

# Deliberative and Pre-decisional

## Chapter 4: Law Enforcement Health and Wellness

### Introduction

The health, wellness, and safety of law enforcement officers, as well as their civilian colleagues, is critical to the country's safety and security. These professionals are exposed on a daily basis to harsh realities, including job and organizational stress, traumatic incidents, and accumulated memories that could lead to post-traumatic stress disorder (PTSD).

**PULL QUOTE:** “Nothing is more important than the well-being—physically, mentally, and emotionally—of our men and women [in law enforcement]. They are the backbone of our department(s).”<sup>1</sup>

There is a strong correlation between physical and mental health, and the two should not be thought of as separate. Maintaining physical health helps law enforcement officers sustain long and difficult careers that are filled with stressors, which may take a toll on the individual. A recent study about the life expectancy of police officers revealed that, on average, officers live 21.9 fewer years than the general public.”<sup>2</sup>

All necessary resources must be provided to today's law enforcement personnel to optimize officer safety, health, and wellness, which will allow them to serve and protect our nation.

### 4.1 Physical Health

#### Background

Numerous agencies provide physical fitness programs for officers. Still, the level of physical fitness is up to each individual. While officers who graduate from the training academy are typically in the best shape of their lives, fitness levels usually change as an officer's career evolves. Many elements contribute to a lesser fitness level, including shift work, poor sleeping patterns, operational and organizational stress, and improper nutrition.

#### Current State of the Issue

The International Association of Chiefs of Police (IACP), through a cooperative agreement with the Bureau of Justice Assistance (BJA), conducted a multi-department assessment of line-of-duty injuries. Eighteen different agencies tracked all reported injuries over the course of one year. The report found that 1,295 injuries resulted in 5,938 days missed, with an average of 4.5 days missed per incident and an average rehabilitation period of 3.5 days. The study found that officers who engaged in fitness training regimens were less likely to suffer an injury.<sup>3</sup>

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<sup>1</sup> President's Commission on Law Enforcement and the Administration of Justice: Hearing on Law Enforcement Health and Wellness (February 27, 2020) (written statement of Commissioner William Gross, Boston Police Department, Co-Chair, Law Enforcement Health and Wellness Working Group).

<sup>2</sup> Violanti Et. Al., (2013), “*Life Expectancy in Police Officers: A Comparison with the U.S. General Population*”, Int J Emerg Ment Health. 2013; 15(4): 217–228, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4734369/>

<sup>3</sup> International Association of Chiefs of Police, “*Reducing Officer Injuries - Final Report, A Summary of Data Findings and Recommendations From a Multi-Agency Injury Tracking Study*,” Retrieved from: <https://www.theiacp.org/resources/document/reducing-officer-injuries-final-report>

## Deliberative and Pre-decisional

### Heart Disease

Law enforcement is a high-stress occupation that often leaves officers with an increasing prevalence and incident of cardiovascular disease.<sup>4</sup> This prevalence is directly related to a number of standard risk factors, including high blood pressure, cigarette smoking, obesity, and a sedentary lifestyle.<sup>5</sup> Moreover, officers encounter occupation-specific risk factors, such as sudden physical exertion, psychological stress, and shift work.<sup>6</sup> This leads to increased risk of a coronary event. For example, one study reported that officers older than 40 had a higher risk of a coronary event within 10 years than the same segment of the broader population.<sup>7</sup> Despite well-known health issues facing law enforcement officers, exercise participation levels among officers remains low. A survey of Canadian police officers observed that a mere 17 percent of police officers engaged in regular physical activity a minimum of three times weekly.<sup>8</sup>

Jon Sheinberg, board-certified cardiologist police lieutenant for the Cedar Park, Texas, police department, recently noted in a podcast with Gilbert Moore from the COPS office, “Law enforcement has a very unique stress pattern. It’s a pattern which is what we call 98: 97 percent boredom and . . . 2–3 percent of sheer terror. So, you have a situation in which the stress patterns are rapidly changing, and you add that to a population that experiences shift work, a population that is sedentary, a population that eats a diet of convenience.”<sup>9</sup>

### Substance Use

Stress in law enforcement shows up everywhere: physical health (increased risk of heart disease), mental health, and substance use. Often officers encounter any number of crises, including domestic violence calls, fights, shootings, homicides, child abuse, and fatal car accidents.<sup>10</sup> In any given day, officers may be required to make multiple instant life and death decisions that are nearly always analyzed well after the fact.

Adding to this circumstance are difficult schedules with rotating or overtime shifts that leave officers sleep-deprived, which may negatively affect reaction times. While the attitude toward mitigating stress in law enforcement agencies is changing, many officers will not seek treatment, believing it will cost them future promotions.<sup>11</sup> Instead, officers may opt to self-medicate through drug or alcohol use. Through his research, Dr. John Violanti has found that alcohol abuse among law enforcement officers in the United States is double that of the general population.<sup>12</sup>

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<sup>4</sup> Zimmerman, Franklin, (July/August 2012), “*Cardiovascular Disease and Risk Factors in Law Enforcement Personnel: A Comprehensive Review*”, *Cardiology in Review*. 20(4):159–166.

<sup>5</sup> *Ibid.*

<sup>6</sup> *Ibid.*

<sup>7</sup> Lois Baker, “*Researchers Investigate Impact of Stress on Police Officers’ Physical and Mental Health*,” State University of New York University at Buffalo News Center, <http://www.buffalo.edu/news/releases/2008/09/9660.html>

<sup>8</sup> Jason Williams, Vincent Ramsey, “*The Need for Law Enforcement Wellness Interventions: A Critical Review*,” <https://thesportjournal.org/article/the-need-for-law-enforcement-wellness-interventions/>

<sup>9</sup> U.S. Department of Justice, Community Oriented Policing Services, “*Mitigating the Risk of Heart Disease in Law Enforcement*,” [https://cops.usdoj.gov/html/podcasts/the\\_beat/12-2019/Transcript\\_Sheinberg.pdf](https://cops.usdoj.gov/html/podcasts/the_beat/12-2019/Transcript_Sheinberg.pdf)

<sup>10</sup> Cidambi, Indra (March 30, 2018), “*Police and Addiction Officers are nearly three times as likely to suffer from addiction as others*,” Psychology Today, <https://www.psychologytoday.com/us/blog/sure-recovery/201803/police-and-addiction>

<sup>11</sup> <https://www.policechiefmagazine.org/opioid-use-among-police-personnel/>

<sup>12</sup> John M. Violanti, “*Alcohol, Abuse in Policing: Prevention Strategies*,” *FBI Law Enforcement Bulletin* 68, no. 1 (1999, 16-18.

## Deliberative and Pre-decisional

### Sleep and Fatigue

Shift work interferes with normal sleep patterns. When officers work at different or unnatural times of day, they often suffer from sleep loss.<sup>13</sup> That kind of fatigue can degrade performance, reduce an officer's productivity, and put the officer's safety at risk. Dr. John Violanti, a 23-year veteran of the New York State Police and professor in the Department of Social and Preventive Medicine at the University at Buffalo, found that police officers were much more likely than the general public to have higher than recommended cholesterol levels, higher than average pulse rates and diastolic blood pressure, and a much higher prevalence of sleep disorders.<sup>14</sup>

Levels of sleep and fatigue are basic issues of survival for the human body. If these are not balanced, an already risky job becomes even more dangerous for law enforcement officers. "Researchers have shown that being awake for 19 hours produces impairments that are comparable to having a blood alcohol concentration (BAC) of .05 percent. Being awake for 24 hours is comparable to having a BAC of roughly .10 percent."<sup>15</sup> Losing just five more hours of sleep equates to double the equivalent BAC, and .08 is the typical legal limit across the United States.<sup>16</sup> Experts suggest 6.5 hours as the minimum amount of sleep necessary to prevent sleep deprivation; however, "53 percent of law enforcement officers average less. . . . [m]ore than 90 percent of officers report being routinely fatigued, and 85 percent reported driving while drowsy."<sup>17</sup> Sleep is critical for law enforcement officer safety and wellness.

### Diet and Nutrition

When there are no set times or places for officers to eat, maintaining a well-balanced diet becomes difficult. Nutritionists note that eating healthy on duty provides officers with stable energy levels throughout a shift and enables them to move faster in foot pursuits. A study that examined the relationship between officers' diets and injury found that heavier officers are often injured more than those who are not.<sup>18</sup> Eating a well-balanced diet directly supports officer health and contributes to performance and fitness. Proper fitness is critical for officers to ensure excessive force is not utilized to compensate for their inability to use appropriate physical restraining methods.<sup>19</sup> Fitness and wellness are just as important as any other required training, in order to blunt potential and costly law suits resulting from use of excessive force.<sup>20</sup>

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<sup>13</sup> Bryan Vila, "Sleep Deprivation: What Does It Mean for Public Safety Officers," <https://www.ncjrs.gov/pdffiles1/nij/225762.pdf>

<sup>14</sup> Vila, B., and C. Samuels, "Sleep Problems in First Responders and the Military," in *Principles and Practice of Sleep Medicine*, 5th ed., ed. M.H. Kryger, T. Roth, and W.C. Dement, Philadelphia: Elsevier Saunders, forthcoming: Chapter 72.

<sup>15</sup> Dawson, D., and K. Reid, "Fatigue, Alcohol and Performance Impairment," *Nature* 388 (July 17, 1997): 235.

<sup>16</sup> NIJ; Sleep Deprivation: What Does It Mean for Public Safety Officers? by Bryan Vila, Ph.D.

<sup>17</sup> <https://nij.ojp.gov/library/publications/no-rest-weary>

<sup>18</sup> James E. Guffey et al., "Police officer fitness, diet, lifestyle and its relationship to duty performance and injury," *Journal of Legal Issues and Cases in Business* <https://www.aabri.com/manuscripts/131469.pdf>

<sup>19</sup> *Ibid.*

<sup>20</sup> *Ibid.*

## Deliberative and Pre-decisional

### 4.1.1 Law enforcement organizations should provide support and guidance to officers and their families about the importance of well-balanced nutritional habits.

“Recognizing the important link between nutrition and officer and family health and wellness can lead to better job performance, healthier individuals and families and safe communities.”<sup>21</sup>

Specifically, officers should be aware of the linkage between stress and food. A study by British researchers showed that people with high levels of stress were more likely to snack in response to daily hassles in their regular lives than people with low stress levels.<sup>22</sup>

Law enforcement agencies should educate and encourage officers to avoid empty calories and eat nutrient-dense whole foods and avoid empty calories. The Boston, Massachusetts, police department promotes a culture of health, safety, and fitness by providing meal planning services to officer recruits to maintain a healthy lifestyle.<sup>23</sup>

**PULL QUOTE:** “As we courageously enforce the law, so too must we diligently enforce our health and well-being.”<sup>24</sup> - Chief Ernest Finley, Montgomery, Alabama, Police Department

#### Workload

A study on stress levels related to workloads showed that for officers with low workloads, the sources of stress are most often interpersonal relationships with peers, the community, or supervisors.<sup>25</sup> For officers with high workloads, the sources of stress are directly related to stress-producing events in their general lives, as well as dealing with crime and related matters.<sup>26</sup>

### 4.1.2 The Department of Justice should fund additional research into the efficacy of limiting the total number of hours an officer should work within a two-day period.<sup>27</sup>

This recommendation, originally put forward by the President’s Task Force on 21<sup>st</sup> Century Policing, has yet to be fully implemented across the United States. As detailed in *Practices in Modern Police, Officer Safety and Wellness*, “the lack of sleep can affect and officers’ moods, causing irritability and impaired judgment. These mood changes may cause officers to respond incorrectly to community members and colleagues, leading to complaints about officer behavior and even inappropriate use of force”.<sup>28</sup>

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<sup>21</sup> International Association of Chiefs of Police, “Employee and Family Wellness Guide”, [https://www.theiacp.org/sites/default/files/2020-02/239619\\_IACP\\_FamilySupportGuide\\_IA\\_p8%20%281%29.pdf](https://www.theiacp.org/sites/default/files/2020-02/239619_IACP_FamilySupportGuide_IA_p8%20%281%29.pdf)

<sup>22</sup> Harvard Medical School, Harvard Health Publishing, “How Stress Can Make Us Overeat,” <https://www.health.harvard.edu/healthbeat/how-stress-can-make-us-overeat>

<sup>23</sup> Dr. Michael Hamrock, “Promoting a Culture of Health, Safety and Fitness for the Boston Police Department and EMS,” St. Elizabeth’s Medical Center.

<sup>24</sup> Chief Ernest Finley, Montgomery, Alabama, Police Department and Working Group Member, President’s Commission on Law Enforcement and the Administration of Justice, Law Enforcement Health and Wellness Working Group, email Communication with Federal Program Manager, May 7, 2020.

<sup>25</sup> Stotland E, Pendleton M, “Workload, stress, and strain among police officers,” <https://www.ncbi.nlm.nih.gov/pubmed/2923992>

<sup>26</sup> *Ibid.*

<sup>27</sup> President’s Task Force on 21<sup>st</sup> Century Policing. 2015. Final Report of the President’s Task Force on 21<sup>st</sup> Century Policing. Washington, DC: Office of Community Oriented Policing Services. Published 2015.

<sup>28</sup> International Association of Chiefs of Police. 2018. Officer Safety and Wellness. Practices in Modern Policing. Alexandria, VA: International Association of Chiefs of Police.

