The Debrief Ed Hinchey

JON: My name is Jon Becker. For the past 4 decades, I've dedicated my life to protecting tactical operators. During this time, I've worked with many of the world's top law enforcement and military units. As a result, I've had the privilege of working with the amazing leaders who take teams in the world's most dangerous situations.

The goal of this Podcast is to share their stories in hopes of making us all better leaders, better thinkers, and better people. Welcome to The Debrief.

JON: My guest today is Ed Hinchey. Ed is a former Forest Hills, Pennsylvania police sergeant, who spent 21 years in the force working a variety of assignments. Ed retired from the department after an officer-involved shooting where the suspect did not survive. And Ed, having received serious life-threatening injuries, was left clinging to life, having been saved by his armor. Since his retirement, he's dedicated his time to ensuring police officers are properly armored, and those who are shot in the line of duty are cared for the way they should be. Ed's current role is the Armor Technical Specialist for Safariland and the head of the Safariland Saves Program. Ed, thank you for joining me on The Debrief.

ED: Jon, thanks for having me.

JON: So, maybe start with just kind of your history. You know, the beginning of your career, and kind of working away forward.

ED: Sure, I got into law enforcement early. I went to the academy when I was 19 years old while I was working my way through college. Hired on with a couple of small departments before I was lucky enough to get on with the Forest Hills Police Department.

JON: So, at some point in your career you start to care about body armor. When is that?

ED: Well into my career, I've been like the other officers. I worked what was issued to me. I wanted something comfortable, something soft, something I could function in. One of my best friends, Ed Limbocker, was working in the state AG's office in the task force when he was shot in his chest, and his body armor failed. After coming home from the hospital, and crossed my fingers he was going to survive, I'm holding the vest in my hand with a hole that shouldn't be there. And I called down to the NIJ. I got through to Lance Miller, I explained to him what I had going on. And I've

got to tell you, the NIJ jumped in the car and drove from DC to Pittsburg, and we we're all in the crime lab 24 hours later trying to figure out what happened.

JON: So, let's walk through what happened because that was the one catastrophic failure of the body armor in history that was hit with a round that was supposed to stop.

ED: Right. What we learned later was the vest was made a monolithic construction. It was zylon front to back. Zylon initially was touted as material that was stronger that Kevlar, lighter, more flexible, higher performance. And initially as it's woven, it probably was. As it got worn and exposed to moisture and UV radiation, its degradation curve was drastic. It basically fell off the cliff. Ed's vest was only 5 and a half months old, but he worked in that jump-out van, so he sweated through it all day, every day. He got shot June 23, 2003, and the round just blew through him. It went in, it went through his lung, into his intestines, into his spine. You know, when I get over to him in the parking lot, and he's on his back and he's holding a picture that he always carried it in his plate pocket of his family, his wife and his little girls. I've never had an emotion go through me like that before. And he's looking at me and he says, "Go get my wife and girls." And I- That day, that moment will live with me forever.

JON: Yeah, I imagine it would. What went wrong with the vest. Like let's kind of talk about the NIJ recall and what actually was the problem.

ED: Yeah, they've looked at a lot of causation factors of what degrades zylon. The best they could come up with is UV radiation, and a lot of the rolls, you know the armor shows up in roll like it's pulled out of a Gerber cutting machine. It gets cut to fit, you know, the package you're building. It gets sometimes stitched together, sometimes tacked together, put inside that time that under that particular standard, a water-resistant cover. And then issued to the officer. They anticipated a little bit of a degradation, but the UV radiation and moisture combination on Zylon was like nothing they've ever seen before. And the long-term testing, as it came out later, showed that.

JON: When at that point, with the NIJ standard, you also- There were a lot of flaws in the standard at that point.

ED: Right. There was no condition-testing, they really didn't look at it down the road, there was no fit-audit at that point in time.

JON: Let's define those for the people who don't know. So, condition testing.

ED: Right. Condition-testing is when they take the armor in its new, you submit 28 packages and they take a grouping of those, and they put them in an industrial tumbler now. It's a hundred and forty-nine degrees, 80 percent humidity, it tumbles 72 thousand rotations for 10 straight days. Then they take it out. And under the current standard, they reduce the speed, but use same rounds they test the new armor with. And they shoot the armor. It's got to perform the same as it did in its new conditions.

JON: Because we're looking at a degradation curve now.

ED: Correct.

JON: So previously under the old standard, you just had to pass on the day of the game.

ED: Right. The first day in the best possible condition that vest will ever be, it passed the standard.

JON: And using potentially the hottest material the manufacturer has-

ED: And produce in the largest size.

JON: There's no size limitation. So, you can say the horse blanket built out of the best material you have. And even if you failed, you could resubmit the same package-

ED: Correct.

JON: And as long as you pass one time, you are good to go.

ED: Exactly.

JON: And so, in Ed's case, he gets at that point, the thinnest lightest vest on the market-

ED: Correct.

JON: That had passed the horse's blanket standard.

ED: Yes.

JON: Probably with the hottest material possible.

ED: Exactly.

JON: Meaning when I say hottest material, I mean, the material that shoots the best.

ED: They lot-tested it and made sure they had the highest numbers.

JON: Yep. And then he starts wearing the vest. And 5 and a half months later, it falls- You know, if you think of the standard as a horizontal line, it falls below that line.

ED: Well below.

JON: And what was he shot with? What was the round?

ED: Forty cal. And we don't know that the gun was filled with a couple of different types of ammo. And it was a- It was really a piece of crap-street gun wrapped with electrical tape. And-

JON: And 40 is not in, you know, an amazing bullet.

ED: It's usually not a huge challenge for body armor. Correct. Yeah, this should've been easily defeated by the vest.

JON: So, on the heels of Ed's shooting, they recalled Zylon.

ED: Right.

JON: Which required that every vest currently on the street with- that contains Zylon be replaced.

ED: Exactly.

JON: And at the same time, they started to revise the standard to the new NIJ standard.

ED: Yeah, let's- I've got to give the NIJ credit. They worked directly with Ed Limbocker. They had him involved in it. They came to our buildings to figure out, we were at an old building. Was it right on gas, was it this? They looked at every causative factor. But they also considered what Eddie had been through. You know, the traumatic injuries that he had, what his family had to suffer. And they looked at it going forth. So, Eddie sacrificed what he went through has paid it forward to law enforcement. Every officer that wears body armor today should call Ed Limbocker and tell him thank you.

JON: Yeah, unfortunately Ed became the canary in a coal mine for the NIJ standard and for materials, and fortunately survived.

ED: Correct, correct.

JON: Which was amazing in itself.

ED: Absolutely. It's a testament of Eddie's being in good shape and his will to live. I mean, the guy's an absolute warrior. And I can't say enough about

him as a man. About him as a police officer, he was phenomenal. He was one of the guys I chose to be on my shift. He was that guy. And he was no surprise to me, he was first guy coming out of the van for the AGs, you know, on a jump-out. Because that's Ed Limbocker. And I mean to this day, I look at what we do in the lab, and I know a lot of that. The condition testing, the waterproof versus water-resistant, the lock-testing. The fit audits where the NIJs comes in and, "What are you making on the floor today in Safariland?" "We're making these 3 packages." "Great. We'll take that as a grouping off the line of each. We're going to send it to our independent labs. It better do just as well as it did when we inserted it. And we're going to cut it open and make sure you build it right. It better meet the build-sheet specs.

JON: Yeah, you better have the right layers of material.

ED: Oh, absolutely.

JON: Because prior to that, there was no inspection.

ED: None.

JON: As long as your, you know- As long as the package you submitted for testing passed, that was it. You were done.

ED: Yeah, and it was never looked at again. And they didn't care what size you built it. The didn't care if the C1 performed as well as the C5, the horse blanket. The small, the one-hundred-and-ten-pound officer who is as lean as can be, wearing the smallest panel we can build, that performance now has to be the same as the largest one we make.

JON: Yeah. And from a kinetic energy standpoint, it's a lot easier to pass the horse blanket than it is to pass with a baby Gap.

ED: Oh, without a doubt. Yeah. You know, that's the analogy that I like, is the horse blanket. Because truly, if you take a look at some of the panels that had been submitted in the past, and we only thought about this after I started working with the NIJ after Eddie had been shot, and his vest failed. And I saw some of the size of the panels coming in, there was no limit. You could put horse blankets in. Yeah.

JON: That's ridiculous.

ED: So great job on the energized part. They reacted to in, recognized there were failures in the way the forward testing was, that it didn't exist. And so, they limited it. They took the C1 through C5. You could look at the CPL today, the Compliant Products List. And you'll see there's still armor out

there that's C2 through C5s, C3 through C5. It means the small and medium panels didn't pass.

JON: Yeah, which is crazy. So, you're buying armor for your department and you're like, "Oh well, the small people, they're not going to wear it." I think one of the things that frustrates me most with armor is the consumer is not particularly well educated. And part of that is because that's not their job. But it has led to over the years there being some pretty unscrupulous practices and body armor.

ED: Oh, absolutely.

JON: With- It's a point of frustration and passion for me that literally prompted me to write an article for NTOA about plates. Because there were so many people playing fast and loose with the standards.

ED: I get asked all the time while I'm out on the field, "Do you have a 3++?" That animal doesn't exist. That's not a type from the NIJ.

JON: Hopefully in the new standards it will be-

ED: I believe they're addressing it. They're being very strict about it. And the NIJ stamp on it now is a game-changer.

JON: So then at this point, you've gone from a guy whose kind of marginally interested in body armor to a guy who cares passionately about armor.

ED: And again, the process that happened with that Zylon armor as we begin to look into it, there was whistleblower involved with the company that built the Zylon. They knew the degradation curve was drastic. He'd written a company-wide memo saying, "We're going to get a phone call of an officer killed because his body armor failed." So, they knew. Which you've got this young, like I said, a true warrior officer who's got a wife and an incredibly young family. And he's wondering, "How do I provide, how do I do this?" And then he finds out more and more and more, this shouldn't have had happen in the first place. And again, the NIJ's response was phenomenal. We did our best to be with him throughout the entire process. You know, as he moved forward, we knew relatively early on from doctors that he wasn't going to be able to come back to work. And his preparation for the next phase of his life, it could've gone a lot of different ways. And again, like I always say Eddie was the right guy because he never shut down. You know, he knew he had to step up regardless- He can't be his passion anymore, he can't be that police officer. What can I do to carry the day? And he's

apparently still in public service, he's a fire chief now. You know, here's the guy you want next to you.

