

HEARING ONE OFFICER SAFETY and WELLNESS

Miami, Florida
February 27, 2020

Summary

Call to Order and Welcome

Mr. Phil Keith, Chair, welcomed the attendees to the first hearing of the President's Commission on Law Enforcement and the Administration of Justice. He provided background information on the establishment of the Commission as well as the President's Executive Order charging the group to focus on critical areas impacting our law enforcement agencies, officers, and community. He informed the attendees of the January 20, 2020, Inaugural Meeting, in which Attorney General William Barr swore in the 18 Commissioners. Chair Keith also thanked several staff members who supported the organization and coordination of the hearing. He also reminded the group of Attorney General Barr's comment that no profession is more important or noble as the one of law enforcement.

**"We all need to be ok with
needing and accepting help."**

Attorney General William Barr
February 27, 2020

Opening Statements by Commissioners

Chair Keith invited the Commissioners to make opening remarks. Each Commissioner shared his or her thoughts about the Commission's role, the legacy that the Commission's recommendations will make on the future of policing, and how humbled and honored they each were to serve on the Commission. Below are additional highlighted statements from the Commissioners:

- We need to protect the people who protect us.
- State and local partnerships are important.
- We must stand with those who protect us, honor the badge, and bring the pieces of the puzzle together for officers and the communities we serve.
- Officers have said that the disrespect did not happen overnight; it occurred over time, over years.
- From the public to politicians, we need to educate people on what law enforcement does and is.
- There appears to be a slight move of the needle as it relates to the stigma attached with officers asking for help.
- We need to encourage the mentality to reach out for assistance, and it is our responsibility for providing that service and assistance.
- This Commission's mission will have lasting impact and will include ideas for law enforcement leaders to implement in their ranks.
- We need to look deep into the future. We are the ears and the voice of our men and women on the street. This is about law enforcement.
- Part of our goal is to bring light to what people and organizations are already doing that we can build on. We need to showcase the challenges and the successes.
- We need to identify what can help us move law enforcement forward.
- Officer wellness is not there. They are not taking care of themselves.
- 2020 Policing needs to change.
- Officers are great at taking care of citizens but not themselves.

- Officers need more resources.
- Officers' jobs have grown more difficult in the last few decades. There are more stressors and scrutiny. How can we expect them to take care of others if they are not taken care of?
- How do we better support law enforcement? How do we respond to the way society has changed, such as with technology?
- Our children are at more risk because their worlds are so much bigger.
- We do not need perfection to be the enemy of good. We are not looking for perfect, we are looking for better.
- With mass casualties and shootings, officers are seeing horrific scenes, causing more pressure and stress. These incidents affect our workforce.

Chair Keith thanked the Commissioners for their thoughtful words and insight. He turned the group's attention to the format for the day, which included four panels of witnesses.

WITNESS TESTIMONIES

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. Each panelist's testimony and/or recommendations are highlighted below (*see full testimonies for additional information and references, as appropriate*). Biographies of each panelist also were provided to the Commissioners.

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.

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.

Panel One—Framing the Issue

Testimony by William Gross, Commissioner, Boston, Massachusetts, Police Department
Co-Chair, Police Officer Health Working Group

Highlights:

- Nothing is more important than the well-being of our men and women. They are the backbone of our department.
- It has never been easy to be a police officer in America, but it is especially difficult now. The anti-police sentiment and lack of trust in law enforcement in some communities impacts all of us. It is harmful, and it is dangerous.
- We are guardians; our job is to keep people safe. We need to make sure we are also keeping ourselves safe—physically, mentally, and emotionally.
- The work takes a tremendous toll. The impact of events in isolation as well as the compounding effect over time to officers' physical and mental well-being are well documented—post-traumatic stress disorder (PTSD), vicarious traumatization, secondary traumatic stress, high rates of heart disease, diabetes, substance abuse, and more. The suicide rate of police officers continues to climb.

