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Chuck Remsberg
Editor-in-Chief

Pausing a moment.

On the 10th anniversary of the terrorist attacks of September 11, 2001 we stand with the millions worldwide who pause not only to remember the horror of that day and the pain of shocking loss, but to salute those who, even in the face of tremendous risk, selflessly committed themselves to helping the helpless and to those who immediately stepped forward in defense of our country. In the midst of chaos they stood as an inspiration to us all. A decade later, we have not forgotten. We never will.

In-box: Readers speak up about ER docs and suspected police abuse

Reactions to Transmission #184, about whether emergency room doctors should report their suspicions of excessive force to Internal Affairs investigators, began flooding into our in-box almost immediately after it was sent 8/13/11.

The concept of docs becoming "brutality" whistleblowers obviously touched a nerve with those who deal first-hand with dynamic force events, as this representative sampling of our readers' sentiments testifies. Comments have been edited for brevity and clarity and, of course, reflect the writers' sentiments only, not necessarily those of their agencies.

Thanks to all who wrote!

Flawed study, absurb conclusion
This concept is absurd! The study cited [a survey of ER physicians in which a significant majority believed they had treated cases of police brutality] is flawed, undertaken by authors who have no concept of field operations involving law enforcement. The questions appeared to elicit a positive response regardless of the situation. They even used the wrong term to describe force calling it "use of force or excessive use of force," when the correct terminology is "response to resistance."

This issue was discussed recently by ER physicians attending an education event teaching tactical medicine. The attendees and instructors found that determining wrongdoing would be at best a subjective guess, and a waste of their time. Perhaps the authors' time might have been better spent examining the uptick in attacks on police.

Chief Jim Smith
Cottonwood (AL) PD
39-year paramedic and Coauthor, Tactical Medicine Essentials

"Anti-police ER personnel"
I have experience with some anti-police ER personnel who automatically think the bad guy is a "victim" when I take one to be treated for injuries he received while resisting arrest, fleeing from the police, etc.

They often want bad guys uncuffed while being treated because they have not seen him fight and have no idea how much work it was or how many cops it took to get him in cuffs in the first place. Those same people don't stop to ask what the bad guy had done to bring it on himself or how he hurt others. We don't need to have those same people deciding what they think is police brutality.

They would likely try to err on the side of caution, reporting more than what they really suspected to be excessive just as they do with cases of suspected child abuse. Our supervisors and internal affairs investigators would be swamped with unnecessary work.

Cpl. Colleen Taylor
Santa Ana (CA) PD

Example of an officer wronged
In a case I was involved in, an officer was charged with assault causing bodily harm following a use-of-force event after a physician stated the officer used excessive force, which resulted in a compound fracture of a subject's upper arm. The Crown relied heavily upon the doctors "opinion" as to the inappropriateness of the force in deciding to charge the officer.

After the officer was charged, the defense asked for a use-of-force investigation which I conducted. After examining the evidence it was irrefutable that the offender was attempting to wrestle free from the officer's armbar when she lost her balance and began to fall, the rotational force of the fall breaking her arm in the process.

The officer was acquitted and the judge admonished the Crown for bringing charges that should not have been laid.

A proper use-of-force investigation of even the most basic incident typically requires over 60 hours to interview witnesses and other officers, examine the scene and forensic evidence, review video and audio, examine dispatch chronologies, etc.--and in respect of all these factors, to examine the evidence in light of the dangerous, rapidly unfolding, and unpredictable circumstances in which the incident unfolded. Underpinning all of this must be a thorough understanding of case law and agency policy.

A physician who believes he can determine whether force was reasonable by looking at an injury in the calmness of the ER is laughable.

