



Statement of Chief Steven Casstevens Second Vice President of the International Association of Chiefs of Police

**The Long-term Care Needs of First Responders
Injured in the Line of Duty**

**Subcommittee on Crime and Terrorism
Committee on the Judiciary
United States Senate**

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Good Afternoon Chairman Lee, Ranking Member Klobuchar, and Members of the Committee.

Thank you for the opportunity to speak with you today about long-term care needs of First Responders injured in the line of duty.

My name is Chief Steven Casstevens and I am currently the Chief of Police with the Buffalo Grove, Illinois, Police Department. I am also the Second Vice President of the International Association of Chiefs of Police (IACP). The IACP is the world's largest association of law enforcement leaders, with more than 30,000 members in 150 different countries.

I began my career in law enforcement over 40 years ago. Like everyone who chooses a career in law enforcement, we are driven by a calling and deep drive to help others and to protect and serve our communities. We know when we take the oath to serve, that our jobs are particularly dangerous, however, that does not mean that we don't need and deserve adequate support for the physical injuries and emotional and physiological impact that may result from the job.

Injuries can drastically change how a person views the world. As the injured officer works to recover from the initial injury, he or she may experience recurring physical injuries that require additional hospitalizations or rehabilitation. In addition, psychological challenges can arise during the recovery process, and may include uncertainty about the future, guilt over being injured, loss of control, or frustration because the life they imagined has changed dramatically. All of these challenges can have a negative long-term impact.

For the injured officer's family, they may have "lost" a parent, son, or sister as they knew him or her – especially if that officer was the primary or sole income earner. The spouse may shift from a partner to a primary caregiver for the officer and children while trying to maintain the household income and sense of normalcy. In the case of severe injuries including traumatic brain injury (TBI), the officer might experience radical mood swings, lethargy, mobility issues, and psychological problems which can lead to potentially destructive behavior. With all of these situations, they bring hardship and strain for both the first responder as well as his/her family and loved ones.

Today, I hope to address both the physical and mental well-being of first responders, and the current gaps and needs.

Physical Health

According to the Federal Bureau of Investigation (FBI), from 2006 through 2015, over 150,000 law enforcement officers in the United States were injured in the line-of-duty as the result of an assault. However, this figure does not include those officers who were injured in the line-of-duty as the result of an accident, including vehicular accidents.ⁱ We also know that the Public Safety Officers' Benefits Program (PSOB), run by the United States Department of Justice's (DOJ) Bureau of Justice Assistance (BJA), which provides a one-time benefit to eligible public safety officers who are killed or permanently and totally disabled as a result of a catastrophic injury sustained in the line of duty, receives less than 100 claims per year from law enforcement officers injured in the line of duty.

State and local governments have individual definitions of disability; as well as their own process and criteria. The Americans with Disabilities Act (ADA) protections can be helpful if the officer is still able to work despite the injury and covers a wide range of impairments, it cannot assist injured officers in receiving monetary benefits.

While there are processes in place for first responders who sustain “serious” injuries, they can certainly be frustrating and cumbersome.

However, what happens to the first responder whose permanently disabled claim is rejected or who sustains an injury that doesn’t meet the necessary qualifications for financial assistance? From the officer who was shot in the shoulder who now suffers chronic shoulder pain to the officer who was providing assistance to someone on the side of the road and was hit by a vehicle, has gone through tremendous rehabilitation for a fractured back, is now able to return to work but will never be the same as before. These brave and heroic first responders deserve from us – their agencies, the federal, state, and local government – support and care for them and their families.

Mental Health

When we speak about the care needed by first responders, it is important to note that it does not only pertain to physical injuries. Mental health and well-being, are equally critical, but often fail to receive the same level of attention and resources. Mental health issues and the threat of officer suicide are often topics no one wants to acknowledge. In a profession that prides itself on bravery and heroism mental health concerns can often be seen as a weakness. Nevertheless, law enforcement officers are not immune to stress, depression, anxiety, post-traumatic stress disorder (PTSD), or other mental health concerns or illness. Arguably, they are more susceptible given the nature of police work and being regularly exposed to horrific events, trauma, and chronic stress.

When an officer sustains a physical injury, not only can PTSD or acute stress disorder (ASD) be triggered, it can also become a serious injury on its own if the officer is dealing with a significant emotional event as a result of his or her duties. This trauma can break through the individual’s normal coping mechanisms and cause extreme psychological distress and effect their ability to do their job effectively, efficiently and safely, as well as impact their life outside of work.

