

Introduction: How Cops Live and Why They Die

I have a recurring dream that plays to me in my sleep. I dream that no more police officers are feloniously murdered, that no more police officers will fall victim. Then I wake up.

It all seems so simple. Police officers are trained from the first day of training at the Academy in the tactics and demeanor they need to stay alive in street encounters. They are trained that officers are to remain in control at all times, because control will enable them to overcome any and all situations they encounter. The message is clear: Take command, *be absolutely certain of that command*, and you will be victorious. Then why does it happen? Why do cops die?

For many police officers, the donning of their uniform, body armor, and the image projected to the world serve to form a protective shield. This shield is needed to protect officers against a bombardment of frustration, pain, and suffering they will encounter on a daily basis. The shield enables officers to function efficiently with no lapses in control and gives them the ability to impact every situation they are called upon to handle. The very survival of the officer requires the maintenance of this control. The fact is emphasized over and over again from the first day of Academy training.

And yet, many officers do not survive. Some are shot down by an assailant's bullet. Others are killed, maimed, or crippled in traffic collisions. Others die of heart attacks, liver damage, kidney failure, or strokes. Still others take their own lives in the throes of anger, hurt, and helplessness or do not last the twenty or thirty years needed for a service retirement. They are injured—either by some visible, physical wound they can point to as an explanation for why they can't be a cop anymore, or, in the worst case scenario (to the officer), they are hurt by a psychological wound in which there are neither entry nor exit scars. In these cases, there is nothing to point to and say: "See, here is why I can't do it anymore....Here is why I'm not a cop anymore."

If police officers reading this think back to the moments just before they made their first arrest, they will likely recall that they felt nervous, insecure, and fearful that they might not be tactically or physically up to the task. Then they may also remember that after they made the arrest, their insecurity and fear was replaced by euphoria. The change came about because they used a mental command tool, which can be described as the absolute certainty that the perpetrator was *going to jail!* That perpetrator may have been physically stronger than the officer and of greater physical stature, but the officer always won. At least that's the way it was supposed to happen.

Officers Down...

On October 9, 1990, at 4:30 a.m. (a Monday morning, on early morning or "graveyard" watch), a "911" call came in to the police department. The reporting party (RP) identified himself as a store employee, and told the dispatcher that masked men were holding him hostage and robbing the store. Some additional conversation occurred between the alleged store employee and the dispatcher, when the RP suddenly stated: "I can't talk anymore, they're watching me....I've got to go." The telephone line went dead.

That particular morning, as on most Monday mornings at 4:30, things were quite slow. So slow, in fact, that the watch commander was able to send home two of the six units early. One of the officers still on duty was working on his normal day off to cover for two of his buddies who were recovering from moderate injuries sustained in a traffic collision. He had two years' experience as a police officer. Another was a probationary officer, with approximately eight months on the job. The other two officers were veterans of several years.

The call went out as a possible armed robbery with hostages, at a large warehouse. The officers responded to the call. They were not sure as to what they had: Was this a burglary? Was the gas station at the corner of the parking lot at the store also being robbed? Was this a good one? Were store employees being held hostage? There was some degree of uncertainty as the four officers took positions in the parking lot of the business and began their search of the area.

Mike, the most senior on-scene officer, had wheeled his unit to the far corner of the parking lot, directly adjacent to the front wall of the store, approximately twenty yards from the large front window. He positioned himself along the wall, and carefully approached the window as the other three officers were moving from their different positions. As he reached the edge of the window along the wall, he peered into the store and put out a chilling report: "I've got three bad guys in the store....They're wearing flak vests, ski masks, camouflage suits....They've got 'handy talkies,' and they have AK47 assault rifles. They're holding a number of people hostage. I think they saw me!"

As the other officers heard this report, and noted their partner's tone of voice, they advanced closer to the front of the store to aid Mike. One of the officers, Joe, took a position along the right side, and in front, of a van parked in the lot approximately twenty yards on the near side of the store entrance. Another officer, Peter, took a position on the left side and behind the van. Still another officer was advancing parallel to the front of the building, from the left to the right.

Without warning, the door to the van opened. A man wearing a flak vest, ski mask, and camouflage suit emerged with an AK47 and began to fire automatic bursts at the officers.