- Essential elements for officer safety and wellness include:
 - A culture that destigmatizes people who need help
 - Strong peer support and employee assistance programs
 - Training, equipment, and policies that emphasize officer safety
 - Relationships, trust, and respect between law enforcement and their communities
 - A strong capacity of resiliency
 - Being proactive and not reactionary

*Testimony by Corey Nooner, Oklahoma City, Oklahoma, Police Department
Co-Chair, Police Officer Health Working Group
Representing the Oklahoma Fraternal Order of Police*

Highlights:

- Crisis Intervention Team (CIT) training helps officers understand mental illness and evaluate individuals to determine whether they need forced hospitalization. CIT training gives officers more confidence to help the people they encounter on patrol.
- According to the National Alliance on Mental Illness, **one in five adults** will be affected by mental illness each year. Stigma is powerful and must be destroyed.
- Some departments still respond punitively to officers asking for help. Many agencies fail to educate officers on the healthy ways to deal with the emotions they experience. This leads to officers failing to address these mental health needs, often resulting in depression and/or suicide.
- Mental health needs to be a priority for our nation. This issue is tied to incarceration rates, domestic violence, and childhood trauma.
- Our officers are suffering—we need to speak loudly and regularly on the issues and help ease the burden of law enforcement and their families.
- Training should be commonplace; just like firearms training, officers need it every day.
- Officers need to feel confident that they will be supported if they need help.

More officers die by suicide than are killed in the line of duty.

The rate of suicide among officers is 54 percent greater than other individuals in our society.

Testimony by Patrick Yoes, National President, Fraternal Order of Police

Highlights:

- In 2015, the Office of Community Oriented Policing Services (COPS Office) issued a report on the first serious study of ambush attacks on law enforcement entitled *Ambushes of Police: Environment, Incident Dynamics, and the Aftermath of Surprise Attacks Against Law Enforcement*.
- **The study made the following recommendations:**
 - The U.S. Department of Justice (DOJ) should clearly define what constitutes an ambush attack and collect data on these incidents.
 - More research is needed into the causes of violence against law enforcement.
 - Systematic critical incident reviews should institutionalize through the profession of law enforcement.
 - Reality-based trainings are the best way to prepare officers to survive an ambush attack.

- DOJ, working with law enforcement agencies, policy, and research institutions, should commit resources to develop training and tactics to assist officers in preparing for and surviving ambush attacks.
- The Fraternal Order of Police (FOP) started tracking data on these incidents in 2015. The COPS Office, under the National Blue Alert Program, began tracking data in 2018.
- H.R. 1325, the “Protect and Serve Act,” would make it a federal offense to target a law enforcement officer with violence in certain, limited circumstances. **The Commission was urged to review this legislation and consider making its adoption one of its recommendations** (<https://www.congress.gov/bill/116th-congress/house-bill/1325>).

Testimony by Alexa James, Executive Director, National Alliance on Mental Illness (NAMI)–Chicago

Highlights:

- Police officers have become the safety net for mental health services and transport as years of disinvestment have eroded the community mental health system.
- The strain on the crisis system is not sustainable and is not the job for law enforcement.
- Our original partnership with our local police departments and county sheriffs focused on training, specifically CIT.
- **The following recommendations were offered:**
 - Law enforcement agencies must review pre-service activities related to mental wellness and ensure robust pre-service programs for all officers.
 - Law enforcement agencies must develop policies for on-the-job supports related to mental wellness, including developing needed programs and providing training to support implementation.
 - Systemic change is needed within law enforcement agencies to normalize mental health conditions and the experience among officers. This requires cultural change at all levels of agencies and relies on specific strategies to address systemic issues.

Each of these recommendations was further explained in the written testimony.

Testimony by Fred Farris, Chief of Police, Goddard, Kansas, Police Department

Highlights:

- *Left of Bang*, written by Patrick Van Horne and Jason A. Riley, chronicles the work in 2007 by the U.S. Marine Corps War-Fighting Lab to change the thought process and approach to dangerous situations prior to an attack, or “the bang.” It focused on trusting instinct, experience, and senses to make sound decisions or actions “pre-bang” or, more simply, proactively. The book became a guide for combat soldiers, police officers, and even civilians in managing crisis from a position of strength, “pre-bang,” instead of from a purely reactionary position, or “right of bang.” We now can examine what our “bang” is and how to deal with it proactively.
- Stress and sleep patterns are often directly tied to use-of-force complaints, accident data, and job performance. Financial insecurity often leads to marriage stress that can affect attitude and performance at work, poor decision making, lead to criminal behavior, and even depression. Imbalance in one’s personal life can lead to ethical issues that may cross between on and off the job. Many, if not all, of these issues can be addressed “left of bang.”

- Programs that help include mandatory annual mental health “check-ups,” financial planning with employees and their spouses, pro-bono legal assistance, physical fitness and wellness policies, chaplaincy programs, and others.

In 2019, **228** police officers committed suicide. During the same year, **134** officers were killed in the line of duty.

