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**Vascular Neck Restraints:
An Evaluation of the Tactical Use for Law Enforcement
Defensive Tactics Programs**

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

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February 2017**

ABSTRACT

Law enforcement agencies are under constant scrutiny and criticism. This is especially true when it comes to neck restraints. Due to news media, social media sites, and social justice groups, neck restraints have been demonized and deemed unjust for law enforcement to use except in a deadly force incident. This is simply untrue. Vascular neck restraints are often confused with chokeholds that cut off a person's airway and can cause damage to the throat or even death (Peters & Katsaris, 2013). Vascular neck restraints restrict blood-flow to the brain, which causes the subject to be rendered unconscious before sustaining any injury (Lindell, 2010). Additionally, the majority of subjects placed in a vascular neck restraint will just give up before unconsciousness ensues (Haynes, 2009). The vascular neck restraint is a tactic that when trained and deployed correctly, can safely subdue a violent subject that is resisting law enforcement. Although this is a perishable tactic that needs to be trained annually, the benefits of a properly trained officer far outweigh the cost of training. Furthermore, this technique can reduce injury and save the lives of officers and offenders alike (Marcou, 2015). The lateral vascular neck restraint is a form of restraint that has several levels of force that can be increased as resistance increases (Lindell, 2010). Additionally, the lateral vascular neck restraint has been utilized for over 40 years with an impeccable record (Lindell, 2010). Vascular neck restraints are tactics that should be trained annually and implemented as a tactic that can be used fluidly along the use of force continuum.

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INTRODUCTION

In recent years, the law enforcement community has been placed under continuous scrutiny. Society expects, and rightfully so, that their law enforcement community be nothing but professional in all that they do. The news media, social media web sites, and certain social justice groups are, at times, biased against law enforcement and will publicize force used against a citizen and hold the incident under a microscope while analyzing the incident from an unrealistic viewpoint. One subject in particular that has received a lot of attention in recent years is the use of neck restraints by law enforcement.

The vascular neck restraint (VNR) and its different forms go by many different names such as lateral vascular neck restraint (LVNR) and carotid restraint. Due to the different types of neck restraints, a restraint that is approved by law enforcement agencies can turn deadly when applied improperly. The vascular neck restraint was introduced to the world by Judo. Since that time, the military, self-defense, mixed martial arts, and law enforcement have used and perfected this technique. The technique called shime-waza by judo practitioners encompasses numerous neck restraints including chokeholds that impede breathing (choking) and chokeholds that constrict the vessels and arteries in the neck, which reduces the blood flow to and from the brain (strangling) (Lindell, 2010). The version of shime-waza that constricts the blood flow to the brain is the type of technique that is proposed as one of the best techniques that can be utilized by law enforcement to safely control and subdue subjects who resist or assault law enforcement officers. Vascular neck restraints are one of the safest and most commonly executed techniques used by law enforcement that have received undue

negative publicity. The vascular neck restraint should be part of a law enforcement agency's defensive tactics program and should be utilized as a tactic lower on the use of force scale than deadly force.

POSITION

The lives of officers could be saved and the amount of officers injured could be reduced significantly if all law enforcement agencies trained their officers to proficiency in a form of vascular neck restraints. Vascular neck restraints have been utilized by law enforcement agencies all over the world. One of the reasons for its continued use is its effectiveness and how safe it is to use. The use of vascular neck restraints can lead to unconsciousness, but oftentimes, the resisting subject will just give up (Haynes, 2009). People who believe that there is not a good chance of escape will often stop resisting and comply with the officer's demands (Sullivan, 2014). This is a tactic that can truly lower the risk of injury for the officer and the assailant just from the initial application. This reason alone amplifies the effectiveness of how safe the technique can be. Furthermore, a subject resisting an officer who is able to execute a vascular neck restraint "is liable to become unconscious in four to seven seconds unless he or she ceases resistance before that time elapses" (Lindell, 2010, p. I-33). According to Saukko and Knight (2004), restriction of the carotid arteries can cause unconsciousness almost instantly. Vascular neck restraints are a safe way to control aggressive subjects as well. Marcou (2015) stated that the "lateral vascular neck restraints are a non-lethal hold when properly applied. They are an effective way to control combative individuals without inflicting injuries on suspects, while preventing injuries of officers" (para. 12)

A study on use of force and risk conducted by the Calgary Police Department showed that vascular neck restraints are safer than other less than lethal options. The result of this study revealed that “following a vascular neck restraint...94% of subjects did not require medical treatment. Subjects restrained by VNR experienced a 7% lower frequency of medical treatment than when compared to those subjects restrained with a CEW,” which is a (conducted energy weapon) (Butler & Hall, 2008, para. 23).

