

Be Ready for Tomorrow Today

VALOR THRIVE Webcast Transcript



David F.: Well, hello and good day, and thank you all for joining with us today for this VALOR Thrive webcast. I'm retired police chief David Flory, lead instructor with the Bureau of Justice Assistance VALOR Program. Today's episode focuses on the importance of being prepared to provide casualty care in a single incident or mass casualty incident in the field. We are so fortunate today to have with us Corporal Hank Fahnert of the La Vernia, Texas, Police Department, along with tactical paramedic David Dunafan of the Irving, Texas, police and fire departments. Corporal Fahnert was one of the first arriving officers at the 2017 Sutherland Springs, Texas, church shooting and due to—in part to his training and heroics, lives of many of the victims in that horrific event were saved. Helping us with this webcast interview, again, is tactical paramedic David Dunafan. David can relate to some of the challenges that Corporal Fahnert faced that day, as he himself had a similar experience when he was one of the first arriving EMS units at the Oklahoma City bombing in 2000 and—I'm sorry, 1995, that killed 168 people. David, good morning and thank you for helping us out today with Corporal Fahnert. Good morning to you.

David D.: Good morning, Chief. How you doing today, sir?

David F.: I'm doing well. Hank, good morning to you, and thank you so much for taking time out of your busy day and for being here with us to discuss this important topic of being prepared in the field for casualties.

Hank F.: Good morning, Chief. Thank you for having me. It's an honor to talk to both of y'all. Good morning, David.

David F.: Hey, thank you so much.

David D.: Good morning, Corporal.

David F.: Hey, for all of you that are out there listening, and before we get started, I just want to thank our technical support personnel who were behind the scenes making this event possible. We could not do these webcasts without their help and without their technical expertise. For example, Chief David Perry, one of our VALOR Program senior instructors is with us today behind the scenes. He's monitoring the YouTube chat channel, and so if you have any questions or comments that you'd like to put into that chat, Chief Perry will be forwarding those on to myself and to David and Corporal Fahnert so that we may answer some of your questions. Obviously, with the logistical issues with StreamYard, this is similar to other platforms of webcast. You have a mute button in your corner on the lower part of your screen and a stop camera button. So, please keep your microphone muted unless you want to jump in and give a comment, and you're certainly welcome to share your video if you'd like.

Normally, we would be also welcoming Debra Meader, our VALOR Program advisor to the program. BJA is the sponsor of this program. They provide grant funding for us. Just want to let you know that Debra Meader is a former police officer herself. She's a tremendous supporter of the VALOR Program. She understands everything that you go through as law enforcement officers, the BJA funds this program and others, and I just want you to know I've had the opportunity to be with this program for a number of years. I just want you to know that BJA really does care about your safety and wellness, and they have your back when you're out there trying to do your job. So, just wanted you to know that and how much they support us. So, let's get started.

So, Hank—wow, man. Your experience was really a tough one. I know it was. You and I've had the chance to talk off-line about this event. You were one of the very first arriving, one of four arriving officers at one of the nation's worst mass casualty events to ever occur in U.S. history. On November the 5th of 2017 at around 11:20 a.m., active shooter Devin Patrick Kelly walked into the First Baptist Church of Sutherland Springs, Texas, opened fire with an AR-15 rifle and killed 26 people and injured 20 others. You were there, Hank. You were there with several of your colleagues working in La Vernia, Texas, a small rural agency just outside of San Antonio, but just five or six miles from

the church. And I know you've told me your story, and I know that the listeners out there are anxious to hear exactly what you experienced, how your training kicked in, what kind of training you had, what you encountered, what you experienced, and then, you know, maybe at the end, we'll have a chance to talk about some of the aftermath and how you've been dealing with that. I want the listeners to know that I've talked to Hank about this, and I know he's doing well, even though this was a very traumatic and tragic event. And certainly, our VALOR Program is one of those kinds of programs that offer support to police officers who have been through some of these traumatic events in our wellness section. So, Hank—again, happy that you're here with us today. I'm so proud of what you did. I know your fellow officers are proud of you. I know your parents are proud of you. I know your family's proud of you, and I know those victims whom you helped saved are certainly grateful, even today, four years later, for what you did. Hank, tell us a little bit about yourself. Tell us about your experiences, and then let's just start the story with what happened.

