

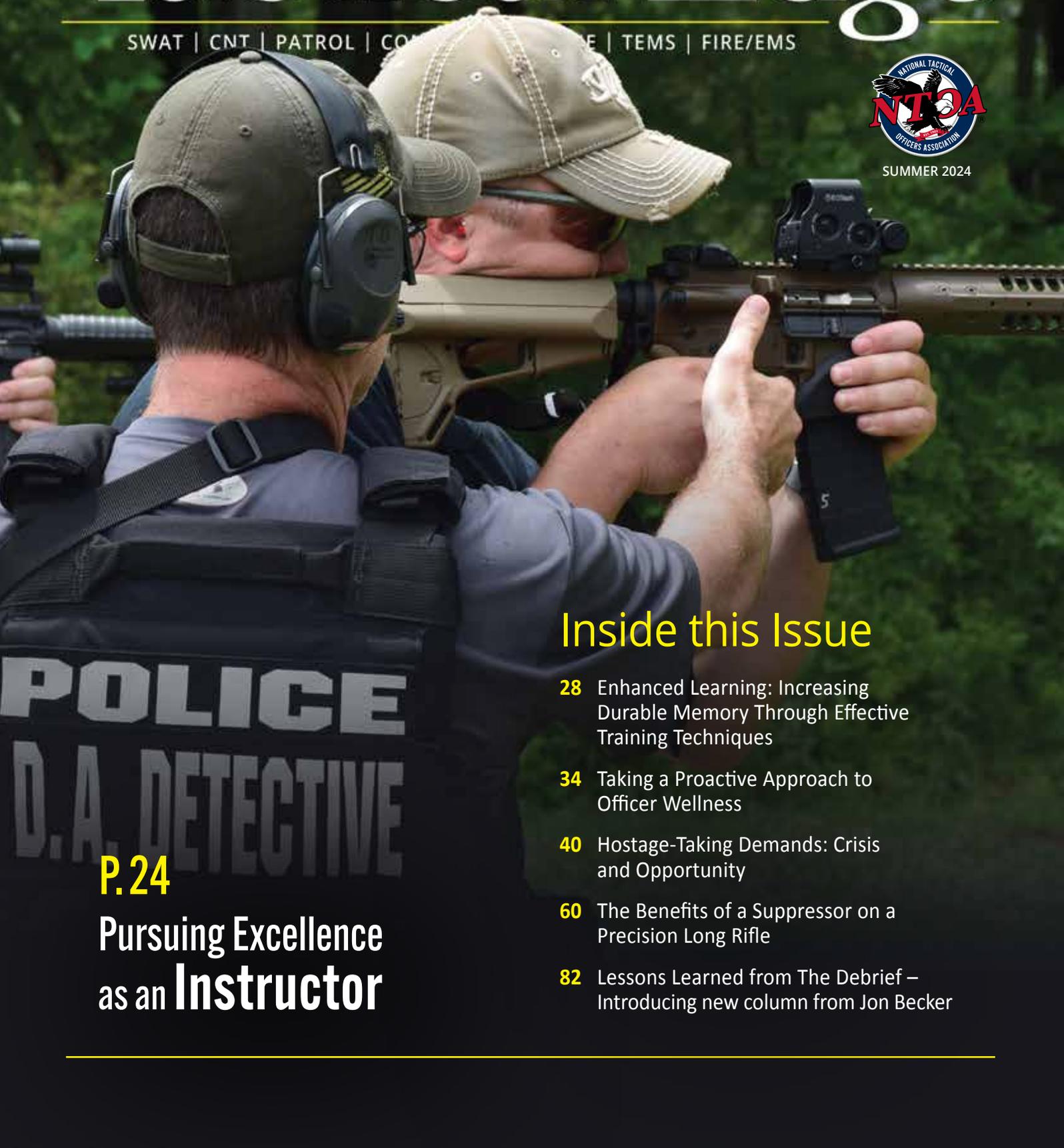
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SUMMER 2024



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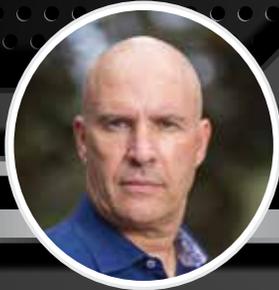
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**Pursuing Excellence  
as an Instructor**