Testimony by Chief Steve Casstevens, President, International Association of Chiefs of Police (IACP)

Highlights:

- The National Consortium on Preventing Law Enforcement Suicide, a group of multidisciplinary experts with the common goal of preventing law enforcement suicide, has worked to identify important themes requiring national attention when it comes to suicide prevention in law enforcement: data and research, messaging, peer support, family support, and organization and systems change.
- Legislation has been introduced in the U.S. Senate and U.S. House of Representatives—the Law Enforcement Suicide Data Collection Act (S. 2746/H.R. 3735)—that requires the collection of data by the federal government; these bills fall short of the data collection points needed. The IACP has encouraged the bills’ cosponsors to expand the list of data points being collected to match the variables identified by consortium.
- Another element of suicide prevention includes conducting psychological autopsies following an officer suicide. Performing psychological autopsies can lead to findings that positively impact law enforcement suicide prevention efforts, policies, and programs.
- Officers value access to peer support, and such programs are integral to officer well-being.
- The IACP has spent the last two years developing and delivering an evidence-based Law Enforcement Resilience Training Program, which helps officers cope with the unique stressors.
- The IACP has developed infographics on officer nutrition and healthy sleep habits, as well as a considerations guide to help agencies start physical fitness programs.
- The IACP has developed a guide, “How to Start a Law Enforcement Family Support Group,” as well as a customizable “Employee and Family Wellness Guide,” and is kicking off its Family Support Training and Technical Assistance Program.
- The IACP also leverages technology to connect agencies with one another through its Officer Safety and Wellness Online Community of Practice.
- The IACP is hosting the Officer Safety and Wellness Symposium, occurring simultaneously to the Commission meeting.

Panel One—Question-and-Answer Period

Q: Have you come across any states that have passed laws that would protect the communications of designated peer support groups? Unless there are protections in place, it will continue to be a barrier to those peer support groups.

A: In Oklahoma (and in some other states), there are laws. In other states, there may not be a law, but counselor sessions have been protected from subpoena.

Q: What is being done/could be done, especially in small rural communities, regarding collocating mental health professionals?

A: In Chicago, this approach is less emphasized. There is no standard level of training in co-response. Lines grow blurry. There are creative ways to integrate professions. The administrative part of dealing with mental health is time-consuming. In yesterday's working group meeting, the attendees discussed small agencies. Most have a disaster plan in place, and they include going to larger agencies to see what resources/support they have. When they have a critical moment, they should have a plan, and in developing that plan, they learn about resources that are available. Champlain programs also work.

Q: How do we change the culture first? We have a huge document for discipline, but where is the mental health pamphlet found?

A: It must start at the top and work its way down. Leadership must show that they have the capacity to bring in other people from other professions and to look at the situation through a different lens. If leadership does not buy in, they should not be in the leadership. It has to be a saturation and a clear message—this is a priority.

More than **18,000** police agencies are in the United States.

Most agencies are very small.

49.5 percent of local agencies employ **less than 10 full-time** sworn officers.

88.3 percent of local agencies employ **less than 100 full-time** sworn officers.

Q: What is the ability for NAMI to personalize training/support for an agency, its culture, and its city?

A: NAMI conducts consulting throughout the country and can provide support. It is recommended as well to partner with a local organization in the community to ensure long-term relationships and ongoing support. There must be fluency and the ability to be able to speak to police—we have alienated police by bringing in speakers who talk *at* them.

Q: Are there discussions about accreditation for EAP, other programs, etc., to ensure best practices?

A: We have no quality assurance. We do not know if they are doing a good job. Not everyone can handle what we are going to talk about. Suggestions include leveraging CIT training and using mental health awareness training.

Panel Two—Experts

Testimony by Scott Coyne, M.D., Medical Director, Suffolk County, New York, Police Department

Highlights:

- Law enforcement may be the only resource to provide initial lifesaving medical care to victims in mass casualty situations.
- Law enforcement needs every possible tool for its protection and to provide immediate self-care or partner care.
- Hemorrhage was and continues to be the primary cause of preventable death in ballistic trauma victims.

- There is no alternative or substitute for this emergency medical care by law enforcement, which requires ongoing training for proficiency. Critical training can be accomplished in four to six hours, and the equipment is relatively inexpensive.
- Our police officers have administered Narcan to nearly 1,400 victims of opiate overdose, with a 98 percent success rate.
- The Medical Crisis Action Team is composed of police officers with paramedic or Emergency Medical Technician-Critical Care Advanced Life Support certifications.