## Deliberative and Pre-decisional

### Law Enforcement Stress and Trauma

Stress and trauma have a negative impact on the health and well-being of law enforcement officers. Law enforcement officers are exposed to potentially traumatic incidents and extreme stress over the course of their career, which may average 30 to 35 years.<sup>29</sup> Further, a uniformed police psychologist with the New York City Police Department (NYPD) estimated that police officers might be exposed to at least 900 potentially traumatic incidents over the course of their career.<sup>30</sup> While officers show more resilience compared to the general population,<sup>31</sup> prolonged exposure to potentially traumatic incidents may come with the cost of law enforcement officer's health and well-being.<sup>32</sup>

### [CROSS-REFERENCE RECRUITMENT AND TRAINING CHAPTER]

#### **4.1.3 Law enforcement agencies should establish a department-wide health and fitness program with both financial and non-financial incentives.**

Beyond standard fitness education, agencies should conduct regular education on stress management, sleep, hygiene, nutrition, substance use prevention, and positive lifestyle choices. An incentive-based voluntary program would cultivate more positive attitudes about the implementation than a mandatory approach. Both financial and non-financial incentives (e.g. health insurance discounts, monetary fitness bonuses, and on-duty fitness time) can be used to promote a program. Additionally, agencies should work with athletic trainers or training facilities within the community as partners in a health and fitness program to minimize costs to staff.

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The Bend, Oregon, police department allows officers to participate in team exercise activities, like hiking or running, two working days each week.<sup>33</sup>

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## 4.2 Mental Wellness

### Background

Law enforcement is an extremely challenging and dangerous career. Officers routinely encounter high-stress situations, exposure to crime, human suffering, and death.

**PULL QUOTE:** "Serving our communities can affect officers in a myriad of ways, and we owe it to each and every officer to prioritize their health and wellbeing for the good of our departments and our cities."<sup>34</sup>

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<sup>29</sup> Konstantinos Papazoglou, Brooke McQuerrey Tuttle, April 22, 2018, "Fighting Police Trauma: Practical Approaches to Addressing Psychological Needs of Officers," <https://journals.sagepub.com/doi/10.1177/2158244018794794>

<sup>30</sup> Rudofossi, D. (2009). A cop doc's guide to public safety complex trauma syndrome: Using five police personality styles (death, value, and meaning). Amityville, NY: Baywood Publishing Company.

<sup>31</sup> Galatzer-Levy, I. R., Brown, A. D., Henn-Haase, C., Metzler, T. J., Neylan, T. C., Marmar, C. R. (2013), "Positive and negative emotion prospectively predict trajectories of resilience and distress among high-exposure police officers." *Emotion*, 13, 545-553. doi:10.1037/a0031314

<sup>32</sup> Konstantinos Papazoglou, Brooke McQuerrey Tuttle, April 22, 2018, "Fighting Police Trauma: Practical Approaches to Addressing Psychological Needs of Officers," <https://journals.sagepub.com/doi/10.1177/2158244018794794>

<sup>33</sup> Copple, Colleen, James Copple, Jessica Drake, Nola Joyce, Mary-Jo Robinson, Sean Smoot, Darrel Stephens, and Roberto Villaseñor. 2019. *Law Enforcement Mental Health and Wellness Programs: Eleven Case Studies*. Washington, DC: Office of Community Oriented Policing Services.

<sup>34</sup> Commissioner Frederick Frazier, President's Commission on Law Enforcement and the Administration of Justice, Law Enforcement Health and Wellness Working Group, text communication with the Federal Program Manager on May 1, 2020.

## Deliberative and Pre-decisional

Staying healthy is not enough and these officers must receive psychological support to enable them to continue to perform their duties; however, not everyone seeks such support.<sup>35</sup>

Law enforcement executives should promote the continued development of minds and bodies to make them stronger and more resilient. Policies and programs that support health and wellness are essential in building a balanced and prosperous agency. Officers who have a holistic support system serve their communities better than those who do not. Moreover, agencies can lower costs related to workman's compensation claims if they invest in their officers through a health and wellness program. A patchwork of laws across the states recognize PTSD disability claims.<sup>36</sup> Recently, Officer Gerry Realin, who worked to collect bodies of patrons who were killed in the Pulse nightclub shooting, was awarded 80 percent of his salary for life after being deemed unable to work because of PTSD.<sup>37</sup>

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Approximately 100,000 active police officers in the United States suffer from PTSD, and many also live with the comorbidities of depression, anxiety, and suicidal ideation.<sup>38</sup>

[INCLUDE IMAGE FROM <https://www.gerberholderlaw.com/workers-comp-ptsd-by-state/>]

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Many law enforcement agencies recognize the need for health and wellness programs. However, the majority of departments focus on one issue: the physical readiness of the employee.

In recent years, agencies have realized that mental wellness should complement the physical component. Agencies often lack the resources and the critical guidance to start or improve a program that accounts for their officers' mental health and wellness. Mental Health First Aid programs are an important tool that teaches the signs of mental illness and substance use issues and the skills to respond.<sup>39</sup>

**PULL QUOTE:** "We take care of others, who takes care of us."<sup>40</sup> - Commissioner James Clemmons

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### Mental Health and Criminal Justice System Professionals

While law enforcement officer wellness is important, those who serve within the greater criminal justice system must also be considered.<sup>41</sup> The number of law enforcement wellness programs continues to increase, and agency heads strive to make improvements. However, not all criminal justice system agencies (e.g., prosecutorial offices) have the same resources to cope with the

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<sup>35</sup> Ibid.

<sup>36</sup> <https://www.gerberholderlaw.com/workers-comp-ptsd-by-state/>

<sup>37</sup> <https://www.orlandosentinel.com/news/breaking-news/os-gerry-realn-pension-20170713-story.html>

<sup>38</sup> <https://www.gerberholderlaw.com/workers-comp-ptsd-by-state/>

<sup>39</sup> Mental Health First Aid, <https://www.mentalhealthfirstaid.org/>

<sup>40</sup> Quote by Commissioner James Clemmons to the Working Group on Law Enforcement Health and Wellness, President's Commission on Law Enforcement and the Administration of Justice, Working Group meeting on February 26, 2020.

<sup>41</sup> Written submission by the Honorable Jeffrey Jensen, U.S. Attorney for the District Missouri, Working Group Member, Law Enforcement Health and Wellness (March 28, 2020).

## Deliberative and Pre-decisional

cumulative physical, emotional, and psychological effects of continuous exposure to trauma and distress.

It is extremely challenging for criminal justice professionals to bear witness to others' experiences of trauma and not be negatively affected. If the demands of working to help communities outweigh the resources for self-care, those serving in the criminal justice system may face symptoms similar to PTSD, such as exhaustion; sleep disturbance; generalized fear, anger, and anxiety; hypervigilance; depression; intrusive thoughts; dissociation; a sense of isolation; cynicism; and burnout. Individuals and communities depend upon prosecutors and other professionals serving in the criminal justice system to achieve safety and justice, and they must be provided the resources to maintain physical, emotional, and psychological wellness.<sup>42</sup>

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### Current State of the Issue

Law enforcement culture continues to stigmatize self-care, including seeking professional mental health services. Law enforcement officers fear losing everything they have worked for if they admit they are struggling. These issues are fueled by cultural expectations, often valued by both the military and law enforcement professions (e.g., pride, toughness, and peer pressure), and a perceived lack of support from the command staff. Officers are not always aware of the available mental health program services and resources. In addition, they are hesitant to use available services unless they know leadership approves of their use.

Accessing mental health resources can be particularly challenging for men, who are the predominate workforce in law enforcement. In general, “men pursue preventive screenings, maintain a regular source of care, and get timely medical interventions much less often than women.”<sup>43</sup> This is not because men are somehow programmed to avoid seeking help; however, some research suggests that “men who score higher on measures assessing dimensions of masculinity norms generally have less favorable help-seeking attitude, seek help for psychological problems less often, and in some cases fail to obtain routine health examinations.”<sup>44</sup> While the reasons behind this gender difference are not fully understood, research indicates that men who more strongly identify with masculine norms tend to show poorer mental health and are less likely to seek psychological help.<sup>45</sup> In addition, studies show

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<sup>42</sup> Ibid.

<sup>43</sup> Donald K. Cherry, David A. Woodwell, and Elizabeth A. Rechtsteiner, “National Ambulatory Medical Care Survey: 2005 Summary,” *Advance Data from Vital and Health Statistics* 387 (June 29, 2007), 1–39, <https://www.cdc.gov/nchs/data/ad/ad387.pdf>; David Sandman, Elisabeth Simantov, and Christina An, *Out of Touch: American Men and the Health Care System* (New York: Commonwealth Fund, 2000), <https://www.commonwealthfund.org/publications/>, fund-reports/2000/mar/out-touch-american-men-and-health-care-system; Anthony J. Viera, Joshua M. Thorpe, and Joanne M. Garrett, “Effects of Sex, Age, and Visits on Receipt of Preventive Healthcare Services: A Secondary Analysis of National Data,” *BMC Health Services Research* 6, no. 1 (2006), 15, <https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-6-15>; Jeannine S. Schiller et al., “Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2010,” *Vital and Health Statistics* 10, no. 252 (January 2012), 1–207, [https://www.cdc.gov/nchs/data/series/sr\\_10/sr10\\_252.pdf](https://www.cdc.gov/nchs/data/series/sr_10/sr10_252.pdf).

<sup>44</sup> Wizdom Powell et al., “Masculinity and Race-Related Factors as Barriers to Health Help-Seeking Among African American Men,” *Behavioral Medicine* 42, no. 3 (2016), 150–163, <https://www.tandfonline.com/doi/full/10.1080/08964289.2016.1165174>.

<sup>45</sup> Y. Joel Wong, Moon-Ho Ringo Ho, Shu-Yi Wang, and I.S.Keino Miller, “Meta-Analyses of the Relationship between Conformity to Masculine Norms and Mental Health-Related Outcomes,” *Journal of Counseling Psychology* 64, no. 1 (January 2017), 80–93, <http://dx.doi.org/10.1037/cou0000176>.

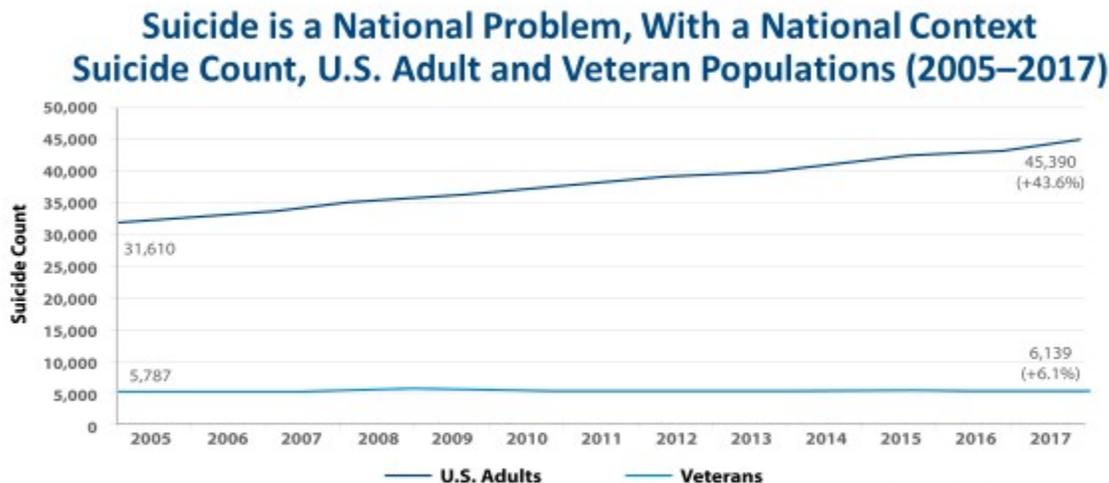
## Deliberative and Pre-decisional

that need for help and perceived weakness do not correspond with society's definition of masculinity.<sup>46</sup>

While men may not seek medical interventions as often as their female counterparts, the health and well-being of female officers cannot be overlooked. Data shows that 23 percent of male officers reported more suicidal thoughts than the general population (13.5 percent). For women, that number was determined to be 25 percent.<sup>47</sup> Therefore, it is critical for all law enforcement officers to seek the care they need.

According to the U.S. Census Bureau, 19 percent of law enforcement officers previously served in the military, 13 percent higher than the general population.<sup>48</sup>

**PULL QUOTE:** "Specifically from 2005 to 2017 there was a 43.6 percent increase in the number of suicide deaths in the general American population. . . . Across the same time period, there was a 6.1 percent increase in the number of suicide deaths in the veteran population."<sup>49</sup> - Dr. Matthew Miller, Acting Director for Suicide Prevention, Department of Veterans Affairs



**Suicide is a national issue, with rising rates of suicide in the general population.**  
**Yet, suicide rates are higher, and are rising faster, among Veterans than among non-Veteran adults.**



[FORMATTING NOTE: DATA OBTAINED TO RECREATE FIGURE]

<sup>46</sup> Will H. Courtenay, "Constructions of Masculinity and Their Influence on Men's Well-Being: A Theory of Gender and Health," *Social Science and Medicine* 50, no. 10 (May 2000), 1385–1401, <https://www.sciencedirect.com/journal/social-science-and-medicine/vol/50/issue/10>; David Anthony Forrester, "Myths of Masculinity; Impact upon Men's Health," *Nursing Clinics of North America* 21, no. 1 (April 1986), 15–23; Vicki S. Helgeson, *The Role of Masculinity in Coronary Heart Disease*, PhD dissertation (Denver, CO: University of Denver, 1987); T. Lloyd, *Men's Health: A Public Health Review* (London: Royal College of Nursing Men's Health Forum, 1996); all noted in Paul M. Galdas, Francine Cheater, and Paul Marshall, "Men and Health Help-Seeking Behavior: Literature Review," *Journal of Advanced Nursing* 49, no. 6 (March 2005), 616–623, <https://onlinelibrary.wiley.com/toc/13652648/2005/49/6>.

