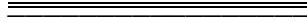
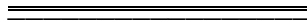


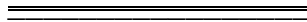
**The Bill Blackwood
Law Enforcement Management Institute of Texas**



Augmented Healthcare Insurance for Retiring Texas Police Officers



**A Leadership White Paper
Submitted in Partial Fulfillment
Required for Graduation from the
Leadership Command College**



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ABSTRACT

The purpose of this paper is to suggest that the federal and state government consider augmenting extended health insurance and treatment programs to retiring Texas Peace Officers due to studies that outline the cause and effect of stress related illnesses and disorders. The government, economy, and taxpaying citizens suffer the consequences of unpaid medical cost for treatment of relative conditions suffered by officers. Studies initially commenced on the cause and effect of post-traumatic stress along with related illnesses and disorders of returning combat veterans. Similar studies on the cause and effect of long term exposure to traumatic stress link related illnesses and disorders to police officers as compared to the military veteran .The federal government concluded the need for prevention and treatment of the traumatic stress related illnesses and disorders for the military veteran (McCartey, Zhao, & Garland, 2007; Morash & Harr, 1995; Swatt, Gibson, & Piquero, 2007; Kopel & Friedman, 1999).

In 2000, Congress passed the Long-Term Care Security Act requiring the federal government to offer long term care insurance to federal officers. The State of Texas currently offers healthcare insurance to State Troopers retiring with 20 years of service. The federal government also addressed the military members as the state addressed the state officers, yet all have failed to recognize and address augmentation for the municipal police officer.

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INTRODUCTION

Law enforcement is commonly recognized as a paramilitary structure (McNeil, Lecca, & Wright, 1983) and similar to years of military service for retirement with the exception that the military retirement includes post healthcare for life (GAO-11-875R, 2011). Military veterans can retire with full benefits after 20 years of service regardless of age. The government provides healthcare through military hospitals and the veteran's administration (VA) medical facilities along with other venues such as Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), recently changed to Tricare or Civilian Medical Health Program of the Veterans Administration (CHAMPVA) to civilian medical facilities. These benefits are an enticement and encouraging strategy in the recruitment process which will give some assurance to a quality of life after retirement for the veteran and family.

According to the Government Accounting Office (2011) (GAO) report GAO-07-202, in the year 2000 congress passed the Long-Term Care Security Act, requiring the federal government to offer long term health insurance to federal law enforcement officers. This secured the federal law enforcement officer with benefits after retirement and a quality of life for the officer and family. A federal officer is eligible for retirement at 20 years of service at the age of 50 or any age with 25 years of service. The federal government also recognized the need for extended healthcare to include compensation for partial disabilities of military veterans. The Texas State Police have a retirement plan with similar benefits. A Texas State Trooper can retire at 20 years of service, but have to meet a standard of age plus years of service to equal 80 in order to receive extended health insurance benefits for the trooper and family.

Texas police officers serving in most municipalities in comparison have been recognized for their similar services accordingly, yet have not been recognized for similar benefits of extended healthcare coverage. This has caused the need for independent healthcare at full cost to the retiring officer. Independent healthcare is extremely expensive and cannot be afforded by an officer retiring early. The exception is municipalities working under civil service with contract agreements that agreed on early retirement pensions with extended insurance.

Texas police officers serving 20 years in municipal agencies are eligible for retirement without extended healthcare. Officers commencing a career in law enforcement at the average age of 25 are eligible for retirement at the age of 45 with no affordable healthcare insurance benefits. The earliest retirement age for a Texas Peace Officer is at a minimum of 62 years old for social security and 65 years old for Medicare and Medicaid benefits depending on your year of birth. This leaves a minimum barrier of 17 years before the retired officer is eligible for social security benefits and 20 years for Medicare and Medicaid benefits. Therefore Texas police officers are commonly left with the option to retire without affordable healthcare benefits or continue to work almost double the years of service before eligibility for healthcare benefits or Medicare and Medicaid depending on the age at retirement.

This issue has primarily caused delays in retirement for the Law enforcement Officer adding an average 15 - 20 years of work before the officer can afford to retire with benefits suitable for care. This doubles the years of service for the officer to retire; enhancing exposure to long term stress related illnesses and disorders, which is conducive to prompting premature death, including suicide. Texas police officers in

practical theory provide similar services and purpose in defending the constitution and rights of freedom to feel secure in one's surrounding sustaining quality of life for mankind; now identified as homeland security. A law enforcement officer and his family should receive the same benefits as the retiring federal, state, and military veteran. Therefore, the federal and state government should support and augment extended health care funding for all Texas police officers and their families retiring with 20 years of service at an affordable reduced rate, including widows of deceased retired officers or officers killed in the line of duty.

