Greetings to all of you from the National Neighborhood Foot Patrol Center (NNFPC). We hope you enjoy this first issue of our new newsletter; Footprints, but we also hope that future newsletters will look much different - because we are relying on you to write much of them for us. As you will see elsewhere in this issue, we have outlined an ambitious agenda of regular features and columns that will depend on your participation. We want you to share your successes - and your failures. We also want to urge you to nominate candidates for our Footprints focus column that will feature an exceptional community policing officer (CPO) in each issue. With your support, we can make this an exciting, interesting and important publication.

I would also like to urge you to read Lt. Frank Palombo's comments on how those who care about community policing's future must begin to conduct internal public relations efforts within their own departments. With that in mind, I want to share some musings that might be useful in explaining the unique role CPO's play in preventing and controlling serious crime. In slightly different form, these thoughts will be included in a booklet that will soon be published by the National Institute of Justice. It's one of a number of reports on community policing that resulted from a series of Mott-sponsored executive sessions on CP's future that were held at Harvard University. For more information on that program, look for the article on Mott's support of community policing in this issue.

It's my contention that the CPO officer's role in combating serious crime is as important as that of the traditional motor patrol officer. Critics continue to argue that community policing is not "real" policing, that it's too expensive or that is makes no dent in serious crime. However, we should remember that crime is a disease that attacks society in the same way physical disease attacks the human body. Patients can also suffer psychosomatic illness, just as people today suffer from a virulent fear of crime that threatens to be as painful a problem as the disease of crime itself.

Viewed this way, the motor patrol officer serves as the emergency room physician, while the CPO acts as the trusted family doctor. In fact, the more we pursue this analogy, the more it helps explain why we need both CPO's and motor patrol officers to mount a combined assault on serious crime.
The motor patrol officer's role is reactive, just as the emergency room physician must be ready to leap into action immediately when the need arises. Both must rely on years of training and experience to deal with the most serious problems, quickly and efficiently, so that they can be free as soon as possible to handle the next crisis. The emergency room physician has no time to ask patients about other complaints, nor should this kind of physician be expected to provide preventive or follow-up care. Such omissions aren't flaws, but a clear recognition that maximizing effectiveness requires setting defined limits on the emergency room doctor's role.

For both the CPO and the family doctor, speed of response is typically not as crucial - in fact, if a patient calls his family doctor complaining of chest pains, he's routinely referred to the emergency room for treatment. This doesn't mean that the family physician doesn't practice "real" medicine - or that he or she isn't capable of handling a serious crisis - but it reflects the difference in these complementary roles.

A skilled and caring family doctor asks about all the patient's concerns, not just about symptoms that prompted the office visit. The family doctor treats people, while the emergency room physician treats specific complaints. The most effective family doctors understand the importance of trust, of fostering rapport as a means of establishing a vital two-way information flow. This encourages the patient to open up about everything from physical complaints to problems with stress. In return, the family physician shares advice on lifestyle changes, such as losing weight or quitting smoking, so that doctor and patient can explore ways together to prevent serious problems in the future.

Of note as well is that this preventive approach is especially important with young patients - a family doctor knows it's far preferable to dissuade young people from bad habits like smoking than to deal with problems once the damage has already been done.

This proactive focus not only helps prevent illness, but it also provides the patient reassurance that can help reduce anxiety and fear. Not that family doctors expect to solve all problems by means of a soothing bedside manner. The family doctor employs whatever level of treatment is required to restore the patient to good health, using the level of technology best suited to the problem.

It also pays to remember that doctors have recently faced tremendous pressure from the "consumers" of their services to abandon the elitism that all-too-often masqueraded as professionalism. There has been a virtual revolution in health care this past decade, as doctors have learned to involve patients in the process of becoming fit and healthy. Doctors now admit they cannot do the job alone. The patient must also be willing to spend the time and energy necessary to make lifestyle and dietary changes if we are to conquer the killer diseases of heart attack and cancer. And doctors who fail to respond to their patients needs risk driving them to quacks - or to self-medication with dubious nostrums of questionable success.

Without belaboring the obvious, the complementary roles played by the emergency room physician and the family doctor mirror those of the motor patrol officer and the CPO. Ironically as well, few people remember the names of the emergency room physician who may well have saved their life, yet the family doctor is often viewed as a hero - just as the motor patrol officer often feels he or she is not fully appreciated, while CPO's typically earn high praise from the people they serve.

However, no one argues that family doctors should be eliminated because they don't deal often enough with "serious" illnesses. Though their daily caseload may likely include more sore throats than heart attacks, if they are doing their job well, they may prevent many of their patients from suffering the kind of serious illness that would bring him or her to the emergency room.

To make a dent in today's death rates from illnesses like cancer and heart disease requires that all physicians - emergency room doctors, family doctors and specialists - work together to find immediate and long-term solutions. Therefore it should go without saying that all police - motor patrol officers, CPO's, undercover
officers, detectives - must find ways to secure the resources they need to provide the broad based approach required to "cure" serious crime.

Today the greatest "consumers" of crime, urban dwellers, are demanding a say in the process required to heal their communities. Police departments that fail to heed this message risk driving citizens to vigilantism or into paralytic apathy - or they may find the private sector called in to provide the service for profit. Abandoning such functions to the private sector not only raises concerns about accountability and protection of civil rights, but it also means public police departments could see an erosion of police authority, clout and respect within the community.

It's time we recognize that serious crime continues to rage at epidemic rates because, for too long, police have tried to do the job without their "family practitioners," the CPO's. It's time to admit that our motor patrol "emergency room physicians" cannot do the job alone.

Just as medical students must decide where their interests and abilities lie, police academies and police departments should counsel candidates into the jobs that suit them best. The ranks of family doctors aren't filled with potential emergency room physicians who "couldn't cut it." Different jobs require different skills and personalities and each job deserves proper respect.

The medical profession has made great strides in providing the American people the health care they need and deserve. Police now have the opportunity to do the same. And they deserve special credit, because all police "doctors" still make house calls.

*Dr. Robert Trojanowicz is director of the National Neighborhood Foot Patrol Center at Michigan State University, where he is also director of the School of Criminal Justice. Currently, Trojanowicz is on leave as a research fellow at Harvard University's John F. Kennedy School of Government.*