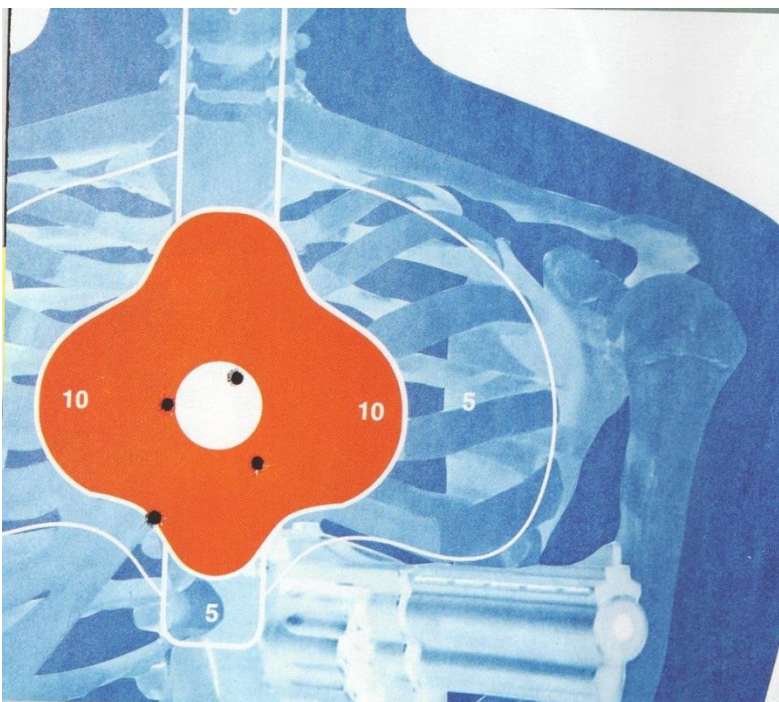


Vital Lessons

Why is anyone who takes charge of their own self-defense forced to shoot a criminal? To make him stop whatever it is he is doing because his unlawful actions are endangering lives – yours, loved ones or innocent bystanders. Although the objective is to get him to stop, we must understand there is a possibility our actions could result in his death, even though that is not our purpose.

Much has been written about stopping power, knockdown power and one-shot stops. While the subject has been studied for many years, we are still unable to properly define any of these terms or provide definitive answers concerning what it takes to achieve the desired result. What makes one man stop may not have the same result on another man, bullets don't knock people down and there is no certainty of a one-shot stop with anything short of a 500 pound bomb.

Professionals from emergency room doctors to surgeons and some of the top neurosurgeons in the country have taken the time to answer questions and discuss some of the issues involved in stopping people with gunfire. There are four ways of producing a stop: lowering the blood pressure, breaking down the structure, a central nervous system hit and a psychological stop.



Center-mass shots are designed to drop the blood pressure, ultimately stopping the criminal from threatening your life or the lives of those around you. How long it takes for him to stop, however, can vary considerably.

Dropping the Blood Pressure

When shooting defensively, we train people to shoot for center mass and, if appropriate, to fire multiple shots. There are a couple of reasons for shooting center mass. First, this is a large area that's easier to hit, and it takes shooting or aiming errors into consideration - hopefully guaranteeing hits somewhere in the torso. Secondly, center mass contains the heart, the aorta and the major blood vessels supplying the heart and lungs. If blood-bearing

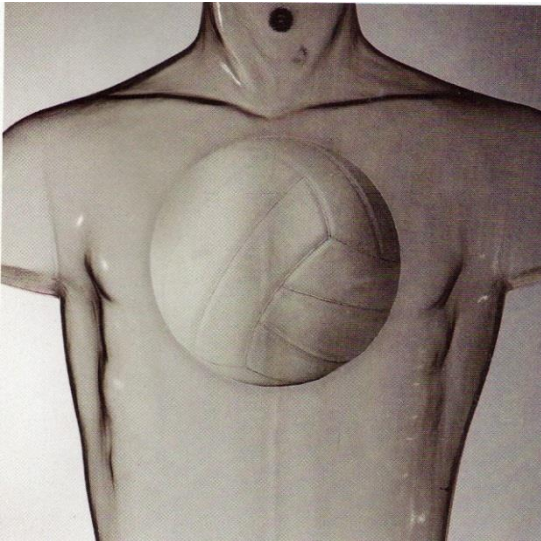
organs and vessels are punctured, blood pressure will drop, causing the bad guy to either collapse or lose consciousness.