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## LESSONS LEARNED FROM



# THE DEBRIEF

BY JON BECKER

## BE PREPARED FOR THE WORST, IT JUST MAY HAPPEN

**T**actical Emergency Medicine and Tactical Combat Casualty Care have been frequent themes in my interviews over the past three seasons. Over the past year, I conducted a pair of critical incident reviews that really drove home the need for an effective, robust and multi-layered tactical medic program for any team making high-risk entries. Both cases involved teams taking down armed felony suspects from surveillance vans, and both involved the teams taking multiple casualties from highly accurate, effective and proactive fire from suspects as they exited the vans.

**Case #1: San Bernardino PD SWAT.** The first incident happened on Aug. 18, 2021, in San Bernardino, California. SBPD's team was trying to arrest a suspect who had attempted to murder a neighboring agency's deputy on a traffic stop by firing 30-plus rounds from an AK47 into his patrol unit from close range. Miraculously, the deputy survived the shooting, but a countywide manhunt began, which ended the next day when SBPD located the suspect and performed a vehicle takedown. As SBPD team members exited the van, the suspect exited his car with a 10mm Glock and immediately opened fire at the van's opening door. In 3.5 seconds, the suspect fired approximately 10 rounds, and eight of them struck officers. One struck Officer Chris Shipley in the thigh. The remaining seven struck the first operator out of the van, Jordan Robison, breaking

both his arms, shattering his femur, penetrating the muscle of his shoulder, going through his abdomen below his armor, and striking his armor twice. The team returned fire, killing the suspect, and immediately transitioned to successfully saving Chris and Jordan's lives. Both have recovered from their injuries.

**Case #2: Greater Victoria Emergency Response Team.** On June 28, 2022, the Greater Victoria Emergency Response Team (GVERT) was working as a quick response team for a narcotics surveillance when a call went out of an active bank robbery in progress in Saanich, British Columbia. The team immediately headed to the bank. As they arrived on scene and gained situational awareness, two male subjects, covered head to toe in armor and armed with SKS 7.62 x 39 rifles with high-capacity magazines, exited the bank.

The team pulled into the parking lot in their surveillance van, deployed a flashbang, and began to exit to effect arrest. As they did, the second suspect calmly turned and opened fire on the van. In just a few seconds, six of the seven operators in the van would be shot, some multiple times.

All of them were injured and at least one of them was at immediate risk of death: John Musicco had a GSW to his foot; Travis Allnutt had a GSW to his thigh; Ben King had a GSW to his upper leg with an arterial bleed; Steve

## Jon Becker Brings *THE DEBRIEF* to *The Tactical Edge*

Reichert had GSWs to both of his now two broken legs, one to his left forearm, and an arterial bleed; Colby MacIntyre had been shot through the trapezius muscle and was bleeding profusely; and Damian Pellew had an exposed compound fracture of his femur, a massive femoral artery bleed, and had been shot through the side which had traversed his abdomen and was hindering his breathing.

The remaining team members and patrol officers returned fire, eventually killing the suspects. They, along with the only uninjured team member in the van, one of the injured team members, and an army of patrol officers, then quickly transitioned to providing care for their injured teammates. What transpired over the next few minutes can only be described as a heroic performance. Everyone was treated and transported within minutes. As a result, all team members survived and are in various stages of their journey to complete recovery. (See photo 1)

The similarity between these events, which took place 10 months and 1,200 miles apart, is striking. Even more striking, however, is the similarity between the training and approach the two teams took that drove their exceptional performance and saved the lives of their teammates. While there are numerous lessons learned from each case, three specific medical lessons stand out from the interviews and time I spent with each of them.

### **Lessons Learned #1: Prepare for the worst — it sometimes happens!**

The first lesson learned from these events is that when things go poorly it happens very fast, is extremely violent, and can be much worse than anyone expected. Both incidents involved multiple team casualties within seconds of engaging the suspects. Few teams truly prepare for immediate and catastrophic engagement from a suspect. As Jordan Robison put it, “You train to be the hero; you don’t expect to be annihilated the second you exit the van and unable to even fight back.” Greater Victoria Emergency Response Team (GVERT) Medic Mike Jarosz put it another way: “I had always believed that if I was in an OIS, I would be in a position of advantage like with a rifle and behind cover, overlapping arcs, etc. I did not think I would be knocked down to the floor of a van fighting for my life with a 9mm pistol.”