Joe, the officer immediately to the front of the van, took four rounds in the buttocks and lower back. Peter took one round in his thigh and one that lodged in his body armor at a position which would have pierced his heart had he not been wearing it. (Think of *that* when you don't feel like wearing your vest!) Mike and the fourth officer escaped physical injury.

Both officers fell to the ground while the suspect continued to lace the area with automatic weapons fire. Joe and Peter, the two wounded officers, returned fire in an aggressive manner, even though they were seriously injured. One of the crooks in the van was hit; the suspect who fired retreated; and the van left the area.

No one knew what the remaining suspects in the store were going to do, how many were outstanding, whether store employees had been hit, or what in hell was going to happen next.

Two fire fighters, one of whom was a commanding officer, crawled on his belly to the fallen officers well before the crime scene was controlled. Had the fire fighters not responded, Joe would likely have died. He was in shock, had lost a great deal of blood, and had minimal vital signs when the fire fighters got to him.

Peter was in a state of immediate mental shock and momentary disorientation, caused by the surprise of the unanticipated attack on himself and his fellow officers. He went into a type of shock reaction. He did not remember much of what he did after the initial shock of being struck—although he acted aggressively and bravely against the suspects.

The suspects inside the store now fled from a rear door. None of the store employees had been harmed physically. The police department requested assistance from all neighboring agencies, and they initiated a search for the suspects. The suspects in the van now carjacked a citizen, forced him into the trunk of his car, abandoned their van, and used this vehicle to make their escape. When the

carjacking victim sensed that his car was stopped at a traffic signal and because he (accurately) believed he'd be killed if he remained in the trunk, he opened the trunk from the inside, and fled.

Highway patrol officers discovered one of the suspects at the side of a freeway. He was a (completely rehabilitated) parolee. No other suspects were found, although subsequent investigation identified the others when they were killed in other circumstances brought about by their life of crime. The physical incident had ended.

In the Aftermath of Injury

It is at this point that police officers' intense attention paid to the wounds of their own gets complicated. The reasoning goes that because the physical assault has been survived, the wounded officers must be OK. Uninjured officers have to quash the "there-but-for-the-grace-of-God-go-I" feelings and go back to work without feelings of vulnerability or fear of being hurt.

However, while cops may survive the physical wounds they suffer, they may well have been more wounded psychologically than physically. And it is precisely the requirement to say they're "*okfine*" that makes it more difficult for officers to come back from serious wounds and/or injury.

For several days after the incident, fellow officers visited the two officers wounded in the robbery in hospital. A line of cops—all of whom wished the officers well—were outside and inside their hospital room for hours, bringing flowers and cards.

Then, Joe, the officer shot in the back and rectum, began to suffer secondary but severe pain. While he told no one but the "shrink," he was greatly distressed by a feeling of helplessness, a feeling that he was going to die in the hospital. This was brought about by the fact that he felt he could, at least, fight back while lying on the asphalt outside the store. In the hospital, on the other hand, he thought he was dying, and there wasn't anything he could do about it. As well as the first surgery that had saved his life by closing his rectal wound and giving him a colostomy, a second surgery was performed to remove the blood

clots that had formed. Now the visitors were few, and he and his wife began the long, silent, and painful period of his recovery.

The younger officer, shot in the leg and vest, was soon discharged from the hospital. Although normally an active person, he found his normal activities were abruptly halted by the pain in his leg and by the fact he was experiencing feelings he had never experienced before. He was depressed, scared, and angry. He was a “veteran” of seven months as a police officer, and was not prepared for the shock he’d experienced when the door to the van opened in the parking lot. He was not allowed to leave his home and was beginning to have only his feelings of depression as companions. No one understood what he was going through. Furthermore, he was certainly not going to communicate to any of his buddies any “wimpy” reactions he might be experiencing. No one could know he believed he was going to die on the asphalt of that parking lot.

For that officer, another unfamiliar thought pattern began to emerge. What was it going to be like when he returned to work? he asked himself. He hadn’t even learned yet how to contain a crime scene, and now he’d been shot. Would the next call he went on be the burglar who would shoot him again? It was this concern that began to convert into fear and anger. He began to expect that some crook would try to assassinate him as soon as he returned to work. He wouldn’t let them do it, he thought. He would get *them* first.

