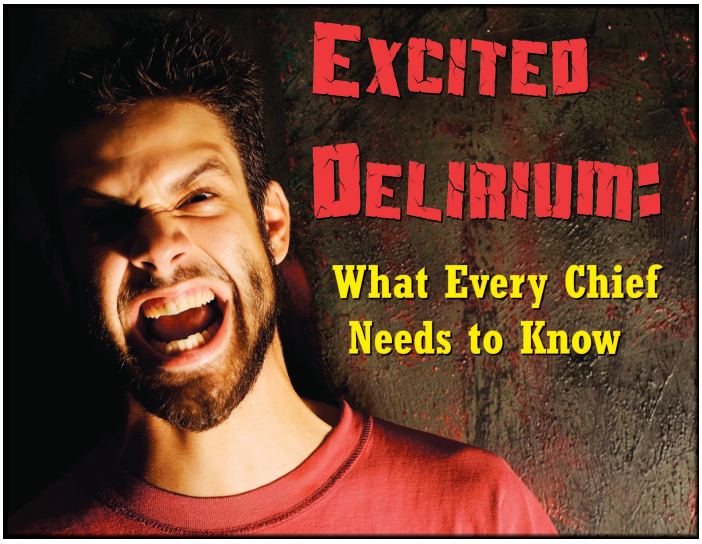
P&SN
POLICE AND SECURITY NEWS
THE INFORMATION SOURCE FOR
LAW ENFORCEMENT AND HOMELAND SECURITY

SEPTEMBER/OCTOBER 2007 PUBLISHED BY DAYS COMMUNICATIONS, INC. VOL. 23 ISSUE 5




*By John G. Peters, Jr., Ph.D., CLS*

Every media savvy police chief or PIO knows that the key to not getting "sandbagged" by the media is to organize and control a press conference, such as one concerning a sudden in-custody death.

When law enforcement administrators are confronted by the media event surrounding a Sudden In-Custody Death (SICD), they often do not know what to say. Many times, what the chief says during an unplanned media event will haunt that chief for a long time and provide a basis for unpleasant cross-examination during a civil trial.

As a former law enforcement administrator who handled media interviews, I know firsthand how difficult it is to provide accurate and timely information about an event on a moment's notice. It is also often difficult to provide complex scientific information in a brief media sound bite. That is why "the tail should not wag the dog" in a potentially high profile, controversial event. Rather than provide an impromptu and disorganized media conference which may be misperceived by the media and the public as "hiding the facts," the chief and/or Public Information Officer (PIO) should organize and control the media event by allowing time to gather information; by getting briefed on the incident; by preparing a written media release; and, then, by appropriately and accurately informing the media and the public. Answering "No comment" to media questions is giving the media a license to invent, suggest, or help perpetuate baseless allegations which may be very negative to the agency's public relations and to third party advocates.

The following information about excited delirium, ECDs (Electronic Control Devices), and SICDs is designed to provide a basic understanding for the PIO or law enforcement administrator who is being interviewed by the media. A media kit should be developed and then given to interested parties regarding possible incidents involving excited delirium; the use of an ECD; or other SICD-related issues and media concerns. It should be made available before, during, and after the news conference. Although space prevents a full explanation about each selected topic, the chief or PIO can direct the media to other organizations for additional timely, peer reviewed, and accurate information.

The following questions have been asked of the PIO and others, and are presented in a question and answer format.

**Wasn't "Excited Delirium" Invented by TASER®?**

Contrary to what many journalists believe (or were told), the brain disorder of excited delirium is not a new label for a sudden death and was not coined by TASER International, Inc., the leading manufacturer of ECDs. The phenomena of excited delirium was first described in British medical literature in 1650. The term "excited delirium" can be found in United States' medical treatises as early as 1881 with the concept first being presented and published in America by Dr. Luther Bell in 1849; he invested over 12 years evaluating patients with this peculiar form of delirium (Bell's Mania). Repopularized by Doctors Wetli and Fishbain during the cocaine crazy 1980s when they were medical examiners in Miami, FL, the term has expanded to include more than simply delirium induced by chronic cocaine abuse. According to Dr. Charles Wetli (Ret.), Chief Medical Examiner and Director of Forensic Sciences for Suffolk County (Eastern Long Island, NY), the causes of excited delirium could be metabolic (e.g., low blood sugar); pharmacologic (e.g., cocaine); infectious (e.g., meningitis); and/or psychological (e.g., underlying psychiatric illness).