Vascular neck restraints are also easy to use for any size officer against any size suspect. If a vascular neck restraint is performed effectively, a person of smaller stature can subdue a subject larger than themselves (Lindell, 2010). This ensures that the vascular neck restraint can be trained to any officer, and the officer can be confident that the technique will work for them not only with larger subjects but also with subjects who are intoxicated or mentally unstable. In a study completed for the Grand Junction Police Department, it is stated that “the ability to use the LVNR as a control hold at lower levels of resistance has provided all officers, no matter their size and strength a tool that allows them to control suspects quickly and safely” (Grand Junction Police Department, 2010, p. 14). Subjects with a higher body mass index may also be controlled easier. A Force Science Institute (2012) study advised that people with larger necks or who are overweight may be effected by vascular neck restraints faster than others.

There are also several field reports that justify the idea that size does not matter when it comes to the application of the vascular neck restraint (Lindell 2010). Two Kansas City female officers who were both at or under five foot seven inches and both under 135 pounds reported using the lateral vascular neck restraint proficiently on male

subjects who were both at or over five foot eleven inches and over 200 pounds. During one of the incidents, the male suspect was controlled and arrested. The other incident involved rendering the subject unconscious and then the suspect was arrested. The vascular neck restraint is a valuable tool that can be utilized efficiently by any size officer. This not only gives officers confidence in this technique but ensures officers that regardless of their size or the size of the suspect they are attempting to control, they will be able to utilize a vascular neck restraint effectively (Lindell, 2010).

Furthermore, vascular neck restraints should be utilized by law enforcement agencies due to the technique being just as effective with combative suspects who are under the influence of drugs or alcohol. Subjects who are intoxicated, mentally unstable, or in an excited state are subjects who may not feel or react to pain, which leaves an officer no other option but to utilize the lateral vascular neck restraint to subdue the subject, even to the point of unconsciousness (Barros, 2006). Chris Johns, a lateral vascular neck restraint instructor for over 10 years, advised that since the lateral vascular neck restraint works without pain, subjects who are intoxicated can still be controlled regardless if they feel pain or not (Keegan, 2015).

Vascular neck restraints are also a viable alternative to lethal force and other defensive tactics (Barros, 2006; Waddell, 2014). Officers who understand and are confident in the use of vascular neck restraints are more likely to use this technique in situations where an officer who has less effective defensive tactics would possibly use a higher level of force. Previous chief for the Los Angeles police department, Darryl Gates, stated in reference to police batons verses neck restraints that "if used, these would result in injury in almost every case, a result which does not occur from

employment of (choke) holds” (Barros, 2006, p. 12). After the ban of neck restraints in Los Angeles, injuries of suspects had a 661% increase, and injuries to officers increased 521% (Barros, 2006, pg.12,). Vascular neck restraints are a safer alternative to other means of control that often results in injury less than that of other techniques such as striking, joint manipulation, and conducted electrical weapons (Americans for Effective Law Enforcement, n.d., para. 22). Bernard Melekian, a law enforcement consultant, a former police chief, and political adviser on police matters, stated in reference to vascular neck restraints that he “believes that the technique is having a resurgence because departments are searching for meaningful alternatives to deadly force” (Sullivan, 2014, para. 15).

Another advantage to vascular neck restraints is that the technique appears less violent than other defensive techniques utilized by law enforcement. Vascular neck restraints are techniques that provide a means of subduing a suspect without having to strike them (Americans for Effective Law Enforcement, n.d.). Vascular neck restraints are techniques that do not require follow up techniques which means that when it is applied correctly, the suspect either calms down or is most likely rendered unconscious in a short amount of time.

COUNTER POSITION

Although there are many reasons that validate the use of vascular neck restraints, there are those who believe that this type of technique has no place in law enforcement unless it is placed as a technique to be used in a deadly force situation only. One of the biggest drawbacks of vascular neck restraints is society’s perception of the technique. Law enforcement in general has a great responsibility to be accountable

for everything they do. With the video recording capabilities in society today, everything law enforcement does is now recorded and usually placed either on social media or local/national news. So when an officer makes a mistake or does something that society at large believes is a mistake, the officer or law enforcement in general is looked upon negatively before the law enforcement community can respond. Unfortunately, there are people and organizations that already have a negative attitude towards law enforcement, who have a substantial influence over the masses.