The older officer, Joe, was now discharged from the hospital. He was greatly distressed by the apparatus attached to his body, and was in severe pain at all times. He felt severe embarrassment at his wounds, and was becoming increasingly frightened by the fact he could neither feel nor move parts of his body. What if I don’t get better enough to return to work as a police officer? he thought. What in the world will become of me if I’m not a cop? This self-doubt, however, was minimal when compared with the commitment this officer had to return to work. He knew his life would never be the same again and the period after being released from the hospital was the toughest. He was in constant pain, in great distress, and was

reliving the shooting over and over again—even though he expended great effort to remove these pictures and feelings from his mind.

His flashbacks to the shooting took the form of constantly questioning whether he, or the other officers, could have, should have, or would have done anything different. This thinking became an obsession for him in the early days.

Police Officers and the Psychology of Trauma

The experience of intrusive recollections of being injured is commonplace in officers following incidents in which they have experienced feelings of helplessness and something terrible occurs. This feeling of helplessness is so unacceptable to police officers that they consider ways in which they might not have actually “screwed up” if they had used alternative tactics. They try to make sense of how they could have lost control of the incident. Anything, even making mistakes, is better than helplessness.

This type of thinking, however, is of limited use. By it the officer is able to avoid acknowledging that the suspect had control of the incident and can thus avoid the conscious awareness that he or she had failed to command the situation—as the officer was told he or she must always do in order to be a good cop. However, acknowledging momentary helplessness is part of the healing process necessary to extinguish the flashbacks.

Flashbacks are evidence of a rigidified, repetitive perception that is tied to a shocked condition in the brain. The shocked condition occurs in the “fight or flight” process of the brain, which is not under conscious control by the officer. Neurological activity occurring in the “fight or flight” area of the brain is instinctive—fueled by the hormones that mobilize the body for emergency reaction. These hormones prolong the memory of the shocking event, and inhibit memory of any other circumstance.

When an officer’s thoughts have been disrupted by trauma, he or she is usually not conscious that the recurring thoughts and feelings

he or she is having are actually a memory of the incident. The officer will more likely experience these traumatized perceptions, focus his or her attention on some currently occurring external irritant, project the traumatized perceptions onto the irritant, and believe that the irritant is causing the continuing internal distress. This misplaced irritation occurs because the effects of the hormone noradrenaline—especially the rigid memory-maintained—are instinctive fuels for emergency action and not under the conscious control of the individual.

Through psychological debriefing, a process of conscious analysis is undertaken in which the officer is assisted in acknowledging the momentary, situational helplessness he or she may have experienced during lethal contact. The officer is enabled to understand the source of any sensory, physical, or emotional shock reactions that may have occurred during his or her involvement in the trauma incident. The feeling of shock, helplessness, or loss of control is especially likely to occur if the officer experienced events he or she was not psychologically prepared for.

In the debriefing process, neurological activity is shifted back to the cerebral cortex, where information provided by the senses is processed, conscious control is exerted over the shocked emotion, neurological activity is lessened in the “fight or flight” area of the brain, and the rigidified, repetitive reflex reaction of flashbacks is slowly extinguished. It may sound complicated, but that’s how it works.

The Recovery

The younger officer’s physical condition improved over a number of months, so it would have been difficult for other officers to perceive the same level of mental concerns about his performance as a police officer as the more seriously wounded officer was having. “What’s he got to worry about?” they would have asked. “He’s going to return to duty in a few months. Anyway, he’s going to get the Medal of Valor, and be treated as a wounded veteran. Hero status! Can you believe it?”

For the younger officer, however, things were different. What is going to be expected of me? he asked himself. How the hell am I supposed to act? No other officer knew he had a constant thought in his mind, namely that there was going to be a burglar who would catch him off-guard and shoot him.

This thought flooded the younger officer's conscious thoughts as he began to recover his physical mobility. The thought—a kind of premonition—was accompanied by two emotions that became his constant companions: fear and anger. By experiencing a premonition, the officer was actually re-experiencing emotions generated at the original moment of impact—something that may occur for months or years after the incident. When this happens, the officer then focuses his or her attention on some current or future concern, experiences the traumatized perceptions, and “plays out” a mental scenario the perceptions create in his or her own mind. This is done to make sense of, or validate, the reactions the officer had back when the incident occurred (but which are being experienced at the present time).

