Gracie Survival Tactics' Vascular Neck Restraint and Excited Delirium

by Roger Turner

Excited Delirium (ExD) is not a new phenomenon; however, its recognition by most involved is. Arrest related death, secondary to adrenergic stimulant overdose or psychosis is a tragedy for the family of the loved ones left behind and a legal quagmire for the involved officers and their departments... but it doesn't have to be. Most EMS systems carry the antidote that can save not only lives but careers and financially challenged entities. The two (2) major problems are:

- EMS and law enforcement don't know the solution exists (education);
- Law enforcement has few non-lethal options (tactics).

In this short paper we won't be examining the education aspect, as that is for another time; however we will briefly look at tactical options that are currently available to law enforcement that will allow them to save lives and subsequently, their careers and reputations.

Professional law enforcement officers are over burdened with a myriad of tools and response options, many of which have no place in ExD response protocols. The warrior, and competent medical response/delivery specialist, know that pain compliance is nonexistent in the stimulant intoxicated or psychotic individual. That, coupled with the inability to reason and evaluate information due to the intoxication or illness, has historically left the responding officer with few options... until now.

ExD is a medical emergency; not a criminal event, and thus, the *community caretaking function*, espoused in *Cady v. Drombowski*, 413 U.S. 433 (1973), comes into play. Most people; therefore, frown upon a response that is ineffective, whether that is too little or too much force. Officers and law enforcement administrators are often left in a conundrum as to how to respond effectively and humanely in a way that increases the likelihood for a positive medical response while decreasing the agency's liability profile. The vascular neck restraint taught in the GST program does just that!

The GST program teaches the vascular neck restrain from two (2) positions; however, other application techniques are available. The program recognizes that law enforcement needs a defensive tactics systems that is easily learned and retained and useable by all physical builds. The GST system utilizes techniques based entirely on leverage, timing, and efficient use of energy so that they can be successfully applied by anyone against larger, stronger persons; even those intoxicated with adrenergic stimulants or in a state of psychosis. Furthermore, this tactic is

safe, humane, and camera friendly, as it involves no strikes, nor does it rely on pain compliance, which by its very title is considered tortuous to some.

All in all, the vascular neck restraint, as taught in GST, utilizes positional control, distance management, and damage mitigation, without incurring injury. While vascular neck restraint has been maligned for some time by those who do not understand its mechanical application coupled with their ignorance of anatomy, it is a safe and reasonable alternative to tactics and tools traditionally used by law enforcement. Not only have I seen the technique applied in both the controlled educational setting but in the austere and violent arena of the UFC and the streets of America. I myself, have both used it and had it used on me multiple times with no ill effects. It has been in use in various martial art disciplines for over a hundred years with no reports of injury or death. Remember: *Never confuse correlation with causation*. It is the ignorant who shuns what he does not understand.

The vascular neck restraint is a valid, safe, effective, and reasonable response option to the ExD patient. It has been one of only three options promulgated in TCOLE's *Excited Delirium* course (number 56003). The vascular neck restrain reduces injuries and SAVES lives!

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