<sup>47</sup> Lois Baker, "Researchers Investigate Impact of Stress on Police Officers' Physical and Mental Health," *State University of New York University at Buffalo News Center*, <http://www.buffalo.edu/news/releases/2008/09/9660.html>

<sup>48</sup> Weichselbaum & Schwartzapfel, 2017

<sup>49</sup> Dr. Matthew Miller, Acting Director for Suicide Prevention, Department of Veterans Affairs, verbal testimony April 1, 2020

## Deliberative and Pre-decisional

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First responders and police officers may experience the following risk factors for suicide:

- occupational hazards and exposures
- access to firearms or other lethal weapons
- erratic work schedules resulting in sleep disturbances and disrupted family life
- personal and professional stigma related to accessing mental health services<sup>50</sup>

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Law enforcement must develop a national strategy to address mental wellness and suicide prevention that complements the physical wellness programs many agencies already employ. This strategy should account for all stages of a law enforcement officer's career: recruitment, field work, and retirement.

Currently, “nearly one in four officers experience thoughts of suicide at some point in their lives. At least 228 officers took their own lives in 2019—a 44 percent increase from the previous year. Not only is that higher than the number of line-of-duty deaths, it reflects a steady increase in officer suicides over the past several years.”<sup>51</sup>

Additionally, the risk of suicide among law enforcement officers is 54 percent higher than the general population.<sup>52</sup>

**PULL QUOTE:** “Wellness programs are on the rise in law enforcement agencies but still lag behind other industries.”<sup>53</sup> - Dr. J. Violanti

### Post-Traumatic Stress Disorder

PTSD is an often-unrecognized psychological injury that can be just as debilitating as any physical injury. Undiagnosed or unaddressed PTSD negatively affects performance and quality of life. Coupled with depression and substance use issues, the burden of mental and psychological issues may lead to suicide. Veteran and law enforcement communities struggle to address the high rates of suicide. One of the most effective mitigation factors is early and aggressive intervention using peer or professional counseling.

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<sup>50</sup> Stanley, Hom, & Joiner, 2016

<sup>51</sup> U.S. Department of Justice, February 27, 2020, “Attorney General William P. Barr Delivers Remarks at the International Association of Chiefs of Police Officer Safety and Wellness Symposium,” <https://www.justice.gov/opa/video/attorney-general-barr-speaks-iacp-officer-safety-and-wellness-symposium>

<sup>52</sup> “Analysis of Centers for Disease Control and Prevention Data by Dr. John Violanti, University of Buffalo”. Presented at the April 2, 2019, PERF-NYPD symposium.

<sup>53</sup> Dr. J. Violanti in discussion with the Working Group on Law Enforcement Health and Wellness, President's Commission on Law Enforcement and the Administration of Justice, March 24, 2020.

## Deliberative and Pre-decisional

There are many signs that an officer is experiencing trauma (e.g., flashbacks, memory gaps, fear, and anger), all of which could be misinterpreted. For instance, an officer might perceive an action as not cooperative or aggressive.<sup>54</sup> Alternatively, an officer may disengage, which could lead others to interpret that they have not experienced trauma because their behavior seems “normal.”

Intense mental trauma experienced in the field are not always based off a single incident. Instead, they often accumulate over a career. One in every five officers is subject to PTSD, which can lead to deteriorated heart health, hormonal imbalances, and depression or thoughts of suicide.<sup>55</sup> While there is no central repository for officer suicides, the number of officers who die by suicide each year exceeds the number who are killed feloniously and accidentally.<sup>56</sup>

### Crisis Lines

Telephone crisis services or hotlines have been effective in preventing suicide. Based on a survey of eight U.S. call centers, individuals who called a crisis support line were less likely to feel suicidal during the course of the telephone session, and they generally did not experience heightened levels of hopelessness or psychological pain in the following weeks. In 2019, the Federal Communication Commission designated 988 as the National Suicide Prevention Hotline.<sup>57</sup> This three-digit number, like 911, will help to increase awareness, normalize calling for help, and aid those experiencing a mental health crisis.

**PULL QUOTE WITH 988 SUPERIMPOSED:** “The effort comes at a time when counseling experts say there is a deepening national mental health crisis and there has been a spate of suicides among veterans, police officers and high-profile figures.”<sup>58</sup>

### **[CROSS-REFERENCE SOCIAL ISSUES AFFECTING LAW ENFORCEMENT]**

As 988 builds in awareness and use, Congress should monitor need and assure additional resources are provided to the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Veterans Affairs (VA), two agencies that provide call support services. As SAMHSA and the VA may also need to provide additional funding to increase the capacity of the local call centers and train hotline operators.

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<sup>54</sup> TRAUMA-INFORMED POLICING A Special Set of Tools For Law Enforcement Elizabeth Wexler, LCSW-C Coordinator, B.E.S.T. Program-Baltimore City Behavioral Health System-Baltimore, <https://bha.health.maryland.gov/Documents/Trauma-Informed%20Policing%20-%20Betsy%20Wexler.pdf>

<sup>55</sup> <https://ohsonline.com/articles/2020/01/21/mental-health-and-first-responders-how-their-jobs-can-cause-more-than-just-stress.aspx>

<sup>56</sup> Police Executive Research Forum, October 2019, “An Occupational Risk: What Every Police Agency Should Do To Prevent Suicide Among Its Officer,” “Comparative data from Blue H.E.L.P and the Federal Bureau of Investigation,”

<https://www.policeforum.org/assets/PreventOfficerSuicide.pdf>

<sup>57</sup> <https://docs.fcc.gov/public/attachments/DOC-361337A1.pdf>

<sup>58</sup> Vigdor, Neil (August 15, 2019), “New Idea for Suicide Prevention Hotline: Just Dial 988,” <https://www.nytimes.com/2019/08/15/us/suicide-prevention-hotline-988.html>

## Deliberative and Pre-decisional

Similar to law enforcement, firefighting is a physically and emotionally demanding profession. Supported by the National Volunteer Council, the fire service has established a crisis line for firefighters and emergency technicians.<sup>59</sup> The Fire/EMS Helpline offers free 24-hour assistance with issues such as stress, depression, addiction, and PTSD.<sup>60</sup> Based on the similarities between law enforcement and the fire service, a designated national crisis line would benefit the law enforcement community. Additionally, data related to firefighter and Emergency Medical Technician suicide are collected by the Firefighter Behavioral Health Alliance.<sup>61</sup>

### [BEGIN TEXT BOX]

Located on the Rutgers University Behavioral Health Management Campus, Cop2Cop (C2C) is a part of the Rutgers Behavioral Health Management System.<sup>62</sup> C2C a successful state legislated peer crisis response hotline. C2C offers peer support, clinical assessments, provider networks, crisis intervention, and other critical mental health serves to law enforcement families 24 hours a day, seven days a week in the State of New Jersey.<sup>63</sup>

### [END TEXT BOX]

#### Family Stressors

The toll that the law enforcement profession takes on companions and loved ones can also be exacting. “Spouses, partners, children and companions of law enforcement officers play a significant role in [the] officer’s health and wellness and serve as an essential support system for their loved ones.”<sup>64</sup> The health, wellness, and safety of law enforcement officers must be a collective approach between law enforcement organizations and their families. Line officers have identified that programs aimed at financial literacy, improving interpersonal relationship, and support services and benefits are critically important to their well-being and professional success. In response, the Office of Community Oriented Policing Services has provided funding to the Fraternal Order of Police to develop a standardized and nationally available training curriculum in law enforcement peer support, *Power in Peers*.<sup>65</sup>

### [CROSS-REFERENCE TRAINING AND RETENTION CHAPTER]

"Law enforcement officers are society's problem solvers each and every day they come to work, and often times when they are off duty as well. When those in need call 9-1-1, it is because they have a conflict or problem that needs to be resolved. Just as citizens expect assistance and service from law enforcement officers, our officers must also expect the same level of service and resources when they reach out for help. It is our hope that our law enforcement culture comes to ‘normalize’ requesting help from our members in need and in doing so, we can protect those whose life's calling has been to protect others."<sup>66</sup>

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<sup>59</sup> “Share the Load Program,: National Volunteer Fire Council, <https://www.nvfc.org/programs/share-the-load-program/>

<sup>60</sup> Ibid.

<sup>61</sup> “Saving Those Who Save Others,” Firefighter Behavioral Health Alliance, <http://ffbha.org/>.

<sup>62</sup> Copple, Colleen, James Copple, Jessica Drake, Nola Joyce, Mary-Jo Robinson, Sean Smoot, Darrel Stephens, and Roberto Villaseñor. 2019. Law Enforcement Mental Health and Wellness Programs: Eleven Case Studies. Washington, DC: Office of Community Oriented Policing Services.

<sup>63</sup> President’s Commission on Law Enforcement and the Administration of Justice: Hearing on Law Enforcement Health and Wellness (February 27, 2020) (written statement of Cherie Castellano, Peer Support Program Director - Rutgers National Call Center & Cop 2 Cop Program).

<sup>64</sup> International Association of Chiefs of Police, Employee and Family Wellness Guide, [https://www.theiacp.org/sites/default/files/2020-02/239619\\_IACP\\_FamilySupportGuide\\_IA\\_p8\\_percent20\\_percent281\\_percent29.pdf](https://www.theiacp.org/sites/default/files/2020-02/239619_IACP_FamilySupportGuide_IA_p8_percent20_percent281_percent29.pdf)

<sup>65</sup> President’s Commission on Law Enforcement and the Administration of Justice: Hearing on Law Enforcement Health and Wellness (February 27, 2020) (written statement of Sherri Martin, National Director of Wellness Services, Fraternal Order of Police).

<sup>66</sup> Quote from Colonel Patrick Callahan, New Jersey State Police, and member of the Working Group on Law Enforcement Health and Wellness, President’s Commission on Law Enforcement and the Administration of Justice, April 23, 2020.

## Deliberative and Pre-decisional

### Resiliency

Resilience refers to a person's ability to recover from stressful situations.<sup>67</sup> While there are ways to identify and hire candidates who are resilient by "probing [their] background to get a sense of how they've handled adversity in the past and how they're likely to handle it going forward," resilience can also be developed.<sup>68</sup> The VALOR Initiative for resilience training is a joint effort of BJA, the IACP, and the University of Pennsylvania's Positive Psychology Center.<sup>69</sup> The program has trained more than 50,000 law enforcement and highway patrol officers around the country on three areas for individual growth in resiliency: thinking positively and actively in stressful situations, managing energy day-to-day and long-term, and improving relationships at work and home.

### **[BEGIN TEXT BOX]**

Wellness opportunities that can build resiliency

- on-site or departmental confidential psychological services
- employee assistance programs (EAP)
- 24-hour hotline for public safety employees
- peer support and addiction recovery programs
- embedded unit chaplain programs
- family support programs
- organizational consultant programs
- critical incident response management and response debriefing services
- suicide prevention hotlines
- training in how to enhance resiliency building skills based upon scientific research and evidence

### **[END TEXT BOX]**

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<sup>67</sup> <https://positivepsychology.com/resilience-in-the-workplace/>

<sup>68</sup> <https://www.inc.com/jessica-stillman/why-you-should-hire-for-resilience.html>

<sup>69</sup> <https://bjaojp.gov/feature/bjas-valor-officer-safety-and-wellness-program-trains-over-50000-officers>

## Deliberative and Pre-decisional



### 4.2.1 Law enforcement agencies should build a culture of resiliency within their respective organizations.

Creating a culture of resiliency helps organizations maintain an effective workforce. Resiliency is key to the health of our law enforcement and the longevity of their careers.<sup>70</sup> Organizations that teach resiliency skills to help foster individual resilience will see results in performance and quality of life. For example, the Sedgwick County Sheriff's Office, Kansas, developed and is implementing the the components of their comprehensive wellness program to create a culture of resiliency.<sup>71</sup>

#### [BEGIN TEXT BOX]

Employee assistance programs are “voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems. EAPs address a broad and complex body of issues affecting mental and emotional well-being, such as alcohol and other substance abuse, stress, grief, family problems, and psychological disorders. EAP counselors also work in a consultative role with managers and supervisors to address employee and organizational challenges and needs. Many EAPs are active in helping organizations prevent and cope with workplace violence, trauma, and other emergency response situations.”<sup>72</sup>

#### [END TEXT BOX]

<sup>70</sup> Law Enforcement Health and Wellness Working Group audio call on March 24, 2020, Dr. John Violanti.

<sup>71</sup> Written submission of Wendy Hummell, Health & Wellness Coordinator Sedgwick County Sheriff's Office, Kansas.

<sup>72</sup> <https://www.opm.gov/faqs/QA.aspx?fid=4313c618-a96e-4c8e-b078-1f76912a10d9&pid=2c2b1e5b-6ff1-4940-b478-34039a1e1174>

## Deliberative and Pre-decisional

### Messaging and Education

Law enforcement leaders should clearly communicate the programs and resources available to officers on mental health and suicide prevention. If leadership shows that it values mental health and wellness, officers are more encouraged to seek help. Additionally, current policies should improve transparency and clarify policies that relate to confidentiality and access to service. These messages will inform, allow, and support staff to help themselves and each other.

### Access to Resources

“It is critical that all necessary resources be provided to today’s law enforcement personnel to optimize officer safety, health and wellness to enhance their performance in today’s ever changing and increasing complex threat environment so that the American public will be best served and protected today and well into the future.”<sup>73</sup>

### Service Providers

While some service providers are highly effective, some deliver services that do not meet the needs of law enforcement agencies. Funding levels also affect the delivery of services.