### Isn't It True That Excited Delirium Is Not a Recognized Medical Diagnosis?

Many journalists may try to put the PIO or administrator on the spot by naïvely pointing out that "excited delirium" is not recognized by the American Medical Association (AMA) and/or is not a diagnosis found in the *International Classification of Disease (ICD)* manual or the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)*. While this is technically true, delirium and closely associated diagnoses to "excited delirium" are found in both manuals under terms such as "manic excitement," "psychomotor excitement," "abnormal excitement," etc. In addition, it is interesting to note that the terms "in-custody death" and "sudden custodial death" are not listed, but people acknowledge that these exist. One must keep in mind that it takes approximately ten years for a new diagnosis to be added to such manuals. Also, excited delirium is not really a diagnosis, but rather a *state*.

To help correct the misperceived "diagnosis" argument, your media kit should provide the following sections from the *ICD* which could be used by medical doctors to provide a diagnosis for a person who is in an excited delirium state: 799.2X Abnormal Excitement; 296.00S Manic Excitement; 799.2AM Psychomotor Excitement; 307.9AD Agitation; 799.2V Psychomotor Agitation; 780.09E Delirium; 293.1J Delirium of Mixed Origin; 292.81Q Delirium, Drug Induced; and 292.81R Delirium, Induced by Drug. Remember: A diagnosis is important so the medical doctor can get paid for his (or her) evaluation and/or treatment of the individual. The preceding "codes" are also necessary for billing purposes.

### What Are the Signs of Excited Delirium?

It is important to explain and reinforce to the media that **an excited delirium state creates a medical emergency**; hence, the need to have emergency medical providers present to provide reasonable and immediate medical intervention. Realistically and practically, such medical intervention cannot be initiated until the person has been captured, controlled, and restrained. Knowing the following psychological, communication, and physical behaviors and characteristics may help the chief and/or PIO to explain that the individual who fought with law enforcement officers demonstrated one or more of these behavioral cues which match the profile of a person who is in an excited delirium state.

*Psychological Behaviors:*

- Demonstrates intense paranoia;
- Demonstrates extreme agitation;
- Rapid emotional changes;
- Disoriented about place, time, purpose;
- Disoriented about self;
- Hallucinating;
- Delusional;
- Scattered ideas about things;
- Easily distracted;
- Psychotic in appearance; and
- Described as "just snapped."

*Communication Behaviors:*

- Screaming for no apparent reason;
- Pressured, loud, incoherent speech;
- Grunting;
- Talks to imaginary people; and
- Irrational speech.

*Physical Behaviors:*

- Demonstrates violent behavior;
- Demonstrates bizarre behavior;
- Demonstrates aggression toward inanimate objects, such as glass;
- Runs into traffic;
- Runs for no apparent reason;
- Runs wildly;
- Naked or partially disrobed;
- Apparent superhuman strength;
- Seemingly unlimited endurance;
- Resists violently during capture, control, and restraint;
- Resists violently after being restrained;
- Diminished sense of pain (e.g., OC or baton strike ineffective); and
- Self-induced injuries.

*Physical Characteristics:*

- Dilated pupils;
- Profuse sweating;
- High core body temperature;
- Skin discoloration;
- Large belly;
- Foaming at the mouth;
- Uncontrollable shaking; and
- Respiratory distress.

### Are There Observable Phases to Excited Delirium?

Excited delirium generally has four observable phases: sweating profusely which may indicate a high core body temperature, but may not always be present; delirium with agitation; respiratory compromise or arrest; and, finally, cardiac arrest. Basically, this equates to a brain disorder – not an acute drug overdose when the person has maladapted dopamine transporters, presence of heat shock proteins, and preincident amygdale activation (fight or flight). If it is known that the individual was sweating and highly agitated, tell the media. If the person suddenly stopped breathing, the chief or PIO can explain that this phase often follows the first two phases. Finally, if (s)he died after engaging in a violent struggle with law enforcement officers, do not speculate about why the person may have died. Simply explain that there will be an autopsy and that the medical examiner will, if possible, determine the cause, manner, and mechanism of death. Coordinate the release of the medical examiner's findings to the media so that no one is surprised by the findings. Remind the media that they, too, should not speculate about the cause of death.

In some cases, batons, pepper spray (OC), compression, multiple officer force, restraint tools, and/or ECDs may have been used by law enforcement officers to help capture, control, and restraint the violent individual. If an ECD was used, the following information should help the chief and/or the PIO answer ECD specific questions.