Hank F.: Yeah, absolutely. Yeah, so my name's Hank Fahnert. I'm a police corporal for La Vernia Police Department in La Vernia, Texas, which is just about 15 miles southeast of San Antonio, for those that don't know. In relation to where the mass shooting happened, it's about seven miles from Sutherland Springs, and Sutherland Springs is even further southeast than La Vernia is from San Antonio. I've been with La Vernia Police Department for almost 11 years now and in law enforcement about 12 and some change total. You know, just personal stuff, just had a baby, so if you hear anything in the background, that's the baby. He's trying to sleep. So, sorry about that—

David F.: Congratulations.

Hank F.: —in advance. Thank you very much, guys. But yeah, that's about me. I recently promoted to a supervisor position, so that's where I'm at in my career these days.

David F.: Awesome. Well, hey, congratulations. Congratulations on the baby. We don't mind at all—you know, in the virtual world, that's exactly what we expect to see. If a dog runs through, we're okay with that too.

Hey, we're glad to have you here. So hey, you know, tell us—I think one of the first things that I know this is a question that I had of you when we spoke before is, you're not in the city of Sutherland Springs. That's really not your jurisdiction, if you will, but you're a rural part of the state, which, you know, most law enforcement agencies across the country are smaller agencies, and that's one of the things I want to talk about too, is that, you know, I wanna know—as we get into this, you know, was there a culture that these kinds of things can't happen in small rural agencies? And we know that they can. This is certainly proof of that, but tell us how you got this call, how you even found out about it and your response, and then kind of lead us into exactly what you experienced.

Hank F.: Yeah, absolutely. So, like many communities, the city of La Vernia is inside Wilson County. Wilson County is a rural community, and it's serviced by, you know, municipalities within the county, but the overarching agency that responds to calls that aren't in, you know, not in the city served by municipalities are the sheriff's department. And Wilson County is a big county, and sometimes, you know, the sheriff's department is who knows where throughout the county. So, we were, it was a Sunday morning, and I was working a patrol shift. I was a patrol officer at the time. I wasn't, my position currently. And it was a normal Sunday morning for our community. You know, everybody was in church, and it was very quiet. And if it can happen in our area, it can happen absolutely anywhere, because our area is middle America. We—I heard the call drop, it was, a dispatcher came across the air and said, "All units make location to the Sutherland Springs First Baptist Church for an active shooter," and they advised that the shooter was shooting into the church with a rifle. And so, immediately, I was at the police department at the time, immediately donned my rifle plate armor, because I, you know, if I'm going up against a rifle, I want something that can stop the rounds that I'm going up against, and soft body armor wasn't going to do it that day. So, I don my plate carrier, which had some magazines for my rifle on the front and some medical first aid kits, IFAKs, on the plate carrier itself also. Also donned a helmet and grabbed my rifle, because I wanted to be—whenever I got to the scene, able to step out and be prepared to engage the active killer.

