

CLINICAL SIGNIFICANCE™



Welcome to the Premier Issue



Clinical Significance™ is a quarterly newsletter published by the Institute for the Prevention of In-Custody Deaths, Inc. (IPICD), with goals of providing timely information about arrest-related deaths, in-custody deaths, legal, scientific, medical, and practical updates, in addition to other timely and relevant topics.

Clinical refers to: a field setting where law enforcement officers make arrests; classroom training settings; courtroom settings; hospital settings; etc. *Significance* refers to importance. Hence, *Clinical Significance*™ refers to important, tangible, real, and meaningful applications and interpretations of scientific studies, intervention programs and approaches, including tactical, training, and legal strategies and outcomes.

As Editor for *Clinical Significance*™ I encourage you to submit a short article or story. It will be appreciated by everyone who reads the newsletter. Send your feedback, too. Enjoy this issue. *Dr. Peters*

Florida Human Face-Eating Tragedy

Not many people missed the extraordinary coverage of the May 26, 2012 attack on Mr. Ronald Poppo by Mr. Rudy Eugene in Miami, FL. Mr. Eugene was naked and reported to be swinging from a light pole on Miami's MacArthur Causeway before the 18-minute attack. Stripping and pummeling Mr. Poppo

before jumping on him, Mr. Eugene began to eat the face of Mr. Poppo. Mr. Eugene was shot and killed by a responding police officer, but only after he turned toward the officer and growled with chunks of Mr. Poppo's flesh visible in his mouth.

Americans for Effective Law Enforcement (AELE) Executive Director, Wayne Schmidt, L.L.M., saw the following newspaper headline during a recent trip to France: "La victime du cannibale identifiée, l'attaque aurait duré 18 minutes!" This tragic event went global.

Dr. Deborah Mash, Ph.D., who has presented at several IPICD international conferences, was quoted by CBS News as "I'm frightened. Can you imagine that this is the next epidemic that could be happening in the streets of America." Dr. Mash continued by describing the cannibal attack as "Absolutely bizarre, if not demonic behavior."

On June 12, 2012 it was reported by the Associated Press that Mr. Poppo was awake, alert, and walking down a hospital hallway. The autopsy results were released on Wednesday, June 27, 2012 and stated that only marijuana was identified during toxicology testing. However, Dr. Bruce Goldberger, Professor and Director of Toxicology at the University of Florida said that there are an almost infinite number of chemical substances that can trigger unusual behavior. "There is no one test or combination of tests that can detect every possible substance out there." Bath salts were suspected.



ECW Cases now Available from AELE

Recall from a Spring IPICD e-mail, AELE has compiled electronic control weapon cases, also called electronic control devices, conducted energy weapons, etc., by federal circuit. To access this free legal database, please click on the following link: <http://www.aele.org/law/digests/ECWcases.html> .

NEW and Updated IPICD Website

Check out the new IPICD Website. In fact, this newsletter is linked to the updated Website. Kudos to IPICD electronic media intern Mr. Jason Peters for an outstanding job. Now, go check it out: <http://www.ipicd.com> .

2012 IPICD International Conference

The 7th annual IPICD international conference is fast approaching. It will be held at The Orleans Hotel, Tropicana Boulevard, Las Vegas, NV on November 12, 13, and 14 (full days). Room rates are **\$45**, plus tax and other charges. When you call to reserve a room, please use the following IPICD code: **A2IPC11**. Although topics and presenters are being finalized, topics include, but are not limited to: 911 and Call Taker Protocols (each attendee will receive a protocol); EMS and Excited Delirium; Use-of-Force Report Writing; Legal Issues; Excited Delirium Research Update; Synthetic Drug Update; Prone Restraint Research Update; Restraint Methods; plus much more. The 2012 IPICD international conference brochure will be available shortly. Watch the IPICD Website for more details.

There will be breakout sessions at this year's conference. IPICD excited delirium instructors who have not attended Version 5.0 will be able to get re-certified as Version 5.0 instructors. You will not want to miss the new handcuffing techniques and restraint strategies for people who cannot be handcuffed behind their back for tactical and/or

medical reasons, or who cannot be easily put into the back seat of a small vehicle.

IPICD ACE AWARDS—Submit Now

The 2nd annual IPICD ACE Awards for the professional handling of an excited delirium or agitated chaotic event™ will be made at the 2012 IPICD Conference. If you were involved in such an event or know an officer(s) who was involved in such an event, please submit a video or written report of it. Each submission will be reviewed by IPICD ACE Awards Committee members. 2011 ACE Award winners were Captain Dave Nickels, Appleton (WI) Police Department for the police category, and deputies of the Washoe County Sheriff's Department for the corrections category.

