quality Improvement Act of 1986<sup>119</sup> that would support the development of an effective peer review error management system for law enforcement similar to what exists in medicine. A robust but nonpunitive peer review error management program—in which law enforcement officers could openly and frankly discuss their own or others’ mistakes or

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Task Force on 21st Century Policing, Washington, DC, February 23, 2015).

118. Listening Session on Officer Safety and Wellness (oral testimony of Mark Magraw, chief, Prince Georges County [MD] Police Department, for the President’s Task Force on 21st Century Policing, Washington, DC, February 23, 2015).

119. The Health Care Quality Improvement Act of 1986 (HCQIA), 42 USC §11101 et seq., sets out standards for professional review actions. If a professional review body meets these standards, then neither the professional review body nor any person acting as a member or staff to the body will be liable in damages under most federal or state laws with respect to the action. For more information, see “Medical Peer Review,” American Medical Association, accessed February 28, 2015, <http://www.ama-assn.org/ama/pub/physician-resources/legal-topics/medical-peer-review.page>.

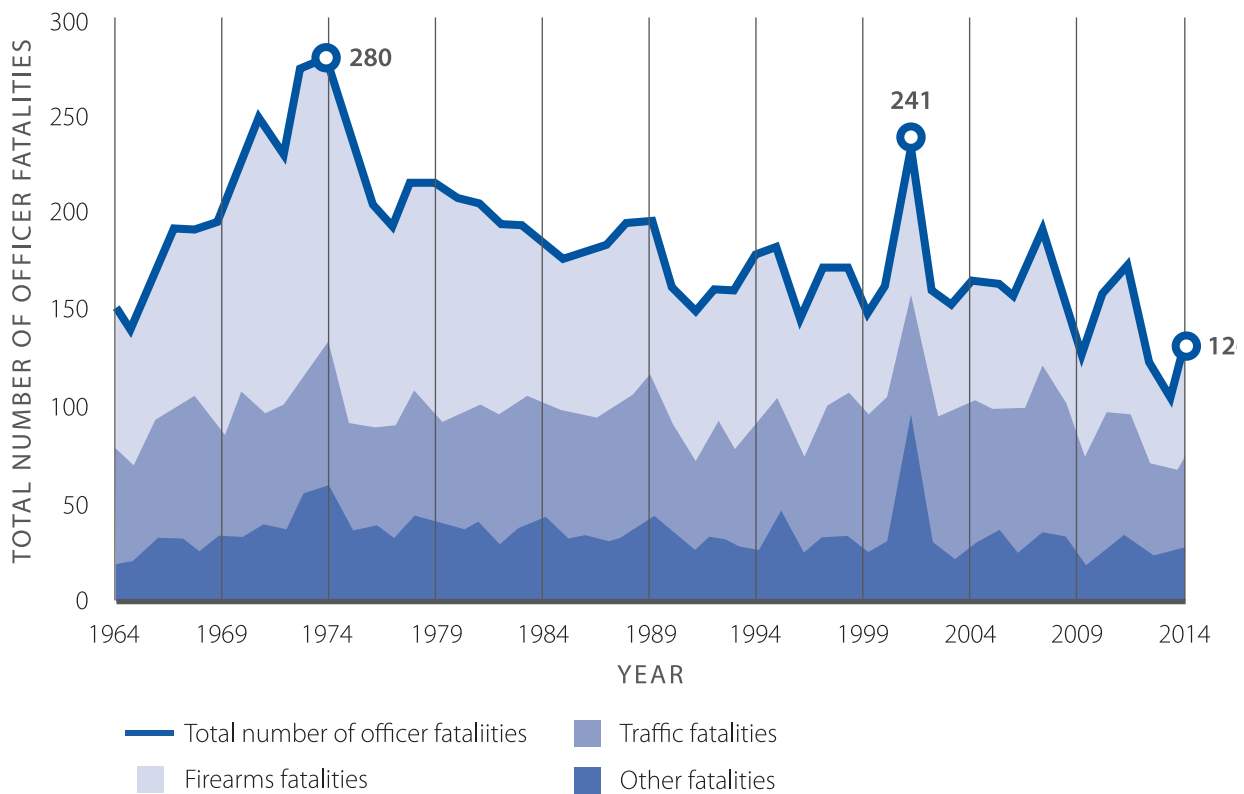
near misses *without fear of legal repercussions*— would go a long way toward reducing injuries and fatalities by improving tactics, policies, and procedures. Protecting peer review error management findings from being used in legal discovery would enable the widespread adoption of this program by law enforcement.

The Near Miss anonymous reporting system developed by the Police Foundation in Washington, D.C., currently collects anonymous data that can be very helpful in learning from and preventing mistakes, fatalities, and injuries—but a program that enabled peer review of errors would provide even more valuable perspectives and solutions.

**6.8 RECOMMENDATION: The U.S. Department of Transportation should provide technical assistance opportunities for departments to explore the use of vehicles equipped with vehicle collision prevention “smart car” technology that will reduce the number of accidents.**

Given that the FBI’s 2003 to 2012 Law Enforcement Officers Killed in Action report showed that 49 percent of officer fatalities were a result of vehicle-related accidents, the need for protective devices cannot be understated. New technologies such as vehicle collision prevention systems should be explored.

**Figure 3. Total law enforcement fatalities from 1964–2014**



Source: “126 Law Enforcement Fatalities Nationwide in 2014,” *Preliminary 2014 Law Enforcement Officer Fatalities Report* (Washington, DC: National Law Enforcement Officers Memorial Fund, December 2014), <http://www.nleomf.org/assets/pdfs/reports/Preliminary-2014-Officer-Fatalities-Report.pdf>.