The likelihood that this will result in his stopping is a good thing because the threat to innocent life will have been remedied. He might die as a result of these wounds, but that isn't our immediate concern.

Sounds good, right? There's a slight problem. While it's true someone may immediately drop after being hit center mass, it is also true they may remain conscious, active and fighting for some time.

I have asked dozens of doctors this question: If someone is shot in the heart with a 230-grain .45 ACP hollow-point bullet, how long can they remain conscious and/or active? The answers have ranged from 10 seconds to as long as a minute or more. Assuming only 10 seconds, that still is a very long time in a gunfight. Don't take my word for it, go to the range and see how many shots you can fire in 10 seconds.

We practice with two-dimensional, paper targets at the range out of convenience, but in real life, center mass is three dimensional-best visualized as a volleyball-size area in the upper torso.



Toward the longer end of this incapacitation time frame, remember the case of Michael Lee Platt from the 1986 FBI shootout in Miami. Platt remained conscious, active and killing and wounding FBI agents for several minutes after having received a non-survivable gunshot wound to the upper chest. Despite multiple wounds, he was trying to start a car and drive when he was finally stopped by a pistol shot to the head. Some criminals take a lot of killing. Although center-mass hits are our default aiming point, understand they may or may not cause quick incapacitation. Certainly, caliber and shot placement have a lot to do with it, but we aren't always carrying a shotgun and, in the dynamics of a gunfight, precision hits can be difficult at best.

When determining an aiming point, it helps to think of people three dimensionally as opposed to being flat paper or steel targets. For an upper-chest center-mass shot, try to imagine a volley ball in the center of the chest and then, from whatever angle you may be shooting, or from whatever position or posture the bad guy has assumed, think about where you need to aim to get shots into the volleyball.

Structural Breakdown

We can incapacitate someone or cause them to fall down by breaking or disrupting the structures required to stand up, hold a weapon or move. If a bad guy is chasing us and we shoot him in the knee, he is unlikely to continue his pursuit, but that doesn't mean he is out of the fight. If he falls down, could he still retain the ability to fire a gun? Breaking the structure may immobilize someone, but it is no guarantee of a stop.

The classic structural shot taught in training circles is called the pelvic girdle hit. The idea is to breakdown the structure with shots to the lower gut or pelvis-with the objective of transferring shock to the gut-causing incapacitation, or breaking the hips and causing immobility. So long as we're talking about making these hits with a .308 Win. rifle or a shotgun slug, I'm all over it-great idea.



By targeting the pelvic girdle area, you may be able stop a criminal's ability to continue his threatening movements. However, handgun bullets may be unable to deliver the kind of tight-stopping performance required to make this shot effective.

When we restrict ourselves to handguns, however, there are a couple of problems. Rifle bullets at more than 2,000 fps have the velocity to cause significant or incapacitating shock to the watery/gaseous region of the gut, but that's not the case with handgun bullets. And, handgun bullets are unlikely to have the power and penetration needed to break some of the largest and stoutest bones in the body—the hips. Still, if this area is the only target you have, take the shot and, as stated earlier, keep shooting until you end the threat.

Perhaps the most successful pelvic girdle shot I've heard of was by the late Jim Cirillo of NYPD stakeout-squad fame. He and his team were staked out in a bank when a man came in, produced a revolver and announced a robbery. In the ensuing gunfight, the robber ended up rolling around on the floor exchanging shots with Cirillo's team members. Cirillo was armed with his favorite stakeout gun, a double-barrel 12gauge, and ended the fight when he went to prone and shot the robber in the groin with a slug. What if your only possible target is something like a foot or a leg? If that's all you have and you must end the threat, take the shot and shoot the rest of the bad guy if necessary when he falls down. Hits to the hands and fingers are rather common in gunfights, because the hands are often out in front of the torso, shooting and manipulating weapons. Whether intentionally or as a byproduct of shots aimed at the body, hits to the hands and fingers can be incapacitating if the ability to hold a gun or shoot it is eliminated. There have been several instances in which police snipers have ended a threat by shooting a bad guy in the gun hand.