JON: So, after Ed's shooting, how long is it until your shooting?

ED: About 19 months.

JON: So, you are working on body armor because of Ed's shooting. And 19 months later, your life would literally depend on it.

ED: If I didn't have body armor that worked that day, somebody else is tucking in my kids and kissing my wife goodnight.

JON: So, walk me through what happened.

ED: It was in-between shifts; I was doing a double before I was supposed to go on vacation. And we get a call. My dispatcher Joe Clemco yells up to us, "Hey, there's something bad going up on the pike, start up towards Bob's Lodge." And we go up the hill, we're going over. We border with Wilkins Township on that side. And he's giving us details as we go. It's a severe domestic. A woman has run into a bar which is called The Plaza. She's got a child, a really young child tucked under her arms. She's screaming that her ex-husband is trying to kill them. He's on his way to kill the mother. We've got a unit responding to that location. The mother actually lives in Forest Hills. I call out that I'm going to go ahead and get to the mother's and secure that location, which I do. As soon as I knocked on the door, the mother of the first 2 victims, I knew on her face because she saw my uniform, her first words to me, "My babies alright? What's happened?" And so, we begin to try to calm her down, try to get some information on who we're looking for.

Wilkins Township pulls up, he has the first 2 victims. The ex-wife and child in the car. I've never seen a baby look terrified. That was a big red flag for me because this baby looked terrified to me, she was young. And the look on Janelle's face was just terror. And she wanted to know if her mom was ok. So, we realized we got to get them off the ex, get that area secured. They took them to get medical. I call out to set a command post directly across the street in Bob's Lounge. And we began to go out and try to find this guy. We had a good description of him, we had a good description of the car. I swing in, I go down the street to make a quick loop before I park in that parking lot. He is literally parked in the next lot down from Bob's Lounge, basically where he can see where we're at. And I call out that I've got him located. And I fully anticipate a chase. If he goes out one direction, we're going out towards the country. Other direction's right into the city of

Pittsburgh. I'm in an unmarked car but I'm fully lit up. And I come across, I position myself so I can go either way. Whatever he chooses, I'll get him behind and we'll begin this. And as soon as I pulled up, I watched the car go.

He's actually a floor-shifter, go from park, you can watch the brake lights flick. And so, I knew he was on drive. And he came out, he came into the parking lot. And I'm on the radio. I'm telling them, "Hey, we're on a pursuit here. I've got, you know. I'm going to let you know which way." And he never deviates from the front of my car. He comes across on a gravel lot, and he hits the front of my car, just literally- I'm looking at him. We're looking across 2 hoods now. And I'm looking at him thinking, "Well, no one's ever done that before."

JON: Yeah. Well, that's new.

ED: That's new. And I call out, "Hey, we're up here on a lot. Get me some units up here." I'd just been through a class run by Brian Avery, and again, we'll talk about training as we go on here. I've been lucky throughout my career to have some absolutely, phenomenal training. And Brian Avery had been the most recent. And it was a lot of containment and, you know, what we do in those exact types of situations. So, 6 weeks prior to this incident, we'd been up on the Beaver Valley Racetrack practicing, what happens if you've got to get a car contained. And it was a lot of that front end collision, let's get them cornered in. Now I'm by myself, I'm one-on-one here. But I'm able to floor my car, I'm still up on the pavement, and get him kind of locked under. He had an old Valero, and it was really kind of scooped down on the front end. So, I get up over top of his front end a little bit, hit the emergency break, put it in park, came out of my door, went around to the passenger side, went over top.

We knew he was armed with a knife. We didn't know what else he had. I will admit that I missed a complete red flag. One of the pictures I saw him, he's in dress-blues. It didn't throw the right numbers for me that I'm dealing with a military veteran who probably has combat experience. And I began to try to de-escalate the situation. I'm telling him to shut it down, "I've seen your wife and baby, they're ok. I've seen your mother-in-law, she's ok. Let's figure out what we can do here. Shut the car off." He opens a beer, takes a drink, he throws me the finger. You know, this guy is engaging me in a completely different way than I've had in 23 and a half years of experience. This is not the way things usually go. Second officer arrives on the scene, I have him take my post. I go back around on my 8 Pillar. I want to see inside the car, I want to know if there's anybody else is

in there. When I half-moon out, I get a good look in the car, and I come back. And I call out, that he's alone in the car. We need more units up here right now. And he starts to go from reverse to drive, reverse to drive with the floor shifter, to break the cars free.

I know I've got him contained. I make a decision to that point, I tell Bill, "Hey, I'm going to move up. I'm going to bust up the window. I'm going to put some spray in." It's late November, it's cold out. I know his window's down on his side of the car, the driver side window of the assailant. And I tell again the other officer who's arrived on scene where I'm going. I move up, I break out the window with a collapsible baton. So, I'm by the front wheel, a front wheel drive car, he's throwing some gravel up. And-

JON: You're on the driver side or the passenger side?

ED: I'm on the passenger side. I'm moving from my driver side to his passenger side.

JON: So, you're looking at him this way. He's sitting here, you're looking at him this way.

ED: Exactly. I'm catty-corner across the hoods. And he's in full postal uniform. He was working as a mail delivery person. That's one of ways he probably got into the apartment building, that his ex-wife and child lived in. It's the holidays, who's not going to hold the door for the mailman. You know, that's an easy way for him to get in there. And so, at that point in time I'm thinking, I've got the window broken out. I know his window's down. Now, I'm going to put some spray in. The second red flag that I missed, was he looked at me and said, "Don't spray me." Now I'd taken my spray and I shook it up behind me. I don't think there was any way for him to know, that's my next step, unless he'd thought this through. And it's one of the things I've gone back through my head several times doing kind of debriefs. And he truly knew what I was about to do. He really did. And I wanted him to not be able to take off. If he got free in front of my car, hey, we're on foot in a parking lot. He's going to-

JON: He's going to run you over. Yeah.

ED: He's either going to take Billy or myself. And so, we needed to get him to the point where he cannot be able to operate a vehicle. And so, I make the decision to spray, I let Billy know I'm doing it. As I step forward to get the left hand in to the window. His hand had moved from the shifter to what I didn't see, which was a Glock 23.

JON: Oh, fuck.

ED: It's coming up. And my exact reaction was exactly that. I see the gun come up and I realize I've got a handful of collapsible batons and a handful of spray. And that's not where I need to be. And they found both of those next to where the blood splatter was. First round came in just over the top of the dorsal of the car, because he's leaning across the street now. He's this far away. And it comes in an upward angle. It goes into my groin all the way through, I didn't realize what it had done. Destroyed my femoral saphenous veins, pieces of it splattered out, and a portion of it went into my hipbone. It was much hotter than what I was prepared for. One of the first things that went through my mind and starting to try to get off the ex was, "Oh my God, that's hot." Something that in all my years, I've never heard anyone- We've heard the terms "hot rounds" before, we just assumed "fast rounds." You know, when you're shooting, you get that one that really gives you an extra kick, "Boy, that's a hot round." This was a whole new level of being a hot round-

JON: Yeah. It's a completely new meaning of that.

ED: This one resonates now, you know, I get it. He hit me 2 more times, almost immediately, the gun is climbing up a little bit. He's shooting one-handed. So, I get hit through the groin, I get hit towards the bottom of my armor, again in an upward angle. And then I get hit directly against the rib cage up here. He fired a total of 10 shots. And-

JON: And hit 3 times.

ED: He hit me 3 times out of those 10. I'm now moving back to my A Pillar. I've got one hand clamped completely over where the- I know is the worse of the 3 wounds. I drawn, I put 14 rounds through the windshield. At that point in time, I look over to see where my partner's at. He's moving. He'd lost the sight picture, I think. In discussions and take a look at the scene and pictures later. When the bad guy- I don't think the bad guy consciously knew he was getting behind the engine block from there. He just wanted to get to me.

JON: Yeah. He's just leaning out to shoot you but bought himself covered-

ED: Exactly. The ancillary side of that getting closer to me was putting himself behind the engine block. The sight picture for Billy kind of disappeared. And at the point in time, I reload, I'm looking back at him. I'm watching him reload. And I'm thinking to myself, "I've got to be faster. I've got to be faster." I get another 13 rounds through the medium of the windshield. I hear a shot coming from behind me, and it was a muffled sound. There that auditory exclusion thing was working strong that evening.

Brian Armstrong, my canine officer had arrived at the scene, moved up behind, assessed the situation, got around down range, came up. And I called to him, "Clear the vehicle, clear the vehicle. Got you covered. Clear the vehicle." Brian's a combat veteran Marine. Again, one of those guys you want with you if it goes bad. And he moves up, clears, calls.

I'm already on the radio, calling for 2 ambulances, getting supervisors, getting county homicide notified, making all the calls out there. Trying to make sure everybody else is ok. And I keep checking with my hand, I can't control the bleeding. That's- I know it's bad. And I'm pushing, I'm doing what I can. And I also, at that exact same moment I realized, these don't burn. You know, it sucked. It's like getting punched by someone really who knows how to throw a punch. They don't burn. I'm ok there. And I dismissed those wounds at that moment. I'm ok there. Those aren't bothering me at all. Brian comes back and there's a pause as he gets to me. And I'm like, ok. And he gets in his vehicle, he's a canine guy. He swings up behind me, he's like, "We got to go now. There are some things we need to do here-"

JON: Yeah. Well, you shot somebody-

ED: We've got some stuff going on. Thank God for Brian Armstrong. He doesn't take my direct orders as his sergeant. He recognizes that he needs to save my life. And he throws me in his car. He clears the front seat, throws me in, and we take off out of the parking lot. I get on the radio, handed off to the guys that are coming in, Carlo Bolla. Some of the other officers that I know, I can hear them on the radio they're coming. They're my guys. At that point in time, Brian- I've called, I'm enroute to Mercy Hospital with a gunshot victim. Mercy Hospital is a great hospital. I have family that are surgeons down there. That's where I know I need to get to. We have several great hospitals in Pittsburgh, we're kind of blessed that way. Brian immediately turns off. We have a non-trauma hospital right down the road from us. And I said to him, "Brian, where are you going?" He said, "We're going to Braddock." "No Brian, we absolutely need to be going down to Pittsburgh." And I'm looking at myself.