The Indianapolis Metropolitan Police Department’s (IMPD) Office of Professional Development and Wellness (OPDW) has established a comprehensive program that includes:<sup>74</sup>

- mentoring for new officers
- training on resiliency skills in the basic academy and throughout officers’ career
- a critical incident stress debriefing team
- counseling services from culturally competent vetted resources
- mental health and resiliency services
- suicide prevention
- physical health care
- financial health counseling
- a military transition support system
- family support
- therapy canine
- close partnership with chaplains<sup>75</sup>

Upon request, IMPD will share their wellness resources with other law enforcement agencies throughout the country. IMPD has also helped organizations, such as the Nashville Police Department, create a culture of resiliency within their own department. As a testament to their department, IMPD, OPDW members have been intimately involved in assisting dozens of agencies implement successful wellness programs.<sup>76</sup>

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<sup>73</sup> Chief Robert S. Biehl, Director of Public Safety and Chief of Police, Dayton, Ohio, member of the Law Enforcement Health and Wellness Working Group, President’s Commission on Law Enforcement and the Administration of Justice, electronic communication to the Federal Program Manager, May 1, 2020.

<sup>74</sup> Officer Nicole Juday, Indianapolis Metropolitan Police Department’s (IMPD) Office of Professional Development and Wellness (OPDW), electronic communication and conversations with the Working Group on Law Enforcement Health and Wellness, President’s Commission on Law Enforcement and the Administration of Justice, February 27<sup>th</sup> – May 13<sup>th</sup>, 2020.

<sup>75</sup> Ibid.

<sup>76</sup> Ibid.

## Deliberative and Pre-decisional

### Recruitment and Training Deficits

#### **[CROSS-REFERENCE TO RECRUITMENT AND TRAINING CHAPTER]**

Improvements to recruitment and training (both academy and continuing education) will improve staff health, wellness, and resilience. Agencies that receive guidance and direction to make and offer such improvements will have a positive impact on staff, families, and the community.

#### **4.2.2 Congress should authorize and fund a position within each cabinet agency for a full-time Chief Health and Wellness Officer who reports to the agency's cabinet head.**

Funding a Chief Health and Wellness Officer within each of the cabinet agencies not only signals that health and wellness is a federal priority, but it will also help federal law enforcement and criminal investigative agencies focus their efforts. To ensure this position has the appropriate level of access within the federal government, the Chief Health and Wellness Officer should be appointed by and report to the various cabinet agency heads. For example, a Chief Health and Wellness Officer within the Department of Justice should report to the Office of the Attorney General and oversee the safety, health, and mental wellness of the staff within the agency, including the component agencies. Additionally, the officer should oversee all Department of Justice grant programs that support the mental and physical health of our nation's state, local, and tribal law enforcement. This oversight will help ensure that there are federal resources and tools to implement and sustain law enforcement efforts while preventing duplication of federal resources.<sup>77</sup>

#### **4.2.3 Congress should authorize and direct the Department of Justice to lead a multi-cabinet law enforcement wellness collaborative.**

The Congress should authorize and direct the Chief Health and Wellness Officer for the U.S. Department of Justice to lead a multi-cabinet collaboration. Specifically, a multi-cabinet collaboration on law enforcement health and wellness will ensure that agencies know about best practices and have the opportunity to leverage resources. For cabinets that fund state, local, and tribal law enforcement wellness efforts, multi-cabinet collaboration will help deploy federal resources more effectively.

#### **4.2.4 Law enforcement leadership should prioritize physical and mental wellness and safety.**

The agency head and other executives must communicate that mental wellness is a priority to shift culture and reduce the stigma associated with mental health services. NYPD Commissioner James P. O'Neill (retired) recently created a new wellness program that ensured his command staff underwent mental health training, placed peer counselors within each of the NYPD commands, and developed flexible programs to offer timely interventions concerning police suicide.<sup>78</sup>

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<sup>77</sup> Brandy Donini-Melanson, Coordinator of the U.S. Department of Justice, Health and Wellness Working Group and member of the Working Group on Law Enforcement Health and Wellness, President's Commission on Law Enforcement Health and Wellness, electronic written submission, April 20, 2020.

<sup>78</sup> Police Executive Research Forum, Critical Issues in Policing Series. An Occupational Risk: What Every Police Agency Should Do To Prevent Suicide Among Its Officers, Washington, D.C. <https://www.policeforum.org/assets/PreventOfficerSuicide.pdf>

## Deliberative and Pre-decisional

### [BEGIN TEXT BOX]

Ways leadership should prioritize wellness and safety

- devote staff resources to service delivery
- speak regularly and positively about mental wellness and offer personal experiences
- hold managers and agency leaders accountable for reinforcing the value of mental wellness services
- conduct check ins
- Remind staff of mental wellness resources during annual performance review, at minimum
- partner with leaders of association or union representatives to develop staff trust, buy-in, and acceptance
- develop policies and procedures that support the use of wellness services
- encourage staff participation in the planning and development of safety and wellness programs

### [END TEXT BOX]

**4.2.5 Law enforcement agencies should require mental health training for its personnel. Specifically, all law enforcement officers should receive a minimum of 24 hours of mental health training during their initial academy training. In addition, all agency personnel should receive annual continuing education or in-service training related to mental health.**

### [CROSS-REFERENCE RECRUITMENT AND TRAINING CHAPTER]

Providing mental health training to new recruits not only reinforces it as a priority of the agency, but it helps to establish a foundation for wellness. Training topics should help law enforcement officers respond to calls for services and successfully maintain their career. Training should include

- the major categories of mental illness
- the signs and symptoms of a mental health crisis
- methods to de-escalate those experiencing a mental health crisis
- state and any locally relevant laws regarding the ability of an officer to forcibly detain a subject who is in a mental health crisis
- how to refer and methods of referring individuals for mental health services

Similarly, training topics related to a successful career as a first responder should include

- executive support for those who access mental health services
- how to manage the signs and symptoms of cumulative stress
- signs and symptoms of PTSD
- how compassion fatigue is related to law enforcement encounters
- depression and suicide prevention
- how the position affects home life

## Deliberative and Pre-decisional

- resiliency skills

### [BEGIN TEXT BOX]

The Las Vegas Metropolitan Police Department's Police Employee Assistance Program (PEAP) begins training recruits in the academy on how to self-assess and support themselves for stable mental and physical health throughout their careers. This training includes lectures on topics related to post-shooting trauma, death, and grief. Additionally, PEAP staff teach the recruits how to mitigate lasting trauma and the physical impacts from job stress.<sup>79</sup>

### [END TEXT BOX]

#### **4.2.6 Law enforcement agencies should have a wellness unit or division attached to executive management, separate from human resources, and whose commander reports directly to the agency's executive.**

A wellness unit or division provides staff with a central place to find resources and seek assistance. The exact staffing of the unit and physical location should depend on the size of the agency and other factors; sworn and civilian employees should have easy access to the unit and its services.

During Chief Michael Kehoe's presentation to the Working Group on Law Enforcement Health and Wellness, he stressed the importance of starting early with integrating and educating officer's family members on wellness.

"They are the ones who know the officer best. The family will be the first to notice when things aren't right."

Agency executives can use opportunities like swearing-in ceremonies, recruit graduations, or awards presentations to engage family members and enlighten them on the importance employee health, wellness, and safety.<sup>80</sup>

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<sup>79</sup> Copple, Colleen, James Copple, Jessica Drake, Nola Joyce, Mary-Jo Robinson, Sean Smoot, Darrel Stephens, and Roberto Villaseñor. 2019. Law Enforcement Mental Health and Wellness Programs: Eleven Case Studies. Washington, DC: Office of Community Oriented Policing Services.

<sup>80</sup> Presentation by Chief Michael Kehoe (Retired) on April 7, 2020, to the Working Group on Law Enforcement Health and Wellness, President's Commission on Law Enforcement and the Administration of Justice.

## Deliberative and Pre-decisional

### **4.2.7 Law enforcement agencies should develop a shared system for wellness services with other law enforcement agencies, where applicable.**



Government agencies commonly share systems and services based on geography, resources, and other local dynamics. In particular, smaller and rural agencies would benefit from this approach to wellness services. These shared systems should use memorandums of understanding and include a range of resources (e.g., including clinical assistance, peer support, spiritual support, and resources for the family) that are well advertised to staff.<sup>81</sup>

### **4.2.8 Law enforcement agencies should ensure that mental health resources and services are easily accessible, cost effective and confidential.**

Resources that are easily accessible help to improve use. Agencies increase awareness and potential implementation when they use internal webpage, apps, and searchable tags to clearly message about and search for wellness services. Also, staff may be more willing to locate resources if they do not have to engage an agency representative. Staff will also be more likely to use the services if they can confidentially seek mental health services related to a work-related experience while on duty without being required to share the details directly to their supervisor.

### **4.2.9 Law enforcement agencies should develop and communicate protocols and policies associated with the death of an active or retired employee.**

Clearly communicated protocols and policies related to employee deaths enhance an agency's ability to respond effectively and efficiently during an emotional time. Protocols should reference services regardless of the circumstances of the death of the individual (e.g., line of duty, natural causes, or death by suicide). The following topics should be referenced in policies and procedures;

- external and internal death notification process, including the restrictions of disclosures on social media prior to family notification
- signs/stages of mourning
- death benefits available to family, including paperwork requirements

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<sup>81</sup> Written submission by Corey Nooner, Co-Chair, Law Enforcement Health and Wellness, President's Commission on Law Enforcement and the Administration of Justice.

## Deliberative and Pre-decisional

- funeral service options (e.g., cremation, graveside, memorial services, or wakes)
- funeral service accommodations (e.g., transportation, assistance with planning the ceremony, honor guard, casket watch, pall bearers, or vigils)
- detailed operational guidance for agency staff, including funeral etiquette, how property is to be released, and who is involved
- counseling services to the family and staff
- duties of the agency's assigned family liaison
- peer support and counseling services to agency personnel and staff after death

**4.2.10 Law agencies should seek feedback (e.g. conduct staff exit interview) from staff as a way to improve service delivery, increase staff buy in and to create a culture that values and supports self-care practices.**

### [CROSS-REFERENCE RECRUITMENT, TRAINING, AND RETENTION]

Agency policies and procedures that are informed by staff assessments can improve their effectiveness. For agencies starting up a new wellness effort or looking to make changes to programs/policies/procedures that may impact staff wellness, focus discussions, surveys, and/or other tools can be useful to help inform agency efforts. When staff plan to depart the organization, exit interviews help organizations understand their strengths and weaknesses. The Department of Justice should develop model assessment tools, including a framework, interview documents, and implementation guidance to help law enforcement agencies develop and enhance staff mental wellness

**4.2.11 Law enforcement agencies should establish policies that mandate an annual mental health check for all sworn law enforcement officers as well as relevant civilian staff. Similarly, mandatory mental health checks should be required after a critical incident (e.g. officer involved shooting, infant death) or traumatic incident.**

This recommendation has been widely discussed within the field of law enforcement; however, it has yet to be implemented across all law enforcement agencies. Law enforcement officers and other criminal justice personnel (e.g., prosecutors, civilian investigators, forensic examiners, dispatchers, evidence collection specialists, and victim witness staff) are regularly exposed to traumatic situations that negatively affect their resiliency. A mental health check is a narrowly defined non-diagnostic meeting that is conducted on agency time with a designated agency wellness representative (i.e., peer support officer) or mental health clinician. This type of mental health check should be used to inform law enforcement officers and other relevant criminal justice professionals about available wellness resources. The mental health check should also educate the officer about signs of and risk factors associated with psychological distress or impairment.

An annual mental health check is not a fitness-for-duty evaluation; it should remain mutually exclusive and separate. A person who has conducted the fitness-for-duty evaluation of a specific employee should not conduct annual mental health checks for the agency of that employee.<sup>82</sup> Additionally, there should be clearly defined policies related to what the annual mental health check involves and the responsibilities of those who conduct them.

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<sup>82</sup> Documented conversations between Co-Chair Corey Nooner and Dr. Tom Coghlan PsyD

## Deliberative and Pre-decisional

### **4.1.12 Congress should engage representatives from major insurance companies to cover mental health treatments for members of the law enforcement and the first responder community, as well as their family members.**

Limitations on mental health services prevent officers and their families from receiving services or completing treatment plans, including annual mental health check-ups. Officers who need counseling might not be able to receive it without significant insurance coverage. This type of mental health coverage should be extended to both active and retired members of the first responder community.

### **4.2.13 The Bureau of Justice Assistance should convene a working group of public safety stakeholders, mental health professionals who specialize in occupational mental illness, and subject matter experts in suicide prevention and trauma. This group should analyze, report, and release their findings on how the Public Safety Officers' Benefits programs handle death benefit claims from families who lost their officer to a suicide that was attributed to a mental illness or condition contracted in the line of duty.**

This working group will seek to establish when PTSD or other mental illness are related to the line of duty, which may make certain suicides the result of a “direct and proximate result of a personal injury sustained in the line of duty.”<sup>83</sup> The working group will produce recommendations and deliver them to BJA. In turn, BJA will review the recommendations and, if appropriate, amend existing regulations or guidance on the determination of death benefits for officer suicides. The working group will also provide to Congress any recommendations that may require an amendment to existing federal law.

The commission believes this recommendation requires additional focus and should be immediately implemented.

### **4.2.14 The Congress should enact legislation which requires data on suicides of active and retired law enforcement to be collected, analyzed, and released in a timely manner.**

Unlike line-of-duty deaths, law enforcement agencies are not required to track deaths by suicide, and there is no central repository. Currently, Blue H.E.L.P., a non-profit organization, tracks information on officer suicides obtained through voluntary basis or open-source reporting.<sup>84</sup> While information suggests that law enforcement suicides are increasing, the actual reason for the increase may be a result of improved reporting. To fully understanding the extent of and devise approaches to improve the problem, we need to collect data on law enforcement suicides, promptly analyze the circumstances of each death, and release of information.

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<sup>83</sup>Written submission from Tim Richardson, Senior Legislative Liaison, Grand Lodge, Fraternal Order of Police, The Steve Young Law Enforcement Legislative Advocacy Center Fraternal Order of Police.