Central Nervous System

A well-placed, powerful hit to the central nervous system (CNS) is generally considered the best option to produce an instant stop. Shots to the brain, brain stem and spine can produce immediate incapacitation, but are difficult since precision is required to hit a small target on what might be a moving individual. Rifles and shotguns are more powerful than handguns and require less precision, due to their greater wounding capacity. For example, a hit from a high-powered rifle round passing close by, but not striking, the spine can be incapacitating due to the shock wave produced by the secondary wound cavity stunning the spine. Conversely, CNS hits with handguns are much more difficult because handguns produce less energy and handgun rounds may not generate sufficient penetration.

Head shots may provide the most decisive of all stops, but making this kind of precision shot under duress can be a challenge. Heavy bone structure found in the cranium can often deflect the bullet or compromise its ability to turn off the criminal's lights.



It is well known handgun rounds have a habit of glancing off the bones of the face and skull without penetrating. After all, the skull is designed to act as a helmet to protect the brain. I am aware of two hits to the head that followed the line of the jaw just under the skin and exited the back of the neck. In another instance, a hit to the upper skull failed to penetrate, skidded around the skull just under the skin and popped out the back. Two of these involved .38 Spl. and the third round was a .357 Mag. None of these wounds penetrated the skull, but they were all incapacitating—in two cases the person hit was stunned and unable or unwilling to act, and in the third the bad guy was rendered unconscious.

If we're going to be successful in making a brain or brain stem hit with a handgun, we need to avoid the large bones of the head and try to place the bullet where it can penetrate. For training purposes, on flat paper targets this area is often depicted as a T, home plate or circle shape. What this represents on a person is the area encompassing the eye sockets and the nose, measured as perhaps 4 to 5 inches across the eye sockets and about 3 inches from the bridge of the nose to the base of the nose. Thinking of this target area three dimensionally, imagine a band some 3 inches in width covering the eyes and nose in front, the temples and top half of the ears on each side and the base of the skull in the back of the head. Directing handgun rounds into this band will produce the greatest potential for penetration and incapacitation.

Attempting a head shot with a handgun is problematic. Some trainers advise this shot should never be attempted, saying it is all but impossible to make on a subject who is likely to be moving, ducking and trying to avoid being hit. On the other hand, I have personal knowledge of a number of instances where head shots have been successful in producing instant incapacitation. Therefore, I think the best advice is, your mileage may vary. It all depends upon the circumstances, the distance involved and your training and skill level.

Psychological

The psychological stop is, by far, the most common. People react to being shot in many ways and, quite often, they simply stop doing whatever it was they were doing that got them shot in the first place. They give up. Nobody likes getting shot, and most people react to being shot by trying to avoid being shot again. They often quit fighting, fall down, try to hide, run away or otherwise stop being a threat when shot or even just having a firearm pointed at them. The mere possibility of being shot can be a powerful catalyst for stopping bad behavior.

We tend to react according to our preconceived notions, and this is often evident in shootings. If you believe you will be thrown violently to the ground, go into shock and die due to a gunshot wound, that is probably exactly what you are going to do. Many people, police officers among them, unfortunately, have died because of this fear. It's important to understand the majority of wounds are survivable-modern medicine can perform miracles and you can continue to fight after being shot.

Planning for Failure

Especially with regard to handguns, your best bet is to plan for and expect failure. Keep shooting until you end the threat, don't expect bullets to knock people down, don't assume someone is out of the fight if they go down and practice, practice, practice. Plan ahead, think about how you might deal with a deadly threat and remember these words from Jeff Cooper: "Man fights with his mind. His hands and his weapons are simply extensions of his will."

