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More de-escalation training for police is needed to protect everyone: Opinion

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Welfare checks turn deadly.

You might want to think twice before calling cops, especially if that person is autistic, hearing impaired, mentally ill, elderly, suffering from dementia, disabled or might have a condition that hinders their ability to understand, communicate or immediately comply with an order.

Particularly if you value that person's life.

It is becoming painfully evident that police — trained in the worst case scenario and thus ready to shoot first and ask questions later — increasingly pose a risk to anyone undergoing a mental health crisis or with special needs whose disabilities may not be immediately apparent or require more finesse than the typical freeze-or-I'll-shoot tactics employed by America's police forces.

Just recently, in fact, Brandon Roberts, a 27-year-old Delaware man who suffered from bipolar disorder, depression and post-traumatic stress disorder, was killed. Police — responding to a 911 call indicating that Roberts was experiencing a mental health crisis — opened fire on the man in the hallway just outside the apartment where his pregnant fiancée and 1-year-old son reside.

Despite knowing that there was a child in the home, despite knowing that the man was experiencing a mental health crisis that required delicate handling, police reportedly banged loudly on the apartment's second floor door ("like it's a drug bust") right around dinner time.

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When Roberts, knife in hand, left the kitchen and answered the door, police barely gave the man time to process their shouted orders before opening fire. Photos of the bullet damage show a bullet hole above the entrance to the apartment and another bullet hole that shot through a couch, then a wall and ended up in the child's room.

A similar scenario played out last year in Virginia.

Gay Plack, a 57-year-old woman with bipolar disorder, was killed after two police officers— sent to do a welfare check on her — entered her home uninvited, wandered through the house shouting her name, kicked open her locked bedroom door, discovered the terrified woman hiding in a dark bathroom and wielding a small axe, and four seconds later, shot her in the stomach.

Four seconds.

That's all the time it took for the two police officers assigned to check on Plack to decide to use lethal force against her rather than using non-lethal options or attempting to de-escalate the situation. Both cops opened fire on the woman. One cop had a Taser, which he made no attempt to use.

Unfortunately, these are not isolated cases.

Over the course of six months, police shot and killed someone who was in mental crisis every 36 hours.

Indeed, according to a study by the Ruderman Family Foundation, disabled individuals make up a third to half of all people killed by law enforcement officers.

These cases, and the hundreds — if not thousand — more that go undocumented every year speak to a crisis in policing when it comes to law enforcement's failure to adequately assess, de-escalate and manage encounters with special needs or disabled individuals.

Where does this leave us?

For starters, we need better police training across the board, but especially when it comes to de-escalation tactics and crisis intervention.

Former police speak up: De-escalation is not an unfamiliar term, training

A study by the National Institute of Mental Health found that Crisis Intervention Team-trained officers made fewer arrests, used less force and connected more people with mental-health services than their non-trained peers.

Second, police need to learn how to slow confrontations down, instead of ramping up the tension and the noise.

Maryland police recruits are now required to take a four-hour course in which they learn “de-escalation tactics” for dealing with disabled individuals: speak calmly, give space, be patient.

Third, with all the questionable funds flowing to police departments these days, why not use some of those funds to establish what one disability-rights activist describes as “a 911-type number dedicated to handling mental-health emergencies, with community crisis-response teams at the ready rather than police officers.”

In the end, while we need to make encounters with police officers safer for people with mental illness or with disabilities, what we really need is to make encounters with police safer for all individuals all across the board.

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