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**Destroying Myths & Discovering Cold Facts About Controversial Force Issues**
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# Is excited delirium a fake condition invented to whitewash abusive force?

**A critical look at NPR's reports**
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Two perspectives on law enforcement's role in the violent human meltdown known as excited delirium faced off on National Public Radio recently, in broadcasts that have themselves become controversial.

On one side in the two-program report were two police critics, a staff lawyer with the ACLU and the director of a California "watchdog" group called PoliceWatch. The lawyer denied that ED is a recognized condition and charged that police are using the term "as a means of whitewashing" excessive force and "inappropriate use of control techniques" during arrests. The watchdog rep claimed that law enforcers want to blame "victims" who are inappropriately "dying at the hands of officers." She said police have a responsibility to "make sure" that anyone they take into custody "stays alive, whatever the condition of the person's brain or body temperature or their agitated state."

Voices on the other side included a neurology professor from the University of Miami, the former chief medical examiner for San Antonio, and a senior corporal from Dallas PD with first-hand experience in trying to control raging ED subjects. The professor said the condition is "definitely real…the result of a neurochemical imbalance in the brain." The ME said, "[T]hese people are dying of an overdose of adrenaline" and insisted that it's wrong to blame the police. And the cop said, "There's no one thing that simply describes this. One minute a person is fighting and screaming, the next minute he's dead."

By the time NPR finished its total of less than 13 minutes of air time on the subject, emails were flying among followers of the ED issue. One authority, Chris Lawrence,

a Canadian police college instructor, a technical advisor to the Force Science Research Center at Minnesota State University-Mankato, and a columnist for PoliceOne.com, perhaps sums up the sentiment of many.

NPR's failure to spotlight this thorny topic in depth for its 26 million listeners, he believes, served only to "stir the pot" of controversy without illuminating its many perplexities. "No one in the media presents an in-depth, knowledgeable discussion of this subject even for an hour," Lawrence told Force Science News. "A series of sound bites can't do it justice. It's too complicated. People are left with the impression that no one knows what's going on, and that's not to anyone's benefit."

If you missed the NPR programs, which aired on more than 800 stations, you can read transcripts and listen to the broadcasts at www.npr.org. Just conduct an in-site search for "excited delirium" and you'll get to the appropriate links.

Meanwhile, FSN asked Lawrence, who was not involved in NPR's programming, to address and expand on some of the more provocative highlights of what was broadcast.

**Assertation:**

In questioning ED as a legitimate phenomenon, rather than something the police are just making up, the ACLU attorney, Eric Balaban, said, "I know of no reputable medical organization—certainly not the American Medical Association or the American Psychiatric Association—that recognizes excited delirium as a medical or mental-health condition."

NPR's reporter Laura Sullivan added: "He's right. Excited delirium is not recognized by professional medical associations, and you won't find it listed in the chief psychiatric reference book. The International Association of Chiefs of Police hasn't accepted it either, saying not enough information is known."

**Response:**

Descriptions of the symptoms that characterize ED have appeared in medical literature under various names, including Bell's Mania and fatal catatonia, for more than a century, Lawrence says. "Excited delirium" is fairly recent terminology, "but it is not a problem that is new."

The literature search that was made when the Psychiatric Assn. compiled its latest edition of the 980-page Diagnostic & Statistical Manual of Mental Disorders (DSM-IV TR, "the chief psychiatric reference book" cited on NPR) was cut off in 1996, Lawrence says--more than a decade ago.

"If you do an online search today at the website PubMed, provided by the National

Library of Medicine and the National Institutes of Health, you'll find at least 20 articles on ED from professional medical journals," the vast majority of which were published after the DSM cut-off.

"For the last 10 years, the National Association of Medical Examiners has said ED is real and has recognized it as a problem. They've published a position paper that repeatedly references it in the context of cocaine abuse and, in some cases, the failure of mental patients to take prescribed psychotropic drugs. This is not something we're making up. Saying it doesn't exist doesn't contribute to solutions for dealing with it."

[For more details of ED in medical literature, see Chris Lawrence's PoliceOne column. The NAME position paper was authored by 4 MDs and a PhD and appeared in The American Journal of Forensic Medicine and Pathology, Mar. 2004.]

**Assertation:**

By blaming ED, authorities in effect "want the victim to be looked at as the cause of his or her own death," PoliceWatch director Dawn Edwards charged on NPR. "The bottom line is that these people are dying at the hands of, or in the custody of, police officers." In her view, it's a police responsibility to assure that anyone taken into custody "stays alive."

**Response:**

During one of the broadcasts, the former ME, Dr. Vincent Di Maio, who has written a textbook on ED, challenged Edwards' position. Civil liberties groups are wrong in blaming officers for ED deaths, he said. "They buy into this mode that if somebody dies, somebody's got to be responsible. And of course it can't be the person who's high on coke and meth," even though drug abuse appears to be closely associated with many ED episodes.