When I'm putting all this stuff on, my sergeant, he pulls into the parking lot, and he clearly sees that something's going on. I'm getting ready to go do some stuff. And he says, "What's going on?" I say, "Hey, there's an active shooter at the First Baptist Church in Sutherland Springs." And he, at the time, lived about an eighth of a mile from the police department. He was on his day off. He was just coming to pick up his sunglasses from his car. And he said, "Hey, follow me to my house, and that way I can pick up my rifle and we can go respond to that together. I'll ride with you." And so, it was on the way, so I swung by, he ran inside, he grabbed his rifle, he grabbed a go bag, he put some body armor on, and he wore his identifiers that said he was a police officer, of course, which helped because he was in basketball shorts because he was off duty that day. Yeah, and then from there, we went en route to the First Baptist Church in Sutherland Springs. While we're going en route, we're going as fast as we can possibly go. There is conflicting reports of what's actually happened there. Some people are saying that he's still on location, and some people are saying that he actually left the location, and we have to, you know, try to figure out something to do at the moment. And we decided that the thing we're going to do is go to the church and contact him there if he's there. And so, we continue onto the church. When we arrive on scene, we pull up on scene just after a Wilson County deputy immediately pulled up. And then immediately behind us, the Texas game warden pulled up. When exiting our vehicle, we see that the back door is ajar on the church, and so we form a four-man contact team: myself, the Texas game—well, myself, the deputy, and my sergeant, and the game warden. We make an approach. I enter as the point officer, and the first room I enter is a small library. And upon entering the room, the first thing I immediately smell is a super strong odor of gunpowder and blood in the air, and it just, it hits you, and it's extremely strong. And after clearing that small room, I see that there's a door leading into the main worship hall. I look in there, and I immediately start to see people that are clearly injured and killed. I see a female by the lectern at the front that's slumped over. And so, we make entry, and we begin to clear the main worship hall of the church, and as we're clearing, I'm going to the back and trying to get people to put their hands up, not only for officer safety—because we still think the guy's there at this point—not only for officer safety, but by doing that, I'm trying to see who's able to put their hands up and

who's not. We clear to the back of the church, we continue to, you know, step over the injured, and that's what they teach you in all the courses is to step over the people that are injured and, you know, killed, and what they don't teach you is how difficult it actually is. It's an extremely emotional and hard thing to process, but you got to get it done, because you don't know what you're going to run into, and the guy might be there to hurt you.

And so, once we finally assure that the church is clear, we set up, and we start to do medical to the people that we can help. And I began using the IFAK that I'm carrying on me, individual first aid kit, and the first thing I contact is a teenage female, and she's got two gunshot wounds, one to the leg and one to her torso. And so, I put a tourniquet on her leg to stop the bleeding, and I see that she has a through and through wound right on her torso, near her ribs. And so, I put a chest seal on the front and back, entrance and exit wound. Short time later, we ended up scooping her up, I ended up scooping her up and handing her to the first arriving medical personnel, which was a volunteer—he was the volunteer fire department assistant chief at the time, really great guy, and so he gets her out of there, and we continue to help people. The next person I go to is a—he's a teenage male, and he's got several gunshot wounds, and he has one on his arm that appears to be a nearly, nearly amputative wound, because it's just hanging by meat at this point. And so, I put a tourniquet on his arm, and I continued to work, look for work, and I'm running out of medical stuff, I'm running out of tourniquets and stuff like that. It's a very chaotic event and a lot, you know, if you don't have the equipment for it, you're going to be under prepared for that situation. A short time later, one of the deputies comes up to me, and he says, "Hey, they found the shooter wrecked out at 539 and Hartfield Road," which is a location 11 miles away from the church. And what had happened was the, as a lot of people have heard, the shooter was contacted by a person that lives across the street from the church who engaged him in a firefight, and that firefight pushed him back to his vehicle. And from there, he fled. The shooter got into a vehicle that was a passerby, he flagged him down, and said, "Hey, that guy just shot up the church. Let's go chase him." That's exactly what they did. They were chasing him a hundred miles an hour down the road, and the shooter ended up wrecking out at that location, and the good

Samaritan held him until a deputy could get there. Deputy got and immediately called further units, and that's when they called for me. And I said, "I want to go see if I can, you know, solve this and help, you know, in this situation." And so, by this time, all the medical personnel had begun to arrive, and so my training is in a different aspect, you know, as a police officer. I went over to the other location and contacted the deputies that were there, and we ended up putting up a drone that was a Christmas present, early Christmas present of one of the deputies, and get it in the vehicle. We said, "Okay, let's put that up. Let's see what we can see." And so, we flew the drone right up to the guy's window and saw that he was slumped over. And with that information, we approached the vehicle and confirmed him to be deceased. With that, we backed out, preserved the crime scene, and I ended up going back to the other scene at the church to assist in perimeter over there while they began to process the crime scene.

