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1317 N. San Fernando Blvd., #319
Burbank, CA 91504-4272
1-800-395-7376 www.rdpoa.org

PTSD—The “Hidden Injury”

By: Andy O’Hara

Posttraumatic stress disorder (PTSD) is often called an “injury” because it actually causes dysfunction in parts of the brain that control memory (the hippocampus) and fear (the amygdala). This causes them to operate at cross-purposes, leading to a host of often disabling symptoms.

Nonetheless, PTSD is a *hidden* injury because it leaves no visible scars, such as those left by a gun or knife attack. There are no broken limbs from PTSD alone and the victim is not confined to a wheelchair. They walk, they talk and often act in ways that seem “normal enough” yet, inside, they are a cauldron of disturbing thoughts, emotions and anxieties.

Where does PTSD even come from? As the name implies, of course, it comes from that thing called trauma. To understand this, however, one must recognize some simple definitions. First, “stress” and “trauma” are two entirely different things—yet we tend to use them interchangeably as though they mean the same thing. Stress alone does not cause PTSD—stress is a routine, daily part of life. It can even help you get that promotion you’ve been seeking, finish a marathon, or plan a vacation. It’s “a state of mental or emotional strain or tension resulting from adverse or very demanding circumstances,” and can result in an abundance of stomach problems, headaches and ulcers. Over fifty percent of doctor’s visits are from stress related conditions and ailments.

“Trauma” is entirely different. Put simply, trauma is “the result of a perceived threat that exceeds one’s ability to cope.” It goes far beyond mere stress alone. The person senses a life-threatening danger physically or emotionally from an event or events. There is a sense of helplessness that goes with it, far exceeding that experienced from mere stress. This is where PTSD comes from.

It’s important to remember that there are two types of trauma that result in PTSD, however—*critical incident trauma* (such as a gunfight or violent child death) and *cumulative trauma* (a series of events, such as accumulated screams, fights, or repeated exposure to disastrous scenes).

We’re all familiar with the trauma that results from a critical incident—it can be compared to a Mack truck running over you on the highway. It’s a “headliner,” in which everyone in the office—and even the public—knows you’ve been involved in something traumatic. Help is, in many cases, immediate.

Cumulative trauma is more insidious, however. A good comparison is a bumblebee sting. One is irritating, two or three are more painful, and too many stings require medical attention. Cumulative trauma may show itself at any stage of a career and can build over the years, sometimes manifesting it just before—or after—retirement. It can be just as destructive to the psyche as critical incident trauma. Help is usually delayed or non-existent because the onset is unseen.

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How do you know if you're suffering from one of these injuries? There are a few characteristics that are common to both.

Insomnia
Nightmares and night terrors
Uncharacteristic anger and displays of temper
Substance abuse
Flashbacks
Depression
Anxiety
Scattered thinking
Suicidal thoughts

For law enforcement, there are two keys to avoiding the impacts of critical and cumulative trauma: prevention and treatment. "Prevention" means doing something proactively for yourself. One must first recognize that police work is one of the most toxic, caustic career fields in the world. It is rife with potential trauma. One must—and can—head off the trauma before it impacts you permanently. This is why we at [Badge of Life](#) recommend a voluntary, annual "mental health check-in" with a licensed therapist of your choice. You do this with the same diligence as seeing your doctor once a year for a physical exam or your dentist for a cleaning and dental check.

To do this, you may want to choose your department's psychologist, if there is one, or partake of the services of your employee assistance program. Some officers are suspicious of these avenues, however, and if you fit that category we recommend you go "outside" a select a therapist on your own or as recommended by others. Here, with a small co-pay, your confidentiality is absolute (unless you're a danger to yourself or others).

Having a checkup like this is for "healthy" officers as well as those experiencing problems—it's an opportunity to look at the past year, see what has worked well and examine what hasn't. It's a chance to identify any trauma that has occurred or is in the process of catching up with you. It's an occasion to do something good for yourself and counter the unhealthy things you're running into on the streets.

If you need help—if the anxiety, sleeplessness or other symptoms are catching up with you, don't delay. This is where "treatment" comes into it. Get help for yourself as soon as possible. Doing so can save your career. Getting help can mean seeing that licensed therapist and, if they so recommend, getting the services of a good psychiatrist for medications. PTSD and depression go hand-in-hand, and a simple anti-depressant combined with therapy can make the difference between a long, healthy career versus a disability retirement or discharge.

If you find yourself in immediate danger, such as contemplating suicide, call the National [Suicide Prevention Lifeline](#). They're staffed by compassionate professionals who are local to you, will listen, and can direct you to appropriate assistance.

You owe these things to yourself. Fifteen to eighteen percent of police officers in the United States are estimated to suffer the symptoms of PTSD. You needn't be one of them, but if you are, there are some things you can do about it.

Andy O'Hara is the founder and a board member of the [Badge of Life](#) organization. Andy has co-authored one book and has written numerous articles for publication. He is an advanced peer support officer, working with individuals to find appropriate help and ways to deal with law enforcement issues. Andy is a 24-year veteran of the California Highway Patrol, was suicidal and retired with PTSD.