POSITION

Law enforcement is generally recognized as being one of the most stressful and exceedingly difficult careers (Robertson & Cooper, 2004). Police officers are recognized to suffer from extreme levels of stress in performing work that is both physically and emotionally draining (Dick, 2000; Gershon, Barocas, Canton, Li, & Vlahov, 2009; He, Zhao, & Ren, 2005; Kopel & Friedman, 1999). Texas police officers commonly work as much as twice the regular work hours compared to the average American worker. This behavior contributes to the officer's physical and mental fatigue.

Long term fatigue and stress have a detrimental effect on the physical and metabolic functions of the body along with psychological effects leading to dysfunction in the mental state and performance of the officer. This also attributes to high risk of stress related illnesses and disorders (Senjo, 2011). Additional studies in 2002 through 2009 were conducted on German Police officers with regards to shift work of police officers over a 20 year period. The studies concluded an increase in the risk of reduced fitness for duty with increasing number of years in shift work during the work life. The

hazard rates followed an exponential trend, indicating a rapid increase in metabolic health impairments in particular beyond 20 years of service (Wirtz & Nachreiner, 2012).

Previous studies targeting Police officers were few and had not been conducted in these related causes of illnesses and disorders; sustained by police officers (Thayyil, Jayakrishnan, Raha, Cherumanalil, 2012). The cause and effect on the police officers, their families, the department, the community, and the economy have common understanding but had minimal evidentiary facts or studies to support it at that time. The federal government spent a considerable amount of money providing studies on illnesses and disorders to include PTSD on the returning war veterans with related illnesses and mental issues. The studies were first recognized in veterans returning from combat and subsequently paralleled to disorders sustained by police officers (McCartey, Zhao, & Garland, 2007; Morash & Harr, 1995; Swatt, Gibson, & Piquero, 2007; Kopel & Friedman, 1999). These studies can be compared to similar previous studies regarding PTSD in Police officers paralleled with the military in studies on veterans by Elder, Shannon, & Clipp (1995).

Studies regarding Texas police officers on relative illnesses and disorders were recognized and commenced further studies in the recent years. This was an opportunity to be taken advantage of by the law enforcement community. Suggested methods of treatment, preventive programs, and public awareness, are a slow process.

In studies by Hartley, Knox, Fekedulegn, Barbosa-Lieker, Violanti, Andrew, and Burchfiel (2012), it was discovered that the stress police officers are exposed to in the history of a career has relative cause to stress related illnesses and disorders, such as metabolic syndrome, hypertension, hypertriglyceridemia, glucose intolerance and

cardiovascular diseases (CVD's). Older but relevant studies identify physical problems as hypertension, stroke, ulcers, high blood pressure, and sexual dysfunction (Bartollas & Hahn, 1999). In additional related studies pertaining to psychological disorders, researchers have identified a series of disorders related to Post Traumatic Stress Disorder (PTSD) in Police officers (Paton & Violanti, 1996; Stephens, Long, & Flett 1999).

This opens new avenues to psychological and physiological associated illnesses and disorders including depression, burnout, suicide, drug and alcohol abuse, aggressive and violent behavior, hyper arousal, and decreased work performance.

In the study of long term stress related illnesses or disorders deriving from occupational hazards, long term exposure to traumatic incidents or events, organizational derived stress, high demand of expectations and work hours common to law enforcement duties the government recognized the need for some type of action to treat and preventative measures for these illnesses (Violanti, Burchfiel, Hartley, Mnatsakanova, Fekedulegn, Andrew, Charles, & Vila, 2009). The Diagnostic and Statistical Manual of Mental Disorders (DSM) is currently considering change of status on the DSM-IV to the DSM-V for this disorder and related disorders and illnesses based on recent studies (Gachter, Savage, & Torgler, 2010).

The ultimate condition of stress related illnesses or disorders that lead to severe depression have a high risk of ending in suicide. Retired officers have taken their own lives at the sake of PTSD and/or depression with the inability to cope any longer (Sirus, Link-Malcom, & North, 2011). A letter was sent to President Obama by a wife of a deceased officer in a plea for him to recognize the cause of these suicides and the lack

of support and benefits from a surviving family. Interestingly enough, President Obama paralleled the suicide to the military veterans who commit suicide. He notably stated that the officer should have been honored for his service and the good he had done. He mentioned the benefits for a veteran and for the survivors of the veteran, recognizing a need for paralleled recognition and benefits. Yet, to date, the law enforcement officer has seen no change subsequent to President Obama's stated recognition.