TASER® Theory of ECD Safety Disputed

Dr. Douglas P. Zipes' (Dr. Zipes) April 30, 2012 *Circulation* peer-reviewed article, "Sudden Cardiac Arrest and Death Following Application of Shocks from a TASER Electronic Control Device" concluded that X26™ ECD probe stimulation can cause cardiac electrical capture in humans, which can result in ventricular tachycardia (VT) and/or ventricular fibrillation (VF). According to Dr. Zipes if the VT and/or VF is/are prolonged and without resuscitation, asystole (flat line rhythm) develops. This is the first peer-reviewed journal article to absolutely conclude that TASER® X26™ ECDs can induce death from cardiac arrest and/or death.

Dr. Zipes' methodology included a review of 8 ECD probe exposures to humans who then lost consciousness (7 died). One case was selected in 2006, 4 cases selected in 2008, and 3 cases from 2009. Dr. Zipes admitted that a major limitation of his study was not having an ECG recording of the human target during ECD probe exposure, but as he noted, this is a "practical impossibility".



Although immediately disputed by officials at TASER International, Inc. citing bias, factual and research errors, Dr. Zipes' article is a game changer. In the hard sciences when a theory is shown to be invalid (e.g., ECDs will not induce cardiac arrest and/or death) it is generally discarded. By contrast, when a theory is challenged based upon conflicting outcomes (e.g., causes of domestic violence) in the social sciences (e.g., sociology), the theory is usually kept with the study often replicated by other researchers. If Dr. Zipes' conclusions are correct, the long-held theory that ECDs will not induce cardiac arrest and/or death becomes null and void.

In an Editorial, also in the April 2012 issue of *Circulation*, Myerburg, Goodman, and Ringe wrote "the most salient points" of Dr. Zipes' discussion, "are that the energy delivered by the device is sufficient to achieve transthoracic capture when delivered to the anterior chest, analogous to clinical transthoracic pacing, in combination with a rate of stimulation that is sufficient to induce ventricular fibrillation" (p. 2407).

Not all is negative. **Officers can use Dr. Zipes' conclusion as a basis to help justify the use of deadly force against a suspect who points an ECD at them.** Based upon Dr. Zipes' conclusions, an officer who is shot in the chest area with an ECD could suffer cardiac arrest.

Keep posted, as Dr. Zipes' conclusions will certainly be debated and challenged.

Contrasting Study Suggested ECD's do not Cause Cardiac Complications in Humans

Dr. William P. Bozeman, M.D., a presenter at the 2011 IPICD Conference recently reviewed 1,201 cases of TASER use by law enforcement officers and found none of the devices could be linked to cardiac complications, even when the ECD probes

landed on the upper chest area. The average age of the suspects who had been shot with an ECD was 32, with 94% of the suspects being male. None of the individuals who had been shot with an ECD to the chest were found to have heart-related complications. Dr. Bozeman's findings were published in June, online, in the *Journal of Emergency Medicine*.

LA County Inmate Death Linked to Medicine, not Deputy's Blow to Head

On March 10, 2012 the *Los Angeles Times* reported that an autopsy found that Mr. George Rosales (Mr. Rosales), 18 years of age, died from drugs that were given to him for his mental illness, and not from being punched in the head by a Deputy two days earlier. According to the *Los Angeles Times* article Mr. Rosales' cause of death was "caused by an inflamed and hemorrhaging pancreas" (p. AA).

Investigators need to conduct a "Psychological Autopsy" where the prescription drugs taken by the unconscious person or decedent are obtained and factored into the cause of death by the Medical Examiner. Many of these drugs contain Black Box warnings that highlight the potential dangers of the prescription medication. For more information about Black Box warnings, go to <http://drugs.about.com/od/medicationabcs/a/BlackBoxWarning.htm>.

JANUARY 2003 – DECEMBER 2009 Bureau of Justice Reported DEATHS

The following deaths were reported pursuant to the Death in Custody Reporting Act:

- 4,813 deaths (January 2003 – December 2009);
- 2,931 deaths (61%) were classified as homicides by law enforcement officers;
- 541 deaths (11%) were from suicide;



- 525 deaths (11%) were from intoxication;
- 272 deaths (6%) were from accidental injuries; and,
- 244 deaths (5%) were from natural causes (Source: Arrest-Related Deaths, 2003-2009 - Statistical Tables at www.bjs.gov).