David F.: Well, Hank, that's a fascinating story. And again, I'm just so proud and so thankful that you were at the right place at the right time to help save lives. David, I know this webcast is certainly not about your event, but I know that the two of you share a brotherhood that probably nobody wants to really be a part of, quite frankly. And I know that you, as a working firefighter paramedic and tactical paramedic and having experienced your experience in Oklahoma City at the bombing, I'm sure you can relate to what he's talking about, having to come into the scene after law enforcement sometimes is there. And so, David, talk about—real quick, and you and Hank can talk about this together, about the value of that kind of training to get our first responders, those people are in there first, which are oftentimes law enforcement—to get them trained exactly like what Hank did, which obviously made a difference.

David D.: Hank brings up a great point as far as, we're limited to the equipment that we carry, and we're limited to the initial access. So, you know, from Hank's standpoint, you know, some things that sound amazing is he was able to link up with multiple different agencies, but everybody was on the same page because of ALERRT training. You know, if we don't have every law enforcement responder ALERRT trained, then they can't form that four-man diamond formation, the three-person formation, whatever that formation is, and make that transition to go

in. And as Hank said, one of the most difficult things is transitioning from law enforcement to medical and back and forth, and yes, we teach it in ALERRT, we run our guys through it in the academy, but until you are having to step over somebody that is deceased and keep punching forward in that structure, that is an extremely difficult transition.

You know, just from my personal experience in Oklahoma City, you know, they teach us about triage and all of that, but until you were making those decisions as to who you can help, who you cannot help, and continuing to move forward through that structure—man, I don't know if there's any training that can mentally prepare that for us and, man, kudos to you, brother. I mean, just—like I said, Hank, I've been in that situation before where any other day in our career, we're only dealing with one or two people at a time, and we can stop and give 110 percent of our efforts and our training to that one victim, that two victim, that now you're prioritizing and trying to decide who can you help the most. And that is a difficult, difficult situation to be in. And, you know, like you said, all the points that we stress in ALERRT, all the points that we stress in the training—if we got to stop the innocent, you know, stop the killing of innocents, we got to punch through, and then we got to make that transition of now, what's important now? Who do we help? Who do we triage? And then we got to transition back to that security and law enforcement.

And, you know—I know that was a difficult situation, as for myself being in, as Chief said, in Oklahoma City, when we went up and we made the first left and we got inside it, you know, we ended up in the day care, and we had very limited resources. So, it's a difficult transition. I understand what you're going through. It's different what you've gone through, but it's, you know, I understand some of those decisions that you're making in that point, and, you know, as far as equipment goes, I would assume that you obviously went through ALERRT prior to this.

Hank F.: Yes, sir.

David D.: You talked about equipment, you talked about making sure that we are able to take the correct equipment based on the threat. Being in a

rural area, my experience is we typically have more rifles in a rural area than we necessarily have handguns versus an urban environment. I mean, a rifle can appear anywhere, but you have to be able to address that threat. And you know, the fact that you guys transitioned to plate carriers, the fact that you had additional magazines on you, the fact that you had medical kits on you, I mean, kudos to you and your organization, and the questions I would ask is, based on your training prior to the incident, based on the training after the incident, where are some things that you see lacking from your initial training that you guys have improved on as an agency?

Hank F.: Well, that's the biggest thing is the body can't go where the mind hasn't already went.

David D.: Right, absolutely.