<sup>84</sup> “Our Mission,” Blue H.E.L.P., <https://bluehelp.org/>

## **Deliberative and Pre-decisional**

### **4.2.15 Congress should provide funding to U.S. Department of Justice for the peer support training and the U.S. Department of Justice should set national certifications standards for peer support members/training.**

Law enforcement agencies widely use peer-led critical incident stress debriefing after traumatic incidents. However, peer support training is not standard.<sup>85</sup> “Deployment of trained peer support is an unmatched resource for law enforcement.”<sup>86</sup> Standardizing this training through a curriculum and certification process will help peer support members understand their responsibilities and limitations.

### **4.2.16 Congress should pass legislation that professionalizes peer support officers and makes their services confidential to those who access them.**

Confidentiality is the cornerstone to a successful law enforcement wellness program. Federal legislation that provides properly trained and certified peer support officers the freedom from civil, criminal, or administrative subpoenas or hearings will increase the use of peer support. Combined with standardized training as referenced in 4.2.15, this legislation will allow law enforcement to build a national model of trusted peer support programs that will help officers who are reluctant to ask for help or share information.

### **4.2.17 Congress should initiate legislation that protects the authority or commission that an officer has when they request assistance for mental health issues.**

Based on self-reports of law enforcement personnel, staff do not seek mental health services because they fear losing their jobs, and therefore their ability to provide for themselves and their families. Legislation that protects law enforcement officers who asks for mental health assistance will provide more security and improve the use of mental health services. The legislation should ensure that a law enforcement officer’s request for assistance will not be used as the sole basis for the removal of the officer’s authority. This legislation would not eliminate the consequences of conviction for a criminal act and would not apply to those who are a danger to self and others.

### **4.2.18 Congress, in partnership with the Department of Justice, should strengthen Health Insurance Portability and Accountability Act (HIPPA) provisions regarding medical records and treatment notes of first responders.**

Law enforcement officers have encountered situations where treatment notes have been provided to agency representatives because the agency is paying for the treatment of the officer. A provision is needed in Health Insurance Portability and Accountability Act (HIPPA) that clarifies that treatment notes are confidential regardless of who is paying for the treatment.

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<sup>85</sup> Spence, Deborah L., Melissa Fox, Gilbert C. Moore, Sarah Estill, and Nazmia E.A. Comrie. 2019. Law Enforcement Mental Health and Wellness Act: Report to Congress. Washington, DC: U.S. Department of Justice.

<sup>86</sup> Statement of Corey Nooner, Co-Chair of the Law Enforcement Health and Wellness Working Group, President’s Commission on Law Enforcement and the Administration of Justice

## Deliberative and Pre-decisional

### **4.2.19 Congress should provide funding to organizations that provide intensive post-critical incident programs.<sup>87</sup>**

Intensive post-critical incident programs are a combination of psychoeducational information, group debriefings, Eye Movement Desensitization and Reprocessing (EMDR) therapy or other evidence-based therapies that promote self-regulation skills, and peer support.<sup>88</sup> This training will increase resilience and recovery of first responders who are exposed to trauma.

These programs are led by licensed psychologists, a team of qualified licensed mental health professionals, and highly trained peer support professionals who have also served in the line of duty. The Emergency Responders Assistance Program and the Law Enforcement Assistance Program both provide multiple-day intensive seminars for emergency responders and their significant others.<sup>89</sup> These sessions should include training in stress management, understanding the impact of exposure to trauma, resiliency, and the prevention of debilitating mental health consequences of critical events, including suicide and substance use.

### **4.2.20 Congress should provide funding to the Department of Justice to initiate a national social marketing campaign aimed at improving the use of wellness services and reducing the stigma associated with accessing them.**

A social marketing campaign should be created and directed toward federal, state, local, and tribal law enforcement staff to improve knowledge and positive attitudes, which will help increase the number of officers who seek help. One approach would be to use videos and personal accounts, including those of high-ranking executives like Attorney General Barr, who speaks candidly about his own experience using mental health resources.<sup>90</sup> Additionally, the campaign should also be directed toward the public, including family members of law enforcement, who can serve as force multiples of mental wellness among law enforcement agency personnel.

Funding for social media campaigns should not be limited to grant-funded projects. Federal law enforcement agencies should receive funding to initiate projects for their agencies' staff. When possible, law enforcement agencies should collaborate and leverage resources. Agencies should use focus groups and other evidence-based social marketing strategies to create campaign products.

**PULL QUOTE:** “This issue of stigma is powerful and we need to work diligently to destroy this.”<sup>91</sup>

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<sup>87</sup> <https://www.nami.org/Advocacy/Crisis-Intervention/Law-Enforcement>

<sup>88</sup> <https://www.penguinrandomhouse.com/books/313183/the-body-keeps-the-score-by-bessel-van-der-kolk-md/>

<sup>89</sup> Dr. Robbie Adler-Tapia, Dr. Eli Reshef & Doug White, Executive Director – National Emergency Responders Assistance Program

<sup>90</sup> U.S. Department of Justice, “Attorney General William P. Barr Delivers Remarks at the International Association of Chiefs of Police Officer Safety and Wellness Symposium,” <https://www.justice.gov/opa/video/attorney-general-barr-speaks-iacp-officer-safety-and-wellness-symposium>

<sup>91</sup> President’s Commission on Law Enforcement and the Administration of Justice: Hearing on Law Enforcement Health and Wellness (February 27, 2020) (written statement of Corey Nooner, Co-Chair, Law Enforcement Health and Wellness Working Group).

## **Deliberative and Pre-decisional**

### **4.2.21 Congress should provide funding to the development and deployment of an app that provides mental health resources to law enforcement nationwide.**

The app should include information about family support, financial fitness, healthy habits, psychological first aid, and marriage guidance. It should also provide confidentiality to its users. The Department of Justice should develop the app, which would help law enforcement agencies feel more comfortable using it and also help officers have more confidence that their use of the app would be private and not result in information being used against them by their agency. The app should be free of charge to and customizable by law enforcement agencies. The Department of Justice would not be required to maintain locally based information.

### **4.2.22 The Department of Homeland Security, in conjunction with the Federal Emergency Management Agency, should develop a wellness unit within the Incident Command System.**

#### **[CROSS-REFERENCE HOMELAND SECURITY]**

This unit would allow the commander of a critical incident to immediately organize wellness resources for responders who were involved in the incident. The unit could also support follow-up care and continuous coordination after the crisis.<sup>92</sup>

The Department of Homeland Security developed a standardized approach to incident management known as the National Incident Management System (NIMS). The NIMS is designed to coordinate response to a critical incident. A subpart of NIMS is the Incident Command System (ICS), which provides a standard response and operation procedures for critical incidents.<sup>93</sup>

Currently, ICS does not specifically consider the wellness of the personnel involved in the incident. Including a specific unit within the ICS will ensure that scene commanders seek out the wellness resources available and provide a location for them to be accessed. This change will highlight that the wellness of responders is a priority and should be addressed at significant incidents.<sup>94</sup> It will also ensure that wellness is considered regardless of who is responding, which could include multiple agencies from across the region/county.

### **4.2.23 Congress should establish and fund a national law enforcement crisis hotline.**

Currently, there is no national hotline to specifically assist public safety officers in crisis. The national crisis support lines that are available to the public are perceived to be not well equipped to effectively respond to those performing public safety duties. If an officer finally calls a hotline, if he or she get the “wrong” person on the other end of the line, they will never call again. Additionally, the perception that hotlines are not equipped to assist law enforcement impacts whether the individual in crisis will access the service. A national hotline for public safety officers that is well marketed, has specifically skilled mental health professionals and can direct the caller to locally specific resources will impact an individual’s willingness to access the hotline. Confidentiality and text messaging capabilities are also critical components of a national hotline, particularly for those who are emotional with limited speaking ability.

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<sup>92</sup> Written submission to the President’s Commission on Law Enforcement and the Administration of Justice. Chief Doug Fuchs (Ret.), Redding Connecticut Police, CT.

<sup>93</sup> Ibid.

<sup>94</sup> Ibid.

## Deliberative and Pre-decisional

The commission affirms that while “the efficiency of crisis hotlines in preventing suicides has not yet been empirically proven for the general population,”<sup>95</sup> crisis lines are an important tool for helping law enforcement officer’s mental health and addressing suicide.

### **4.2.24 Congress should amend the definition of “injury” in the Federal Employees’ Compensation Act to include post-traumatic stress disorder and other mental health issues incurred by employees in the performance of public safety duties.**

The Office of Workers Compensation Programs (OWCP) manages workers compensation programs for injuries and occupational diseases that occur in federal employment. The Federal Employees Compensation Act (FECA)

- minimizes the human, social, and financial impacts
- improves delivery of services to injured workers
- oversees distribution of funding and benefits.<sup>96</sup>

Some research shows that a police officer will experience more traumatic events in six months than the average person will experience in a lifetime.<sup>97</sup> Similarly, federal employees performing law enforcement and other public safety duties are also exposed to danger and trauma, yet PTSD is not a covered injury in the FECA OWCP coverage. The federal government and its workers compensation programs should ensure that FECA rules clearly account for PTSD or other similar diagnoses and provide proper guidance to federal employees and agencies to address mental health needs.<sup>98</sup>

### **4.2.25 The Equal Employment Opportunity Committee should conduct a study that examines law enforcement officers’ reasonable accommodation requests under the American with Disabilities Act, specifically related to post-traumatic stress disorders and other mental health issues. This study should provide clearer guidance to law enforcement officers and law enforcement agencies on reasonable accommodation.**

Based on some studies, it has been shown that law enforcement officers will experience more traumatic events in six months than the average person will experience in a lifetime. Law enforcement agency personnel need clearer guidance on making requests for reasonable accommodation, and agencies need clearer guidance in granting these reasonable accommodations.<sup>99</sup>

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<sup>95</sup> Spence, Deborah L., Melissa Fox, Gilbert C. Moore, Sarah Estill, and Nazmia E.A. Comrie. 2019. Law Enforcement Mental Health and Wellness Act: Report to Congress. Washington, DC: U.S. Department of Justice.

<sup>96</sup> U.S. Department of Labor, OWCP

<sup>97</sup> Ibid

<sup>98</sup> Testimony, Patrick Yoes, National President, Fraternal Order of Police before the House Committee on the Judiciary [date]

<sup>99</sup> Ibid

## Deliberative and Pre-decisional

### **4.2.26 Congress should provide funding to the Bureau of Justice Assistance to further expand the use of the VALOR Program, as well as authorize federal law enforcement agency staff to benefit from the Program.<sup>100</sup>**

The VALOR Officer Safety and Wellness Program (VALOR Program) is dedicated to preventing injuries and deaths of law enforcement officers and the people they serve.

Additional funding would allow BJA to expand the Program's capacity to provide more sites with training, including smaller, tribal and rural law enforcement agencies; and enable some non-federal law enforcement agencies to pay overtime to send officers to training, which is particularly challenging for smaller, tribal and rural law enforcement agencies. Additionally, expanding the delivery of the VALOR Program to serve federal law enforcement agencies would be very beneficial, particularly the training components related to mental and physical wellness. Federal law enforcement agencies have been restricted from requesting and participating in BJA grant funded VALOR classes. Lastly, BJA should receive funding to expand the scope and reach of the VALOR website so that it may serve as a resource for departments looking for training and tools to provide resources to their officers.<sup>101</sup>

### **4.2.27 Congress should develop a retirement bridge for first responders, which will cover their health care needs following retirement until they become eligible for Medicare.**

Due to the physical demands of their profession, public safety officers and other first responders retire earlier than members of other professions.<sup>102</sup> Many federal, state, and local agencies have mandatory retirement ages for their officers.<sup>103</sup><sup>104</sup> Much of the time, these retiring officers lose their employer-provided health insurance upon or shortly after their retirement, which is often a time when they are years away from being eligible for Medicare.<sup>105</sup>

Congress should allow public-safety officers and first responders the option to buy into Medicare at age 50.<sup>106</sup> For those who do opt in, premiums should be set based on the risk pool for this separate population, and they should remain eligible for tax credits and cost-sharing subsidies to help them purchase insurance. When the retired first responders reaches the age of 65, they can seamlessly enter the traditional Medicare program. If this solution is not possible, private industry or health insurers should devise retirement bridges that are designed to help first responders meet their health coverage needs between retirement and Medicare eligibility.

Many municipalities have paid contributions that have offset the expense of health insurance to first responders who are retired. As a result of these contributions, retired first responders were provided with a reduced cost premium. When these contributions are reduced to offset the

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<sup>100</sup> Written submission of Michael Bradley, United States Attorney's Office for Missouri and Brandy Donini-Melanson, Coordinator of the U.S. Department of Justice, Health and Wellness Working Group, Working Group members of the Law Enforcement Health and Wellness Working Group, President's Commission on Law Enforcement and the Administration of Justice

<sup>101</sup> U.S. Department of Justice. Bureau of Justice Assistance. VALOR Program. <https://www.valorforblue.org/>

<sup>102</sup> <https://www.ncsl.org/research/fiscal-policy/state-retirement-plans-public-safety.aspx>

<sup>103</sup> <https://fas.org/sgp/crs/misc/R42631.pdf>

<sup>104</sup> <https://www.ncsl.org/research/fiscal-policy/state-retirement-plans-public-safety-tables.aspx>

<sup>105</sup> Ibid, See Figure 2

<sup>106</sup> See H.R. 4527/S. 2552, the "Expanding Options for Early Retirees Act"

## Deliberative and Pre-decisional

expense of insurance for retired employees of those municipalities, the resulting increase in premium can be a significant burden for the retiree.