2009: DRUG ABUSE ER VISITS

The Drug Awareness Warning Network (DAWN) reported that in 2009 (latest available data) there were 2.1 million emergency department visits that involved drug misuse or abuse. This accounted for 674.4 emergency department visits per year per 100,000 population.

In 2009, 2.1 million visits were associated with drug misuse or abuse as follows:

- 35.3% involved pharmaceuticals alone;
- 23.0% involved illicit drugs alone;
- 10.2 % involved illicit drugs **plus** alcohol;
- 11.0% involved pharmaceuticals **plus** alcohol;
- 6.7% involved alcohol alone in patients aged 20 or younger; and,
- 3.9% involved pharmaceuticals and illicit drugs **plus** alcohol.

Emergency Department visits involving the nonmedical use of pharmaceuticals with no other drug involvement saw a **117% increase**.

DAWN estimated that 973,591 emergency department visits in 2009 involved an illicit drug. Here is a breakdown:

- 43.4% involved cocaine (422,896 visits);
- 38.7% involved marijuana (376,467 visits);
- 29.9% involved alcohol (291,553 visits);
- 21.9% involved heroin (213,118 visits);
- 9.6% involved stimulants, including amphetamines and methamphetamine (93,562 visits);

- <4% involved other illicit drugs such as PCP, MDMA (Ecstasy), and hallucinogens;
- 123% increase in the number of visits involving MDMA; and,
- 109% increase in the use of miscellaneous hallucinogens.

For additional information, please visit DAWN at <http://www.samhsa.gov/data/dawn.aspx> .

SYNTHETIC DRUG ABUSE

The use of synthetic drugs, also called designer drugs, has skyrocketed across the United States. Phone calls to poison control centers about bath salts exposure jumped from 304 in 2010 to 6,138 in 2011. Bath salts always carry a risk of:

- Rapid heartbeat;
- High blood pressure;
- Chest pains;
- Agitation;
- Hallucinations;
- Extreme paranoia;
- Delusions;
- Heart attack;
- Stroke; and,
- Sudden death.

For additional information, please visit <http://sobercollege.com/2012/synthetic-drug-abuse-young-adults> .

CONGRATUATIONS to RECENT IPICD GRADUATES

Congratulations to these recent IPICD program graduates: Brady Nelson; Mike Townsend; Robert Kovacs; Shawn Racine; Jeremy Pape; Michael Ittner; Kevin Day; Wendy Kleespies; Amy Anderson; Tim Nohre; Kelly Jackson; Missy Malecha; Aaron Balvin; Mary Stahl-Swanson; Brian Casey; Olay Philiaphandeth; Terese Garcia;



Luke Huck; Mike Johnson; Brian Dorsey; Michael Rumpza; Ryan Westbg; Staci Nelson; John Moga; Spencer Autenrieth; Jason Halverson; Steve Tait; Kevin Schwartz; Kristine Wright; Jeffrey Dodson, Jr.; Jeffrey Barefoot; Anthony Cretella; R. Wayne Donovan, Jr.; William Stokes; Scott Anderson; Perry Bartels; Ryan Shelton; Christopher Grimm; Amanda Bailey; Matt Humm; Mark Gats; Shawn Kooistra; John Schultz; Steve Bruening; George Peterson; Paul Coy; Timothy Quigley; Wilber Seelye; Tony Reda; Hilary Lithgow; Dave Kundrot; Jeff DeZur; Scott von Almen; Jeff Petty; Kurt Whisenand; Josphe Stevens; D. Johnson; Scott Vincent; Michael Rach; Curt Wilson; Robert Rehse; Thomas Farone; Marc Welsh; Mike Dalke; David Hopkins; Douglas Pann; Charles Davidson; Dane Person; Michael Holman; Vaughn Rhodes; Michael Booker; Daniel Roggenbuck; Brian Bland; Terrence Mitchell; Roger Murphy; Richard Colson, II; Keith Klopfer; Herbert Westver; Clay Fallis; Craig Isom; Dan Copelin; Steve Outlaw; Scott Beck; Dewey Riou; Phil Hinds; Angeline Booth; Scott Cherry; Vincent Boccio; Cyrus Underwood; April Doubrava; David Rigdon; Peter Bergenholtz; Michael Kot; Eric Augustyn; Stephen Egan; Stephen Brennan; Jeffrey Grice; Angelo Collazo; Timothy Edwards; Nicole Gaynor; Bruce Lowe; Jeff Hartman; Jeff White; Joshua Kirmer; Jerry Corken; William Haskell; Mark Dochterman; Charles Day; Charles Burke; Lorena Merklin von Kaenel; Ben Jensen; George Tinker; Ted Linotveit; Derek Dickey; Jason Olsen; Susan Bridge; Vance Norton; Michael Gledhill; Scholl Blackburn; Rick Reyhnolds; Brian Wright; Philip Rogich; Ryan Carter; Roy Halford; Ammon Manning; Jeremy Adams; Justin George; Matt Cole; Stephen Manful; Sam Hunter; Heath Palmer; Jeff Korzonek; Tim Mohr; Scott Richardson; Franklin Arrowchis; Tanya Pasco; Craig Burleich; John Tinder; Nathan Walker; Mark Smith; Scott Peterson; Travis Buell; Omar Mandujano; and 50 WY DCI Special Agents.