Lawrence points out that deaths ascribed to ED have occurred even in hospitals with the most sophisticated medical intervention immediately at hand. To expect guaranteed life preservation from officers attempting to deal with an out-of-control offender on the street is wholly unrealistic.

Professionals knowledgeable about ED agree that it needs to be viewed ultimately as a medical problem, he says. "But this condition is a very complicated event. It involves multiple body mechanisms. The breakdown of any one of these by itself could result in death. Even the efforts of a highly trained physician may not prevent the subject from dying.

"By the time police are called, the ED subject may be deep into mental and physical distress, possibly at an irreversible intensity. We're dispatching a first responder who

generally has a first aid certificate. He may never have seen ED before or even recognize what it is. And we're supposed to say, 'Now you handle this very complicated event, with your first-aid skills, and by the way, we're going to hold you solely responsible if he dies'? How realistic is that?"

By pointing out certain factors, such as drug usage and mental illness, that seem commonly associated with ED episodes, Lawrence says, "we're not trying to blame the 'victim.' We are trying to better understand the person experiencing excited delirium and to identify things about him that may assist everyone in helping him to survive."

**Assertation:**

NPR's Sullivan stated during the second program that the debate about ED "becomes more complicated" because TASERs are often involved when officers try to control physically violent subjects who end up dying. "Civil liberties groups fear that the diagnosis is being used" not only to "cover up police abuse" but also to "protect companies like Taser International from lawsuits," she said. "Taser may have financial reasons to support—and even encourage—the use of the excited delirium diagnosis."

**Response:**

In the view of Lawrence, a DT instructor, the deployment of TASERs is not so diabolical. "Electronic control devices provide a modern, prompt, humane method of restraint" in many ED situations, he says. "Physical force and technology that depend on pain compliance tend not to work because these subjects don't seem to feel pain. Mechanical leverage techniques that lock up the joints can be difficult to apply because ED people are very, very strong and they won't let you do it.

"With an ECD, you can cause them to lose control of the muscles that maintain balance, and they fall down. This can provide a very brief window of opportunity to quickly get them handcuffed and to secure their legs with a strap device to minimize kicking and effectively establish some control. You end up with fewer injuries both to the suspect and to the officers involved."

The TASER is just the latest scapegoat blamed for causing ED deaths, Lawrence says. He cites the recent testimony of Dr. Christine Hall, a Canadian ER physician and ED researcher, at a coroner's inquest into the death of a psychiatric patient who was TASERed while in a highly agitated state.

Hall testified that when people in this state died while being restrained by the police in the 1970s, the blame was often placed on baton use. In the 1980s, it was multiple-officer restraint and "positional asphyxia." In the 1990s, it was pepper spray.

Now it's the TASER.

"The blame shifts as tactics and technology change and police critics continue to look for something other than the condition itself as the cause of death," Lawrence says.

Whatever the mode, the goal of police intervention, he stresses, is to control dangerous behavior, to get ED subjects "assessed by someone with more medical training than a police officer has, and to get him transported to a place of sophisticated medical treatment. You are not going to get any medical assistance until control has been established. There's no way around this point.

"Even if you could drive a doctor to the scene and say, 'You manage this,' nothing could be done until the subject is stabilized, and stabilization requires restraint. At some point someone has to take control of the individual, unless he somehow gets back to reality on his own and says, 'I'm going to let you help me,' and that's not a very likely development with people who are dying in excited delirium."

**Assertation:**

The ACLU's Balaban expressed concern that the messages police receive about ED may actually exacerbate confrontations. If officers are being told in training that ED subjects "have superhuman strength," he speculated, officers may treat them "as if they are somehow not human," leading "officers to escalate situations."

**Response:**

The fact is, Lawrence says, that the display of extremely abnormal strength is one of the characteristics that makes a subject who's experiencing ED so difficult to control.

Indeed, Sr. Cpl. Herb Cotner of Dallas PD, interviewed by NPR, told of ED manifesting itself by "someone doing pushups with two 150-pound officers on their back." He described one ED experience in which the subject smashed through a plate-glass window, fell from a fence, broke his leg several times--and still walked 2 blocks to fight with police. Another confrontation involved a handicapped individual who "dragged us across a parking lot."

Lawrence observes: "That may not be the way the ACLU would like it to be, but the truth is the truth. Officers must be trained for reality."

Our thanks to Wayne Schmidt, executive director of Americans for Effective Law Enforcement, for tipping us about the NPR series.

The FSRC was launched in 2004 by Executive Director Bill Lewinski, PhD. -- a specialist in police psychology -- to conduct unique lethal-force experiments. The non-profit FSRC, based at Minnesota State University-Mankato, uses sophisticated time-and-motion measurements to document-for the first time-critical hidden truths about the physical and mental dynamics of life-threatening events, particularly officer-involved shootings. Its startling findings profoundly impact on officer training and safety and on the public's naive perceptions.

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