I'm creating a puddle; I can't control this bleeding. And he looks over at me and he says, "Get your hand inside the gun belt, and get your finger into the hole now." And he's white-knuckled on wheel and he's rolling, maybe not the worlds best driver. But we're ok with that. And we're hustling, man. We're really moving. And I said to him, "Brian, I'm going to give you a direct order. You need to take me to Mercy." And his answer to that was, "Sarge, I'm gonna knock you the fuck out." Ok. I went back on the mike, I

called, "We're enroute to Braddock Hospital." And you can literally hear a pause in the radio traffic. And Joe Clemco, who's my dispatcher one of my dearest friends, he was the dispatcher when Eddie got shot. And handled the scene like nobody I could've ever. If you had to take every great dispatcher in the world, pile him into one and say, this is the program for police dispatcher, you get Joe Clemco. He'd been through the Eddie ordeal, and now he's got me. And... "Sarge, who's shot?" I looked right at Brian and Brian's got that look on his face. And I said, "I am. Apparently, I'm just winged." And he goes, "Ten-four." And so, we go back off-

JON: Just winged on the femoral vein.

ED: Yeah. I didn't want anything going over the radio. People hearing things, they didn't hear it from me. And we get- pull up into Braddock, jump out. He's got the back of my gun belt. We're walking into the first hospital. I got blessed there. I had incredibly experienced nurses. They ripped everything off me. And one of the nurses, his fingers and gets up inside me, and really controls the bleeding. But now he's in a very stationary mode. Joe Clemco again has called. They've shut down the parkway that surrounds the city of Pittsburgh. They've shut down the line that'll take us directly to Presby Hospital. Another phenomenal trauma hospital in the city. And they're part of this smaller non-trauma center that I'm at now. And they've got an ambulance on their way to get me there. They're doing everything they can, they're getting fluids in me.

One of the things I will tell you is, you can hear what everybody says. I don't think we take that into consideration as officers that, they think you're focused on combat breathing, and trying to get better, and survive. I can hear guys in the background. And I hear a couple of them saying things like, "There's no way he makes it out of this hospital. He's going to die right here." That kind of stuff. "Who's going to tell his wife? Who's-" You hear all of that. "So, if there's one thing we could talk about, you know, maybe later on, on The Debrief." It's, you know. Here's how to talk when you're standing around a guy who's bleeding out. Here's one thing you got to consider, his faculties aren't down, they're heightened. They're truly heightened, and he's picking up on everything. And so, they're getting the fluids into me. You know, I get on the phone. I make a phone call to one of the guys I've known my entire adult life.

One of my work partners. And again, another one of those great policemen that they were blessed to have in this industry. And he's a lieutenant for the county homicide. And I call him to let him know what's going on, because now I don't have a radio, I don't have anything. And gives him heads up

and also say, "Hey man, my family and I-" I looked at the nurse, "Where am I going?" "You're going to Presby." I said, "I'll be at Presby." So, he'd already been given an indication. He'd already had the calls from dispatchers, and everything that runs through a critical once it goes on. He kind of had a heads up that he's got a lot of work in front of him. At that point in time, they roll me out and get me down to Presby. So, I'm on my back in the ambulance. The nurses over top of me. And this young, experienced, incredible trauma nurse, his fingers are up inside me.

Brian is over top of him with his arm around his waist, and his hand on top of the ambulance, keeping him steady. I've got those 2 faces above me, and you can kind of hear what's going on. I wear a St. Michael's medal. I have a ring that never comes off that's, it's got a clot on. My wife kind of put that on my hand. I know I'm going into surgery, and I don't want those getting lost. And so, I kind of work it and Brian is helping me do it. And I've mentioned Brian's a Marine combat veteran. He's one of those guys, you give him a suggestion, it's going to get done. So, it comes off me, it's covered in blood. My ring's covered in blood. And I reached and, "You need these- you need to get these to Tam, my wife. You've got to make that happen." And he says, "Sarge, I've got them." He locks them in his fist. And you know, we get down to Presby, doors open, Dr. Tisherman's waiting for me, and they save my life.

JON: So, when they roll you into the hospital, kind of walk me through what happens next.

ED: Again I'd- While I'm on the gurney at the first hospital, and they're getting lines into me and everything, I grab my phone and I flip it open, and I call Chris. I know somebody needs to tell my wife. I wanted it to be somebody she knows. I live a fair distance outside of Forest Hills. I know they don't have time to get anybody out there. And I know they're busy up at the crime scene. So, I call Chris again. And you talk about a friend you've had your entire adult life, your entire career. You've hashed every incident with somebody, and he happens to live 4 doors down the street. And I call him and say, "Hey listen, here's what's going on. You need to get your best team up to Bob's Lounge. I've been in a shooting, and I'm pretty sure I killed the guy. I'm hit. I said, "You need to grab Tam and the kids." My daughter was 8, and my son was 6 at that time. "You need to get them down to Presby Hospital." So, he says, "Alright." He said, "I'm going to take care of everything here. You're going to call Tam and let her know I'm coming. Right?" I said, "Absolutely." They'd gotten a line in my left arm, Brian's behind me, the nurse has his fingers in my hip. I flip the phone back open; the other nurse takes that phone right out of my hand. She's got to get a second line in my arm because I'm crashed. They need to pump fluids to me, in because I'm pumping them out.

Like I said, my femoral saphenous vein was destroyed. They were gone. My leg was beginning a compartment syndrome. I didn't know any of this at the time. I just know I lost a lot of blood. And I was practicing combat breathing. I was trying to get a whole lot of things done, the administrator side, have all the right people been notified, do we have people at the scene, how are the initial victims. You're going through all the whole side of it. And I said, "Hey listen, I need the phone back." And she says, "Sarge, you need to quit moving." So, I never get to notify my wife. So, I'm in there, they roll me in, Dr. Tisherman starts to work on me. They get the first clamps inside me; they start to control the bleeding. Chris comes through the door, my friend. And you know, when I see Chris, that means my family is there. I didn't find out until later. He had brought my wife down; he had brought his wife up to keep an eye on my kids. Because he knew that hospital atmosphere and surgery was not the right- Again, ultimate professional. I'm surrounded by the best people in the world. I was absolutely blessed. And I said to him, "Hey man, bring my family in. I need to see them right now." And Dr. Tisherman intervenes, and he says, "Sarge, we can save you or you can see your family. It's not going to be both."

So, I had to make a decision right there. Knowing my family is on the exact opposite side of those doors, knowing I might not come out of this. So, I take a shot of living. Probably one of the hardest decisions I've ever made. Because there was nothing more in my core being that I wanted, than to see my wife and kids. That's all I wanted. So, I knew that when I went upstairs, they were going to knock me out, and I don't know what's going to be what's after that. I have no idea. But Dr. Tisherman, ultimate professional, said, "Sarge, we have to go right now." And Chris looks at me and said, "I will take care of everybody." And off he went.

JON: And you were really fortunate as far as Tisherman being there.

ED: Oh, my goodness. One of the most incredible experienced trauma surgeons, especially for gunshot wounds, with his background, in existence. Let alone in Pittsburgh, let alone there that night. He was there checking up on some other patients, just happen to be on his way out. When they called him, "Hey, they're bringing an officer coming in. A gunshot victim." And he stood by. The ambulance had gotten to the crime scene, they did transport the shooter down to the exact same hospital. Dr. Tisherman had another team waiting for him. I think they probably had information that there

wasn't anything they were going to be able to do, he was pronounced there. And Dr. Tisherman had his best team waiting as I came out of the ambulance. Worked on my several times. Originally, we thought they were going to take my leg off. I'd signed all the paperwork for that.

They assigned a nurse to sit at the bottom of my bed, so in between surgeries she had a set of headphones on. She was looking for any kind of pulse in my foot. And I knew that if they didn't find it, they'd explained to me they were going to try to take it below the knee but there was no guarantee, it may have to be above the knee. And I told them, I said, "Listen, the leg comes off as long as I wake up and I see that family. We're all good here. Do whatever you've got to do." And about 2 hours before the actual surgery, Dr. Tisherman told me to hit my call button, and I didn't understand what was going on. I hit the call button, another nurse comes in. They whisper back and forth. That nurse goes back out. Doctor comes in, lifts the headphones off, they work the foot, and he says, "We've got a pulse. Can't guarantee that's going to be later today, end of tomorrow, end of the future. But for right now, you're going to have to keep the leg."

JON: So, you were 2 hours from having your leg amputated.

ED: Yeah yeah, yep. And like I said, I had a 5-point fasciotomy done on it. They cut all the way through the calf.

JON: Why don't you explain what a fasciotomy is.

ED: Fasciotomy is where they have to take the internal pressure off your legs killing itself, by the pressure that's building inside of it.

JON: By the fluids that are leaking out-

ED: All the blood could get into the leg; it had no way to get back out. The veins that deliver the vein back out are gone. Luckily for me, somewhere along the way there, my femoral artery allowed sympathetic flow. The doctors explained to me later, there's no way to induce that. Your body either does it or it doesn't do it.

JON: When you say sympathetic flow, what do you mean?

ED: My femoral artery delivers blood into my leg and back out. I got lucky. I've got a good femoral artery. I've got sympathetic flow in there. And then I said, "Did you make that happen? What did you do?" They said, "No, we cannot make that happen. We can't induce that."

JON: So, either makes a decision-

ED: It's a defense mechanism. It either happens or it doesn't. The pressure was so bad on the leg, the leg was killing itself. It was so big, I couldn't imagine that was a human leg, let alone that was my human leg. Black, just blood ridden, I mean it was truly- There were SWAT guys who couldn't go on that side of the bed. It was just not going to happen. I introduced my 8-year-old daughter Kaitlyn, who has locked her fingers to the side of the gurney on my side of the bed, and she has refused to leave my hospital room. She stayed the first 72 hours. And Dr. Tisherman was like, "Sarge, if you don't mind her staying, I don't mind her staying. Because trying to get her out of here was not going to be a good thing." So here she is- I should've known that I had my hands full, because at 8 years old, she's staring down a surgeon saying, "I'm not leaving my daddy." That's not going to happen. And my son's out playing football out in the hallway with the other SWAT guys, which was good. It was a good place for them. You know, my wife is trying to balance the 2 of them, me, life with me laid up there. So, at that point in time-

JON: So, they filet your leg open.

