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POLICING IS A CONTACT SPORT (PART II)

***Tasers are useful. But they're not risk-free,
and over-reliance is a problem.***

By Julius (Jay) Wachtel. During the early morning hours of Saturday, August 6, University of Cincinnati campus police [were summoned to a fight](#) in a residence hall. That's where they ran into Everett Howard. The youth, who seemed to be in an "altered mental state," advanced on the cops fists balled, and when he refused to stop they zapped him with a Taser, according to news reports only once. Howard collapsed. Paramedics tried to revive him but without success.

Howard, 18, an honors high school student, was enrolled in a college-prep program. Oddly, [he had apparently been Tasered before](#), in 2010, in an incident whose details haven't been disclosed.

Two hours later and about 500 miles away police in Kaukauna, Wisconsin responded to reports of someone screaming for help. When officers arrived [they observed a naked man running across a bridge](#), yelling that he was dead and covered with snakes.

Officers realized that they had a mental case and summoned an ambulance. But as they approached, the man ran off. To stop him they fired a Taser (how many times is unknown.) Gregory Kralovetz, 50, collapsed and died. Authorities surmise that he had been in a state of excited delirium brought on by drug intoxication, which is consistent with the fact that he had two convictions for possessing cocaine.

A few hours later and about 900 miles away paramedics in Manassas, Virginia responded to a 911 call by a woman whose brother-in-law was supposedly having a heart attack. The patient, Debro Wilkerson, 29, fought off firefighters, so [police were called](#). Wilkerson, who said he was on heroin and PCP, then repeatedly attacked the cops. He wound up getting zapped as many as three times before collapsing. He never came to.

So far there's no conclusive proof that Tasers kill. Deaths following the use of CEDs are infrequent, and when they happen police usually attribute them to other factors, such as "excited delirium" and drug intoxication. Proponents of the Taser are also quick to point out that research studies, including the NIJ report mentioned above, conclude that CEDs (also called ECWs, for "electronic control weapon") prevent injuries to cops and citizens alike.

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Even so, there's no denying the mounting number of Taser-associated fatalities. It's for this reason that the [Police Executive Research Forum](#) (PERF) and [NIJ](#) have recommended, among other things, that dosage be strictly limited. PERF has also identified categories of persons who are at special risk:

Some populations currently believed to be at a heightened risk for serious injury or death following an ECW application include pregnant women, elderly persons, young children, visibly frail persons or persons with a slight build, persons with known heart conditions, persons in medical/mental crisis, and persons under the influence of drugs (prescription and illegal) or alcohol. Personnel should be trained about the medical complications that may occur after ECW use and should be made aware that certain individuals, such as those in a state of excited delirium, may be at a heightened risk for serious injury or death when subjected to ECW application or other uses of force to subdue them.

NIJ's authors seem more favorably disposed to CEDs, concluding, perhaps a bit obstinately, that "the medical research to date does not confirm such claims [of causing fatalities]." However, a close reading of their literature review suggests that the devices can indeed be dangerous:

While the above review suggests CEDs are relatively safe when used on healthy at-rest and physiologically stressed subjects, medical researchers caution that CEDs are not risk free (National Institute of Justice, 2008; Vilke & Chan, 2007). Strote & Hutson (2008), for example, point out that CEDs may cause physiologic and metabolic changes that are clinically insignificant in healthy individuals but that could be harmful or even life-threatening in at-risk populations (e.g., obese subjects with heart disease and/or intoxicated on drugs who struggle with police).

Officers who lack CEDs have limited recourse when dealing with combative citizens: their hands, a club, and OC (pepper) spray. In the real world these are tricky to deploy and require getting in close. OC spray blows back. Whacking someone with a baton can lead to a fight, which is particularly risky for cops working alone. ([Forty were killed with their own sidearms](#) between 2000-2009.) It's no wonder that some officers might feel compelled to go for the gun, and the sooner the better. Consider two notable incidents last year, when cops without Tasers wound up shooting and killing knife-wielding drunks in [Los Angeles](#) and [Seattle](#), provoking days of serious disturbances in the former and a DOJ "[patterns and practices](#)" investigation in the latter (that officer was also fired.)

CEDs can save lives. To all but their most stalwart boosters it's obvious that they can also kill. For examples one need look no further than the deaths mentioned above, of

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[Darryl Turner and Robert Heston](#), brought up last week, and, more recently, of [Kelly Thomas](#), a homeless and mentally ill California man whose July 5th. killing precipitated a political crisis in the city that hosts your blogger's university campus.

What to do?

One could restrict Tasers to situations that would normally merit using lethal force. If some should result in a citizen's death one could argue that they would have likely been killed anyway. Of course, whether cops should be encouraged to risk their own well-being in such cases is a matter of controversy. At this writing a report has come in of [an LAPD officer who was struck with a sharp cane](#) when he and a partner tried to use a Taser to subdue "a screaming man." The cop's injuries were minor; the suspect was shot dead.

There is no question that in sheer numbers the much greater usefulness of Tasers lies in helping resolve the many lesser physical confrontations that can nonetheless result in serious injury to citizens or police. Paradoxically, many or most of these episodes involve substance abusers, the mentally ill, and others who may be especially sensitive to the effects of CEDs. Obviously, that can make the calculus of costs and benefits quite complex.

So if Tasers are to be used in such cases, [PERF's dosage recommendations](#) seem very much in order. Officers need to train so that only one deploys the tool and that overall exposure doesn't exceed fifteen seconds. Along these lines it's important to note that some of the newer CEDs emit power as long as the trigger is depressed, requiring users to exercise exceptional self-control to deliver no more than the recommended dosage. (Taser International has resumed marketing the old type, which cycle for five seconds with each trigger pull.)

Not every encounter with an unruly citizen merits deploying a Taser. NIJ's authors warn that for some cops CEDs have become the proverbial hammer, and every threat the nail:

We noted above that CEDs can be used too much and too often. A critical research question focuses on the over-reliance of the CED. During our interviews with officers and trainers, we heard comments that hinted at a "lazy cop syndrome." That is, some police officers may turn to a CED too early in an encounter and may rely on a CED rather than the officer's skills in conflict resolution or even necessary hands-on applications.

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If some officers turn to CEDs because they're insufficiently skilled in "hands-on applications" we should work on improving those. Cops who can take down a suspect the old-fashioned way, by tackling him and slapping on the cuffs, are less likely to abuse the Taser. Sometimes good policing really *is* a contact sport.