During the first several weeks after his return to duty, the younger officer was preoccupied by this premonition—expecting he was going to be shot and experiencing the feeling he would shoot someone. It was difficult for him to realize that these very real thoughts and feelings were, actually, memories of the exact mental and emotional circumstances that occurred at the moment when he was shot. Later, as he became more familiar with patrol, the fear lessened, as did the premonition (in frequency, if not severity), and he began to become cynical and angered by his perception that other officers did not know what police work was really about. If these officers were newer than he, and could not have possibly imagined what it felt like being shot, he was furious with them: What the hell were they so “fat, dumb, and happy” about!?

He began to feel resentful of more experienced officers for their thoughtlessness about what he had been going through after being shot. More experienced officers did not want to think about being

wounded and, therefore, made comments about him he believed were evidence of their thoughtlessness. A contact was made by a member of a police Trauma Support Team (who had himself been shot) with the more seriously wounded officer. I believed that the wounded officer would feel more comfortable and “normal” about the frustrations of his recovery if he could communicate with other officers who had experienced similar circumstances. This contact resulted in a filmed re-enactment of the shooting for training purposes, an event that provided an emotionally recuperative or “healing” experience for both officers.

The more seriously wounded officer had additional surgery with a neurosurgeon, and it was discovered that his nerves were not severed nor damaged. Rather, the immobility and numbness were caused by scar tissue. He was told that he would, eventually, regain the use of his foot. Still more months went by, and additional surgery removed the apparatus from him, returning his body to its normal functioning. He returned to light duty, put on his uniform again, and left his home each day to go to work, as he said, “just like normal police officers do.”

The Result

It has been several years since these two police officers were struck down in the street. How simple it seems to write down, in just a few pages, what these two heroic young men have gone through. How useless words are in communicating the struggle to overcome both the physical and emotional wounds experienced on and after that event. As it is, both officers continue to experience struggles with personal, domestic, and work circumstances that would not have occurred but for the fact they were shot. They continue with their comeback, and will succeed. It is individuals like these two officers who truly embody the phrase “America’s finest.” They also give evidence to the importance of maintaining a positive mental attitude—the will to survive—during and after lethal contact.

Law enforcement is often reluctant to discuss, support, and train for this critical survival factor. And yet it continues to define those who will survive attacks by criminals and return to a fruitful, full life. It is simple to observe an entry wound scar and see the injury an officer has undergone. It is more difficult, and more unsettling, to acknowledge the emotional scarring that can last for a far longer period of time than physical wounds. The maintenance of a positive mental attitude requires us to acknowledge and conquer feelings that previously were taboo for cops to talk about.

In addition to the (officer safety) causal factor of positive mental attitude, a critical requirement for officers is to eliminate any show of emotion during or after street encounters. The message here is also clear: Any show of emotion and you lose control. The officer soon learns that the ability to eliminate any direct expression of emotion is also of great benefit in allowing him or her to build a type of callus or insulation over emotions that help the officer withstand encounters in extremely distressing situations.

When the cop has to confront the child who is abused, murdered, or dies in a traffic collision or the elderly woman who is knocked down and robbed for the tiny amount in her purse; when the officer sees, instead of the victim's face, the face of his or her own children or spouse or when the dead body wears the same uniform—all of these must be experienced without any loss of control or composure by the officer. The cop must remain immune.

Unfortunately, the calluses don't always work. Many police officers experience severe stress reactions that interfere with their life in the areas of work, family, and personal health. Too many police officers become preoccupied or distracted by frustrations, irritability, or distress, and are killed in the line of duty because they make that fatal error. Still other police officers are forced into medical or stress disability requirements, and lose the dignity and pride of a service requirement.

The Rookie and the Biker

There are many cases that can illustrate the trauma that affects police officers. One in particular involves a Field Training Officer (FTO) and a trainee in the early stages of field training. The FTO (who was driving) and the trainee observed a motorcycle weaving in and out of traffic. The FTO drove parallel to the motorcyclist and ordered him to pull over to the curb. The biker looked at the two officers, extended the middle finger of his hand at them, and accelerated rapidly on the motorcycle. The FTO, a twelve-year veteran, told the young officer, a two-month rookie, to broadcast the pursuit. The rookie complied and did quite well—considering the patrol car screeched around corners with the siren screaming in the rookie's ears. The motorcycle rider continued to goad them by slowing periodically, when he was far ahead of the patrol car, then accelerating quickly to maintain the pursuit.

As the motorcycle turned east on the main thoroughfare with the patrol car behind it, the biker and the twelve-year veteran saw a train across the street two blocks ahead. The motorcycle slowed as the rider anticipated alternate routes around the train. The patrol car was closing ground, and the FTO yelled at the rookie: "We've got him!"