Hank F.: You've got to think about this stuff ahead of time. And so, think about the fact that you're in a rural community where you're going to encounter a rifle. What will your body armor stop? And the body armor and the rifle and the helmet I was wearing that day was not purchased by the agency, it was all purchased on an individual level. I purchased it myself with my own money because I thought it was important. I'm a big fan of having a plate carrier in your vehicle. Something that can stop a rifle round, and you can also attach your magazines and your first aid kits and whatnot. And since that, we've, now all of our officers are issued patrol rifles, and all of our officers are issued plate carriers and helmets also. We were able to get that. But I think the biggest thing is seek the training. And if your agency is not willing to send you to the training, you know, go seek it yourself, and sometimes we might have to, you know, take a vacation day to do so. I went through a lot of ALERRT training before that, and it inoculated me in a way to kind of prepare me for a situation like that. Not only, you know, before the fact, but after the fact is I feel like, because I had already received that training and my mind was willing to go to the place, you know, that that training, you know, prepared me to go—I feel like I processed it better in the long run because I wasn't in a panicked state during the event. Even though it was a chaotic event and you can, I'm sure you can speak to this—even though it was a chaotic event, you knew what you needed to do and you knew your

purpose. And that was a very comforting place to be in in a complete chaotic situation.

David F.: So—I'm sorry.

Hank F.: No, go ahead.

David F.: So, we talked about this a little bit earlier, and I'd like for you to speak to this specifically—you know, David and I, and others that teach in the VALOR Program, one of the things that we kind of learned along the way over the last few years of traveling around the country teaching some of the topics we're talking about is that we've often, well, not often, but sometimes, we find a complacent attitude among officers that, you know, "Hey, I didn't get shot yesterday. I didn't get shot the day before. I didn't have a mass casualty event last year or ten years ago, and so it's not going to happen today." And again, you said it. I mean, we learned many years ago at the first, one of the most first notorious school shootings, at Columbine, which is kind of middle America as well, if you will, it's not always just the big places that allegedly are the most prepared, if you will. I mean, this is about as rural middle America as you can get in La Vernia, Texas, Sutherland Springs. Did you guys have a culture that it couldn't happen to you? And I'm assuming that's probably changed even if you didn't, correct?

Hank F.: Yeah, absolutely. There were a few officers that, of course, you know, prepare for these events and they say, you know, "Hey, it's not a matter of if it could happen, it's a matter of when." And that's the right mindset to be in, but generally, across the board, the, "Hey, we're in, you know, this area. It's not going to happen here. I mean, this is just a sleepy little community." And because of that, you know, that develops into a culture, and the culture is a dangerous thing to have, and if you take the stance that no matter where you're at, it can happen to you. Because if it happened to me, it can happen to anybody.

David D.: Absolutely. Absolutely.

Hank F.: And if you take that stance, you're going to be better prepared because you're already putting yourself in a successful situation.

David F.: Sure. Now, and you—obviously, again, you’re the best example we can give to our listeners, is that you were prepared. You had not only put yourself through training, through one of the most famous, if you will, and most recognized national models of active shooter training, and you also put yourself through some casualty care mitigation training through another entity, and then you took that training to one step further, is that, “Hey, I know that I’ve got to have this equipment on me, not in my patrol car,” and, you know, again, as we film this today, it’s on the aftermaths of what we saw in the mass casualty event that happened yesterday, at the time of this filming in Wisconsin, with someone who drove through a crowd, and now we have a mass casualty event there. And it just brings home for me, is that those officers that were there on foot have to have that equipment on them working a parade route. And you took that to the level of, “This is exactly what I’ve got to do as well,” and it paid off for you, correct?

Hank F.: Yeah, absolutely. We are—in my area, we’re absolutely blessed to have the ALERRT center in our area, because it’s free training that is fantastic. And so, I sought that out and, but yeah, you’re absolutely right. You can only have with you what you have on you, and if you have the preparation to go ahead and, “Hey, I’m going to, you know, load out in the vehicle and be prepared to get out and do this,” then yeah, but if you’re working a parade, you know, make sure you carry your tourniquet. That’s the biggest thing. Make sure you know how to use it. And that’s, since the shooting, that’s the thing that has changed the most. I see tourniquets on everybody’s belt, on everybody’s, you know, load-bearing vest, whatever they may carry. And, you know, since then, I used to carry three tourniquets, I carried one on my purse, and I carried two in the vehicle. And I thought that was okay. Not okay. Not okay. That was not okay at all. I now carry 11, because you never know, in the situation, what you’re going to need, and so I loaded up, you know, with that. And it’s, you just don’t know.