Testimony by William King, Professor, Boise State University

Highlights:

- Prior scientific studies of police officers have established the health and wellness problems caused by high stress and burnout, including decreased job performance, metabolic syndrome, suicidal thoughts and behaviors, and depression, among others.
- Law enforcement leaderships also cope with stress, burnout, turnover, and low job satisfaction and often work in isolation, without the support or counsel of other employees—a situation that exacerbates their stress and burnout. The well-being of chiefs is often left to chance.
- The implementation of any solution depends on the buy-in of the chief. The effective solution involves first targeting chiefs with health and wellness interventions. If we can show chiefs that the intervention improved their health and well-being, they are more likely to advocate for the intervention with their employees and let it diffuse through their agencies. Helping chiefs is important, but they also serve as the key to implementing interventions at the agency level.
- Numerous techniques exist to decrease stress in police employees, including, spot checking and scanning, positive self-talk, deep breathing, anchoring, cognitive rehearsal and desensitization, progressive muscle relaxation, meditation, imagery and biofeedback, goal setting, stress debriefing, time management, financial planning, visual-motor behavior rehearsal (VMBR), critical incident stress management (CISM), physical fitness, progressive relaxation, biofeedback, social support, eye movement desensitization and reprocessing (EMDR), yoga, writing and journaling, mindfulness, body scanning, and nutrition.

Testimony by Alexander Eastman, M.D., Dallas, Texas, Police Department

Highlights:

- Hemorrhage-control programs in law enforcement agencies have become commonplace.
- The Dallas Police Department (DPD) has had a comprehensive, department-wide hemorrhage control program since 2013.
- The DPD's Downed Officer Kit program issues each member of the department, both sworn and civilian, a kit containing a SOFT-W tourniquet, an Olaes modular bandage, and a roll of Quikclot Combat Gauze, a hemostatic agent. (Reach out to the DPD for information on how to get started.)
- Stop the Bleed has become commonplace in communities. To date, nearly 75,000 instructors have trained more than 1.4 million people in the same hemorrhage-control techniques taught to our nation's law enforcement officers.
- There has been considerable progress in revising the Law Enforcement Officers Killed and Assaulted (LEOKA) data set; however, it still lacks the granular medical information that would be required to study this topic in appropriate detail. We must find a way to capture comprehensive injury-based data for our members at the national level.

- **Recommendations:**

- Ensure that hemorrhage-control training and the provision of hemorrhage-control equipment is required at every U.S. law enforcement agency.
- Encourage law enforcement agencies to partner with community health care and first-responder organizations to expand Stop the Bleed training nationally.
- Implement a national, comprehensive database for law enforcement officer injuries and treatment.
- Ensure that every law enforcement agency nationwide has a robust peer support program focused on countering the psychological effects of repeated exposures to critical incidents.

Panel Two—Question-and-Answer Period

Q: With the use of Narcan and law enforcement officers having to revive people over and over, what is the toll? We are reporting less overdose deaths, but what is the toll?

A: It does take a toll. An officer revived the same person four times; the fifth time did not work. Another example pertains to an officer who saved a girl twice and she did rehab. There are all types of situations.

There is Emergency Medical Service fatigue and stress, even for ambulance and emergency response teams; it is stressful when you arrive and someone is not breathing. It takes a lot of emotional energy.

We track what/where this is happening and target those areas but also try to get people into therapy, not just jail; they need programs. Effort is made to contact the people who have overdosed so they get care. When we respond to a situation and give Narcan—that is an “F” for the event—we must stop it.

The Ugly Truth Program is very popular and consists of a two-hour presentation: what do opioids look like, where do they come from, what happens, etc.

Q: Has there been a proposal submitted regarding LEOKA?

A: Yes, there has been a proposal submitted. We have tried to add items that we think will help. The legal issues regarding collection are well-covered—it is mostly a performance improvement project. LEOKA is a big ship that is hard to turn; the process for moving is not fast enough to get the answers we need today.

Additional Comments: For LEOKA to be successful, you need built-in wellness response, emotion well-being, peer support programs, stress management debriefing programs, first aid programs, and others.

Q: How many response kits have been distributed?

A: Based on Major Cities Chiefs Association members polled, four years ago it was about 50 percent; now it is about 70 to 75 percent. It is not a question of if—it is a matter of when.

Q: How do officers carry the Narcan?

A: They are carried in the automated external defibrillator (AED) kit, in the back seat. Narcan is temperature-sensitive. The Narcan dose is a two-ounce syringe. If an officer is going to someone who is not breathing, he or she will need the AED. All administrations are tracked.