### 4.3 Law Enforcement Safety

#### Background

**PULL QUOTE:** “Every day, law enforcement officers serve this nation with distinction by protecting all of us from harm. . . . That protection, however, comes at great risk to the men and women who courageously don the uniform and wear the badge.”<sup>107</sup>

The murder of a police officer in the line of duty is an assault on the entire community. Policing continues to be an inherently dangerous profession, but a number of innovations have improved officer safety. In fact, Dr. Alexander Eastman notes, “preventable deaths from unchecked bleeding in our communities continue to fall based on law enforcement hemorrhage control programs.”<sup>108</sup> Law enforcement agencies and their families must continue to stress the importance of using ballistic vests to protect officers.

Law enforcement officers must wear lifesaving seatbelts just as they would ballistic vests. Traffic incidents remained a significant source of law enforcement line-of-duty deaths over the past decade.<sup>109</sup> Curriculum, such as the National Law Enforcement Traffic Safety Program provides state, local, and tribal law enforcement training on a variety of traffic safety issues. This training will help law enforcement agencies enhance their safety measures by providing technical assistance on policies, procedures, and future training, and it will provide law enforcement the informational resources necessary to improve traffic safety awareness.<sup>110</sup>

As evidenced during the COVID-19 pandemic, law enforcement agencies are also exposed to significant health risks as their interactions with the community are not limited in times of a health crisis. Protection and preparation against pandemics and exposure to illicit narcotics (e.g. fentanyl) is, and will remain, a concern for law enforcement officers. Law enforcement officers should continue to educate themselves concerning these topics, while also receiving the proper protective equipment.

#### Current State of the Issue

The National Law Enforcement Officers Memorial Fund (NLEOMF) reports that law enforcement line-of-duty deaths increased by 12 percent from 2017 to 2018.<sup>111</sup> A total of 145 federal, state, and local law enforcement officers died in the line-of-duty in 2018, up from 129 officers in 2017. In 2018

- firearms-related fatalities were the leading cause of officer deaths, with 53 officers shot and killed (up 15 percent from 2017)
- 50 officers were killed in traffic-related incidents (up 9 percent from 2017)

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<sup>107</sup> U.S. Department of Justice, Press Release, Report on the Ambush of Police Officers, Tuesday, October 27, 2015.

<sup>108</sup> President’s Commission on Law Enforcement and the Administration of Justice: Hearing on Law Enforcement Health and Wellness (February 27, 2020) (written statement of Dr. Alexander Eastman).

<sup>109</sup> Breul, N., and Luongo, Desiree, (December 2017, “Making it Safer,” A Study of Law Enforcement Fatalities Between 2010-2016,” <https://cops.usdoj.gov/RIC/Publications/cops-w0858-pub.pdf>

<sup>110</sup> U.S. Department of Justice. Bureau of Justice Assistance. National Officer Safety Initiatives. National Law Enforcement Traffic Safety Program, <https://bja.ojp.gov/program/national-officer-safety-initiatives/overview>

<sup>111</sup> U.S. Department of Justice. Bureau of Justice Assistance. National Officer Safety Initiatives. Retrieved from: 2018 End of Year Preliminary Law Enforcement Officer Fatalities Report, <https://bja.ojp.gov/program/national-officer-safety-initiatives/overview#extended-nav-section-1>

## Deliberative and Pre-decisional

- 42 officers died from other causes (up 14 percent from 2017)<sup>112</sup>

### Targets of Violence

**PULL QUOTE:** "Too often, the badge and the shield have become targets and too many officers are paying the ultimate price for nothing more than the uniform they wear."<sup>113</sup>

An officer not wearing their ballistic vest is 14 times more likely to suffer a fatal injury than an officer who is.<sup>114</sup> In 2019, 293 officers were shot in the line of duty, 50 of whom were killed. Thirty officers were shot in an ambush attack, and seven of those officers were killed.<sup>115</sup>

Enacting federal legislation that would make the targeting of a law enforcement officer with violence in certain circumstances a crime, would undoubtedly help to protect law enforcement.<sup>116</sup>

### First Responder/Combat Medical Care

The events of 9/11, increasing active shooter incidents, and targeted attacks on police officers have changed the world of law enforcement. Unique tactical law enforcement training has been implemented in response to these high-profile events. Because these scenes are deemed highly unsafe due to the possibility of other shooters or secondary devices, emergency medical services (EMS) may not be able to safely respond to provide care. As such, law enforcement may be the only resource to provide initial life-saving medical care to victims of these types of mass casualty situations. Law enforcement officers need every possible tool for their protection and safety so they may be able to provide immediate self-care or have a partner provide care.

### Vehicle Safety

Typically, motor vehicle-related incidents are the leading cause of death for law enforcement officers. From 2005 to 2017, 30 percent of 1,512 officers who died in the line of duty died as a result of vehicle-related crashes, while 9 percent were struck by a vehicle.<sup>117</sup>

### **[CREATE FIGURE]**

**PULL QUOTE:** "In the last 10 years, on average, more than one officer per week has been killed on our nation's roads (2006–2016 = 64 deaths per year)."<sup>118</sup>

Wearing seatbelts prevents injuries and vehicular deaths, and officers who were wearing a seatbelt during a vehicular collision missed an average of five fewer days than those who did not wear a seatbelt.<sup>119</sup> Additionally, distraction-free driving should be a standard for each officer to follow on duty.

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<sup>112</sup> Ibid.

<sup>113</sup> President's Commission on Law Enforcement and the Administration of Justice: Hearing on Law Enforcement Health and Wellness (February 27, 2020) (written statement of Patrick Yoes, President of the Fraternal Order of Police).

<sup>114</sup> Tompkins, Dan. "Body armor safety initiative: To protect and serve... better." NIJ Journal 254 (2006).

<sup>115</sup> President's Commission on Law Enforcement and the Administration of Justice: Hearing on Law Enforcement Health and Wellness (February 27, 2020) (written statement of Patrick Yoes, President of the Fraternal Order of Police).

<sup>116</sup> Ibid.

<sup>117</sup> <https://nleomf.org/facts-figures/causes-of-law-enforcement-deaths>

<sup>118</sup> <https://www.cdc.gov/niosh/topics/leo/default.html>

<sup>119</sup> [https://www.washingtonpost.com/local/trafficandcommuting/for-police-not-wearing-seat-belts-can-be-fatal-mistake/2012/10/14/78a8dd10-f207-11e1-892d-bc92fee603a7\\_story.html](https://www.washingtonpost.com/local/trafficandcommuting/for-police-not-wearing-seat-belts-can-be-fatal-mistake/2012/10/14/78a8dd10-f207-11e1-892d-bc92fee603a7_story.html)

## Deliberative and Pre-decisional

### Narcan/Naloxone Provision

In response to the current opioid epidemic, it is critical to prevent occupational exposure of fentanyl to law enforcement officers. Fentanyl is a powerful synthetic drug similar to yet much more potent than morphine and heroin. Law enforcement personnel have a high risk of coming in contact with the drug unknowingly from its many forms. Exposure can be quick and lethal, and many researchers have suggested ways law enforcement officers can mitigate risk such as using drug testing strips.<sup>120</sup> Although the components of illicit drug mixtures might not be known at the time, law enforcement officers must learn about safe operating procedures and proper use of personal protective equipment (PPE) when responding to incidents that may involve illicit drugs.

### Protective Gear and Equipment

Because law enforcement agencies not only maintain public order, but also assist public healthcare providers in their efforts to seek compliance with related health orders, law enforcement officers are three times more likely to be injured on the job.<sup>121</sup> They must take precautions to mitigate this risk. It is critical that all law enforcement personnel have PPE for the protection of the community, their families, and colleagues. In addition to masks, face shields, and other PPE, law enforcement require priority access to health screening tools like testing, particularly to prevent the spread of asymptomatic infectious diseases and for prompt treatment to ensure the adequate levels of workforce availability.

During health and non-health related catastrophic events, law enforcement agencies experience significant challenges to regular administrative activities, such as patrol and shift assignments, training protocols, and use of leave. Correctional Officers and Sheriff Deputies that work in jails and prisons are on the front lines of health-related incidents. Facilities or institutions such as jails and prisons present an even greater risk.

Tyler Winkelman, a doctor and researcher for the University of Minnesota who works in both the Hennepin County jail and local homeless shelters, notes, “that there is a lot of overlap between jailed and homeless populations. Someone released from a jail, then, could infect people in a homeless shelter, or vice versa, causing an outbreak that could bounce back and forth between both places, infecting far more people than would be in a jail or homeless shelter alone.”<sup>122</sup> The Washington (State) Association of Sheriffs and Police Chiefs recently implemented an emergency plan for COVID-19 that included multiple components for managing the disease within the community, for staff, and for detainees.<sup>123</sup>

**PULL QUOTE:** “As the full scope of the crisis of COVID-19 in American correctional facilities has come into focus, it is important to recognize the critical role police play as gatekeepers to the rest of the system.”<sup>124</sup>

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<sup>120</sup> [https://www.rand.org/content/dam/rand/pubs/research\\_reports/RR3000/RR3064/RAND\\_RR3064.pdf](https://www.rand.org/content/dam/rand/pubs/research_reports/RR3000/RR3064/RAND_RR3064.pdf)

<sup>121</sup> Tiesman, Hope M., Melody Gwilliam, Srinivas Konda, Jeff Rojek, and Suzanne Marsh. “Nonfatal injuries to law enforcement officers: A rise in assaults,” American journal of preventive medicine 54, no. 4 (2018): 503-509. <https://www.ncbi.nlm.nih.gov/pubmed/29395571>

<sup>122</sup> <https://www.vox.com/policy-and-politics/2020/3/17/21181515/coronavirus-covid-19-jails-prisons-mass-incarceration>

<sup>123</sup> [https://waspc.memberclicks.net/assets/docs/suggestions\\_percent20for\\_percent20jails\\_percent20\\_percent203.5.20.pdf](https://waspc.memberclicks.net/assets/docs/suggestions_percent20for_percent20jails_percent20_percent203.5.20.pdf)

<sup>124</sup> <https://www.vera.org/blog/covid-19-1/public-health-and-public-safety-the-critical-role-of-police-during-the-covid-19-crisis>

## Deliberative and Pre-decisional

### **4.3.1 Congress should provide funding to the U.S. Department of Justice for the distribution of law enforcement individual tactical first aid kits and training.**

Commission hearing witness Dr. Alexander Eastman explained that law enforcement hemorrhage control programs are based on the hard lessons learned by the U.S. armed forces through treatment of battlefield injuries. Further, Dr. Eastman relayed that while policing remains an inherently dangerous profession, deaths from unchecked bleeding for both the officers and the public is preventable, and hemorrhage prevention kits and training should be provided to all law enforcement organizations.<sup>125</sup>

These kits should include a tourniquet, a modular bandage, and a roll of combat gauze. Approximately 85 percent of the agencies that make up the Major Cities Chiefs Police Association have instituted these kits. Further funding will help save additional lives.

### **4.3.2 The Department of Justice should further implement a national, comprehensive database for law enforcement officer injuries and treatment. This data should be analyzed and released in a timely manner.**

In his testimony, Dr. Eastman further detailed that, while there has been considerable progress in revising the Law Enforcement Officers Killed and Assaulted (LEOKA) data set, it is still lacking specific medical information that would be required to study this topic appropriately. In order for law enforcement to make meaningful improvements based on the science of law enforcement injuries, there must be further solutions to capture comprehensive law enforcement injury-based data.<sup>126</sup> Finally, to make training and procedural improvements that save lives and prevent injuries, incidents and data need to be analyzed and assessed at the national level in a timely manner. The specific data that should be collected is outlined in appendix X.

### **4.3.3 Congress should pass legislation that would create a new federal offense for those who deliberately target law enforcement officers with violence.**

This legislation would create a new federal offense for those who deliberately target law enforcement officers with violence. Further, the legislation would increase the penalties for the killing of or assaults against law enforcement officers, judges, and other public safety officers. If passed, the law would also make the murder or attempted murder of a law enforcement officer who is employed by an agency that receives federal funds a capital offense. If enacted, the bill would impose time and other substantive limits on federal courts' review of habeas corpus petitions that challenge a state court conviction for killing a law enforcement officer, judge, or other public safety officer. Further, the legislation should also limit the amount of damages that a criminal defendant could recover as a result of injuries that were incurred while committing or being apprehended for a felony or a violent crime. Instead, the bill would allow only for the recovery of actual losses—medical expenses, lost wages, property damage, or other tangible loss—and be prohibited from suing a law enforcement officer for punitive damages, emotional harm, other intangible damages, and attorney's fees.

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<sup>125</sup> President's Commission on Law Enforcement and the Administration of Justice: Hearing on Law Enforcement Health and Wellness (February 27, 2020) (written statement of Dr. Alexander Eastman).

<sup>126</sup> *Ibid.*

## **Deliberative and Pre-decisional**

The legislation should also amend the existing Law Enforcement Officers Safety Act (LEOSA), which provides off-duty and retired law enforcement officers an exemption to state and local prohibition on the carriage of concealed firearms by closing the magazine capacity school zone loopholes. The LEOSA exemption, as currently interpreted, does not apply to magazine capacity, creating a confusing patchwork of regulations and potentially placing an officer in legal jeopardy. In addition, the Guns Free Schools Zones Act is a federal statute, so the LEOSA exemption does not attach. This means an off-duty or retired officer could not attend a school function with their child without violating federal firearms law. Finally, the bill would provide \$20 million in new grants to improve police-community relations, law enforcement training, and officer safety and wellness.

### **4.3.4 Law enforcement agencies should immediately join the National Blue Alert network.**

The National Blue Alert network is a program run by the Department of Justice that gives law enforcement, the media, and the public an expanded early warning of threats against law enforcement officers, helps apprehend suspects who have killed or seriously injured an officer, and provides critical information when an officer is missing in the line of duty. Like AMBER Alerts, which are designed to speed actionable information about missing children to the public, Blue Alerts provide details about possible assailants, including physical descriptions, vehicle information, and other identifying characteristics. According to the Department of Justice's Office of Community Oriented Policing Services, 36 states currently participate in the National Blue Alert Network.<sup>127</sup> Expanding this program to all 50 states would further protect the lives of law enforcement.