David F.: Yeah, you told me when we talked that, you know, one of your proudest moments on reflection of this is that once you and the other officers got into that church, no one else died.

Hank F.: Yeah, it’s—

David F.: Yeah, I know you made a specific difference in the survivability of a teenage boy and a teenage girl. And so, talk about that just briefly.

Hank F.: Yeah, from what we heard is, as soon as law enforcement arrived onto, into the church, nobody else died. And that, to me, that's as good as you can possibly get in a situation like that, that you can have that impact. You know, my game warden friend that was there that day. He gave the best analogy that I've ever possibly heard about it, is as soon as he started applying that tourniquet, it was like turning off a faucet. And that gentlemen, he ended up surviving, and I've become good friends with him and a lot of other people since this event. But yeah, the female I helped, she's doing well, and so is the male. They're both doing really well today. And it's really, really good to see.

David D.: Hank, you brought up something very important about a culture change, not only in your own agency, but throughout law enforcement, and Chief will attest to this. You know, I've been doing this for 28 years now in public safety, and when I started my career, law enforcement really had no medical, nor were they interested in medical. So, the mindset was, is, law enforcement is going to get there, they're going to lock down the scene, and however long that takes, 30 minutes, hour, two hours, then we'll bring the medics in. And we've had to have a culture change throughout the entire United States to where now we have to bridge that gap. Our officers are bridging that gap by starting those tourniquets, starting those chest seals immediately upon entry, and instead of having our EMS wait hours to come in, now we're getting to the point where we're integrating that response, and we can bring those EMS agencies and those fire department agencies into the scene much quicker. And I've seen it go as far as, where in the beginning of my career, officers wouldn't do anything, to, because it was just the way we didn't train them, we didn't expect it, to now, we expect them to carry tourniquets, we expect them to do CPR on top of bringing scene security. And I'm just curious, is this, Hank—was any of the victims transported by a personal vehicle, law enforcement, because one of the things that we did in Oklahoma City was when you have more patients than you have ambulances, which, being a rural community, you know, whether it's a pickup truck, another law enforcement agency, even in Aurora,

Colorado, several victims were transported by law enforcement just because of limited resources. And with you guys being out where you're located, how did that come into play with some of the decisions that y'all made once you locked it down?

Hank F.: Absolutely. Yeah, that's something, you know—and doing the after-action stuff between us, that's something we and my sergeant spoke, that we wish we would have done, is done some individual transports to the hospital, but a lot of people did self-transport. We just didn't, didn't transport on a personal level, and I wish we would've, because it would've definitely helped that day.

David D.: You know, it's hard to say. You know, I was the first unit in the south side of Oklahoma City, and I never took anybody to the hospital. So, I mean, you know, sometimes the best thing you can do is medicine right there in place and provide that security. So, I mean, you know, it's kind of one of those things that, you know, I'd say—I mean, I wish I would've taken people in Oklahoma City, but our job was to get them out and get them down to where we could get them sent out. So, I mean, you know, I understand that, and basically, there is no game plan for this because every situation is different, and honestly, you know, as you said, you're faced with that situation, you're not fully prepared, you take that deep breath, and then you punch forward to "what's important now," and you just keep moving on that decision train, and that's all you can do. That's all you can do.

Hank F.: And I think it's important to talk with the people that you work with, and well, first of all, know the people you work with, but talk to them ahead of time. Like, "Hey, if we get this situation, how are we going to respond? Are we going to, you know, transport these people to the hospital? Hey, if one of our officers is injured, how far away is an ambulance? Are we going to transport to the hospital, or are we going to wait for the ambulance?" Depending on the, like, during—at the Sutherland Springs, you know, during that time, we would have probably transported one of our officers to the church. But since that happened, a lot of stuff with the EMS service in the area has changed, and we actually carry whole blood on the ambulances, which I'm so impressed by—we have a fantastic EMS service in our area now, but I don't know nowadays if I would transport another officer by personal,

by, you know, police car to the hospital, because they can get such a higher level of care, and so, you got to think about that stuff.