Additional comments: There appears to be misinformation on how Narcan is supposed to be carried. It is better to keep it in the car than on the person.

Q: How are the programs being funded?

A: Every state is different. Our Narcan comes from our state department of health for free; then it is distributed as much as possible. It is not very expensive. And it can be obtained with or sometimes without a prescription.

Pertaining to funding for the AEDs, there are some fire department-related grants available, but grants appear limited for law enforcement. Many pay for it out of their allocated funding.

Q: Explain the dangers of fentanyl for our officers.

A: There is a perceived risk of the impact of fentanyl on law enforcement which far outweighs the number of times this has happened. There is not a single case confirmed of an opioid overdose in law enforcement. We need to make sure we accurately depict the risk to our law enforcement. We train specialists (entry/narcotics/crime scene) and take care of our canines (where they walk/sniff); they have Narcan for their partners. Fentanyl is used every day in hospitals, transported legally and illegally; if it were that bad, there would be numerous incidents.

Q: What is the process/ability to track Narcan results? Is it scalable, national, regional?

A: It is state- and local-based, not interstate- or nationally based. Data is shared with the state. Officers fill out a form, which is not shared, but the incident and all those demographics are shared.

There is also work underway with the Overdose Detection Mapping Application (ODMAP) and the Response Overdose Program at the U.S. Department of Homeland Security. Both would have a nationwide data responding capability. We do not have a scalable data nationwide solution now.

Panel Three—Promising Practices

Testimony of Nicole Juday, Officer, Indianapolis, Indiana, Police Department Police Wellness Program

Highlights:

- The Indianapolis Metropolitan Police Department (IMPD) Office of Professional Development and Wellness (OPDW) is recognized as being one of the model wellness units in the country.
- House Enrolled Act 1122 allows officers trained in CISM, and operating in the capacity of peer support, the freedom from civil, criminal, and or administrative subpoenas or hearings.

- In 2019, 70 percent of the officers that the OPDW worked with voluntarily asked for help or were referred by a peer.
- Referral resources need to be diverse and holistic; what is effective for one officer may not be effective for another. The OPDW aligns resources with the five main areas where officers frequently fail: addictive issues, mental health, physical health, personality disorders, and interpersonal relationships.
- The OPDW has two main responsibilities: officer development and crisis response.
- The goal is that by encouraging communication early in an officer's career, it will normalize the long-term sustainability of the officer talking about his or her stress.
- Another component to the IMPD OPDW is crisis response.
- The Wounded Guardian Program exists to recognize those officers who are ill or injured and have become separated from the agency due to medical leave and assist them in fulfilling needs that have occurred as a result of their illness/injuries.
- The IMPD offered training on law enforcement wellness in 18 different cities across the United States. Approximately 700 officers from 150 agencies participated in the trainings.
- Results from a grant-associated, self-report, confidential survey furthered the necessity for officer wellness programs nationwide:
 - Of the individuals surveyed, 22 percent of officers had contemplated suicide, 75 percent had experienced what they viewed as overwhelming stress, and 44 percent had dealt with post-traumatic stress.

Testimony of Sherri Martin, Director, Law Enforcement Mental Health and Wellness, Fraternal Order of Police

Highlights:

- In late 2018, the FOP, in partnership with NBC New York, conducted a nationwide survey of active and retired law enforcement officers on the topic of mental and behavioral health.
- More than 8,000 responses were received that revealed critical insights and information:
 - A significant number of respondents have faced times of critical stress during their law enforcement careers, and they believe that these crises have led to unresolved emotional or mental health issues.
 - Respondents reported sleep problems (65 percent), family and relationship problems (52 percent), increased irritability and anger (62 percent), and a change in the way that they view the job and the future (59 percent).
 - Despite this prevalence of personal difficulties, officers are not discussing them openly or seeking help with them because more than **90 percent feel that there is a stigma in the law enforcement profession** that prevents them from doing so.
 - Eighty-five percent report a concern about being seen as weak or unfit for duty and 76 percent report concerns about putting their job at risk, should they admit struggling with issues and seek out help.
 - Research indicates that far greater education is needed to increase the level of wellness of our nation's police officers. Although most officers are aware of resources within their agencies and are provided training and information regarding their availability, the majority of officers have not used employer-provided services and indicate a belief that those services lack effectiveness.
 - Approximately one-third of respondents indicated that they had sought professional mental health counseling outside of their employer.