In 2009, President Obama affirmed stimulus funding to continue the COPS program ("Budget cuts threatening," 2009). In the process of providing funding, there was no intention of accounting for the need of extended healthcare for these officers. The federal government provided \$75,000.00 per officer in stimulus money only for agencies to continue to hire new officers in attempt to sustain staffing on patrol in effort to reduce crime. There is no evidence to support that any previous studies or discussions of extended healthcare ever occurred.

Retired Texas police officers who sustain these traumatic stress related illnesses inevitably will place the financial burden on the government and the economy if not adequately insured. The high cost of medical treatment for most these issues are very costly and usually lead to officers not being able to pay their debt ("Medical debt," 2004). Studies by Gabriel & Liimatainen, 2000, revealed the typical cost of this post related healthcare is in an annual range of "\$30-\$44 billion" and over 2 million days of lost time (sick leave) weighing on the cost of the government and economy. Cobra insurance or private insurance for post retirement is simply not affordable on a law enforcement retirement salary (Bond, 2014). It is imperative that the federal and state

government weigh the initial cost in prevention rather than long term cost for post retirement care.

There are exceptionally few departments that currently offer extended health care to Texas police officers attaining the minimum years of service for retirement at 20 years. This commonly forces an officer to continue to have to work for an extended amount of years adding extreme potential for enhancing stress related illnesses and disorders. This extended exposure of traumatic stresses inevitably bears a great potential impact on the police officer, the officer's family, the employing agencies, and the economy along with the taxpayer.

The State did not recognize these studies and implement suggested programs and preventative measures as did the federal government for the military veteran. In research on this topic there is no known campaign to address the young officers with prevention programs in education of long term illnesses and disorders. Preventive programs did not consider pre-hire orientation as part of the tool to enhance the knowledge and understanding of the young "machismo" attitude of the law enforcement officer (Paton, Violanti, Burke, & Gehrke, 2009). Retirement programs are usually conducted within 2 years prior to scheduled dates of retirement to address city employees as a whole. There is no specific program for the officer in transitional experience, which places the officer at risk from the onset. This is a common reactive approach versus a proactive approach.

Collectively, all the money that was spent on research was absolutely necessary and now the follow up action required is imminent to the quality of life for the retiring police officer. Ultimately, everyone loses in the current situation when there is available

funding to spend up front rather than in post related care. Therefore, the need for the law enforcement officer to have the ability to take advantage of the minimum years of service to retire to a quality of life, still exist by all means.

Minimum age for benefits at retirement in some smaller departments, such as Seguin Police Department, is 57 years of age with 25 years of service (age plus years of service to equal 82) to qualify the employee alone for insurance benefits. This benefit is no longer available due to increased cost of healthcare premiums and benefits. The officers hired prior to 2005 are grandfathered to this benefit; however have the added stress of serving an additional 12 to 16 years in order to attain the minimum age requirement for post healthcare insurance.

Officers serving 20 years in policing with an option to retire does not conclude permanent retirement. There are many skills attained by an officer in twenty year tenure. This option simply enables the officer needing to leave law enforcement into another career field has that option (Dillard, 1982). The burden should not be placed on the accepting organizations as the conditions related to prior service, plus this would be discouraging to the accepting organization.

COUNTER POSITION

The nation is currently in recession with attempts to cut the deficit by one trillion dollars. Therefore, it would be difficult to expect for the government to provide funding for this “social program” without possibly affecting the tax payer by raising taxes to fund this program. The public consistently fears and rejects tax increases as a solution to resolving the government debt. Therefore, funding is of reasonable concern to the public. Directing a resource only means taking from other programs that are just as

important in general (Gravelle, 2012). Our economy thrives in government decisions on cutbacks, changes in strategy, renewed philosophy, and adding social programs to our environment.

The concept of adding augmentation is simply believed as not feasible and was opposed by citizens in past attempts ("Monthly labor review," 1992). Controversy in social programs already cause fear in the American citizen to losing or depriving social programs such as social security, Medicaid, Medicare, and government assistance. There are other professional fields that bring similar great risk to stress related illnesses or disorders affected by the lack of governmental systems in place. "The oppositional defiance continues amongst the same base line of conceptualization of other related studies to non-police retirees and related stressors" (Paton, Violanti, Burke, & Gehrke, 2009).

In contrary, the government actually showed the ability to augment or subsidize municipalities when the early retirement reinsurance program was enacted in 2010 and expired in January 2014. Five billion dollars was submitted into the program for approved agencies to be reimbursed for medical expenses related to early retirees and their families' healthcare. The program was successful and should be a pilot to a larger scale program (GAO-11-875R, 2011). The lack of support for this proposal would inevitably place the burden back on the government and consumer for unpaid medical expenses related to these issues. The prevention outweighs the risk of the final outcome in this situation.