### Can't 50,000 Volts Kill a Person?

It's possible, but, from an ECD, "No." The reason: When discussing electrocution (death by electricity) incidents, the focus needs to be on the amount and duration of electrical charge flowing into the person, not the misperceived media myth of voltage. While TASER brand ECDs are designed to produce 50,000 (peak arching) Volts (V) (to allow the electricity to jump a spark gap of up to two inches to avoid the necessity for direct skin contact); in contrast, a Van de Graaff generator can produce between one and 20 million volts and is not considered dangerous. Many people (possibly, even you) have placed one or two hands on a Van de

Graaff generator in a high school science lab, a museum, or at a carnival, and then gleefully watched as the hair stood straight out from the head.

Another example is a static electric shock one receives when touching a metal file cabinet or metal door handle after walking across a carpet. Static electrical discharges often range between 35,000 V and 100,000 V. In short, it is not the volts which are dangerous, but, rather, the amount and duration of current which enters the body. According to scientific studies about TASER brand ECDs, the pulse of a TASER ECD has less peak current than a strong static shock, and is 50 to 200 times too short in duration to efficiently stimulate the heart.

At open peak arching (two inch arc), the TASER brand ECD has 50,000 V peak. When the ECD is applied to the body, an ADVANCED TASER M26™ ECD produces 5,000 V peak, while the TASER X26™ ECD produces 1200 V peak. The average actual voltage over one second is 0.76 V for a TASER X26 ECD, and 1.3 V for a TASER M26 ECD. The 50,000 V is produced to push the electricity through clothing and spark gap and is not what is being delivered into the person. In contrast, the Amperes (A) are 2.1 milliamperes (or 0.0021 A) for a TASER X26, and 3.6 milliamperes (or 0.0036 A) for a TASER M26, respectively.

Paint a mental picture for the media and the general public they should understand. Verbally illustrate, or physically demonstrate, the stacking of 10,000 sheets of copy paper (about four feet tall). These sheets represent the "on time" of wall outlet electricity and also equal one second of time. To show the duration of the electrical output over one second (19 pulses) of a TASER X26 ECD, remove 19 sheets of paper from the stack of 10,000 sheets, as this represents the "on time" of the X26 during one second of time, meaning the X26 is only discharging current into the person 0.0019 of the time.

When preparing a media kit or during a press conference, explaining key terms to the media often proves valuable, too. For example, explain electrical voltage and current which goes into the person through analogies. Most people can understand the concept of height and weight. Using the following analogy, explain that height is equal to voltage, while weight is equal to current. Dropping a bowling ball from 100 feet (high voltage electrical power transmission line) will have far more impact on an object than the dropping of a Ping-Pong™ ball from 100 feet (an ECD). The height of the drop can be compared to voltage or electrical pressure, with the weight of the ball being compared to current or flow of the electricity. Another example is the comparison between Niagara Falls (high line voltage) and a summer rain (ECD).

### Do Two Simultaneous TASER ECD Deployments Equal 100,000 Volts?

No. Electricity is not cumulative. Remember: The individual does not receive the 50,000 V per deployment. Even if simultaneous device discharges were a concern – which they are not – with the X26 pulse width of only 100 microseconds (millionths of a second), the chances of exactly overlapping discharges is infinitesimal.

### Isn't It True That TASER ECDs Have Caused Over 200 Deaths?

No. This sensationalistic inaccurate information is published by select anti-ECD groups and is based upon self-serving agendas. To date, there has not been one scientific research report or court verdict which has found TASER brand ECDs to have caused anyone's death.

### What Kills These People if It Is Not the TASER ECD?

The cause of death in most of these SICDs is from chronic illicit drug use (such as methamphetamine, PCP, cocaine, ephedra), mental disorders (and neuroleptic medications or their withdrawal), and/or alcohol. Also, the acute use of drugs can cause the heart to stress and, during a struggle with law enforcement or correctional officers, the heart may suddenly stop because of the amount of illicit substances in the bloodstream and/or metabolic acidosis (e.g., low pH levels) resulting from the struggle with officers, struggle against restraints, struggle against medical restraints, etc. Chronic abuse in those individuals with brain disorders can cause maladapted dopamine transporter overload. The exact cause of death may not be identified by the medical examiner, but the medical literature on excited delirium, sudden death, neuroleptic malignant syndrome, etc. supports these probable causes of sudden death.