- Three out of four respondents to our survey indicated that they prefer trained peer support as an intervention in times of crisis.
- More than 90 percent of our survey respondents indicated a belief that greater awareness will lead to improved services; 96 percent of respondents indicated a belief that there is a lack of awareness among the public about the effects that critical stress has on law enforcement.
- The FOP has supported and is working on several efforts, including the following:
 - The FOP Officer Wellness Committee held its first National Wellness Summit, which will become an annual event.
 - Establishment of a nationwide directory of culturally competent mental health and wellness providers, programs, and services for law enforcement.
 - The Power in Peers curriculum is expected to become certified, nationally available training in the future. Through delivery of this training, the National FOP will generate a nationwide network of trained law enforcement peer supporters.
 - A report of the FOP's landmark Survey of Law Enforcement Behavioral and Mental Health can be found on its website at www.fop.net.

Panel Three—Question-and-Answer Period

Q: We do an extensive overview of physical health in pre-employment. Is there anything in the works to create a robust mental health review? Is that being done anywhere?

A: No. There is still a lot to learn. Is there a way to tell if someone is going to be more impacted? His or her background could reveal information. Some people enter the law enforcement profession because they were victims in their past. There are also issues with safeguarding individuals' rights. Nonetheless, what we are doing in the pre-employment screening now does not help us with assessing mental health.

Additional comments: Culture shifts do not happen if it does not start at the top. In Attorney General Barr's remarks earlier in the day, he talked about an incident that he experienced where he recognized the need and accepted help. Change, like shown in this example, comes from leadership. We need to identify the next steps and the best ways to implement the next steps.

Q: In the FOP Summit, will results and information from that event going to be available? What will/is the summit going to consist of?

A: "Healthy hire, healthy retire" was the theme of the FOP Summit. The goal is to hire healthy individuals to begin with. The summit included education on starting healthy by being resilient, then retiring healthy. There were seminars about wellness, including financial, families, and several takeaways that agencies could use to plant the seed. The FOP is going to develop the programming and be the cutting edge of what is being asked for in the community.

Q: Retirees are still dealing with issues they did not deal with in their career. How did you include retirees in your survey/results?

A: The survey was distributed across the country to active and retired sworn law enforcement. Initially, there were several questions on whether retirees were included. The messaging was repackaged so retirees would understand it was for them. They were asked to think about the questions from when they were working. Retirees comprised approximately 20 percent of the respondents.

Panel Four—Support

Testimony by Karen Solomon, President, Blue H.E.L.P.

Highlights:

- Before and after a suicide, officers and their families battle stigma, uncertainty, and a fractured support system. The **four things** that are most lacking in law enforcement currently are a national database of law enforcement suicide, like LEOKA; a central, vetted repository of support; a united, open dialogue about suicide; and support for the families in the aftermath.
- Recommendation One of the 2019 Law Enforcement Mental Health and Wellness Act is “Support the creation of a public service campaign around law enforcement officer mental health and wellness in conjunction with National Mental Health Month.”
- Consideration Eight of *Practices in Modern Policing: Officer Safety and Wellness* is “Document, celebrate, and publicize successes.”
- The IACP also recommends that we “address mental health awareness at National Police Week every May as a way to show unity on the issue.”
- The members of the 2018 Officer Safety and Wellness Group noted the lack of leadership surrounding this issue: “According to participants, lack of leadership around mental health wellness is perpetuating a culture of silence around mental health issues.”
- In addition to refusing to acknowledge the families at police week, or offer them any sort of organized support, we also fail them immediately following a death. There is no formal protocol for the funeral, initial support, or explanation of benefits (or lack thereof).
- Families need somewhere to turn; Blue H.E.L.P. offers care packages, funeral assistance, scholarships, and now, thanks to the Motorola Foundation, retreats for children who lost an officer to suicide.
- A common statement made by families after a loss is, “I didn’t know where to get help and I didn’t want him to lose his job.”
- The National Law Enforcement Officers Memorial Destination Zero awards is an excellent resource for a department looking to speak to someone who has a successful program in place.
- The solutions are already identified; what is missing is collaboration, visibility, and action.