This is the first of what will be a recurring column in *The Tactical Edge*. This column will feature condensed versions of lessons learned from a show I host called *The Debrief* with Jon Becker. On *The Debrief*, I have the honor of interviewing some of the world’s finest tactical operators, leaders, and related scientists about their operations, training and studies. The goal of *The Debrief* is very simple: Keeping Tactical Operators Alive. This is not a commercial venture and is separate from my day job. Simply put, *The Debrief* is my way of paying back the debt I owe to the men and women who trained me, invested time in me, and helped to build my career.

The origin story for *The Debrief* is rooted in the *Tactical Lecture Series*, which AARDVARK has hosted for almost three decades. Early in my career, I realized that being connected to the community, yet outside of the government, created an opportunity. We could host lectures and after-actions for a hand-picked audience we trusted, exclude the media and potential litigants, and do it in a private forum allowing for raw and honest debriefs. The kind I attended early in my career, but that had become increasingly rarer as fear of litigation and news stories pushed after actions toward becoming “stories” with no discussion of errors or lessons learned.

The catalytic event that started the show was the death of a friend named Tim Anderson. Tim was a retired colonel in the United States Marine Corps, a retired sergeant from LAPD, and a true student of tactical science. Alongside two other close friends and mentors, Sid Heal and Richard Odenthal, Tim helped to build the *Tactical Science Program* taught by the California Association of Tactical Officers that has now trained thousands of tactical operators in the science behind their operations and helped them to understand the fusion between military doctrine and constitutional law enforcement. Standing at Tim’s funeral, I remember saying to Sid Heal, “I can’t believe how much we lost today. Tim took more than 50 years of knowledge and experience to the grave. It just evaporated, and we don’t even have interviews, a book, or anything else to retain all the lessons he learned. Somebody needs to start a show to interview all these guys and capture their knowledge for the community.”

Frankly, at the time, I was hoping that Sid would do it. He was a prolific writer and knew seemingly everyone. It was perfect. What Sid said next was the catalyst that created *The Debrief*. “That’s a great idea,” he said, “but we won’t talk to the media. So, if you really like the idea, you better start it. We trust you; you know a lot of people, and frankly, we won’t likely talk to anyone else.” Over the next six months, this chat turned into an idea; that idea turned into discussions with my closest friends, and those discussions turned into the show. My first interview, of course, was a two-part series with Sid. He died suddenly just weeks after I interviewed him.



Photo 1: Surveillance image shows GVERT team members and patrol officers treating injured team members as well as addressing suspects, hostages and IEDs.

The assumption for many teams in training is that they will always have the element of surprise and will have the tactical advantage in a takedown. Their training leads them to believe they will always get warning when things are about to turn bad. But clearly, that is not the case. A prepared adversary who is willing to die can engage the team unexpectedly and with overwhelming force. What's worse, at close range, the advantages you are provided by training and marksmanship skills are decreased or even eliminated. As the late, great trainer Louis Awerbuck used to say, "Everyone shoots expert at 5 yards." The accuracy demonstrated by the suspects in both incidents was exceptional and on par with or better than that of responding officers.

Fortunately, both teams were prepared for the worst. They had prepositioned all the equipment and expertise needed to save their teammates. In the case of GVERT, they had a medical director who had prepared them well, made sure they had the right gear, extensively trained the team, and tested them repeatedly. They had several medics on the team as well as the ability to administer medications which helped save Damian's life. In the case of SBPD, they had several medically trained team members and a very experienced embedded firefighter/paramedic, Spencer Brumbaugh, who regularly tested the team, made sure they had sufficient equipment prepositioned and drove an SUV that had been converted to an emergency ambulance fully equipped for immediate transport. Both programs were expensive and probably required regular justification. Yet

they both justified and paid for themselves immediately and completely by saving their operators.

### **Lesson #2: You will fall to the level of our training — so train hard!**

It is essential that training reflects real-world conditions and tests worst-case scenarios. There is an old maxim that during a crisis, we do not rise to the occasion but fall to the level of our training. As a result, it is crucial that the scenarios used in training are not all winnable and do not follow a regular pattern. Simply put, training cannot fall into a repetitive, easy rut. It must be difficult, in fact, sometimes very difficult.