ED: They filet the leg open. From the knee to the hip on top, from the knee to the groin on the inside, from the knee to the hip on the outside, and then through the calf from behind the knee down to the Achilles.

JON: Just open it completely up to give the tissue room to expand.

ED: Right.

JON: So, it turned your leg into a Chinese lantern.

ED: Exactly. So, it's up on a thing, and they had to change the wound dressings every couple of hours. So, you've got wound dressings inside there that literally have to be peeled out. You've got a fresh batch that needs to be pushed back in. It was opened for 5 days.

JON: That sounds like a barrel of eggs.

ED: We had- It's a training hospital, a teaching hospital. We had groups of interns coming in, and I looked at them, I said, "You've never seen a knee like that?" And he goes, "Not anyone that was alive." So that's a great thing to hear from an intern sitting next to your bed. You know, "Glad I'm here for you." But then again, the nurses- my mom was a nurse, her grandmother on my wife's side was a nurse. It's kind of in the family. My sister's a nurse. They literally gowned her up, gave her a set of gloves, and she would stand there and hold the tray of the packing material.

JON: Oh, my God.

ED: And she's on this side, "Daddy, we're doing really good. Are you ok?" And she's literally, giant brown eyes, staring up at me-

JON: Your daughter's a bad ass.

ED: Oh, she's just incredible. And my wife's like, "Hey, we got to get going around here a little bit. I'm going to gone for a little bit." And Kaitlyn's like, "I've got this. I'm here." And just amazing. So, she stayed for 72 hours, she did not leave the hospital. She slept on the chair next to me. Surprising, the right side of my body was a hundred percent fine. There was nothing wrong with it. And truly, I mean, I- she's an angel, and absolute angel. But she is her mother's daughter. Day 3, she's still there and I-We've got, things calmed down a little bit. There are probably no more surgeries on the horizon. And they are rolling in a cauterization cart on a daily basis because as they unpack it, and there's still little, tiny bleeds inside there. They cauterized those. Good times, great smell.

JON: That sounds like fun.

ED: Good times. There's some things you learn there-

JON: So, we got your leg turned into a Chinese lantern and just for fun, we're going to go and light it on fire.

ED: Yeah, exactly. Let's introduce this- Yes, I can.

JON: And Kaitlyn is there for that?

ED: Oh, yeah. She-

JON: She's smelling dad cooking.

ED: Absolutely on top of it. So, we get a little break. There's a couple of incredible nurses taking care of us. They're bringing her some drinks and everything. I look around I realize, these are the good nurses, no doctors in the room. These are, "Hey Kaitlyn, come on up." "Really?" "Come on up here." I need to hold my little girl. You know, she climbs up, she's gets cuddly. Now like I said, she is her mother's daughter. Ok. She looks up at me with the biggest brown eyes you're ever going to see. And she says, "Daddy, are you going to be ok?" And I mean, I'm like, "Baby." I said, "I'm going to be just fine. Absolutely, going to be just fine. Don't you worry about a thing. But my thoughts are, are you going to be ok? " She gives it a full dramatic pause, nails me with the big browns, she says, "I'd be better if I had a puppy." [Laughs]

JON: Wow. My God. What a fantastic time to-

ED: She's been waiting for probably 71 hours to nail me with that one

JON: Well, played.

ED: Kept it in the back pocket all this time.

JON: I love that.

ED: She's good, she's good. Yep, the puppy's name is Bailey, a Kerry blue terrier. Absolutely, positively. We drove out together when it was ok to drive a car again. Crutches in the back seat, picking up the puppy. Yeah.

JON: Well and- This kind of fast forward a little but like, that permanently impacted Kaitlyn.

ED: If you-

JON: Arguably, in a positive way.

ED: Absolutely. If you think it doesn't affect your family, and I'd love to go in depth with that throughout the interview today. Again, my wife's in the medical field, she's a pharmacist. Her grandmother was a nurse, my mom was a nurse. Kaitlyn had nursed me through the worse time of my life right there. And fast forward to when she graduates high school, begins nursing school, and becomes a trauma nurse at the same hospital. Fast forward another 2 years, my son graduates, goes off to WVU for a little bit. Enlists in the military, does a deployment to Jordan. He got sworn in 4 weeks ago for the Dormont Police Department. The whole family. It's- It resonates, and it becomes a part of their lives as much as it becomes an incident for us.

JON: Well, I think that's something we should discuss in more depth as we go on today. Because I think that it's- I don't think people understand necessarily the impact that it has. Not only on the officer, but everybody around them.

ED: Oh, absolutely.

JON: Co-workers, family. Like, it's a much broader reach. So why don't we- Let's kind of finish out your career and we'll come back and talk. So, how long is it until you get out of the hospital?

ED: I'm in the hospital in ICU for 11 days. It's a little bit disruptive. They've got police in the hallway; you have to be code worded to get in. I'm taking up a lot of their space time. And it's one of those, "I need to get home. I want to get a good night's sleep." Dr. Tisherman has a talk with my

family. Again, my wife's a pharmacist, neighbors are nurses, we've got doctors on the street, we got a court. We've got, again, family who are surgeons. My road department goes over, literally installs railings in my home because they explain, I'm not going to be ambulatory. They get everything set up for me. They get a bed, a recliner that lays flat. My agency, my guys from my department had laid out cash for things that they needed immediately and didn't have time to go through a PO. The ambulance came, and I got to ride back to my home in the ambulance that was originally sent to take me from the crime scene, where I got shot to the hospital. Every one of those paramedics chewed me out for not waiting for them. So, I caught a lot of heat from Rob and the crew. I said, "Hey, I'm here now. You know, take me home." And you have no idea how mad we were. And I said, "Sorry guys." Brian Armstrong, you ever tried to say no to Brian Armstrong. When he's made up his mind?

JON: Well, here's a funny story too when he's goes to put you in the car. Right?

ED: Oh yeah.

JON: You're refusing-

ED: He's not taking no for answer. And I still want to get a couple of things done and you know, the Marine and the "let's get it now." Because he knows how bad I'm hurt. He's seen this in the field. I don't, but he absolutely knows time is one thing that's against us here. And I had a bruise right here from the common perennial stroke that drove me into the car.

JON: So, he planted it into you. Put you up by the seat of your pants and threw you into the car.

ED: There was no discussion. There was no longer a sergeant patrolman relationship. There was a *Brian Armstrong is going to save my life* relationship going on and no matter what it took.

JON: Even if he had to throw you into the car.

ED: Exactly. And almost carry me into the hospital. And all of those things. And you know, that was- Again I'm surrounded by the right people at the right time. That's you know, they talk about being on the job because of the guy next to you. And nevermore true.

JON: So how long is it before life begins to get a normal cadence?

ED: Well, I get home. My wife's been given time off from work. Her employer was great about it but now it's been 2 weeks. They need the

pharmacist back. She's like, "Honey, I got to go." And I will tell you that part of me, I've been the alpha male. I take care of everything. I'm you know, my kids need something, I'll take care of it. My wife needs something, I'll take care of it. She's an incredibly independent woman. But again, I'm a police officer. Let's take care of business here. All of a sudden, I can't even get myself a drink of water. I can't stand up without both hands locked on to a walker. I can barely, barely get the words out to the folks, "Hey, everyone needs to leave. Leave the room for a minute because I've got to go to the bathroom." That's who I am now. I've got my kids bringing me a snack, bringing me a glass of water. Six years and 8 years old, and they're taking care of me. My wife sitting next to me holding my hand like, "Honey, I actually have to leave. I have to go to work." And it's breaking her heart that she's got to step up and do that. And I've got Kaitlyn, we're good. Everything's going to be ok. And the neighbors had all chipped in, they were all waiting. Then again, it's wintertime.

The whole neighborhood is waiting when I come home. They've cleared everything that needed done so that the ambulance come and get everything in. New furniture, you name it. Everything had been taken care of. So, she goes to work. Shortly after, a couple of days goes by. Life does begin a little bit to return to normal. We're counting on some other people to help get our kids places. One of those places is actually Sunday school. So, it's time for Kaitlyn to go to Sunday school and I'm in a quiet time in the house there. Phone rings and it's Sunday school calling telling me my daughter is being disruptive and I need to come get her. You know, again you mentioned what can happen to the family, things that don't get discussed. The lesson plan that day was the 10 Commandments, and they got to thou shalt not kill. And she tells the nuns, "Hey, my daddy had to kill somebody." And their answer to that was, "Well your daddy is going to hell." And she loses it. And so, we had to go get her.

JON: And that's when Ed slapped the nun.

ED: Yeah well, we've never- Let's say we've never been back there. Luckily, Father Luvalon was around, a good friend of mine who rides motorcyles, he's a priest. He kind of explained that there's a big difference between thou shalt not commit murder and thou shalt not kill. And that Jesus still loves daddy, and everything will be ok. But my wife works, she's got co-workers who she thought were her friends, who aren't speaking to her because I killed somebody. And I don't find out about this right away. They don't want me to deal with that while I'm dealing with some of that. The kids at school are saying different things to my kids. You know, the news stories.

They're still news reporters showing up pounding on the door of the house trying to get an interview or an answer.

We also had some great reporters. You know guys like Mike Clark who called, went through channels through the agency. Went through, you know, my family to make sure everything was ok and to ensure me that it was going to be respectful. And we discussed what were ok discussing. So, there was credible reporting being done, but there were the other side of it as well. Articles in the paper weren't correct. Everybody's racing to get the story out first rather than correctly. So, we suffered through some bad reporting. But we also had some great stuff. Folks came out to the house, and I actually showed what we were going through. Medical devices on the floor, restructured home, walkers, port-o-potties. I had to live on the first floor of the house for months. My bedroom's upstairs.

JON: I imagined it's probably a challenge to try to remain positive and try to focus on the good things that are happening, when there is this negative stuff that's going on. You know, the Sunday school and the reporters. How did you manage that? How did you keep yourself focused on surviving and getting healthy and not allow yourself to get mired down?