### **4.3.5 Congress should develop and fund a national program that consists of regional pandemic biological, meteorological, catastrophe, and critical incident response teams.**

The primary responsibility of these teams should be to ensure that first responders are properly trained regarding pandemic and biological threats, in addition to ongoing readiness related to meteorological, catastrophic, or critical incidents. These teams should also be responsible for maintaining a stockpile of PPE for first responders and emergency medical services personnel within each region.

### **4.3.6 Congress should provide funding for local agencies to be used for the purchase of equipment required for a response to a pandemic or biological event.**

Funding would enable the purchase of PPE or any other supplies, which would facilitate a response to a pandemic or biological event.

### **4.3.7 The Department of Justice, in partnership with the Occupational Safety and Health Administration, should develop staffing recommendations regarding the number of commissioned law enforcement officers needed to provide law enforcement services to a population.**

This standard will help law enforcement agencies ensure that they have enough officers to offer reactive and proactive services to the citizens within the jurisdiction.

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<sup>127</sup> U.S. Department of Justice, Community Oriented Policing Services, Vince E. Davenport, Supervisory Senior Policy Analyst Deputy National Blue Alert Coordinator, <https://cops.usdoj.gov/bluealert>

## **Deliberative and Pre-decisional**

### **4.3.8 Congress should provide funding to local agencies to be used to purchase and install bullet-resistant materials for law enforcement vehicles.**

This type of protection will offer law enforcement officers the option of an additional layer of protection to attacks on officers who are confined within their patrol cars.

### **4.3.9 Law enforcement agencies should equip law enforcement vehicles with molded plastic transport seats.**

This type of seating assists officer safety by reducing the potential for contraband to be concealed in the prisoner transport area. It also allows for easy decontamination, which is essential for the safety of the officer during a pandemic.

### **4.3.10 Law enforcement agencies should install emergency lighting on the front quarter panels of patrol vehicles.**

Equipment can mitigate the seriousness of human error. When police are driving with emergency lights activated and enter an intersection, forward-placed lighting provides motorists with an earlier opportunity to notice and yield to an emergency vehicle as it enters the intersection.

The emergency lighting should be mounted on the sides of the push bar, if equipped. Placing emergency lighting forward of the roof mounted light bar on the vehicle will help avoid collisions.

Agencies should also strongly consider placing reflective materials on the back of police vehicles and on the underside of vehicle trunks so that it is visible when the trunk is open. When trunk spaces on vehicles are open, they usually block the emergency lighting of the vehicle. Placing reflective material on the back of the vehicle will help visibility of the vehicle to drivers approaching from the rear.

### **4.3.11 Law enforcement agencies should prioritize the funding for the purchase of LED road flares.**

These devices are used much like traditional road flares, but they are much safer to store in a vehicle. By using LED lighting, these devices attract the attention of approaching drivers to a potential hazard ahead and also help ensure the safety of first responders working an emergency event.

### **4.3.12 Law enforcement agencies should use intelligent vehicle light and siren control systems that automatically adjust to appropriately control the flashing lights.<sup>128</sup>**

When responding to emergencies, high intensity, fast, active flash rates are necessary to call for the right of way and to garner the attention of other motorists. However, when stationary and signaling for caution, the warning light flash pulse rate should be slowed down and synchronized to give a clear visual outline of the vehicle and its position in the roadway.

At night, the flash brightness must be reduced to eliminate the blinding glare that is inherently dangerous to officers on the scene and other motorists. Recent studies have shown that, with the increasing intensity of current vehicle warning light technology, police vehicle lights have

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<sup>128</sup> Written submission to the Working Group on Law Enforcement Health and Wellness, President's Commission on Law Enforcement and the Administration of Justice by Scott Potter.

## Deliberative and Pre-decisional

become so bright and overwhelming that they have actually become less safe while stationary in low light conditions.<sup>129</sup> Like high-beam headlights, overly intense warning light flash pulses at night contribute to high-speed rear-end collisions by producing glare and overwhelming the eyesight of approaching motorists.<sup>130</sup> These systems should also cancel the lights on the light bar above the corresponding door if the officer needs to take a cover position behind an open door. The bright flashing lights distract the officer and also make it easier to be seen by the subject.

### **4.3.13 Law enforcement agencies should eliminate the regular use of law enforcement vehicles to conduct the secondary transportation of mental health patients.**

In some jurisdictions, local law enforcement officers and vehicles are used to conduct the secondary transportation of mental health patients. These transports are done solely for the purpose of moving the patient to available bed space. There are no criminal charges placed on these individuals. During these transports, restraints are commonly used because of agency policy and procedure, which can have a devastating effect on the mental health client. Additionally, this responsibility consumes time and resources for the agency assigned the task. This loss of resources can affect response times for law enforcement calls for service and restrict an agencies' ability to respond proactively within its jurisdiction. Eliminating the regular use of law enforcement vehicles to conduct secondary transportations of mental health patients will improve patient experience and treatment and allow law enforcement to focus on their duties.

### **4.3.14 Congress should create a working group within the Department of Justice to review and establish a National Law Enforcement Safety Board that investigates line-of-duty deaths. This board should effectively promote a higher level of safety in law enforcement.**

Law enforcement agencies are required to report felonious and accidental killings and assaults upon law enforcement officers in the line of duty as part of the FBI's Uniform Crime Reporting (UCR) program data. Additionally, other organizations review and report statistics for line-of-duty death incidents; however, there is no single entity that conducts thorough, accurate, and independent investigations and produces timely, well-considered recommendations to enhance law enforcement safety. A National Law Enforcement Safety Board, similar to the National Transportation Safety Board, would improve officer safety. Creating a working group will help Congress sort through important considerations and nuances of efficacy.

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<sup>129</sup> Massachusetts State Police Study on Police Vehicle Conspicuity and Flashing Warning Lights, 2010; <https://www.policechiefmagazine.org/warning-signals-officer-safety/>

<sup>130</sup> [https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/glare\\_congressional\\_report.pdf](https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/glare_congressional_report.pdf)

## Deliberative and Pre-decisional

### APPENDIX X<sup>131</sup>

#### Recommendation 4.3.2

1. Signs of life when first discovered?
2. Anatomic location of lethal wound
3. Primary cause of death (to provide more detailed information, e.g., brain injury and major vessel or cardiac injury has occurred due to trajectory of projectile or track of wound when the anatomic location of lethal wound would have been marked as “face”)
4. Presence of other wounds?
  - a. If yes, then:
    - i. # of other wounds (to provide total # of wounds)
    - ii. Anatomic location of other wounds
    - iii. Characteristics of other wounds
    - iv. Cause of other wounds (type, same weapon or different, blunt vs penetrating, etc)
5. Presence of vascular injury if extremity wound
6. Presence of junctional vascular injury
7. Presence of tension pneumothorax
8. Presence of open pneumothorax
9. Presence of airway compromise
10. Modality of transport to the hospital (walked, private vehicle, municipal vehicle, ground EMS, air EMS, BLS vs ALS,
11. Time from point of wounding to first care (either scene or en route), en route care (if scene care given first), and to arrival in ED/definitive care
12. Did the patient require transfer from original hospital to a higher level of care? (If so, time from point of wounding to arrival at highest level of care)
13. Trauma designation of receiving hospital (and transfer hospital, if applicable)
14. Any scene or en route care?

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<sup>131</sup> President’s Commission on Law Enforcement and the Administration of Justice: Hearing on Law Enforcement Health and Wellness (May 2, 2020) (written statement of Dr. Alexander Eastman).

## **Deliberative and Pre-decisional**

- a. If so, provided by what level of provider (self-aid, buddy-aid, TEMS medic or physician, bystander/lay person first-aid, basic to advanced EMS, nurse, APP, physician (team-member or dispatched responder vs “just happened to be there”...))
  - b. Nature of care provided on-scene and/or en route (regardless of who did the transport, capture the nature of the care provided en route)
15. Any life-saving interventions attempted (commercial TQ, improvised TQ, wound packing, needle decompression, etc). If yes:
- a. Done at what point after wounding, by whom and done correctly or not?
16. Did first and/or other responders have any prior med training, and if so, what type (SABA, TCCC, basic first aid, Stop The Bleed, etc)
17. What were the available medical supplies on-scene and en route (any missed opportunities)?
18. Survival to hospital
19. Was the wounding part of a mass casualty event/response?
- a. If yes, how many other injured people, including how many other injured officers (near misses)?
20. Type of weapon used (firearm (type), edged weapon, blunt instrument, vehicle, body, etc)
21. Was the officer wearing body armor or any other protective equipment?

### **Methodology – Law Enforcement Health and Wellness Working Group:**

The safety and well-being of our law enforcement officers are crucial to their ability to protect and serve their communities. In addition to the immediate dangers law enforcement officers face, stress and psychological strain also impact an officer’s safety, health, and wellness. In order to draft this chapter, the Working Group focused on the physical safety and mental health of our law enforcement officers

### **Resource, Document, and Recommendation Outreach:**

Commission staff members and the working group members conducted outreach to the following organizations and agencies: International Association of Chiefs of Police, National Association of Police Organizations, Fraternal Order of Police, U.S. Department of Justice, Community Oriented Policing Services and the Bureau of Justice Assistance, Federal Bureau of Investigation, Executive Office of the U.S. Attorneys, National Alliance on Mental Illness, Blue H.E.L.P., Care of Police Suicide Survivors, COPLINE, Cop2Cop, the University of Buffalo, NY, the University of Boise, ID, Goddard Police Department, KS, Suffolk County Police Department NY, Dallas Police Department, TX, Indianapolis Police Department, IA. Outreach included

## **Deliberative and Pre-decisional**

providing information about the Commission, discussing recommendations and suggestions the organizations and agencies had for the chapter, testimony, and asking for resources, publications, and information the organizations and agencies could provide to the Commission.

### *Presentations to the Working Group:*

The Working Group heard from subject matter experts on a myriad of topics related to law enforcement officers' health, wellness and safety. The presentations occurred during working group meetings and included strategies, recommendations, and policies the organization or agency would like the Commission to consider.

- 1) February 26, 2020, Chief Stan Standridge, Abilene Police Department, TX.
  - Law Enforcement Health and Wellness – Building a Culture of Resiliency.
  
- 2) March 10, 2020, Sherri Martin, National Director of Wellness Services, Fraternal Order of Police (FOP).
  - Peer Support Program Curriculum and Training related to Officer Wellness.
  
- 3) March 24, 2020, Dr. John Violanti, University of Buffalo, NY.
  - Police stress, health and suicide, PTSD.
  
- 4) April 7, 2020, Chief Michael Kehoe, Newtown Police Department, CT.
  - Law Enforcement Health and Wellness and the affects school shootings/mass shootings have on officers.
  
- 5) April 14, 2020, Assistant Director Deborah Spence, U.S. Department of Justice, COPS Office, Washington, D.C.
  - The Law Enforcement Mental Health and Wellness Act of 2017 and recommendations to the U.S. Congress related to law enforcement mental health and wellness.
  
- 6) April 21, 2020, Dr. Kathy Platoni, Clinical Psychologist, OH.
  - Officer resiliency and support provision for the men and women in law enforcement.
  
- 7) April 28, 2020, Brandy Donini-Melanson, Program Manager, Law Enforcement

## Deliberative and Pre-decisional

Coordination Program for the Executive Office for U.S. Attorneys and Coordinator, DOJ Health and Wellness Working Group.

- DOJ Wellness Programs – Law Enforcement Health and Wellness.
- 8) May 5, 2020, Mark Cronin, Director Los Angeles Police Protective League Office and Jimmy Baldea, Founder & President American eHealth Collaborative
- LAPD Wellness Program & Daily Vital Sign Monitoring Platform for Nationwide Early Detection & Mitigation of COVID-19.

### Virtual Field Visit:

The Law Enforcement Health and Working Group conducted one virtual field visit to the Indianapolis Metropolitan Police Department, ID on May 11, 2020. The virtual field visit provided the working group an in-depth look into the health and wellness program of the Indianapolis Metropolitan Police Department.

### Business Meetings

February 26, 2020(in-person)

March 10, 2020

March 24, 2020

March 31, 2020

April 7, 2020

April 14, 2020

April 21, 2020

April 28, 2020

May 5, 2020

May 11, 2020

## Deliberative and Pre-decisional

### Hearing:

The Full Commission heard oral testimony from subject matter experts on law enforcement health, wellness and safety. The witnesses testified in panels. Each panel focused on a specific area: Framing the Issue, Experts, Promising Practices, and Support. Prior to the hearing, the panelists submitted written testimonies, which were provided to the Commissioners prior to the hearing.

Following each panel, the Commissioners asked questions to obtain clarification or additional information. This question-and-answer period is highlighted at the end of each panel summary.

### Literature search:

Google, COPS Office, BJA, BJS, FBI, NCJRS, IACP, FOP, PERF.

The Working Group reviewed existing research and promising practices to determine the current state of the topic area. The Working Group also heard testimony at a Commission hearing on Officer Health and Wellness. The documented research and commission testimony aided the working group in arriving at a consensus on recommendations for programs and practices to improve officer safety, health, and wellness.