Chris Butler, acting duty inspector
Force Science Analyst
Real Time Operations Centre
Calgary (Alberta) Police Service

The case for reporting
As a former LEO and a consultant to the FBI Critical Incident Response Group, I have seen my share of abuse-of-force cases. While ER physicians may not have the expertise for evaluating the appropriateness of force, I believe every suspect who must be treated for injuries suffered during an arrest should be reported and investigated by the internal affairs department of the agency. Many agencies I've worked with have this policy.

The problem lies with small municipal or county agencies who have poorly trained, underpaid, and under-motivated officers who injure suspects by use of unwarranted force, which I have seen both as an officer and a paramedic. The bulk of these agencies do not have a dedicated IA officer or department. With no internal auditing, there is no containment or corrective actions required for continuous improvement.

ER physicians should be required to report any arrest-related injuries to a state agency such as the Attorney General, District Attorney, or other investigatory or judicial agency. This would trigger an external investigation into the circumstances and increase the public's trust.

Dave Hollaway
Aerospace Safety Analyst
Forensic Aerospace Associates
Houston, TX

Anti-force orientation
Having worked as an officer in a hospital setting, I can say that many medical personnel view ANY use of force by LE as inappropriate.

Jeffery Hamilton
DHS/ICE Office of Investigations
San Antonio, TX

Pertinent question
If someone believes they are the victim of excessive force, there are many, many options available to them to have it properly investigated by a qualified professional who understands the relevant legal standards and the different psychological and physical effects of an incident.

If doctors are allowed to make subjective, non-factual determinations that a patient has been subjected to excessive force by police, based on injuries the patient presents in the ER, my first question of the doctors would be, "Have you heard of *Graham v. Connor*?"

Atty. Anthony Polse
Force Science Analyst
Elk Grove Village, IL

What's "suspicious"?
What determines excessive force are the circumstances the officer faced, the officer's actions based on reasonableness, and the department's use-of-force policy, which encompasses state and federal law/precedent. Most MDs know nothing about any of this.

A broken orbital, a laceration to the head, and multiple broken ribs aren't in and of themselves indicative of excessive force. But a single black eye or bloody lip might be. So at what point do injuries become "suspicious"?

I think the doctors should keep doing their job and we'll keep doing ours. I don't advise patients who were "managed" by a doctor when to file a medical malpractice suit, because it is outside my frame of reference, just as excessive force is outside theirs.

PO II Jacob Howard
Montgomery County (MD) PD

"A very bad idea": MD
I am a physician board-certified in Emergency Medicine and Anesthesiology. I am also a reserve sergeant assigned to our local SWAT team for the last 14 years where I function as a sniper, an operator, and the SME for our TEMS unit.

I can attest to the fact that many ER physicians or physicians in general have no working knowledge of the kind of issues police officers deal with while engaging suspects in the field. I think this kind of reporting would be a very bad idea.

Joseph Bobovsky, MD
Yakima (WA) PD

Counter-proposal: Put the docs under scrutiny
Let's give a comprehensive test to the docs to determine if they even know the appropriate legal standards of excessive force. I'm sure they do not. (I've deposed enough of them to know.)

The probability of medical malpractice appears to be many times greater than the probability of LE excessive force. Thus, let's ensure that all CJ professionals begin to report all instances of perceived medical malpractice or deaths in the ER or hospital and see where it goes.

Of course, we'll need a national database for all such reports. And we'll need to actively seek to repeal all litigation shielding medical professionals from malpractice claims that has been put in place in the last 25 years.

Then, just like with 42 USC Section 1988, we'll need to ensure that any attorney who brings a malpractice claim against a medical professional and prevails is entitled to recovery of virtually all fees and costs--a necessity to ensure that medical professionals do not commit malpractice and to ensure access of those wronged by medical malpractice to the justice system.

Then, let's also create a federal bureau to prosecute criminally cases of medical malpractice--similar to the anti-law enforcement Civil Rights Division of the US DOJ.

How would that work? ?

