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SICK LEAVE POLICIES IN POLICE DEPARTMENTS

Mounting Absences Emphasize the Need for Better Controls

Lloyd D. Emerson

Lloyd D. Emerson is a Research Assistant with the Institute of Public Administration, New York City. A graduate of Washington State College, Mr. Emerson came to the East to pursue graduate studies at New York University. His present paper deals with an important aspect of police administration, and should be of special interest to key police supervisors.—EDITOR.

Every employer, public or private, is faced by the problem of sick leave for his employees. This situation has developed through gradual evolution of the theory that when an employee becomes sick or is injured while on the job the economic impact of this mischance should be eased by continuing his compensation for some portion of his disability. The common law imposes on all employers a degree of liability for injury to their employees. Workmen's compensation statutes have enlarged the sphere of the liability in industrial accidents and provided for compulsory insurance for these casualties.

It has remained for police departments to lead the way toward liberal sick leave with full pay. It is not established that this is the course police departments should have followed. There is evidence that police are not as prone to disabling injury and illness as are employees in several other fields of endeavor. Insurance against disability or accidental death is available to police patrolmen, but is not issued to railroad engine wipers or watchmen or laborers in a plastic plant. Furthermore, the rate for this type of insurance for policemen has decreased in the past 20 years. Death rates in police forces fall in the middle of the bracket for eight major industries, and an insurance company does not consider a policeman as a great life insurance risk as several other types of workers such as miners or electric linemen.

The sick leave provisions applying to police departments are wide in their variation. Some forces have no sick leave allowances. Others provide for only a few days per year of paid leave. Still others provide full pay for a short illness and partial pay for extended sickness. A few departments use the widely known "Blue Cross" plan, and there is an occasional department which grants leave according to rank and seniority. Some of the larger cities have an accrual system of approximately 14 days per year which may be accumulated up to about 90 days. Others allow practically unlimited leaves with full pay, and many employ police surgeons, either on a part time or full time basis, to care for the sick and injured members of the force. Various means are employed in an

attempt to control malingering, such as allowing one-half pay for the first three days of non-line of duty sickness, or requiring bimonthly requests to the commissioner for additional leave. The effectiveness of these and other methods is questionable. In fact, their real purpose seems to be to protect the public treasury, and to relieve superiors of direct responsibility for making difficult decisions.

Such a wide variation in policies is symptomatic of a confusion of counsels. There is a growing conviction, however, that the best and most equitable system is one that allows adequate leave for sick policemen regardless of rank, age, or seniority, with determination of the medical aspects of sick leave claims entrusted to a police surgeon.

Six of our great cities are trying to solve the sick leave problem by methods outlined below. Of these all but Boston have full time police surgeons. Only Los Angeles, Boston, and New York have made changes in their policies since 1930.

Cleveland, St. Louis and Detroit all have liberal policies that allow practically unlimited leave to police officers who are sick or injured. Cleveland gives more consideration to line of duty illness than to ailments not traceable to police work. St. Louis requires examination by the police physician before leave is granted. Detroit allows unlimited leave for injuries, but considers each individual's previous record when granting sick leave. The department physician must forward a recommendation to the police commissioner after every 15 days of sick leave.

In New York a policeman who becomes sick or injured in line of duty receives full pay for an unlimited period, subject to certification by the district police surgeon. In case of other sickness, one-half pay is allowed for the first three days, with full pay for an unlimited period thereafter.

Boston gives full pay for time lost due to line of duty sickness or injury subject to certification by a physician approved by the police commissioner. For other sickness there is an allowance of 15 days per year which may be accumulated up to 90 days. In special cases, the commissioner may grant extra leave, and he may require a physician's certificate in case of sick leave of more than five days.

Los Angeles grants up to one year of full pay for line of duty sickness or injury, and for longer periods the policeman is either pensioned, or paid according to the California Workmen's Compensation and Insurance Law. For non-line of duty cases each man is allowed 14 days yearly which may be accumulated for 100 days. In the event of exhaustion of the accrued time, an additional 16 days at 65 per cent of base salary may be allowed.

Such wide experimentation as is represented by these cities is desirable, provided the results are closely observed and carefully reviewed.

In several of our largest cities the results are not being adequately considered because the per cent of time lost due to sickness and injury since 1945 is higher than for all years since 1930 excluding the abnormal war years. In New York this increase has reached an amazing 52 per cent, in Buffalo more than 30 per cent, while in eight cities the average increase is more than 17 per cent. Only in Detroit has there been a decrease.