Testimony by Janice McCarthy, President, Care of Police Suicide Survivors

Highlights:

- Change must come from the top down:
 - **Recommendation:** Institute a Mental Health Awareness Campaign in which law enforcement leaders share their struggles with mental wellness and the value they found in treatment. This would help eradicate stigma and illustrate the importance and effectiveness of seeking treatment.
- In Massachusetts, the only training that officers receive on maintaining their mental health is a two-hour block in the Academy. House Bill 2140 would mandate law enforcement wellness training right along with the de-escalation and defensive tactics training. It is imperative that officers know that we value their emotional health as much as their physical health.
 - **Recommendation:** Until administrators and unions “buy in” on prioritizing officers’ mental wellness, we must partner with legislators to enact legislation mandating emotional wellness training.

- The experiences of widows of law enforcement suicide have been shameful. Many widows report that their health insurance was terminated the day the officer died.
 - **Recommendation:** Create uniform policies on death notifications, funeral protocols, pension assistance, counseling assistance, and health insurance issues. Assign a liaison to assist survivors.
- The exclusion of suicide survivors in programs such as Concerns of Police Survivors perpetuates the stigma and loss these families already feel and tarnishes the memory of good officers.
 - **Recommendation:** Include law enforcement suicide survivors in programs and services.
- Shame on us if we allow this to continue.
 - **Recommendation:** Listen and enact change.

First responders are **five times** more likely to experience PTSD and depression than civilians.

Testimony by Stephanie Samuels, Founder, COPLINE

Highlights:

- The Los Angeles, California, Suicide Prevention Center (LASPC) has operated a 24/7 hotline since 1963. Its best practices have withstood the test of time. Between 1963 and 2019, the LASPC fielded more than 7,350,000 calls, of which it has had only two documented suicides.
- The Los Angeles Police Department has partnered with COPLINE and its mission since its first training session of retired police officer peer listeners in 2017.
- Confidentiality must be assured, so no connection to the government or an agency with a non-rescue component is essential.
- COPLINE is an international hotline answered by retired officers from across North America, thus ensuring a greater degree of anonymity.
- Even if therapists treat trauma and PTSD as part of their practice, this does not give them the cultural competency essential to treat officers effectively. Officers are reluctant to seek help, and if they do seek help and the wrong help is provided, they are unlikely to try again.
- The primary barriers are a law enforcement culture that emphasizes strength and control, perceptions and distrust of mental health providers, the stigma associated with seeking help, general concerns about loss of privacy that may adversely affect their careers, and embarrassment or shame.
- Another barrier to treatment is the worker's compensation system.
- We lose more officers after a critical incident from departmental insensitivity and lack of appropriate psychological care than by the incident itself.
- A 24/7 confidential hotline, such as COPLINE, is essential.
- The second key requirement is to identify culturally sensitive therapists and allow them to treat officers under "best practices" for this population, ensuring confidentiality of officers in treatment. When an officer is injured, psychologically or physically, he or she must be able to receive competent and appropriate care. This approach allows the greatest chance of success in returning the officer to his or her pre-incident functioning level and achieving long-term resiliency.

Testimony by Cherie Castellano, Program Director, Cop2Cop

Highlights:

- In 1999, the state of New Jersey passed the "Crisis Intervention for Law Enforcement" Act, the first and only one of its kind funded through forfeiture dollars annually to serve more than 40,000 law enforcement officers and their families throughout the state.

- The Reciprocal Peer Support model developed for Cop2Cop has led to the development of ten additional peer support programs at our National Call Center for other high-risk populations. This model has also been identified as a national best practice.
- The focus is on the **eight dimensions** of wellness adopted by the Substance Abuse and Mental Health Services Administration (SAMSHA)—social, environmental, intellectual, spiritual, occupational, physical, emotional, financial—to ensure a whole-person approach. Based on more than 87,000 contacts at Cop2Cop, the **top ten problems** officers experience are depression, PTSD, anxiety, other (such as work stress), marital/couples issues, substance abuse, legal problems, suicidal ideations, medical/somatic complaints, and family issues/parenting.
- The New Jersey Attorney General created a directive to establish a Resiliency Program Officer Initiative for 800-plus resiliency program officers to be trained to offer coaching and be available in every law enforcement agency in the state serving alongside officers in need.
- **Three primary recommendations:**
 - The need to establish a national Cop2Cop peer support program.
 - Most significant about this recommendation is that the Law Enforcement Mental Health and Wellness Act Report to Congress in 2019 addressed the issue of officer wellness based on a current best practice review with **22 recommendations**. The establishment of a national Cop2Cop program will meet 14 of those 22 recommendations.
 - The need to establish a Law Enforcement Employee Assistance Provider (EAP) and Law Enforcement Community Provider certification and training capacity.
 - The need to replicate the New Jersey Resiliency Program for Officers nationwide.