Media outlets as well tend to give attention to and release information before getting the whole story. Case in point, the Eric Garner incident. Eric Garner died after his incident with the New York police. Officers were attempting to arrest Garner when he started resisting. An officer placed his arm around Garner's neck and Garner was forced to the ground. The incident was being recorded by a witness. During the recording, Garner was heard stating, "I can't breathe" (Lee, 2014, para. 3). Almost immediately after the release of the video, there was a public outcry about the use of neck restraints. Shapiro (2014) stated that "It appears that the so-called chokehold was instrumental in triggering Garner's pre-existing health problems and causing his death, but Garner was not choked to death, as the media seems to maintain" (para. 14). Kaste (2014), in his report for National Public Radio, referenced an officer's view of public perception and the media. In the 1980's, the Los Angeles Police Department dealt with public perception and outcry about the use of neck restraints. Retired Los Angeles police Captain Greg Meyer stated "Because it was on the front page, because people kept pushing – do away with the chokehold – the politicians finally caved in and ordered the police department to do away with the neck restraint holds" (Kaste, 2014, para. 9).

New York's police guide described a chokehold as "any pressure applied to the throat or windpipe, which may prevent or hinder breathing or reduce intake of air" (American Police Beat, 2014, para. 7). But if officers use a neck restraint properly, pressure will not be applied on the throat or windpipe but on the sides of the neck; therefore, the public has been "misinformed" (American Police Beat, 2014, para. 9). This misinformation does nothing but encourage mistrust of law enforcement and their tactics. Society must be educated as to what a vascular neck restraint is. A vascular neck restraint is executed by the officer bending "his or her arm around a subject's neck applying pressure on either side of the windpipe-but not the windpipe itself-to slow or stop the flow of blood to the brain via the carotid arteries" (Waddell, 2014, para. 11).

There has also been several in custody deaths, where the vascular neck restraint was used before the deaths of these individuals (Haynes, 2009). These in custody deaths occurred in 1990, 2001, and 2006, but in each of the cases, the suspect also was dealing with heart conditions, mental illness, and/or was under the influence of illicit drugs (Haynes, 2009). Although in custody deaths can happen after a subject is placed in a vascular neck restraint, it is believed that they suffered from excited delirium. Barros (2006) advised that "persons who are experiencing excited delirium die, not from being restrained, but from complications arising from the syndrome itself" (p. 33).

Social justice groups also publicly denounce techniques used by law enforcement that they deem unethical or dangerous. Alan Lichtenstein, general counsel for the American Civil Liberties Union of Nevada, advised that he believed that vascular neck restraints should be discarded and that there are other alternatives for police to use (Haynes, 2009). Jeffery Mitman, executive director of the American Civil Liberties

Union of Missouri, advised that the lateral vascular neck restraint was not always safe due to it not being applied correctly and that even if applied correctly, it may still be deadly to individuals with underlying medical problems (Keegan, 2015). It should be noted that the Lateral Vascular Neck Restraint® system is a form of vascular neck restraint and has been utilized by law enforcement for over 40 years with no serious injury, no deaths, nor litigation due to its use when executed properly (Huth, 2013).

Another issue that may cause concern for police department administrators with the vascular neck restraint is the need to not only train in the technique but to train at least annually. Law enforcement agencies across the country are having to deal with rising cost of technology while dealing with budget cuts (Heal, Cowper, & Olligschlaeger, 2015). One of the items to be cut or reduced for numerous law enforcement agencies is training (Johnson, 2010). This is a problem that every department needs to be concerned with. Without proper training, the tactics that officers use in the field can become faulty. This will lead to the improper use of tactics which can lead to death, injury, or litigation against the officers and/or the department for which they work.

Vascular neck restraints need to be trained and trained often for law enforcement agencies to benefit from the technique without having to be concerned with injury or death. Marcou (2015) advised that the “Lateral Vascular Neck Restraints are a non-lethal hold when *properly* applied. They are an effective way to control combative individuals without inflicting injuries on the suspects, while preventing injuries of officers” (para. 9). Training especially comes into play when the suspect attempts to resist or is already combative. Without proper training, a combative suspect can complicate the

execution of a properly applied vascular neck restraint, which can quickly be turned into an air choke. This can restrict, if not cut off, the suspects breathing ability leading to significant injury or even death (Peters & Katsaris, 2013).