David D.: Yeah. And I would say, there's no right or wrong answer to that. I mean, it really, it depends. I mean, if you have help coming and you can hear the sirens, maybe we stay where we're at, because we know they're close. If we're out of ambulances, we got more victims, then, you know, each individual is going to have to make a decision, and there is no right or wrong answer in those situations. I've seen it go both ways. Whether we look at Aurora, Colorado, you know, when you start having 60, 70 victims and you got five ambulances, decisions are gonna be made, and kudos to the individuals that make those decisions. You know, and I like the fact that you guys are talking and discussing it, and you know, what you may decide today works good one time, and next time, you have to do something totally different. But the thing is we're talking about it, we're thinking about it, and we're anticipating the needs of what we're going to have to do, heaven forbid, you have to ever go through this again, but we've learned from each experience.

Hank F.: I've already demonstrated that I'm a statistical outlier, being the person that responded to one of those, and I am not betting on myself, it not happening to me again. I hope it doesn't happen to me again, but—

David D.: Right, understandable.

Hank F.: But very, you know—I take the stance that if it does, I will be prepared for it.

David F.: Well yeah, Hank, I'm glad you said that, because I think you were present when David and I interviewed for a summer webcast, Officer Taylor Brandt out of Washington, DC, Metro—

Hank F.: Yeah, fantastic interview.

David F.: In 14 months—after the day of this filming we're doing right now, she saved nine people in 14 months, and she is a statistical outlier as well, but I'm sure she's thinking, "It's probably going to happen again," and

I'm like, David, I'm really—I'm so glad, because this is exactly what those of us that teach in this environment, is what we want to hear from people like yourselves and what we hope, where our listeners right now are thinking about is, "Look, I've got to plan for this." I've got, these kinds of mitigation techniques don't happen by accident. They happen based on a dedication to training and understanding that, you know, we've got to be better prepared, we gotta be better trained, we've gotta be thinking about what we're doing, we've gotta be well-equipped, and VALOR's just one of those examples of training that has provided for local, state, federal, tribal law enforcement agencies at a free cost, because we're funded through the federal government. And that's a tremendous value that people need to take advantage of. And yeah, I wouldn't bet against the fact that this couldn't happen to you again, and I know you'll be better the next time, if it ever does.

Hank F.: Absolutely. Yeah. I'm going to be prepared for it, you know, even more next time, because of what happened to me before. I'm going to step up my, you know—we've all stepped up our game, and you have to, to serve your community.

David F.: Sure. You know, I want to go back just for one second and talk about private vehicle or patrol vehicle transports, and I just want to really hammer this home, because David and I get this question quite a bit in our teachings for VALOR and casualty care training is, we get that question a lot is, "When do I, and when do I not?" And he's absolutely correct. It just literally depends. It depends on, again, how many casualties versus how many transport vehicles you have. It depends on what your level of medical intervention training and skills and equipment and resources are. It depends on whether you're going to overload a particular facility.

I mean, there's no right answer, but I will tell you, David's a very good instructor in this process, and that's how you get casualties into a patrol vehicle, because it sounds easy, it's not. Dave's a big guy, he's a big, big, strong guy, because I've stood beside him many times, and there's a technique in moving casualties, whether it be one-man drags, two-man drags, three-man drags, carries, all those kinds of things, getting people into vehicles, which raises a whole topic of, "How much equipment do I put in my vehicle? Where do I put it? Do I practice,

and do I train? And do I have an expert teach me how to drag and pull and carry casualties?" There's a whole training regime that goes along with that. And I know that, I know we teach it, I know that a lot of firefighters make their living out of understanding how to do drags and pulls and carries, so for our listeners out there, if you've not been trained in these kinds of techniques, whether it be casualty care and mitigation, active shooter mitigation, there is free training out there for you through us, through ALERRT, through other programs. It doesn't matter who you get it from—make sure it's quality, vetted training, but get the training. Would you agree, Hank?