Each of these recommendations was further explored in the written testimony.

Testimony by Dianne Bernard, Executive Director, Concerns of Police Survivors (C.O.P.S.)

Highlights:

- According to C.O.P.S. records, in 2019, of those honored at Police Week, felonious death comprised only 32 percent of those honored. The deaths of 68 percent of the officers were caused by other means. The most common of these other means included car crashes, heart attacks, and cancer deaths related to the response to the 9/11 terrorist attacks.
- There is a need to educate officers on speed and distracted driving, for enacting “move over” laws in states in which they do not already exist, and aggressive marketing and enforcement of laws that are in existence. As an example, in 2019, in the state of Illinois, 27 Illinois State Troopers were struck roadside, as a result of an uninvolved motorist failing to “move over.”
- Hold “Traumas of Law Enforcement” trainings regionally each year, host a National Conference on Law Enforcement Wellness and Trauma, offer scholarships to spouses and children of fallen officers, and pay out-of-pocket expenses for counseling for children.
- In 2018, 18 officers died as the result of a heart attack. The life expectancy of a police officer is 22 years less than the general population. The average age of an officer suffering a heart attack for the first time is 49, while the average age of the general public suffering the same event is 65. The chance of dying from a heart attack between ages 55 and 59 is 1.6 percent for a civilian but is a shocking 56 percent for a police officer.
- Perhaps the most significant factor is a stress pattern unique to law enforcement—working sedentary most of the time paired with sudden adrenaline streaks. With proper testing, diagnosis, and treatment, many heart attacks in law enforcement could be prevented.

- The Commission was encouraged to consider addressing law enforcement deaths by **rhabdomyolysis**. Rhabdomyolysis is a medical condition in which, after acute stress and strain, the body temperature rises, skeletal muscle tissue breaks down, and toxins are released into the blood, ultimately resulting in multiple organ failure. Nearly every year, an officer is injured or dies after physically asserting himself or herself during an extreme training exercise or physical testing process. What is in common in each of these cases is that the family did not receive federal Public Safety Officers' Benefits (PSOB), since the officer's condition did not qualify as an "injury" in the PSOB law and regulations.
 - **Consider making sure that agencies are well trained in the signs and symptoms of rhabdomyolysis.**
 - **Request the assistance of this important Commission in changing the PSOB rules and regulations.**
- Officers, when given a safe environment with someone who can relate to what they are going through and they know their jobs are not on the line, will talk. Peer support programs and professional therapy through culturally competent law enforcement counselors work.
- Mental health check-ins should be preventative in nature and proactive instead of reactionary.
- The challenge is figuring out how to provide an environment viewed as *safe* by the officers.
- The C.O.P.S. National Board decided to assist in the creation of a totally separate suicide support organization. This new organization's missions will be to provide peer support for families and coworkers of officers who commit suicide.

Panel Four—Question-and-Answer Period

Q: How do you deal with the impact to the families while balancing all the other responsibilities?

A: It is complicated. There needs to be a balance of the internal hurt for the agency and for the family. Realize that the family had nothing to do with what the officer did. It is the family that needs the support.

Q: We need to go to the behavioral health side of this effort. Just because someone is a trauma informed provider does not necessarily translate to someone being able to effectively support officers or their families. When we look at funding and programming moving forward, what is the approach and how would training be developed, used, etc.?

A: We need to think outside the box. Traditional settings do not always work; take them out to lunch, back facing the door—can they focus? Use train-the-trainers around the country. Peer support is the way for officers to begin talking; then they agree to go to treatment. They need to be seen immediately by the right person without fear of someone getting hold of notes for any reason—understanding what they need. When officers are in treatment, they do not die from suicide.

Removing barriers is going to be essential. Worker's compensation, provider agreements, insurance, and privacy issues must be addressed. Concerns and implications such as removing an officer's firearm, vetting rehab centers, alcohol issues, officer use of opioids, and many other issues, which are multilayered, are challenges to address. The answers should be in the best interest of the officers.

Additional comments:

- Peer support works for people who are going through something similar.
- Line-of-duty deaths, physical challenges, and psychological damage happens, and it is no different than other diseases. There is not a line to be drawn.
- The information presented is great groundwork to make some clear recommendations.
- The culture must change, and the way we think about how we approach these things in the future must change.

Closing Comments

Chair Keith thanked the Commissioners, the witnesses, and the other attendees for their time and support. The Commission meeting was adjourned.