This assessment and true application of early retirement is believed to be uncommon and not freely accepted or widely accepted by the norm. The average

American does not expect or accept a retirement at such a young age when it comes to Texas police officers. The opposition was in belief that the police officer differed from the military in conscripts ("Monthly labor review," 1992).

However, it is shown in study that this early retirement is attainable through proper planning, education, and training by human resources at the onset of employment (Darnley, 1975). The opposition in paralleling police with the military has diminished over the years. The police profession has been compared and paralleled with the military in several aforementioned studies (GAO-11-875R, 2011). The government funded these studies resulting in the same outcome of comparison. Therefore it is reasonable to conclude the similarities should reflect similar benefits. The early retirement of the military veteran or federal and state officer serving 20 years of service does not differ in conscripts and are fully funded.

Certain studies suggest physical fitness to reduce long term stress and promote a healthier lifestyle and increased survival rate (Gerber, 2013). Other studies suggest immediate post treatment for traumatic events to prevent or reduce PTSD (Benson-Martin, 2012). It is also believed that that average American will live longer in this century as a result.

Even though these programs have been statistically proven to reduce some stress and increase the average survival rate, the programs did not specifically consider factors related to the nature of the officer's training, challenges, and mindset. Officers are instilled with defensive mechanisms of survival through training. This mindset leads to typical officer mentalities of an invincible "Macho" spirit (Crank, 2003; Skolnick, 2005; Skolnick & Fyfe, 1993). When it comes to these issues most officers are ashamed to

seek help; usually until it is too late (Worden, 1982). Additionally, the studies did not specifically identify with a delayed reaction to traumatic stress in law enforcement officers (Solomon & Mikulincer, 2006). The onset of PTSD may possibly lay dormant years after retirement and can be associated with other separation disorders that sometimes result in suicide. Additionally, the average life span of a police officer is significantly younger compared to the average city employee (Brandl, & Smith, 2013).

RECOMMENDATION

The aforementioned studies related to traumatic stress, physical illnesses and related disorders show that the federal government concluded this factual information to be in the interest of the government and the people. However, has not considered an effective program or augmentation of insurance to support affected Texas police officers eligible to retire in our current day. A consideration for affordable insurance supported through the state's agency would have a positive outcome. This would provide a substantial benefit to lowering high impact cost through preventive care. It would also have a drastic effect on Texas police officers being able to receive treatment for these type illnesses and disorders.

The lack of support consequently has officers delaying their retirement at the minimal required years of service due to not being able to afford credible healthcare insurance. This is now placing the law enforcement officer at a higher risk of illnesses, disorders, premature deaths and ultimate acts of suicide. The federal and state government can act on this information and provide augmented extended healthcare plans to retiring Texas police officers. This would provide a better quality of life and save the officer through preventive measures and care. Conclusively, recognizing and

honoring the municipal police officer as the governments did our military service members and federal and state officers.

The federal government has already recognized the related issues and should commit to proactive measures in addressing the retiring police officer. The government can re-instate the Early Retirement Reinsurance Program that recently expired in Jan 2014 and open to all Texas agencies that apply. This would allow the affected officers to retire and provide a positional transition through attrition allowing the younger and healthier officer to succeed in promotion.

The federal government previously commenced a public service announcement through commercials and publications as an outreach for those returning combat veterans whom were unaware of provided programs and treatment. The message is simple and effective stating that it is acceptable for a wounded warrior to ask for help, especially being a team concept. Hence, the federal or state government should provide a similar service by providing such benefits to the affected or retired officer to include the launching of a campaign subtitled a message with "Officer Down". A language that is common to the officer as means of calling for immediate help. This would aide in the current need of immediate assistance (while insured under a department) as a preventative measure for long term illnesses and disorders.

There is option for compromise in all given situations. The government can provide insurance with stipulations such as the age and years of service formula. However, must keep the focus on the purpose of this proposal and keep the charts reasonable with an age of 55 as noted in the Government Accountability Office report, GAO-11-875R (2011).

Lobbyists, insurance giants, chiefs of police, and the general public should pressure the United States government to consider a plan of action in securing the “Texas police officer” with a retirement insurance package. The benefit should be similar to the current military, federal and state retirement packages, which includes reduced or free healthcare insurance coverage for retiring Texas police officers and families. The quality of life of the retired police officer can be restored with the affordable care and treatment of this benefit.

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