Just as the rider was about to take to the sidewalk to avoid apprehension, he apparently saw the caboose of the train and accelerated, perhaps believing he would successfully cross the tracks at the rear of the train. As the rider of the motorcycle reached approximately 50 mph, it appeared that he then saw there was a double set of tracks and another train was approaching behind the first one, heading in the opposite direction. He began to brake the motorcycle, but it was obvious he wouldn't stop in time.

The biker laid the motorcycle down on its side. With sparks flying from the metal scraping against asphalt and gravel, the motorcycle passed by the rear of the caboose of the first train, and passed cleanly beneath a car of the second train. The rider was not as lucky. He left the motorcycle cleanly but could not stop the forward motion of his

body. The wheels of the rolling boxcar severed his body just below the waist and his upper torso was dragged about twenty feet.

The patrol car slid to a halt. The FTO quickly slammed the gearshift lever to park and bolted from the car. The rookie had a bit more difficulty. Everything seemed to be in the way, and he was hung up on the seat belt. Then his holster became pinned between the seat and the rocker molding at the bottom of the door. Finally, he was free of the car and moving toward the FTO, who was standing over the biker.

As the rookie stood by his FTO, he looked down at the severed body. The biker lay on his back looking up at them. Blood was everywhere, flowing from the cavernous opening below his waist. The biker's face was contorted in pain. His mouth opened and closed with a silent scream. To the rookie, the biker's mouth strongly resembled that of a tropical fish. The arms of the biker reached up like those of a small child reaching for its mother.

The rookie now looked into the face that pleaded for unknowable things and looked up at him begging for help. Then the rookie noticed that the intestines of the biker were flowing from the gaping abdominal hole, and a brown and red gruel was oozing over his spit-shined shoes. The rookie then administered the last decree of justice to the biker (who had known various sentences in his life, as it turned out). The last sight the biker took with him from this world was that of the rookie police officer losing his breakfast onto his face.

The rookie became a legend among his peers, and for years was held in high regard by all traffic officers who ever had contact with outlaw motorcycle-gang members. The rookie, later the veteran, would tell stories of the event while having a beer after work with the guys. He would, however, often, on the way home from work, and, occasionally, when the biker would visit him in the middle of a nightmare that has remained with him over a twenty-one-year career, sob and apologize to the biker: "I'm sorry I threw up in your face as you died."

Stories like this epitomize the consequences that can negatively impact the lives of law enforcement officers. Somewhere in the deep recesses of most officers' memory, there is a biker, a baby, or another victim whose injury touches a sensitive nerve that sparks a nagging ache, nausea, guilt, or other distressful reaction. Indeed, the types of incident that haunt a cop—and which can cause damage to their self-esteem, family relationships, and health—are not likely to be dramatic ones, such as an officer-involved shooting. Rather, they tend to be those in which the officer failed to impact or prevent some tragic event to people he or she did not wish harm to come to. When an officer is troubled by uncontrolled emotions, preoccupation and distraction caused by such upset cannot help but compromise an officer's tactics and safety.

The purpose of this book is simple. Officer survival training—while excellent in teaching the use of tactics, weapons, and coordination of action with other officers—may often not include a critical ingredient: maintaining control against the mental and emotional compromise that could disrupt officer-to-officer tactics, officer safety, and officer health and wellness caused by lapses or “freezing” in concentration, judgment, and decision-making. The traditional avoidance in police training of the psychological and physiological impact of police work upon officers must be changed. There now exist simple-to-use methods that ensure that officers continue to maintain their concentration and focus of attention under any and all circumstances.

In some ways police officers treat their emotions a lot like a carpenter treats his or her hands. If one were to examine the hands of a carpenter on the first day of his or her apprenticeship, they would appear soft, unblemished, and uncallused. At the end of several days, those hands would be rough, blistered, splintered, and perhaps bleeding. Of course, six months later, the hands would appear hardened and callused, impermeable to the same elements that wounded them six months earlier. Calluses are the body's

protection for the hands. Cops do the same thing with their emotions: they cover them with calluses as a natural defense against the pain they may experience in the course of their duties.

The problem that is created by placing such emphasis on calluses—as opposed to familiarity, practice, command, and control—is that the officer is often not permitted sufficient ventilation or healing for the wounds he or she receives throughout his or her career. Officers have often turned to such aids as alcohol, the discharge of anger towards loved ones, and/or self-defeating or self-destructive behaviors.