ED: My wife, my wife Tammy. She sat next to me every moment she could and would not tolerate me being down. Just wouldn't put up with it. You know, and she'd say, "You're alive. We love you. We have the best kids there are. What else do you want? Focus, get focused. Look what you have." You know, I'm worried I'm not going to be the man I was. I don't know if my legs are going to come back. I've got rehabilitation folks telling me I'll never walk correctly again. Let alone, be able to get back on the job. And then part of that was right. I was not able to go back to work. I was medically retired. I couldn't pass the independent medical exam. I could pass the physical agility test, but I couldn't pass the independent medical exam.

JON: Because of blood-flow issues.

ED: Right. I was device dependent. I'd use a lymphedema press to get the swelling down every day. I wear compression stockings. They took me in. They'd done ascending venograms trying to figure out what the mapping was inside there. Good times, that's really exciting stuff. That's where they plug a needle into your foot, they put you in an inversion board, they push all the fluids backwards and map it with chemicals.

JON: That sounds fun.

ED: That sounds exciting.

JON: I mean that beats cautery card and Chinese lantern.

ED: This one, they actually give you a bite stick.

JON: Oh.

ED: Yeah, good times. Yeah. Now they don't talk about that part. You know, when you're watching that on TV, the hour TV show, "He gets shot, he's back. He's fine."

JON: Yeah, that's the part- Yeah, we miss all that stuff.

ED: Yeah, we don't get the 8-season documentary of *Now your life is completely different*. Which is, again I'm blessed, surrounded by all the right people. My wife leading the way, you know, from the time we came home. From the time we got to the hospital she was allowed in the room for the first time, she took charge. You know, just- You know, she is- Her dad was a Pennsylvania state trooper. So, she grew up in a law enforcement family. I think that aspect of it played into it. You know, she came from a very strong well-structured- Her grandmother the nurse, her mom, everything along that way was solid. So, she just wasn't taking no for an answer. She says, "Honey, if we have to move on, if we have to leave law enforcement behind, you're still a Hinchey. You're still going to get the job done. We will figure this out."

JON: So, how far after the shooting did you make the decision that you were going to retire?

ED: Actually, it was, like I said, it was a doctor. They had brought in the independent medical examiner. They had me on the table. He's listening to me; he's working me through. And he says, "Sergeant, stay here for a minute." So, I'm there with the nurse, he goes back out. He came in and says, "Get dressed and meet me in my office." Then he was actually a little upset with me, he says, "I just spent the last 30 minutes looking for your femoral saphenous veins and I couldn't figure out where they were." He said, "You don't have any." They ligated the mount from your aorta to your knee. That's where the bullet helped that along.

JON: Yeah, they didn't ligate them. They stopped the bleeding.

ED: They went below where there was actually the structure and got it tied-

JON: The suspect ligated.

ED: Right. Yeah, yeah instantaneously. First shot of the gunfight. What I found out later, again from Dr. Tisherman was good news, bad news. Had it hit the femoral artery, I don't make it. I flat out don't make it. Even with Brian's incredible work, I don't make it.

JON: Yeah, just that limited reduction in pressure was like your life hung in that basket.

ED: Oh, yeah. And the X where the hit was, I mean, they were that close. A couple of millimeters the other direction, it's lights out. The hit up here, if you look at the angle, you worked the trajectory of the round to me. My aorta's on the other side of the hit. My armor flat out saved my life. Either one of these rounds hits my intestines, my lungs, and my heart. And all they did was leave a little burn on my chest behind it. But back to the doctor explaining things to me, he explains that there's no way to put a new vein in. That technology doesn't exist yet. The best they can do is make this leg compromise by cutting the saphenous in my ankle, fishing it out of this leg, fishing it across my groin. Trying to re-establish it in this leg. And there's only about a 40 percent chance it'll take.

JON: And if it doesn't, then you've lost this-

ED: There's a hundred percent I've now diminished function in this leg. So, this is explained to me by the doctors, by the independent medical examiner who said, "If I'd have known, if I'd have seen it in your file that those veins were ligated out, we'd have not gone in there to look and begin your exam." He said, "Sergeant, your leg isn't going to work." And he said, "You're going to retire out." So, they retired me out at the end of the year, about a year and few months after it had happened. In the meantime, before I get retired out and before I go see this independent medical examiner, I get a phone call from Armor Holdings, what is now Safariland. A guy by the name of Steve Samek calls me. He runs a couple of their programs there, incredible lieutenant from Pueblo, Colorado. And he says, "Hey, we do a thing here with SAVES. You're a SAVE, and your story is kind of out there. We'd like to send you down to South Beach to the IACP conference so, you can meet the folks that built your armor."

And I'm like, "I need to tell a whole lot of people, thank you." And that was something that kind of dawned on me. Like, I knew the armor saved my life and kept me in the fight. I knew my training kept me in the fight and saved my life. I knew how to thank my trainer; Brian Avery was in the hospital room. And that was the first person besides Brian and Chris, that my wife wanted to speak to. And she wanted assurance that I'd done my job right,

because she knew I'd be a bear to live with if I hadn't. So, once she had that she felt a whole lot better. That part of it for me to go to thank the folks that actually built my body armor, was kind of a- was the first time I realized there's more out there I've got to say thank you to. Because I thanked the medical people, I thanked the nurses at the first hospital, I thanked everybody-

Joe Clemco, I couldn't see the guy without giving him a hug. His voice on the radio carried the day. But now I knew there was another new level to that, that there were a lot of other people I'd never heard of that helped bring me home. So, I said, "Listen, I'd love to come do that." I said, "The problem with that is, my family had stood by my side for the last year and a half. I can't jump on a plane and come to South Beach and leave them back here in Pittsburgh." And Steve says to me, "Apparently, I wasn't clear. We'd like to have you and your family come to South Beach, so you can meet the folks that built your armor." So, that was my introduction to the SAVES Club. So, I went down, we did all that. There was another event shortly thereafter called November to Remember and be to SAVES to meet more people. These were people from DuPont and Honeywell. They had built the material that was inside my armor. So, go a whole another layer beyond the folks that designed and built it.

Here's the folks that created the material that they designed and built into armor. And I knew about these folks from working with the NIJ on the Limbocker part of it. And now it's all coming together. All the pieces all fall into place to make me understand the industry a little better. And at that point in time, I explained to John DeShane, a couple of guys that worked for us that, "Hey, it looks like they're going to retire me out." That second visit, I'm the guy because they wanted me to come to SHOT Show. And John got a smile on his face, and Ralph Dorn had a smile. They went off and had a talk. They came back and said, "If they retire you, when do you think it'll be?" And I said, "End of the year." They said, "Great. If that happens, we'd like you to get on the plane and come to Florida." And sure enough, they created position for me. Steve Samek was moving on. They needed somebody to pull a 3 different grouping of SAVES Clubs, because Armor Holdings was a holdings group.

We had an ABA camp; we had a Second Chance camp. They've purchased Second Chance off the auction block after it went bankrupt, because of what went on with Zylon and Eddie Limbocker's vest. You had Safariland, you had Bianchi, there was a lot of different moving parts. And Scott O'Brien sat me down and said, "I want you to pull it all together. You understand this, you

are a SAVE. You know what your family's been through." Because we've had this same kind of discussions one-on-one because Scott was a hands-on boss. We're blessed to have him, he's still with us. He's just moved up the chain a tiny bit. And so, he sat me down and he said, "The directive is this, once they become a SAVE at Safariland, they should want for nothing.

They should get their armor when they're ready for it, their replacement armor. They should get the support that we give them. If we make it and they need it, it's theirs." He said, "I want them to know, we care." And you know, he said, "This is a together thing." He said, "Nobody rents a chair in Safariland, you own a chair." He said, "I want the people inside Safariland to know that's what they did. They saved a hero. And I want that hero to know, they've got a family right behind them. Everybody with a Safariland on their shirt is part of this." He said, "Whether it's that person who carried that roll into the building and secured it behind the curtain, because now nothing is a lot to see UV radiation. If it's the person who cut it on the Gerber, if it's the stitcher, if it's any of this. That's all part of it. Your job is to make it all come together. And of course, being Scott, he said, "If there's anything in your way, you don't work your way to me, you call me." And I said, "Yes, sir." And there was career number 2.

JON: And that began your career with the SAVES program.

ED: It sure did, yeah. And I couldn't ask for a better second career. I went from catching bad guys to taking care of the good guys. I'm blessed, I couldn't be in a better place.

JON: So Ed, how long have you run the SAVES program?

ED: Over 16 years now.

JON: And in that time, how many SAVES had Safariland lost in the last 16 years.

ED: Right now, we've announced 2128 officers saved in the line of duty.

JON: And how many of those 2100 do you think you personally interacted with?

ED: I am SAVE 941. I came in a few SAVES after me as they were pulling the SAVES Club together. And my time with Safariland, I have inducted over 1100 SAVES into the club, but all the guys that were still active duty that were SAVED prior to me, I've got to interact with. I've worked with over a thousand officers shot in the line of duty.

JON: I don't know that there's anybody else, maybe in the world, that has interacted with as many officers shot in the line of duty as you have. So, what I would love to do is dig into the lessons learned.

ED: Oh absolutely. This is where the Safariland umbrella really gets some teeth in it. Most of the other groupings out there, and in any SAVE. I don't care whose brand is in front of your armor is a great SAVE. If the armor helps bring you home, if the duty gear helps bring you home, the helmet, the shield, the plate helps bring you home and makes you a SAVE regardless of brand and keeps your name off the wall in Judiciary Square in Washington, DC, it's a great day for law enforcement.

JON: Yeah. It's a great day for the industry too.

ED: Exactly. Let's get right out in front of that. And- But I'm blessed to have a position with Safariland who has 2 out of every 3 SAVES. So, we were able to include duty gear. We've got an officer by the name of Janine Triolo, who was beat to the ground on a snowbank on a side of the road, by an assailant who was doing everything to kill her. He pulled a gun out that he just didn't know how to use and tried to kill her with that. He used it to beat her. You know, he broke bones, her face. He put her on the ground and then he grabbed her gun and tried to get it out to use it. The holster was a retention holster. Was a Safariland holster. He could not get that gun out of the holster. He was literally lifting her off the ground by it, and he couldn't get the gun out of the holster. Janine, absolute warrior, kicks him backwards. Her gun functions perfectly, even after the assault from the-

JON: Because she knew how to use the retention holster.