Atty. Michael Brave
Pres., LAAW International
Eau Claire, WI

Arrestee selects from the force menu
The arrestee determines the amount of force used, based on his level of resistance and police resources on hand. Use of drugs and/or alcohol or the lack of psychotropic drugs when the person *should* be medicated all contribute to the force used.

When the ER physician sees bumps, bruises, or lacerations, he/she assumes that excessive force was involved. But how can that be determined when the doctor was not there during the encounter? Why further dilute the doctor's attention?

Ofcr. Keith Feder
Trng. coordinator, Asst. PIO
Ormond Beach (FL) PD

"It simply won't happen"
Whether doctors will ever be "required" to "report suspected cases of police brutality" is a moot point. Having worked a part-time security job in a hospital, I can tell you that doctors by and large detest extra work, and more than that they detest being told what to do. They will resist such a requirement tooth and nail. Their political lobbies are strong, so barring a national epidemic of abuse and a public outcry, it simply won't happen.

John Gibbs
Trng. Ofcr. & CERT Cmdr.
Missouri DOC

Complaint procedures already in place
Most prisoners charged with resisting arrest and/or assaulting police are released from custody within hours or days. They are then free to file complaints themselves with whatever agency they wish. Moreover, friends and family of a prisoner are often very willing to file complaints of alleged police misconduct.

A prisoner in custody merely has to ask to file a complaint or to speak to a supervisor. A sergeant or lieutenant will dutifully respond to the place of custody and advise the suspect of the protocol for filing a complaint.

Injuries to suspects are infrequent, but agencies always take notice when a suspect requires medical treatment.

Sgt. John Converse
Rockville City (MD) PD

"Incredibly stupid" way to destroy trust
As an emergency physician for 40 years and medical director of a tactical EMS squad, I can say that police and ER physicians must work together and trust each other. If emergency physicians began to report police officers on "suspicion," it would destroy all the trust that now exists and replace it with distrust and animosity. To even suggest this is incredibly stupid. It smacks of the liberal view that all police and soldiers are evil.

John Campbell, MD
Medical Dir., Emergency Services & Trauma?, State of Alabama (Ret.)

The idea won't die
The issue of physicians reporting what they suspect (believe, think, speculate, consider, guess--many descriptors fit) to be excessive use of force seems to be taking on a life of its own, much like positional asphyxia did after Dr. Donald Reay's misguided study of "hogtie" deaths. Now that a group of doctors have put their stamp of approval on this topic certain segments of society will cling to that idea as fact no matter what the results of unbiased studies show.

The last time I checked, deaths in hospitals from causes not related to the original reason for the hospital visit are running just under 200,000 per year. This would appear to be a serious problem which law enforcement should be investigating. Never mind that the average LE professional is ill equipped to understand the complex issues of such an event, we could just do the initial investigation as if it were a homicide and let the medical examiners sort it all out!

Jerry Staton, Trng. Dir.
Force Science Analyst
Affordable Realistic Tactical Training
Del Valle, TX

Self-inflicted injury
If ER docs are basing their data on the amount of complaints to them by suspects then there are some big issues with that data. Countless times I have seen a subject in the back of a police car ramming his head. Clearly this person would have some kind of head injury as a result of his own action. Then he is taken to emergency and complains of excessive use of force by police.

I take offense to the suggestion that we are a bunch of thugs beating everybody up. I hope that one day people will realize that we have to make quick decisions in very difficult and trying circumstances that could have a life-or-death consequence.

CO2 Rob Garrett
Correctional Service of Canada

It's a court call
Police are allowed to be brutal to the point of homicide, and it is up to the courts to decide whether that is excessive or not.

Sgt. Joseph Hogarth
Carlisle (PA) PD

Thanks, Tom!
Compliments to you for the high quality of *Force Science News*. I am a former civilian police captain, adjunct university professor, and am currently a commander in the US Navy Police (reserve). There is no question that *Force Science News* is one of the top publications in the profession.

Pres. Tom Conley
Conley Group Security Services
Des Moines, IA