What You Must Know About the New Medicare Card You Will Get Soon

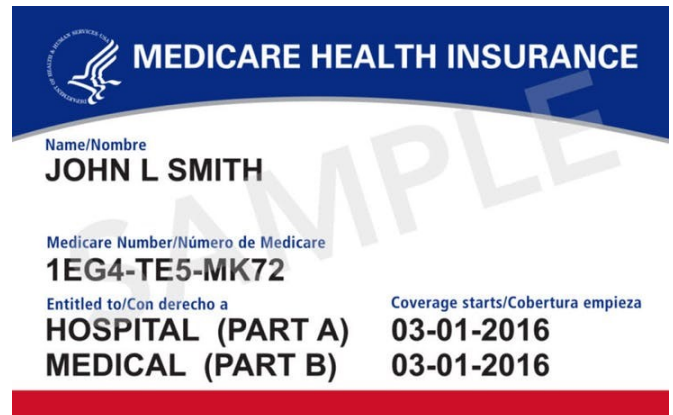
[Karla Bowsheer](#) • January 31, 2018

Every Medicare beneficiary will receive a new identification number and card soon. The measure is part of an effort to help protect beneficiaries from identity fraud, [according to Medicare](#), a federal health insurance program primarily for folks ages 65 and older. Currently, Medicare identification numbers are based on Social Security numbers. As the Medicare program tells beneficiaries:

“Fraudsters are always looking for ways to get your Social Security number, so we’re removing Social Security numbers from all Medicare cards to make them safer. Your new card will have a new Medicare number that’s unique to you.”

This announcement isn’t just one for seniors to note. Health care fraud can happen to anyone. Should safeguard your health insurance card, regardless of whether you’re insured under Medicare.

If you’re wondering what the new cards will look like, the Medicare program has provided this example:

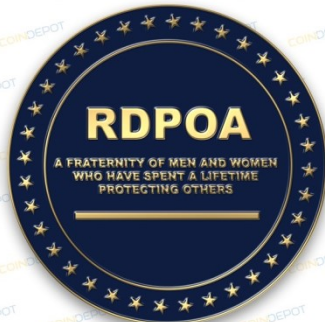


Sixteen States Where Pensions Are Under Attack

Elected officials are pushing government employees into defined contribution plans, which are nearly identical to 401(k)s because of the funding issues associated with pensions. Just like in the private sector, employee contributions to these plans are sometimes matched by their employers. They fluctuate in value based on the securities in which they invest. Government employees can lose most of the value of their plan in a bad market, such as the one triggered by the Great Recession, potentially delaying their retirement plans for years.

24/7 Wall St.'s list of Sixteen States That Are Killing Their Pensions is below. These states are those in which governments have gained the upper hand in the war over what public workers will be paid and over what time.

Alaska	Colorado	Florida	Georgia
Indiana	Michigan	Minnesota	Montana
Nebraska	North Dakota	Ohio	Oregon
South Carolina	Utah	Washington	West Virginia



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End of Watch



Robert G. Butkiewicz	Port Authority NY/NJ	01/14/2018
Robert G. Checchi	San Francisco PD	01/09/2018
Anthony Cherubino *	NYPD	01/04/2018
Lynn W. Froistad	Pasadena (CA) PD	02/24/2018
John A. Goodhand	Lucas County (OH) Sheriffs	01/14/2018
Michael S. Sicurella, Sr.	Elizabeth (NJ) PD	03/01/2018
William P. Skillman	U.S. Army Military Police	02/24/2018

* Tony Cherubino was one of our Membership Coordinators and he will be missed.

He was one of four representatives for Region 6.



RDPOA Membership Coordinators

Region 1	Pacific Alaska Region (AK-ID-OR-WA)	Phil Colcord
Region 2	Pacific Region (AZ-CA-HI-NV)	Jerry Morrow
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Region 9	Northeast Region (CT-MA-ME-NH-NY-RI-VT)	Don Stickney - Tom Walczak

An Oakland, California coffee shop refuses to serve uniformed cops, claiming the policy is for the “emotional and physical safety” of its customers.

A sergeant was recently turned away at the Hasta Muerte Coffee shop. According to a letter sent to the shop by the Oakland police union, the sergeant was told by staff that it doesn’t serve police officers. “Obviously, this is both a surprise and a matter of concern for all Oakland police officers,” the letter said.

Staff at Hasta Muerte, which means “until death” in Spanish, didn’t comment on the situation or respond to the union’s letter. A post on the shop’s Instagram account referenced an exchange with a uniformed officer on Feb. 16.

"Talk to your neighbors, not the police," the post read. "We have a policy of asking police to leave for the physical and emotional safety of our customers and ourselves."

The sergeant who was turned away said he was surprised by the policy and is looking forward to speaking with the shop owners and build a relationship with them and the rest of the community.

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Publishing Director: Sgt Al Angele, Burbank (CA) PD (Retired)