The week before the incident, the GVERT team had run a training scenario where Damian was critically injured. Their medical director insisted that they transport him all the way to the hospital as part of the scenario. When their armored vehicle almost rolled in training and ended up stuck, they were told to carry on. When they arrived at the hospital, they were told they had not made it in time and that their teammate had died.

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**The assumption for many teams in training is that they will always have the element of surprise and will have the tactical advantage in a takedown.**

This was a pretty brutal training day, perhaps even ruffling a few feathers along the way. Yet it forced the team outside their “normal” training box and forced them to overcome unexpected challenges. It also showed them that complications will arise in operations and that not every ending will be successful. If there is no failure in training, there will also likely be no significant growth. Failing and testing limits is how resilience is built in the team and how skillsets are expanded.

Ironically, only one week later, the team was once again fighting to save Damian’s life, this time for real. He was their most critically injured member, with a femoral artery bleed and a significant chest wound. By the time he was out of danger, Damian would receive 30 units of blood and die three times on the operating table. The tenacity of difficult training paid off. The team fought through an almost unwinnable situation to find a successful outcome. This time, Damian survived with an injury that would have almost certainly killed him with a less prepared team. You will fall to the level of your training, so train VERY HARD.

### **Lesson #3: Invest in a multi-layer response — it may save your life.**

One very clear lesson from both cases is that building a deliberate, multi-pronged and multi-layered response system is essential. Ideally, it is not only having a single trained medic or even a physician on the team. Rather, it is building multiple complementary pieces with different skillsets and experiences that all work together in a crisis to provide support at a tactical, operational and strategic level. The skillsets of a TEMS medic/EMT, a firefighter/paramedic, and a physician medical director all are different, as are their available options for treatment and the training curve required to reach their level.

For SBPD, having Spencer, a firefighter/paramedic with deep experience in this type of trauma, gave them the ability to quickly triage the three injured parties (Jordan, Chris and suspect), decide on the best course of action for treatment, and coordinate transport. Having team members who were trained and frequently tested in TCCC provided the ability to treat both Jordan and Chris while allowing Spencer to focus on the overall treatment strategy. It also provided the ability to continue advancing treatment while en route to the hospital with an IV and clotting medications, which likely saved Jordan’s life.

The GVERT case also shows that the efforts spent by the medical director, the team, and their agencies regarding training and maintaining a robust patrol tactical medical capability were well spent. It is not an exaggeration to say that the patrol officers literally helped save the team member’s lives. There were seven members in the van — one team leader and six operators, three of whom were medics. When the shooting stopped, only one of the medics had not been shot.

Trying to treat six patients with one uninjured medic and one who has been shot in the leg is a seemingly impossible task. Fortunately, just a week before the shooting, the GVERT agencies had completed their TCCC refresher training for their patrol units. Everyone had an Individual First Aid Kit (IFAK), everyone had a tourniquet, and everyone knew how to use their gear. This allowed the remaining GVERT team members from a second vehicle and the team medics to focus their attention on the most critical patients and hand off less injured team members to patrol officer-augmented groups to tourniquet, bandage and set up transport. It also brought a heavily augmented supply of critical components like tourniquets and gauze.

Building a multi-tiered and prepositioned medical response with equipment dispersed throughout the agency is a recurring pattern among agencies that succeed in mass casualty events and work extremely well for these teams when they need it. In both cases, spreading the knowledge throughout the team, having a variety of skill levels, and having a backup response in patrol and support personnel made a big difference in their successful resolution.

### **Conclusion**

There is nothing better than seeing a tactical unit snatch victory out of the jaws of defeat and overcome a seemingly unwinnable obstacle. Both the GVERT team and the SBPD team were faced with extremely difficult situations where the survival of their teammates hung in the balance. Their preparation was the only reason they achieved the results they did. This was especially true for Jordan and Damian, who were both just minutes from death. The small things these teams did in training and preparation saved those minutes. And, if you know Damian or Jordan, you certainly appreciate all the small steps their teams took because they both *are* wonderful human beings.

### **About the author**

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