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20 August 2020

4-minute statement.

NH Governer's Committee on Police Transparency and Accountability.

In accordance with RSA 100:A1, I am a retired Chief Law Enforcement Officer of 32 years. In that time I have been an instructor at several venues to include the collegiate level as well as the NH Police Academy at the NH Police Standards and Training Council. Since 2001 I have been a consultant to several municipalities and law enforcement agencies on how to manage aggressive human behavior and I am registered with the State of NH for that business.

Thank you for the opportunity to testify today for this important work during this unique time. I am not looking to be critical of our criminal justice system; in fact I respect and honor it. Having said that, our criminal justice components have systemic issues that I feel are problematic and this forum is an excellent way to better serve both the citizens of NH and our law enforcement community.

As an administrator responsible for 84 employees, 54 of who were sworn law enforcement officers, we also employed doctors, nurses, mental health workers and case managers.

The Exculpatory Evidence List, or Laurie list as it was previously known, was intended, at a minimum, to provide a list of police officers that "have credibility issues"; I often wondered if there was a confidential list of medical personnel or mental health workers with credibility problems? And if not, why not? OR~ WHY do the police have such a list? What good does this serve if there is no public or employer access to it?

The NH Board of Nursing is a regulatory Board that, according to its website, "safeguards the life and health and public welfare of NH citizens".

Knowing what my medical personnel's education, testing, licensure and accountability is like where the Board of nursing has public information on Board actions, meetings, continuing education competency requirements, board access, enforcement, licensure etc ~ all available for the public to see, I pondered why we could never have such information access about our police officers.

The public can go to OPLC.NH.GOV and quickly access the name of individuals who had hearings on their misconduct, their license number, the date of the hearing and the disposition of that hearing. There seems to be no confidentiality in the medical profession when it comes to misconduct or discipline. We should be held to the same standard.

It is essential that I address the issue of culture. When the culture of an organization is stronger than the training or accountability for that profession, we have significant problems. Most studies show that the skill sets taught in Police academies are not adequately utilized in the field.

Our defense in law enforcement when confronted for accountability is “well we provided the training” or “it is a matter of personnel and therefore, is confidential”.

Even if the training is provided, do our officers take it to heart? How do we know? Sitting in a class does NOT define a culture, but it does check a box.

As public servants we should not fear examination and feedback by the public.

The medical and teaching professions have high accountability standards and they have no weapons or powers of arrest over civil liberty. And if they do step out of line, everyone knows who they are.

So I am an advocate of three recommendations;

1. The exculpatory evidence list (Laurie List) should be made public in the way that our medical profession is monitored, not only for transparency purposes but so the public can ensure that disclosures are being made.
2. The personnel files of law enforcement officers should be retained the same as any other public employee’s personnel file is which is 20 years post retirement or termination.
3. Any perception that police are above accountability, which is the impression that qualified immunity creates, is problematic and impedes public trust.

Thank you.

R.N. Van Wickler
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