ED: She had been taught how to use a retention holster. And she was able to end that assailant. So, she's here because of her gear. We've got plate SAVES, we've got, you know, Kevin Malone who took a round in the helmet. Buddy Brown who took a round in the helmet. We've got Dorian DeSantis that was part of that Navy Yard shooting in Washington, DC, where his plate took a center punch.

JON: Sean Harris who took a shield round-

ED: Oh God, Sean Harris down in Texas. And the list goes on. Jarod Reston, Katie Lawson who won the Presidential Medal of Valor. You know, I get to work with heroes. So again, I don't know who's watching over me up there. But I have the best job on the planet being a motor sergeant in Forest Hills surrounded by the best group of guys in the planet. And now I

get Scott O'Brien tapping me on the shoulder saying, "There's a whole crew of heroes out there that needs you. Go take care of them."

JON: You've gone home.

ED: Yeah. And it's a- You know, I've been to Australia to take care of SAVES. We've worked with guys in Portugal, and Italy, and anywhere Safariland touches, there most likely going to be a SAVES.

JON: So, in the time that you've worked with these guys and girls, let's walk through what you think. From a surviving and shooting standpoint, what have you seen as a common pattern?

ED: Training would be absolute number 1. And let's go back a step further than that. At selection process, you've got to have the right clay to mold into a professional police officer. So selection process, I truly believe that we're failing the communities, the nations a little bit at the moment today. Because we're looking for officers who are really nice and community orientated, and we really need that. That should be part of every officer. That officer also may be called upon to have to visit incredible violence on somebody or take their life. They've got to be prepared for all of that. Again, my son just graduated out of the academy. A huge percentage of his training is community-oriented policing. It's how to apply the law fairly, equally. I'm a huge believer in all of that. But the preparedness for the physical side of this, again when there becomes no choice, you've got to save somebody else's life, or your own, or your partner's. You know, it's that civilian first, you've got your community, you've got your partner, and then that priority of life becomes the person who's trying to end all that around you. And you give him every chance you can to survive, but sometimes it takes incredible violence to stop that threat.

JON: Yeah, it's interesting. I recently read a book called When Violence is the Answer. And the- which we'll link to the show notes. The whole premise of the book is yeah, you should avoid violence whenever you can.

ED: Absolutely.

JON: But in those percentage of cases, like yours, like Buddy Brown's, where the person is going to kill you, violence is the only answer.

ED: Absolutely.

JON: And being more violent more quickly than they are is the only way to win the fight. What do you think is wrong with our selection process? Are

we trying to find, you know, people that are really nice but not- I don't want to use *hardened enough*, but don't have that Warrior Ethos in them?

ED: I truly believe, and I've sat in through all type of selection process. They're trying to avoid that warrior ethos. They're staying away from the person who can flip the switch when they need to. They're more worried about civil liability, if they have that guy on who may go the distance. And it's atrocious. It's atrocious to the community. When someone calls 911, they need the true professional who has the whole playbook with them. And they'd be calling 911 because their baby is choking. He needs to go in there and know how to provide immediate treatment to save the child. It's a great day for the family, it's a great day for the community, it's a great day for law enforcement.

He needs to be the one to console somebody when you have to knock on the door and say, "Hey, your child that is away at college isn't coming home." You know, those are tough days. You have to be sympathetic to what information you're about to deliver that's going to change their world forever. It may just be the lonely widow who calls because she hears something aback. But she's just that, a lonely widow, she wants to see a human. That's all. You know, shovel the walk on your way up, make sure she's got groceries in the fridge. Check in with her, put a little note in your note pad, "If I'm going by and I see her in the window, stop and say hi." You got to be that guy. But if the call is, "Hey, we just had 2 victims run into a bar covered in blood. Her ex-husband is going to go and try to kill her mom." You got to be that guy too. You know, we're failing is- we're not preparing the officers in the academy at that level to come out and be ready to flip a switch.

JON: I think it's an interesting theme, like you know, in a lot of the interviews that I've done, there is a recurring theme. And in my brain is that we've become too safe. We've become too comfortable. And we've moved so far up the Maslow triangle that we're starting to think, well- We don't really want to see policemen, we don't really want to think about violence. The problem is that yeah, violence is relatively rare in the United States. And really truly sociopathic violence is extremely rare relative to other cultures. But it still happens. And when it does, the only solution is having people on the street to deal with that situation who have that capability. It doesn't mean we want psychopaths running around, it doesn't mean we want people that enjoy killing people. But-

ED: No enjoyment.

JON: We do a disservice to the community and to the officer. Because I'm sure in your career, you've probably seen a lot of people who shouldn't be on the job that end up getting shot, and it destroys them.

ED: Absolutely. It's heartbreaking for me. And there's a failing, again it begins in selection process. Maybe this person should have never been placed out there. Number 2, no one ever sat them down and explain to them, "You may have to take a life." You assume that the person knows that when they're getting sworn in. You're a policeman, you've watched TV shows, you know what police work is. But if you've ever sat them down and explain to them, you may have to go home to your family and say, "Hey, I killed somebody tonight." Have you ever prepared the officer for the aftermath of a lethal incident? You know, is he going to bottle it up and not discuss it? Is he going to start to eat his lunch?

You know, for the SAVES that I've been blessed enough to work with, who came out of it strong and better, and paying it forward, and doing after-action debriefs, and showing, "Hey, here's a red flag I missed. Here's this." Let's make sure that doesn't happen to anybody that's going forward, building the playbook better based on real life experience. The ones that came out of it strong, they had great training. Continual training, well above and beyond, the mandatory minimum, you know, in-service hours. These are guys who took time out of their own lives, money out of their own pocket often, and went to extra training. I literally- I took Brian Avery's training on my time. I work shifts, drove to the raceway, went back and worked shifts. So, I knew how important those training was. I wanted to come home to my family. I knew bad things could happen. And I knew training would make me better when that event took place.

JON: A recurring theme in my interviews is being a student again.

ED: Absolutely.

JON: It is being a student in my profession and understanding far beyond what you're going to get in the academy.

ED: Yeah. Professor McIntyre up at IUP, who was a retired DC officer. One of the best guys I've ever met, I took a class from. Referred to himself, and it's always resonated with me, eternal rookie. He said, "I'm the eternal rookie. I want to learn something every single day that makes me better.

JON: And the thing is, I think- I think even apart from the profession is a good life's philosophy. Right? Like that is I- Every year I'll pick something up that I don't know how to do. It might be playing the piano, it might be a

foreign language, it might be whatever. But it's like, take yourself out of your comfort zone. Because especially in this line of work, being comfortable is a very dangerous place.

ED: It's stoicism. The obstacle is the way. That's what it is.

JON: Yeah, it's interesting. I remember years ago. I was working on a demo, and we had LAPD's bomb squad there. And Sid Heal and I were rigging in an explosive. And I looked over and all of LAPD's bomb squad guys were behind their Suburbans. "Sid, stop." He said, "Why?" "The bomb squad are hiding behind their cars." So, I walked over to Joe Powell, at the time he was a sergeant, I said, "Why are you hiding behind your car?" He said, "You guys are going to blow yourselves up." And I said, "Why are we going to blow ourselves up?" He goes, "You are way too comfortable with the explosives." He said, "If you ever find yourselves comfortable with something that could kill you, it's about to kill you."

ED: Oh, yeah.

JON: And those words- That was really early in my career. And those words stuck with me. And he said, "You know, the thing is you have to remember." And I had a firearms instructor that said the same thing, "You have to remember the difference between an operational act and an administrative act." Putting together an explosive device is an administrative thing. It's not an operational thing. It's kind of like loading and unloading a gun.

ED: Oh, yeah.

JON: Right. So, it's an administrative act. You can take as long as you want, be as careful as you want. Reloading a gun, operational act, got to be a little faster, got to be a little looser. It feels to me that we are seeing a point in time where society is becoming too comfortable, and the profession is becoming more comfortable. And there's this tension between, you know, "Well, we want you to be trained in these 25 different IT devices. And we want you to understand, you know, community-oriented policing." All of which matters. But if we're going to continue to add things, you need to expand the amount of time we take to prepare a police officer. And it feels like mindset in training has got to be part of that.

ED: Training is absolute. Mindset comes from training. It's got to be there. And I think we're failing the officers with it right now. I think we need to do a better job. And as much as it's comfortable, you know they're becoming comfortable in their profession. I also think they're becoming a little too

cautious in their approach to use of force. They're worried- I've had SAVES shot in the line of duty who didn't draw a gun because they were worried about civil liability.

JON: Which is horrifying.

ED: Yeah. They are- Someone is actively trying to kill them. And they would not- Someone else had to come and expose their lives and end it. Rather than you have the moment, you have the ability, you have sworn oath to do, and you chose not to because you're worried about other report afterwards.

JON: Yeah. I don't want you to fire a gun until you constitutionally permitted to do so. Like I want the government to use violence against people unless they have to. But I also don't want that thought to inhibit a police officer from protecting him or herself.

ED: And it is happening. It's on a supervisory level too. I've seen active shooters, hostage situations, or truly, a non-barricaded suspect who's waving a gun at police officers who are there. And the administrator says, "Somebody get a beanbag shotgun, or somebody get a taser. We're going to try that first." We have incidences-

JON: Well then-

ED: Incidences in law enforcement, where officers were killed trying to deploy less lethal force in a lethal force situation.

JON: California is deemed under the penal code to require that it's not only that the person has the ability to kill somebody, but that it's imminent. So, you know, I've got a hostage come out on the porch. I tell you I'm going to kill him. I come out on the porch, you have a shot at me, you can't take that shot because I'm not imminently killing them. Like this is the thing, and I think there is a recurring theme also in the interview that I'm doing. Of we're not doing enough to educate the public about what actually has to happen in law enforcement.