### Sudden Deaths Are Not New in Law Enforcement

The media have been accusing law enforcement and attempting to hold it responsible for the sudden deaths of individuals for several decades. In the 1970s, it was the carotid neck restraint. In the 1980s, the focus and accusation was on hog-tying. The 1990s saw the hue and cry from such activist groups as the American Civil Liberties Union regarding the use of pepper spray. Then, it was compression – holding the person down or a knee in the back. This decade the focus is on the use of ECDs. Scientific and medical research has unquestionably shown that the accusations about the sudden deaths of individuals in the 1970s, 1980s, and 1990s from the carotid neck restraint, hog-tying, and pepper spray were just that – unscientific, baseless accusations. Scientific and medical studies have shown that the proper application of a carotid restraint hold, hog-tying, and pepper spray were not the cause of sudden deaths as initially baselessly complained about by activist groups. TASER brand ECDs have been the most scientifically and medically researched tool ever manufactured for law enforcement – not just in the United States, but in the world – and, to date, there has been no scientific or medical evidence showing that ECDs cause a sudden death. So, what kills these individuals?

Current medical theories about why certain people may die suddenly when fighting with law enforcement officers, paramedics, hospital staff, or psychiatric staff include, but are not limited to, preexisting cardiac disease; restraint stress; mental illness and/or medications; excited delirium; use of intermediate impact tools (e.g., baton); stimulant abuse; and asphyxia. Many times, the individual's long-term lifestyle choices, such as using illicit drugs, diet, etc., play a role in his (or her) sudden death.

### Prepare That Media Kit

Outline what should be contained in your media kit; write it; publish it; and, then, give it to the media. The accompanying sidebar provides an example of a media release regarding a SICD following a TASER ECD deployment.

If you need additional information, please visit the IPICD Web site at **www.ipicd.com** or attend the IPICD's 2nd Annual Excited Delirium Conference this November in Las Vegas, NV, where the world's leading medical researchers, scientists, and other professionals who have researched, studied, practiced, and/or defended sudden death events will be presenting the most cutting edge research on this and related topics. Also, go to **www.ecdlaw.info** for ECD legal resource information.

When discussing excited delirium, ECDs, or sudden death issues with the media, always use terminology which will not hurt the information transfer. For example, do not say, "The officer **shot** the man with an ECD." ECDs are not firearms, but the word "shot" will imply that notion. Instead, say the ECD was "deployed." Also, do not use the word "tased," as this not only negatively impacts the trademark, TASER, but it also helps to perpetuate the use of this improper word, and it sounds unprofessional in reports and in print. Again, simply say, "deployed."

If you have time, practice what you plan to say and do not use terms and concepts which you do not understand. Rather than make a mistake or misspeak which can be very costly (not only monetarily, but also professionally), please have the agency use-of-force instructor, ECD instructor, or other trained professional present to answer specific questions. Further, do NOT guess or make information up – if you do not know, find out from someone who does BEFORE you speak or give an opinion.

Remember: All of us have a responsibility to provide accurate information and that includes a responsibility to educate the media and correct misstatements about sudden death events. Only when the media are educated will they hopefully begin to practice ethical journalism by writing accurate headlines, such as "Man Dies After Struggling with the Police" rather than stating a cause of death days before there are autopsy findings.

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## A Sample Media Response and News Release

Summary: This afternoon, police officers were dispatched to a suburban home where a naked man, age 42, was sweating profusely, screaming, running wildly, and speaking to imaginary people. After the police arrived, he hid behind some bushes. While officers were attempting to talk with the naked man, he grabbed a shovel which was in the yard of the home and tried to strike officers with it. The officers told the man to "drop the shovel" and, when he failed to comply with their repeated commands, one officer deployed her TASER® X26™ ECD a single time, decentralizing him to the ground where other officers quickly controlled him and then restrained him with metallic handcuffs. Paramedics who were already at the scene immediately provided aggressive medical intervention, placed him into an awaiting ambulance, and transported him to XYZ University Medical Center. The man died two hours later.

According to family members, the man had a history of chronic drug abuse. His behavior appears to match that of an individual who was in a state of excited delirium, and match our training on this subject. Excited delirium behavioral cues include partial or full disrobing, sweating profusely, screaming for no apparent reason, paranoia, incoherent speech, talking to imaginary people, and resisting violently after being decentralized.

According to preliminary police reports, a TASER X26 ECD was deployed one time resulting in the man falling to the ground. He was immediately controlled and restrained by other officers on the scene, and was immediately given to awaiting paramedics who performed medical intervention prior to transporting him to the hospital. Paramedics told us that the man was struggling violently with them during transport to the hospital. Unfortunately, the man was pronounced dead two hours after entering the hospital. The exact cause of death is not known at this time, but will be made available through our office and/or the Medical Examiner's Office when the cause of death is known.

A media kit explaining excited delirium, ECDs, and sudden death is available in the back of the room. Please take one with you; it may assist you in understanding the bizarre events which faced our officers this afternoon. Thank you.