Wyoming Law Enforcement Academy Partnered with the IPICD



A customized 3-day training program was developed by James Marker (pictured) of the Wyoming Law Enforcement Academy (WLEA) and IPICD staff for training WY Division of Criminal Investigation (DCI) Special Agents. This unique partnership and collaboration between the WLEA, IPICD, and DCI resulted in two, 3-day training programs that focused upon the forensic and investigative issues facing DCI Special Agents who investigate ECD-associated death and/or serious injury cases. Over 50 Special Agents attended the WY P.O.S.T.-certified program that was held in Casper and Cheyenne, WY.

IACP Report on Use of Force



On June 29, 2012 the International Association of Chiefs of Police (IACP) announced the release of a report on Use of Force. Included are data from 2008 that showed that of the 40 million people who had contact with police officers, only 1.9% of those who responded had reported the use or the threat of force at least once during their contact with officers. For additional information: <http://www.theiacp.org/portals/0/pdfs/EmergingUseofForceIssues041612.pdf>

Diabetic Emergency Article



In the May-June issue of *Police and Security News* IPICD president and vice president, John G. Peters, Jr., Ph.D., and A. David Berman, M.S., respectively, published an article "Recognizing and Responding to a Diabetic Emergency." Its' on the IPICD Website (Articles).



New Excited Delirium Frequency Study

A newly published excited delirium study by Hall, Kader, McHale, and Stewart (2102, June 22) in the *Journal of Forensic and Legal Medicine* was the first scientific study to identify the frequency with which police officers come into contact with individuals who exhibit signs of excited delirium behaviors. The investigators studied police use-of-force incidents in one police agency between August 2006 and August 2009. Of the 1.56 million police-public interactions, use of force was reported in 1269 incidents, or 0.08%. Individuals who were identified as having effects of emotional disturbances, drugs, alcohol, and/or a combination were 837, or 66%. These individuals were reported to be violent at the time force was used by the officers. 405 individuals (31.9%) had only 1 or 2 excited delirium signs, while 209 (16.5%) had 3 or more features of excited delirium at the time force was used. One person reportedly died during the range of the study, and had experienced 10 features of excited delirium at the time force was used. An Abstract of the article is available at <http://www.sciencedirect.com/science/article/pii/S1752928X12001369>.

The WRAP: IPICD Study Completed

IPICD researchers completed a retrospective study of The WRAP restraint device. A report of the study's findings will be forthcoming and available on the IPICD Website. Watch for it. A content analysis of voluntarily-submitted law enforcement use-of-force and incident reports (N = 128) was used to develop descriptive data on 24 variables that were then analyzed. Data showed that no one had died after being placed into The WRAP Restraint; that there were no associated additional injuries caused by The WRAP application; and, that a mean of 3 officers were present when it was applied. Although there were 3 anecdotal reports of

individuals dying after The WRAP had been applied, IPICD project manager, Dr. John G. Peters, Jr., Ph.D. contacted each law enforcement agency where a death had been associated with The WRAP. None of the deaths was associated with The WRAP. In one case The WRAP had arrived, but had not been used. In another event, after the person had been placed into The WRAP and had calmed down, it was removed. The person was then placed onto a gurney by paramedics and restrained with other restraints, before becoming non-responsive and dying on the way to a hospital. The third case involved a sudden unexpected death but The WRAP had not been used on the person.

IPICD Excited Delirium Study

IPICD researchers are concluding a retrospective study of individuals who died after fighting with the police and were identified by Medical Examiners as having had excited delirium. All of the events took place in a California county. Not only are behavioral cues being identified, but also the force options that were used by the responding law enforcement officers.

Request for Videos

If you have or know of a video that shows a person in a state of excited delirium or showing officers struggling with such a person, please send it to the IPICD. Staff is always looking for incidents that were captured on video to enhance instruction. If you have such a video and are permitted to share it, please contact anita@ipicd.com.

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