Ultimately, injuries to their mental and emotional well-being that are ignored by officers may act like secondary infections that fester and become causes of damage to their life. Extensive research has shown that such patterns of response to the work of law enforcement have resulted in a greater likelihood of sudden-onset coronary death, diabetes, cancer, and thyroid disease—a risk that increases the longer the officer performs his or her work.

There are, without a doubt, at least two “selves” within most cops. “Outer” cops are the officers who graduate from the Academy. They are a damn sight better than anyone else. They handle any situation and always impact that situation for victory. They never show any emotion or lose control. They use command presence in dealings with police matters, as well as in their personal lives. They never lose their service weapon or other equipment in a struggle with a felon. They never ask for help with problems they may be having. They quickly become irritated, angry, and resentful at not being treated with the proper recognition: “Don’t they realize what I do?” they ask. “How hard I work? And this is how they treat me?”

The “inner” cops are the persons inside the uniform. They are, in actuality, often extremely sensitive individuals. They care. In no other occupation in the history of the world do individuals sacrifice and deny their own needs for people they don’t even know, as do police officers. If you think about it, the act of risking one’s own safety and

well-being for someone one doesn't even know is a good definition of a hero. But a hero, by definition, sacrifices a part of him- or herself.

The "inner" cops are the ones who feel the pain experienced in encounters with innocent victims. They can experience the helpless feeling of getting there too late to prevent the harm from being done. They want justice. They don't think it appropriate to see a child-abuser or wife-batterer being released on their own recognizance because a jail is crowded. They don't want a prosecuting attorney to refuse to file a case of sexual assault on a ten-year-old developmentally disabled girl because "the victim will not be attractive to the jury." They want promotions to be based on merit and not "juice."

There is a scene in the movie *Platoon* in which a squad is on patrol and has taken an ambush position during the night. A young soldier is seen with a towel over his head, protecting himself from the mosquitoes, as he sits and watches shadowy figures move silently through the darkness. Suddenly, the enemy closes ground with him, there is an explosion, and the screen bursts into a firefight. One of the members of the squad takes a position with the machine gun and begins firing. He is hit by fragments of an exploding grenade and is seriously wounded. He begins to scream in pain and fear. As the firefight ends, the enemy runs back into the bush and there is silence, with the exception of the screaming man. As the squad member lies screaming, the sergeant kneels beside the injured man and clamps his hand over the man's mouth to stifle the noise. He orders the wounded man: "Shut up....Shut up and take the pain." The wounded man ultimately dies.

What the sergeant said in the film is identical to the process cops have gone through from warriors in biblical times to the present day. These people have shut up and taken the pain; they have crammed years of emotional bleeding down deep inside of them, and some of them have died because of it.

There are a variety of reasons for the above process. Society demands it of cops, they demand it of themselves, and their peers

demand it. We teach the new cop to behave this way, and it is necessary. No human being can see children murdered, mutilated bodies strewn on the asphalt as a result of traffic collisions, and witness man's inhumanity to man without being moved.

In my clinical and professional experience within law enforcement, three themes appear to influence officer dysfunction or breakdown in family, work performance, personal health, and survival tactics. First, police officers have often been insufficiently prepared for the psychological and physiological reactions they will experience in response to their work. Second, police officers exist in an environment where the message is clear: "If you feel, you cry....If you cry, you can't work....If you can't work, you're losing it....And if you lose it, you can't be a cop anymore." Third, it is probable that officers grew up in environments that strongly influence how they react to problems perceptually, emotionally, and behaviorally; that is, a great many police officers were children of some type of environment where they learned to "stuff it."

The traditional avoidance in police training of the psychological and physiological impact of police work upon officers must be changed. It is not expected that this book, nor the very best in officer survival training, will prevent all further incidents of officers lost in the line of duty. That is a tragedy that will, unfortunately, take more fine heroes before their time. This work is intended to provide bridges to the missing links in Officer Survival Training that can save officers' lives. Further, the preemptive psychological debriefing techniques and officer-wellness tools taught in this book will help officers condition themselves to be victorious psychologically as well as physically. It can save families from unnecessary divorces and provide "the good guys" with a structure to give themselves the care, concern, and relief from psychological and physical wounds that their daily heroics deserve.