ED: Right. And I think part of that is the public perception had been skewed. I can't tell you how often I've watched an interview about an active shooting involving law enforcement. You've got an officer- They'll be reporting 3 officers were shot at an incident. And the first thing asked of the public information officer who's reporting on how- if they're going to live. Why did the officer stop the vehicle? The officer was just shot and may die. Your first question is why did he stop the vehicle? That was your concern. You're looking for the story. You want that next-

JON: Yeah. It's man bites dog. Right? Like it's, this is- Part of it is a problem with our new cycle where we have just- We are so driven by our evolutionary biology to look for negative news. That, that's what we consume. We don't want to hear that, you know, "Officer Smith helped a kiddie out of a tree." We don't want to hear that. We want to hear, "He shot the cat and the cat fell out of the tree." Because that's what our dopamine system wants to hear, "Oh, that's really bad. Oh, we'll pay attention to that." I mean, look at what happens on social media. And we'll talk a minute about the affect of social media on officers. What if- If Ed Hinchey is the Czar of the universe in law enforcement training and selection, what does that look like?

ED: I'm going to surround myself with a lot of smart people than me. And we're going to start building-

JON: With either of us, that's an easy thing to do.

ED: We're going to start building that playbook. But we take the lesson learns. We go back to the Ron McCarthys, the people that have lived through a cycle like we're in now. And we find out, what did you find work with the interaction to the public, what did you find work with training, what did you find work- Because the circumstances haven't changed. It's the speed at which we're aware of them that has. Social media, cameras at a scene from 80 different angles, while you try to take somebody into custody. All that's changed, the perceptions has changed. We are starting to pick up on the fact that this camera angle may show this and may look bad. But this camera angle shows what the officers saw, which is a whole different-which we've just seen a couple of guys cleared recently, who were crucified in the media. And then when the entire story came out, we find out they had no other choice.

JON: Yeah, it's interesting. Initially, I was not a fan of body-worn cameras, because I thought it was going to create a situation where everybody has a second chance. We're going to Monday morning quarterback. Realistically, we're going to Monday morning quarterback it anyways, let's at least have game highlight film.

ED: Right, right.

JON: And it does seem that the way it is working now, more often than not is, you know, people go, "Oh, he wasn't armed, and the police officer shot him. And he was running away." It's like, "No, that's him pointing a gun at the officer. Pulling the trigger. A round going over the officer's shoulder." So, I agree with you, I think that there's benefit there.

ED: A huge benefit. Yeah. And it's- There's been studies done. There's a couple famous ones out there. And we'll link to them, I hope later. Where public funding was given grant money to show that there is an unequal application in use of force in law enforcement today. And these studies were done by incredibly smart people who admitted, I truly thought I'd discover that yes in fact, there's racially motivated. There's worse stuff going on, and that's not what turned out. The study showed in fact, the exact opposite, which is great for us. And the body camera support all that. So good cops have no problems recording good police work. That's what we do. We didn't have body cameras when I got shot, but we had car cameras. And honestly, that made it easier for the shooter's family. Because they knew we did try and give every chance we could. And when they brought some lawyers in to see if there was going to be any civil side to this, "Hey, you might want to see this tape first." So, my family didn't have to go through civil actions or anything else to defend my act.

JON: Yeah. Or threats of criminal prosecution. I mean, this is kind of the new thing in a lot of the bigger states. We're not only going to look at it civilly, we're going to look at it criminally. We're going to have the LA County DA's offices, that's become kind of a project for them. So, we're no longer putting crooks in jail, but let's see how many cops we put in jail. Because that's somehow going to help. But you know it's you see this kind of movement towards that. And you know, what you see is an officer that's involved in in a shooting. And it's a year before the DA's office clears them.

ED: That's criminal on the DA's-

JON: Yeah. They've got these hanging over their heads. You've got the threats of civil- I mean, I honestly look at these situations. I don't know why anybody would want to do this anymore.

ED: Yeah, because we have people that we need who know doing the right thing for a living is an honorable career.

JON: Yeah, thank God. Because it is becoming less and less a job where you're thanked and appreciated. And more and more a job where you're under threat kind of constantly. It almost drives a siege mentality.

ED: I look at my son Connor, and I kind of know this is the direction he was going to go. But a lot of things happened between when he graduated high school, when he went to college, he enlisted and served. A lot of media attention, you know, the George Floyd stuff and everything that went on. And you know, he came to us and says, "I'm going to get Air Force money and I'm going to go to the academy. I'll make sure about this." And I get a

big smile on his face. He like, "Dad, yeah I'm sure about this." I was never prouder. I knew what he was going to do, he knew what he was going to do. And it's for all the right reasons. He's that guy. He's the guy you want at the end of a 911 line.

JON: Yeah, that's the thing when it's ultimately doing what I've done for 35 years. The number of those people that I've been exposed to. And a lot of motivation of this Podcast is there are amazing stories like yours that no one ever hears. That no one ever sees, that don't see the light of day. And it's just- The more you dig into these things. And also, my motivation everyday is those are they guys I work for. Right? And ultimately, my job is to protect those guys. And you know, it's in the aspect, why you do what you do? I say, I protect people who place themselves in harms way for people they don't even know. Right? Like, you're willing to run into burning building or take on an assailant to protect your family. That's a different thing, than doing it to protect somebody else's family when you've never even met them. You may not even meet them afterwards. You know, it's unfortunate. How- From your perspective, talk to me about armor and the relationship between police officers and armor.

ED: It's interesting that even today, after the Zylon debacle, and everything that Eddie had to pay the price for. And then you know, we've had the response we have. The NIJ having a much more vigorous standard to test to. I had a SAVE last week. I called him for the first time, I talked to him, he's home from the hospital. Armor changes the game. If you're only hit on armor, your average stay at the hospital is just 2 hours. You're home. You go, they check you out, they make sure you're ok. You have what we call backface signature. The round gets stopped on the armor; you've got kinetic energy turn into heat. There's a friction against your body that happens incredibly fast. You're treated for a burn behind the armor. So, 9s, 40s, 45s, 35s, 76s, 38s, 22s, 380s; 2 and a half hours in the hospital. You get to the higher calibers of shotguns hitting soft armor, you can crack ribs, you can collapse lungs, you can get that kind of thing. You've got the [inaudible 1:21:42] cases. You've got the Jason Brown cases. So, you've got some stuff out there that is a game changer.

JON: Yeah, all of which, I will take burn and broken ribs over shotgun slug through the chest all day long. That is a-

ED: You're still coming home. It's probably going to take a little bit longer-

JON: The next day. Yeah, I'll take that.

ED: But I called the SAVE and I said, "Hey, we were in level 2 or 3A?" And his answer was the same as mine when I first had to call the NIJ and looked at his vest and answered what that label meant. He goes, "I had a department issue. I have no idea what it is. I don't know what it is." He goes, "But I will tell you, it is really comfortable." It turned out to be an SX02. He says, "It's a really, really comfortable vest." I said, "Well you're on our highest-performance vest. You're in a good place." I said, "We're going to get you a brand new one. Do you like what you're wearing?" He goes, "I won't wear anything else." And that's another regular thing I hear, "I want the same vest back."

JON: Oh yeah.

ED: Yeah, that saved my life. That's what I want. He trusts it now. So that's part of it- The feedbacks we get, they're so incredibly honest. They are our best T & E Group, because they'll tell you, "Hey, that vest saved my life." "Man, this carrier rubbed me here. It was too high up." "I know you're trying to give me more coverage, but I couldn't move in that. I had to tack it down, I had to change some things up." And we have an incredibly wonderful R & D department. Guys like David Pittman, who can- You can give him a call and say, "Hey, is there some-" "Absolutely." And sometimes it's a little sizing issue, you know the officer gains some weight, he's out of the academy now.

JON: He eats McDonalds 4 days a week, twice a shift-

ED: He went from morning to evening PT to 8 hours in a patrol car with literally a bag of Wendy's next to you. And that's changed the game a little bit. And you find out it not really a carrier issue, it's actually a fit issue based on the officer's body composition has changed.

JON: It's one of the things that had always frustrated me. I've had exactly the same experience. We've had people call a holsters, "What kind of gun do you have." "It's black, I'm not sure." Right? So, like it is- One of the things that frustrated me is that we as an industry had done a bad job of educating our consumer. And law enforcement as an industry has done a terrible job of educating police officers about armor, about how it works, why it works. You know, you and I have done classes together for groups to kind of explain like, "This is how your armor works. And this is what happens. And this is why it happens. And this is why you need to care." Right? And it funny because you'll see guys that will spend 14, 16 hours picking out wheels for their car, or which gym equipment they're going to buy, or what

cell phone they're going to buy. And they're asked what kind of armor they got. It's kind of bluish?

ED: And that's something they don every single time they go to work for a minimum of 8 hours a day. It's going to be against your body, and it may be the one difference between you coming home and not coming home. And you give no thought to it whatsoever.

JON: You need to care. And the thing is you're also placing your safety into the hands of the industry. And there are certainly very reputable companies in the industry like Safariland, who are doing the testing, who have fantastic ballistic engineers, who really care about the end-user.

ED: Right. We have our own lab.

JON: There are also the opposite. And I think part of what I would love to see happen, is to at least give them the ability. The article I wrote for NTOA was entitled Caveat Emptor. Buyer beware. And you just realize, we've got to do a better job of educating cops in the academy. What it is, how it works, and why you need to care.

ED: The Behind the Armor class, that one you helped me build, originally, I'm showing some pictures to Todd Mackler, my boss. And you know, he said, "You need to sit down with Ron McCarthy." I said, "I'll sit with Ron McCarthy anytime." And I show Ron the pictures that I have from SAVES. And he said, "Are you teaching this to every person that you can show it to?" And I said, "Not at the moment." He said, "Well you failed, but let's get to work on it." And that's-

JON: I'm disappointed in you. But you can redeem yourself.

ED: But let's get to work here. And- That's why you love Ron McCarthy. He's putting it right out there, man. And we began to build the Behind the Armor class. And the first group I taught it to was actually a group of cadets from Michigan State Police. And I taught it, and the cadre staff there stopped me, and they're like, "You need to do it again to our cadre." So I go, "Ok." Like, we've got something here. And so, we did that. I've taught that class all over the world now. But now I also teach medics, doctors, guys that run with SWAT teams. Because they've never seen the pictures. They may be incredible trauma surgeons, but unless they were also military, you're not going to get the gunshot wounds, or if they work in Detroit or something like that. So, I just worked with a group of doctors up at Massachusetts State Police that run with their tactical teams to teach the Behind the Armor class. These are what the wounds look like. This is- And

the SAVES shared it all with us. We're working with Dr. Cindy Burr who's on a DOJ grant to go ahead and study backface and what happens to the trauma on the body. Because the only litmus test, we have at this point, was the group of goats during the Vietnam War that Neale Perkins, our founder, helped design to figure out what's an acceptable backface.