As Chiefs, we must create a culture within our agencies where it is okay to speak about PTSD and mental health concerns or illnesses. We must also institutionalize effective mental wellness support, so that agencies can address mental health issues successfully and foster resilient and productive police officers. Providing sufficient mental health support cannot and should not fall to each law enforcement or first responders agency, but support should also come from federal, state, and local governments.

Needs and Recommendations

- **Early Warning and Prevention Protocols:** Mental health problems are more easily resolved when addressed at their earliest stages. Only well-designed, strategic early warning and intervention programs can facilitate a prompt and timely response to a mental health problem. In law enforcement, based on lack of resources, these early warning and intervention programs are often inconsistent or lacking entirely. Institutionalizing efforts to identify early warning signs and implement intervention protocols is crucial to improving the resiliency and overall mental health of first responders. Funding through the U.S. Department of Justice’s National Institute of Justice (NIJ) to research early warning signs and to develop institutionalized efforts and protocols would be extremely beneficial to the safety and well-being of first responders.
- **Public Safety Officers' Disability Benefits (PSOB) Disability Benefits Program:** Adequately fund and administer the PSOB Disability Benefits program. An injured officer or a family, who is

reeling in the aftermath of an injury, needs to be able to continue to easily submit and obtain their claim. Additionally, we need to ensure adequate funding of the Public Safety Officers' Education Assistance (PSOEA) Program which provides financial assistance for higher education to the spouses and eligible children of first responders who have been killed or permanently disabled in the line of duty.

- **Enhance Benefits for Injuries that Fall Outside of Permanently Disabled Category:** Create a subset to PSOB that provides assistance for officers that obtain injuries that do not qualify as “permanent disability.” Although the PSOB program’s extremely strict definition of an injury which states “injuries must permanently prevent officers from performing any gainful work in the future” is important for those that cannot return to the agency, even a minor injury can become more serious over time and can also cause psychological and emotional effects in addition to physical effects. For example, an officer that sustains a gunshot wound to the shoulder may have a lifetime of chronic pain but still be able to return to work in some capacity. Additionally, that same officer may also suffer from PTSD which needs adequate response and treatment. Financial assistance beyond what is given by the state or any workers compensation benefits should be awarded to first responders who put their lives on the line each day to protect the public and to ensure that their physical and mental well-being are made a priority. Therefore, creation of a new category with appropriate funding for officers that were injured in the line of duty but not permanently disabled should be created to provide necessary assistance
- **Tracking Injuries:** While assaults against and fatalities among law enforcement are well-documented through efforts such as the Federal Bureau of Investigation’s (FBI) Law Enforcement Officers Killed and Assaulted (LEOKA) program, there is no clearinghouse of officer injury data at the state, local, or tribal levels. Injuries to law enforcement officers result in significant monetary and manpower cost to agencies, and in a climate of declining budgets, such losses can impact operations of a department.

Through funding from the Department of Justice’s COPS Office, the IACP is currently working with law enforcement agencies to pilot an enhanced, easy-to use tracking tool for injury data collection to track officer injuries and collect injury data. This injury tracking tool will be piloted in the State of Delaware and consists of an online portal to enter and track injuries. Participating agencies will be able to efficiently submit workers’ compensation claims—which will be prepopulated with the injury information, and provide an additional incentive for agencies to participate. In addition to populating the workers’ compensation form, participating agencies will have access to summary reports of the data for further review. The tool is in final development stages and will be released to the pilot state of Delaware in the coming months. The resulting data will highlight areas where injury rates are high and guide the creation of strategies to better ensure improved overall workplace safety, increase overall health and wellness of officers and ultimately, enhance effective policing.

Additional federal funding assistance is needed to track this data on a nationwide level, which will assist in the development of innovative, injury prevention policies, practices, and training that can be adopted by other agencies nationwide and potentially globally.

We would also recommend that the Public Safety Officers’ Benefits Program’s Monthly Performance Measurements Brief also begin to separate the death from disability statistics so that we have a better understanding of the two separate but important categories and their implications to public safety agencies and disability claims.

Conclusion

On behalf of the IACP, I conclude by thanking you again for the opportunity to appear before you today. I would be happy to answer any questions you may have.

ⁱ https://ucr.fbi.gov/leoka/2015/tables/table_75_leos_asltd_type_of_weapon_and_percent_injured_2006-2015.xls