Hank F.: I couldn't agree more. We were really lucky that day to have a massive civilian response, like I spoke to earlier, in the extent where we had a neighbor who engaged the shooter in a gunfight. We also had people inside that, you know, we had a registered nurse that I've become great friends with her family, and she was applying tourniquets in the form of, you know, napkins and stuff like that. So, stuff that she could tie. She was improvising tourniquets on scene to try to stop the bleeding.

And the biggest thing that I've, you know—one of the biggest things that I've taken advantage of is a relationship with the community after the fact, and trying to get people, you know, to carry the correct equipment in their church. Like, at my dad's specific church, I, you know, made sure that they ended up getting a mass casualty bleeding control station on the wall, and in our city hall, we have two of them. It's just, if you're going to have a congregation of people there where this thing could happen, if you have an AED on the wall, which you should, you should have a mass casualty bleeding control station because A, people don't just get hurt in mass shootings. People get hurt a lot of other ways.

David D.: Right.

David F.: That's right.

Hank F.: And if you have this stuff that can handle it, you're already better prepared.

David F.: Yeah, the mass-casualty mitigation training can go along with car wreck victims. Again, at the filming of this webcast, we're on the heels of the event in Wisconsin with the parade, those are mass casualty mitigation skills that can take place where there was—nobody was a gunshot victim. All kinds of things, this kind of training can apply. And again, no fault to those that work in EMS, it's just the nature of the business is that oftentimes, not always, but oftentimes, EMS is just going to, you know, have a delay, you know, Murphy's law, or there's all kinds of reasons. A scene's not safe, you're overwhelmed, and we need to train more police officers and civilians, quite frankly. We have a Stop the Bleed program that's out there. We need to train more police officers, more law enforcement officers, more civilians in how to do this. It's almost like 30 years ago when we started teaching CPR and AED usage, and we've got AEDs everywhere now. You're absolutely right. We need to do the same thing with bleeding control stations. There's no doubt about it.

Hank F.: Yeah. Without a doubt, it's something that can truly save a lot of lives, just like we have Stop the Bleed month, and I think we need more awareness for that. Just like we've had, you know, cancer awareness month. We should focus on that also.

David F.: Absolutely. Well, Hank, listen. Let's wrap up, Hank. I am, again, can't stress enough just how proud I am of you. I'm so proud of your community and how they've come through this. I'm so happy that you've come out of this and your well, and same with David after—again, you guys are in a brotherhood and a fraternity that really, nobody wants to be a part of, if you know what I mean, but—

David D.: Yeah, wasn't by choice.

David F.: Yeah, I'm so glad that the world has people like both of you that are dedicated professionals that have taken the effort and the time to train yourselves, train others, and I know that what both of you have done has made an unbelievable difference in other people's lives, and I've said this before, and I'm gonna say it again, as a law enforcement officer, those of you that are listening to this webcast, you have an opportunity to make a difference in someone's life every single day. Maybe not in a mass casualty event, but in other kinds of ways—you

have an opportunity to make a positive difference in someone's life as a law enforcement officer of your community. You just gotta look for the opportunities, and you gotta dedicate yourself to looking for the opportunities to make a difference. That's why you got into this business. So, thank you for participating. Thanks, Hank.

Hank F.: Thank you so much.

David F.: Thanks for what you do. Thanks for making yourself available. David, it's a pleasure always to see you again. Really admire you and your expertise and your training as well. For our viewers, thank you again for being with us. We hope we've provided you with some valuable information, again, about active shooter mitigation, casualty care mitigation. Please, if you're not, get training, retrain yourself, equip yourself, re-equip yourself, add more equipment, do whatever you can to be completely prepared to provide casualty care in the field during a single or a mass casualty event. Until then, God bless everyone. Be safe, be well. Thank you so much for tuning in. We'll see you next time.