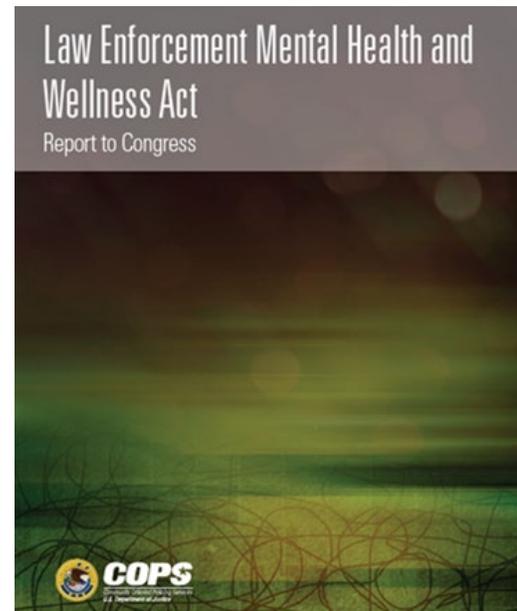
### Research Resource List

- U.S. Department of Justice, Community Oriented Policing Services (COPS), “Law Enforcement Mental Health and Wellness Programs,” *Eleven Case Studies* (Washington, DC: U.S. Department of Justice, 2019), <https://cops.usdoj.gov/RIC/Publications/cops-p371-pub.pdf>

This report by COPS is designed to provide an overview of multiple successful and promising law enforcement mental health and wellness strategies with the joint aims of informing Congress, state and local government officials, and the law enforcement field. The report includes 11 case studies from a diverse group of sites across the United States. Each case study shares basic information about the program or agency, a description of how and why they got engaged in officer mental health and wellness, the components of their programming, the challenges encountered, and key findings for replication.

### The Dilemma

*I need help, but I'm afraid that if I ask, I will be pushed out of the department and lose my identity. I don't want them to take my gun or my shield. If I tell them I am vulnerable, I don't trust that the agency is going to take care of me.*



## Deliberative and Pre-decisional

- U.S. Department of Justice, Community Oriented Policing Services (COPS), “Law Enforcement Mental Health and Wellness Act,” *Report to Congress* (Washington, DC: U.S. Department of Justice, March 2019), <https://cops.usdoj.gov/RIC/Publications/cops-p370-pub.pdf>

This document provides an overview of the Law Enforcement Mental Health and Wellness Act, as well as mental health and wellness programs for military professionals and veterans, crisis hotlines, mental health checks, peer mentoring programs and additional recommendation to support the mental health and wellness of federal, state, local and tribal law enforcement officers.

- U.S. Department of Justice, Bureau of Justice Assistance, International Association of Chiefs of Police, EDC-Learn Transforms Lives, and the National Action Alliance For Suicide Prevention, “National Officer Safety Initiatives – “Preventing Suicide Among Law Enforcement Officer: An Issue Brief,” (Washington, DC: U.S. Department of Justice, 2018). [https://www.theiacp.org/sites/default/files/2020-02/\\_NOSI\\_Issue\\_Brief\\_FINAL.pdf](https://www.theiacp.org/sites/default/files/2020-02/_NOSI_Issue_Brief_FINAL.pdf)

“Suicide is the 10th leading cause of death in the United States, claiming more than 48,000 lives in 2018 alone. Suicidal thoughts and behaviors affect persons of all ages, leading to long-lasting effects on families, friends, workplaces, and communities. Law enforcement professionals are not immune to this serious public health problem. Studies suggest that suicide rates are particularly high among officers and others in public safety occupations. Although the exact number of officers who die by suicide each year is not currently known, existing research suggests that officers may be more likely to die by suicide than in the line of duty.”

- U.S. Department of Justice, Office of Justice Programs, National Institute of Justice (NIJ), “Risky Business: Part 1 of 2 in a Series on Correctional Officer Wellness,” (Washington, DC: U.S. Department of Justice, March 2018), <https://nij.ojp.gov/topics/articles/risky-business-part-1-2-series-correctional-officer-wellness>

Security and stability in prisons and jails are critical to administer justice, protect the public and ensure the safety of inmates. This responsibility falls heaviest on the shoulders of front-line corrections officers (COs) working within facilities on a day-to-day basis. As COs work to maintain peaceful order within facilities and between inmates with histories of mental illness, substance abuse and violence, they also routinely put themselves in harm’s way. This article is part one of two and covers the following topics; (1) dangers faced by COs, (2) consequences of risks confronting COs, and (3) policies to promote CO health and safety.

## Deliberative and Pre-decisional

- U.S. Department of Justice, Office of Justice Programs, National Institute of Justice (NIJ), “Risky Business: Part 2 of 2 in a Series on Correctional Officer Wellness,” (Washington, DC: U.S. Department of Justice, April 2018), <https://nij.ojp.gov/topics/articles/officer-safety-part-2-2-series-correctional-officer-wellness>

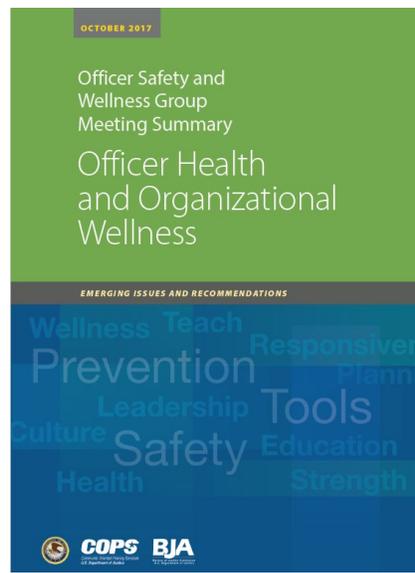
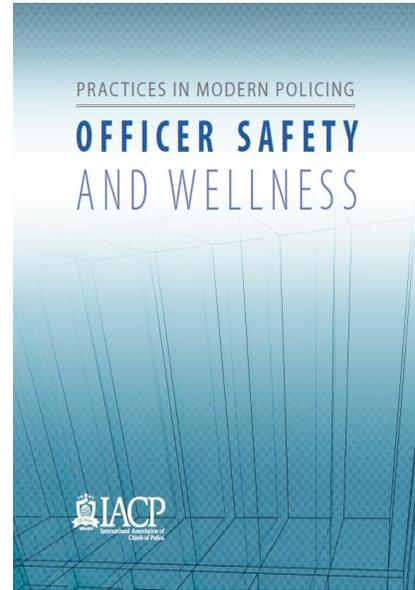
This article is the second part of a series on Correctional Officer wellness and primarily covers the perceptions of health and safety by COs, as well as identifying policies to support officer safety.

- International Association of Chiefs of Police (IACP), “Practices of Modern Policing,” *Officer Safety and Wellness* (Alexandria, VA: IACP, 2018), [https://www.theiacp.org/sites/default/files/2018-11/IACP\\_PMP\\_SafetyandWellness.pdf](https://www.theiacp.org/sites/default/files/2018-11/IACP_PMP_SafetyandWellness.pdf)

In 2016, the Office of Community Oriented Policing Services (COPS Office), in partnership with the International Association of Chiefs of Police (IACP) launched the Advancing 21st Century Policing Initiative. Their program efforts are published as part of the Practices in Modern Policing series. These reports offer guidance to the field for advancing practices and policies in specific aspects of community policing. This publication focuses on improving officer safety and wellness, featuring case studies of programs in San Antonio, Texas; Camden County, New Jersey; and Columbia, South Carolina.

- U.S. Department of Justice, Community Oriented Policing Services (COPS), “Officer Safety and Wellness Group Meeting Summary, Officer Health and Organizational Wellness,” *Emerging Issues and Recommendations* (Washington, DC: U.S. Department of Justice, October 2017), <https://cops.usdoj.gov/RIC/Publications/cops-w0860-pub.pdf>

The COPS, Officer Safety and Wellness Group (OSWG), is a collection of law enforcement leaders, researchers, doctors, and other stakeholders. In October 2017, the group met to continue exploration of methods to support emotional health and organizational wellness, focusing on the continuing incidence of officer suicides and rising number of felonious assaults.



## Deliberative and Pre-decisional

The participants also discussed emerging health and safety issues—a conversation critically informed by new information and insights from practitioners and researchers familiar with what is happening in the field today. Among the topics discussed were strategies for improving resilience to stress, the cultural changes needed to reduce the stigma often associated with mental health challenges, and the need to develop the capacity for data mining on assaults on officers. This report details their findings and recommendations.

- U.S. Department of Justice, Office of Justice Programs, National Institute of Justice (NIJ), “Safety, Health, and Wellness,” *Strategic Research Plan, 2016-2021* (Washington, DC: U.S. Department of Justice, August 2016), <https://nij.ojp.gov/topics/articles/safety-health-and-wellness-strategic-research-plan>

NIJ developed the Safety, Health, and Wellness Strategic Research Plan to describe the current and projected efforts of NIJ to promote the safety, health, and wellness of individuals affected by, or employed within, the criminal justice system. NIJ outlines the following strategic priorities in this document: (1) Strategic Priority I: Promote Research to Improve Safety within the Criminal Justice System, and (2) Strategic Priority II: Support Research of Health and Wellness of Individuals within the Criminal Justice System.

- President’s Task Force on 21st Century Policing. U.S. Department of Justice, Community Oriented Policing Services (COPS). *Final Report of the President’s Task Force on 21st Century Policing*. Washington, DC: U.S. Department of Justice, 2015), [https://cops.usdoj.gov/pdf/taskforce/taskforce\\_finalreport.pdf](https://cops.usdoj.gov/pdf/taskforce/taskforce_finalreport.pdf)

The wellness and safety of law enforcement officers is critical not only for the officers, their colleagues, and their agencies but also to public safety. Pillar six of the President’s Task Force on 21<sup>st</sup> Century Policy examines the support and proper implementation of officer wellness and safety as a multi-partner effort.

- U.S. Department of Justice, Community Oriented Policing Services (COPS), “Making it Safer,” *A Study of Law Enforcement Fatalities 2010-2016* (Washington, DC: U.S. Department of Justice, 2017), <https://cops.usdoj.gov/RIC/Publications/cops-w0858-pub.pdf>

## Deliberative and Pre-decisional

In 2015, the National Law Enforcement Officers Memorial Fund (NLEOMF) was supported by the Office of Community Oriented Policing Services (COPS), U.S. Department of Justice to study line-of-duty deaths and provide immediate and life-saving information and to improve officer safety in the future. Through that continuing agreement, the NLEOMF research team has completed additional analysis and study of 2015 and 2016 line-of-duty deaths and added the new data to the analysis completed in the “Deadly Calls and Fatal Encounters” report issued in July 2016. Although the scope of the original project was generally defined as line-of-duty deaths with an emphasis on deaths where the use of seatbelts or body armor may have played a factor, the designer of this project intentionally built-in flexibility to allow for the identification of specific trends that could possibly affect officer safety.

- Police Executive Research Forum, October 2019, “An Occupational Risk: What Every Police Agency Should Do To Prevent Suicide Among Its Officer,” <https://www.policeforum.org/assets/PreventOfficerSuicide.pdf>

### Chapter Definitions:

Law Enforcement Officer: “Throughout this report we refer to law enforcement officers, or “officers,” to be inclusive of sheriffs’ deputies, marshals, police officers, special agents, prosecutors and all other individuals who are granted responsibilities for enforcing federal, state, local, or tribal laws and generally engage in the broad range of activities classified as policing even if the word “officer” does not appear in their job title”.

From – *Adapted from:* Spence, Deborah L., Melissa Fox, Gilbert C. Moore, Sarah Estill, and Nazmia E.A. Comrie. 2019. *Law Enforcement Mental Health and Wellness Act: Report to Congress*. Washington, DC: U.S. Department of Justice.

Criminal Justice System Professionals: Criminal justice system professionals such as victim witness specialists, forensic interviewers, dispatchers, evidence collection specialists, corrections workers and other specialists, also face the perils of vicarious trauma, secondary trauma and compassion fatigue.- From: Brandy Donini-Melanson, Coordinator of the U.S. Department of Justice, Health and Wellness Working Group, Working Group members of the Law Enforcement Health and Wellness Working Group, President’s Commission on Law Enforcement and the Administration of Justice

First responder: a person (such as a police officer or an EMT) who is among those responsible for going immediately to the scene of an accident or emergency to provide assistance <https://www.merriam-webster.com/dictionary/first%20responder>

Who works in Law Enforcement: Across the United States, law enforcement agencies employ more than 800,000 workers who are employed as police and sheriff patrol officers. Individuals also working in law enforcement include: Crime Lab Personnel, Court Bailiffs, Administrative Staff. From: <https://www.cdc.gov/niosh/docs/2011-134/pdfs/2011-134.pdf?id=10.26616/NIOSH PUB2011134>

## **Deliberative and Pre-decisional**

Peer Support: “Peer support can be defined as the process of giving and receiving nonprofessional, nonclinical assistance from individuals with similar conditions or circumstances to achieve long-term recovery from psychiatric, alcohol, and/or other drug-related problems.”

From: Tracy, K., & Wallace, S. P. 2016. Benefits of peer support groups in the treatment of addiction. *Substance abuse and rehabilitation*, 7, 143–154. <https://doi.org/10.2147/SAR.S81535>.

Employee Assistance Program: “An Employee Assistance Program (EAP) is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems. EAPs address a broad and complex body of issues affecting mental and emotional well-being, such as alcohol and other substance abuse, stress, grief, family problems, and psychological disorders. EAP counselors also work in a consultative role with managers and supervisors to address employee and organizational challenges and needs. Many EAPs are active in helping organizations prevent and cope with workplace violence, trauma, and other emergency response situations.”

From – U.S. Office of Personnel Management (OPM). <https://www.opm.gov/>

Health and Wellness Definition [Includes Safety]: “The definition of health from the World Health Organization, which states that, “Health is a state of complete physical mental and social well-being and not merely the absence of disease or infirmity.” Importantly, this definition highlights the well-being of a person. Additionally, the CDC states that “well-being integrates mental health and physical health resulting in more holistic approaches to disease prevention and health promotion, which further highlights the integration of physical and mental health when considering wellness. Safety is an aspect of Health and Wellness.

From: U.S. Department of Justice. National Institute of Justice. Office of Justice Programs. Safety, Health and Wellness. Strategic Research Plan. August 2016. Version 1.0. NCJ 250153.