The difference in the rate of time lost shows a definite relationship to the type of system employed. The time lost for the six cities whose policies are outlined above is 2.33 per cent for all years from 1930 to 1949, leaving out the war period, 1941-1945. The rate for the years since 1945 is 2.61 per cent, or an increase of 12 per cent. However, the three cities with the more liberal systems enjoyed lower time loss rates for all years examined as well as for the period since 1945. Furthermore, the rate of increase since 1945 as compared with all years was only 0.5 per cent for the more liberal systems as against 22 per cent in cities having other sick leave policies.

This increasing loss of sorely needed strength is serious enough in itself, but when other factors are taken into consideration the situation takes on an even more disturbing aspect. Generally speaking police departments are now enjoying shorter working hours, more days off, longer vacations, and earlier retirement than ever before. In addition, professional treatment of diseases and injuries has improved in the past 20 years, and medical facilities are at least as adequate.

All of these factors have a definite effect on morale—the maintenance of which is vitally important to any police force—but far more important is the fact that with fewer days on duty there are actually a smaller number of days to lose due to sickness and injury. Also, earlier retirement of the older members of the force, who tend to be sick more often and for longer periods, should cause the rate of time lost to go down. Despite such ameliorative influences, the fact is that today's policeman is sick or injured for longer periods than his predecessors.

Another factor that needs to be borne in mind when considering this problem of increasing lost time due to sickness and injury is that the rate for police forces does not compare favorably with time lost by industrial workers. One source shows that 65,000 industrial workers in more than 200 plants lost an average of 7.1 days per worker per year from both industrial and nonindustrial sickness and injury.¹ Only the Detroit force

1. *Monthly Labor Review*, vol. 67, 1947, p. 237.

can be said to be on a par with this figure, and some other city police are suffering time losses at a rate far higher than in industry.

Particularly interesting is the fact that police forces generally have far more liberal sick and injury policies, more frequent physical examinations and better, or at least more, medical supervision. Furthermore, police forces probably have a lower average age, and their men should be in better physical condition inasmuch as recruiting standards for police are necessarily higher than are those for private industry.

Explaining the rise in time lost since 1945—a rise which has taken place in the face of welfare provisions which give the policeman little cause for complaint—is extremely difficult.

The superior results being obtained in cities using a liberal sick leave system, however, make it appear probable that adoption by cities having other systems could be an important step toward solving the sick leave problem. The stark fact that the Michigan State Police, who work under a liberal policy, have the extraordinarily low rate of 1.3 per cent of time lost due to sickness and injury, serves to indicate how wide is the range of experience and how great the opportunity for improvement.

The Nassau County (N. Y.) Police Department offers a case in point. In 1945, a more liberal system was put into effect, and by 1949 the time lost due to sickness and injury had dropped 65 per cent. On the other hand, Boston recently put into use the new plan outlined above. On the effective date of this new policy each member of the force was allowed an extra sick leave "bank" of seven and one-half days for each year of prior service up to a limit of 90 days. The members of the Boston force apparently felt that this allowance was not a privilege but something owed to them, and they proceeded to draw upon the accumulated time. The rate of time lost due to sickness and injury has increased greatly since the advent of the new policy in February 1948.

Thus, the critical point in a more liberal policy is the alignment of medical care with discipline and more clearly establishing the relationship between the police administrator and the police surgeon. The surgeon has a natural tendency to want to keep a man in bed or fairly inactive without regard for other demands or consequences. Opposed to the surgeon's desire is the sometimes desperate need of the police administrator to get the patrolman back on the beat. Clearly, this divergence of views could, and often does, lead to serious disagreement. These two men must make every effort to understand the other's viewpoints. It probably will fall to the administrator to take the lead in coming to an understanding since he must deal with all the factors of police work in contrast to the surgeon's highly specialized duties. Fur-

thermore, the administrator must bear the responsibility for the effectiveness of the force both internally and in its relationship with the public. His work will be judged on how well the force performs.

Difficult as it may be to achieve understanding between administrator and surgeon it is not impossible, and it may be of fundamental importance. Lack of understanding of viewpoints is one of the basic reasons for the rising sick time loss. When the surgeon fails to do his job of combining medical care with discipline, malingering becomes more prevalent, and the sick rate will go up.

All things considered, it appears that a liberal sick leave policy, when properly administered, can make it possible to deal more effectively with the many problems of sick leave. Everyone benefits—the police administrator inasmuch as his department will be at maximum possible strength, the individual patrolman by knowing he will be taken care of if sick, but held accountable if he slips out to a ball game or goes hunting, the rank and file generally in that they will be assured of equality of treatment, and the general public because they will feel that their interests as taxpayers are receiving full consideration.