JON: It's interesting. Like, I've worked with numerous agencies with competitors' armor, where they've come to us and say, "We had a shooting, and the vest failed." One in particular that comes to my way said, "The vest failed. The officer is badly injured. And we're going to sue them." And I said, "Well ok. Can I see the vest?" Like, what can you- "Oh yeah, you can come see the vest?" I take it and open the vest. I said, "Ok so, show me where it failed." "Oh, you know this big- He's got a hole in his skin. And the bullet went through him." "Ok, where's the bullet?" Like, "They didn't find it." "So, is it an exit wound?" "No." "Well, where do you think the bullet is?" I mean, "I know where the bullet is. But where do you think the bullet is?" We think it must've had gone through his skin and come back out the same hole." Or we're going to cut the carrier open and it's going to be in the carrier, and you owe this manufacturer an apology. It was not one of my favorite manufacturers if I'm being honest.

ED: [laughs]

JON: It's on of those like, oh God here we go. Right? It's like, "Yeah, I think you need to send them a thank you card." Because the bullet's in. Like, they didn't even understand and had educated themselves, having had a shooting and a SAVE, that it was a SAVE. And it feels like, there's got to be a better way for us to train people.

ED: There's got to be. There's got to be an industrywide educational push on armor. I would love to see that. Make them truly understand what its capabilities are. You know. We probably can't pick up a severe edge shot at an angle going towards the outward edge. But if it's coming towards inwards, you've got a little better chance. Does a perimeter stitch help or hurt? Let's take a look at the package itself. What's it's composition? Sometimes it helps, sometimes it doesn't. Again, those are things that go the guys like Frank Smith, Dave Pittman. Guys that are really into the interior design of that package.

JON: Mark Cardey.

ED: Oh gosh, on hard armor. He's a genius. Absolutely, positively. We get into the- We haven't even really touched on hard armor and what it's done to SAVE. One good shield SAVE can save 5 guys. You get a stack behind

there; it takes multiple hits. You've saved 5 guys with the technology on that shield. We took a, in Raton, New Mexico, a 12-guage shotgun hit from about 5 and a half feet away on our viewport. Our viewports are supported because guys like Mark Cardey decide they have to be. Does the NIJ test them that way? They look for that? No. Do we look for that internally? Absolutely. And we brought guys home on that. Because we over- We built to, not just what the minimum spec, minimum standard was. We built to address what could happen in the field. And a lot of the information, we claim from SAVES prior. So, we are paying it forward. Those SAVES that made us build better armor. And now that's what's saving the next guy.

JON: So Ed, let's talk about what happens after a shooting. The aftermath and the effects on the officer who has been shot.

ED: And this is where I feel that I need to do a much better job. I'm actually in a position now where I know what happens. So many people are unprepared at what their families are about to go through. I truly didn't understand. Even though I've been through it with Eddie Limbocker and his family, the light had never clicked on, "Hey, I should prep my family in case that happens to me." There was a failing on my part. So, I'm doing everything I can right now to let folks know from the training part forward-When you're doing the academy class, you need to sit that officer down and explain to him, "You're not the only one going through this critical incident."

Your family is going to get a knock on the door or a phone call. And now they're going through the critical incident. They're going to leave your presence in the hospital, and they're going to be in the hallways, and the waiting rooms. And they're going to hear people talk. They're going to go to their work, they're going to go to their schools, they're going to go to CCD, and they're going to hear things or be told things. They're going to force your family to question your actions. If your family ask you a question, you've got to give them an honest answer. When my little girl looked up at me, and again 8 years old, old soul 8 years old. And she says, "Daddy, what happened to the other guy?" And I've got to tell her, "I killed him." You know, that's one of those moments, it's pivotal. And it's got to be handled right, but it doesn't- It's not over. You don't close the chapter, wake up the next day, and everything's back to normal.

It is an ongoing process, and you watch the evolution of your children because you've changed that evolution. You've redirected it, because you chose this as a career, and this was the outcome of a critical incident. So, they've truly- I think they've- The ones I see survive it very well, were prepared beforehand. They knew it could happen, they had trained as hard

as they could to handle it professionally, and they had talked to their families about, "You know what I do for a living." We may have to have a hard talk one day because I'm going to come home from work and things went truly critical, went fatally critical.

JON: What strikes me too that, you know, one recurring theme is social media and social reaction.

ED: Social media is truly the viper in the room for law enforcement. You could have the best trainers in the world say, tell you did the absolute best job on the planet. You go home and open up that social media feed, and you start looking at the comments, and you find strangers, usually absolute lumps in the basement of their mother's houses firing off, "I wished he would've died." We could've gotten rid of another one." "Why is this monster still in our community?" "How is he not in jail?" And you're laying there with a wound vac in your body hoping you'll be able to walk again. And now you've got people wishing you dead, wishing your family ill.

JON: Threatening.

ED: Threatening your families. You know, your family having to be protected as they're driven back and forth to the hospital. Social media is an absolute viper. It can ruin your psyche, if you let it.

JON: We were- You and I were saying last night, the comment was, "I've made the mistake of going in and looking at social media. And all I could see is, 'Oh, he should've died.'"

ED: Yeah, and we had one of those heroes, an absolute hero. The incident is known. They did everything they could've done. And yet, and they sacrifice their bodies and almost died. And what's eating their lunch, and the one young hero said, he goes, "I'll scroll through a hundred comments, 'Great job.' 'My prayers are with you, officer.' You know, 'Thank you for being there for us.' And I get to that one comment, 'I hope you're dead.' And I'm not going to sleep the rest of the night now." You know, that's-That's atrocious. It's a failing to our society. It's a failing to give social media that much credit. And we've got to be better. We've got to understand that's not the litmus test of, did we do the job right or wrong.

JON: Well, I think it's one of those things where when you have this kind of event, you need to stay away from it. Resist the siren's call to go and see how everybody, you know, because a thousand people saying, "Hey this is great" is not going to offset the one guy that says, "I hope he died."

ED: Right, right. Your blood just get- Because you know what you've been through. You realize that you're mortal. The mortality is there, you're conscious of it now. You may have been, "Hey, I'm out there, I'm a warrior. I'm going to get this all done. I know I'm coming home." But all of a sudden, it's mortal. And you realize, somebody else could be tucking in your family. And that's how it resonates-

JON: Yeah. All of a sudden that quarter inch that it misses the femoral artery with. That's what separates you from-

ED: Right, you know. And thank goodness I had my armor. You're 14 times more likely to survive a critical event if you're wearing your armor. And yet, I'll see officers out there with no armor on.

JON: Yeah. I think that bears repeating. If you are wearing body armor, you are 14 times more likely to survive.

ED: Right. And that's not just your assailant deciding he's going to end your life with a gun. That's the DUI crossing the centerline. We just lost 2 Pennsylvania State Troopers who were helping an individual in a car by a DUI running them over in the street. You know, you're 14 times more likely to survive that DUI crossing the centerline hitting your patrol vehicle if you've got your armor on. It doesn't have to be a shooting. You know, most of the ones we count and look at and compute are.

JON: So, talk to me about the actual shooting and what you had seen from a pattern of who survives a gunfight.

ED: Again, as we discussed earlier, I've gotten to worked so many of these cases. I actually have gone in on some cases where officers took hits on the armor but also off the armor and didn't survive. And I've looked at that all of the armor to see what it did right. And you know, had he only taken a hit on only the armor, the officer lives. So, it's more than just our SAVES. You know, it's officers who had made the ultimate sacrifice, and their duty gear and their armor still played a part in that. The Boston terrorist bombing from the marathon, the officer at MIT who was on the perimeter protecting students, was executed so that they can get to his gun. They couldn't figure out how to get his gun out of the holster.

So even though that officer made the ultimate sacrifice to protect his community, the students, and the school; the absolute, ultimate sacrifice. The holster stayed in the fight, and they weren't able to use it to visit more violence upon the community. You take a look at all those sides of things, and it goes back to training, selection, making sure the officer has the right

gear when it's there, and mindset. The officers who truly come out of it solid and better even, are the officers who check all the boxes. Their selection process was- They were the right guy to begin with, the right female officers, begin with the right individual. They then were given the training that they need, above and beyond minimum compliance standards.

They were given a selection of the exactly the right gear to perform optimally in every roll they needed. Run fast, climb fences, perform CPR, sit in a car, direct traffic, you name it. But that's the same gear that picks up a 12-gauge 1 ounce shotgun shot to the chest. And that officer continues to stay in the fight. And I think that's where we really, really need to look at it, is there is no time-out in a critical incident. Unfortunately, we're seeing some of the selection process fail us, our training fail us. And officers get shot and they don't take an action from that point forward.

JON: So, they just get shot and fall down?

ED: They're basically calling it a time-out. And that's not how it works. Those are some of the officers we lose. They don't engage. To survive the critical incident, you've got to have the mindset beforehand, then when somebody tries to take my life, or the life I'm sworn to protect, I'm going to flip the switch. I'm going to visit the violence that's necessary upon them to end the threat. You've got to have that mind. You've had to have thought about it before the incident. Or you're not going to have it when you need it. It's got to be in your toolbox. You've got to survive the incident. But you've also got to survive afterwards, the aftermath of the incident. You've got to stay off of social media. You've got to get the help. You've got to talk to your officers, your team, your trainers. Because you need to know in your heart and mind that you did everything you could not to take a life, but once you have, that you did it by the book. And you need to hear that from people you respect, and people that have the knowledge to tell you, "Yes, you did the right thing." And you could've done nothing else. And that also has to be shared with your family. So, it's not really just about surviving the critical incident itself, that's primary. But you've got to survive after the incident as well. You've got to be prepared for the aftermath.

JON: I can't think of a better place to end than that. Ed, thank you so much for doing this with me. I really appreciate everything.

ED: Jon, I can't thank you enough for having us and giving us a platform to get this out there.

JON: Thanks.