The lack of training can also lead to litigation against departments that do not train properly. This can lead to an expense that will far outweigh the expense to annually train officers. In the court case *City of Los Angeles v. Lyons* (1983), Adolph Lyons filed a federal civil rights lawsuit after a Los Angeles police officer placed him in a “chokehold”, the “bar arm control” hold, or the “carotid-artery control” hold or both (*City of Los Angeles v. Lyons*, 1983). The court advised that the Los Angeles officers were “insufficiently trained” (Grand Junction Police Department, 2010, p. 7). Also in the case of *Griffith v. Coburn* (2007), the police officer placed the suspect in a carotid hold and the suspect died during the struggle. The judge advised, in reference to the city police department that the officer worked for, that the “Plaintiff has offered no authority that would suggest that the need for post-academy training on the vascular neck restraints is so obvious that police departments would be acting with deliberate indifference if they failed to conduct further training” (Grand Junction Police Department, 2010, p. 8).

Unfortunately, officers who do not receive the training they should are likely to use unapproved techniques in use of force situations which will result in possible accountability against the officer and/or the agencies they work for (Delgado, n.d.).

Training is essential when departments are utilizing the vascular neck restraints.

Training will not only benefit the officer but the department as well. The cost spent on training as well as the time allotted to train is important for the correct execution of the vascular neck restraint and for the departments using the technique to avoid undue

litigation. The Calgary Police Service advised that training of the lateral vascular neck restraint should be reoccurring and that part of the training should consist of teaching how to prevent the technique from becoming a choke hold (Barros, 2006).

RECOMMENDATION

All departments that do not currently use vascular neck restraints should take the time to reevaluate vascular neck restraints and the benefits that are produced from this technique when properly trained. As far as defensive tactics go, the vascular neck restraint is one of the most efficient and safest forms. This is a tactic that is safe for the officer and the suspect as well. Rocky Warren, a retired sheriff's deputy and an expert witness in law enforcement use of force cases, advised that law enforcement agencies that restrict the use of the carotid restraint (a vascular neck restraint) are making an error; Warren further stated that the carotid restraint was safe when executed by an officer who has received proper training (Velasco & Day, 2012).

Also, a vascular neck restraint that is properly deployed will allow an officer of smaller stature to control and possibly render unconscious a suspect who is bigger and stronger than the officer (Lindell, 2010). Di Maio and Di Maio (2006) claimed that the vascular neck restraint does not require for the officer to be stronger than the resisting or assaultive suspect due to the technique of needing only "eleven pounds" of pressure to be applied to the carotid arteries to cause unconsciousness (as cited in Flosi, 2011, p. 36). The vascular neck restraint is a better alternative to other less than lethal alternatives due to the technique being used more as a control technique, which has the option built into it to render the suspect unconscious if necessary. The vascular neck restraint gives the officer a means to control a suspect without having to strike them,

which could possibly cause injury (Americans for Effective Law Enforcement, n.d.).

Since the vascular neck restraints are not pain-compliance holds, they are useful when trying to control a subject that is intoxicated or is suffering from a mental issue where they might not feel pain (Barros, 2006).

Although the vascular neck restraint is a viable technique, many in society see the technique as dangerous and believe that it needs to be used only in a life or death situation and not as a control technique (Velasco & Day, 2012). Several cases that have been carried by the media in recent times continue to feed the public's negative perception of vascular neck restraints. Missy O'Linn, a former law enforcement officer, self-defense trainer, and a lawyer who defends police officers, advised that the use of neck restraints are safe if trained and executed properly (Kaste, 2014).

Departments are also having to deal with the ever increasing budgets that tend to effect the amount of money that is being spent on training. For the vascular neck restraint to be utilized effectively and proficiently, the technique needs to be trained and trained often. As stated in one journal, "Perpetual and time-consuming training is needed to maintain minimum levels of proficiency" ("Civil Liability," 2014, p. 106). Vascular neck restraints are always at the officer's disposal and are a technique that is deployed regularly. Whether or not the use of a vascular neck restraint is in the department's policy, law enforcement officers may still use the technique in the heat of a battle. Due to this technique being used unintentionally during physical altercations, training in the proper use of the technique provides protection for the officer, suspects, and the agencies the officers represent.

Vascular neck restraints have an important role to play in law enforcement defensive tactics programs. One technique in particular has an unbeatable reputation for safety and effectiveness as well as having a 40 plus year record for no deaths, serious injury, or litigation against any officer or agency that has trained properly in the technique (Huth, 2013). Additionally, most police departments allow any type of tactics in a life or death situation. The lateral vascular neck restraint use of force matrix has several levels of force including minimal, moderate, and maximum, which is to be used depending on the suspect's compliance (Lindell, 2010). Due to these levels of force, the technique should be movable on an agency's use of force continuum depending on the suspect's compliance. Vascular neck restraints are a viable and safe technique that will save officers lives while protecting the department from litigation if the agency provides proper training for their officers.

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