

No local shootings

Are police firearms policies safe?

By LORI TAYLOR
Herald staff writer

Eight people have been shot and killed by police officers in Metro Toronto in the past year, and controversy simmers around that city's police force with a lot of questions being asked about the use of firearms by police.

Questions such as: What is the extent of training of police officers in the use of firearms? Is it adequate? Are policemen trained to shoot to kill, or to shoot to wound? Why aren't

policemen armed with tranquilizer guns or some other, non-fatal weapon? Are policemen adequately prepared for the moment when they must decide whether or not to pull the trigger?

The Halton Regional Police Force has revamped its firearms program this year, and Staff Sergeant Eric Bullock, a veteran officer with 26 years on police forces in Halton, has been appointed to head up the program. The Herald talked with Staff Sgt. Bullock about

the use of firearms by police officers, and about the program in Halton. The Herald also spoke with Don Atam, director of the Ontario Police College in Aylmer, about the training provided for recruits.

EXTENSIVE TRAINING
Mr. Atam said the firearms training program at Aylmer is extensive, and includes both classroom work and practice on an indoor range.

"Some of these recruits have never fired a gun before, or even held one," Mr. Atam

said. "We teach them about the action of the weapon and about the safety factors, and we teach them to shoot."

Mr. Atam said there are so many different kinds of situation arising in which a police officer must decide whether or not to draw his gun, and whether or not to fire it, that it is virtually impossible to simulate such situations for training purposes.

"We can pound it into them again and again, that they shouldn't draw a gun unless they intend to use it," Mr. Atam said. "But if a citizen has a gun, the officer should be ready. If he doesn't get his gun out of his holster soon, he could be dead by the time he gets it out."

"We teach them to shoot, and hopefully to hit what they aim at, but it's the officer's decision where he aims," he said. "We don't teach them to shoot to kill, or to knock the weapon out of someone's hand."

"It's their responsibility to shoot if their own life or the life of a citizen is in danger, and it's up to the officer to decide," he continued. "It takes a lot of practice to hit what you're aiming at, especially with a revolver."

Mr. Atam said he doesn't contemplate any changes in the training program as a result of the shootings in Toronto.

In Halton, police officers visit the target range in Oakville once every day shift, which works out to once a month, Staff Sgt. Bullock said. They fire 36 rounds in combat style, which means using two hands, as opposed to target shooting using one hand.

"In combat shooting, you don't worry about being quite as accurate as in target shooting," Staff Sgt. Bullock said.

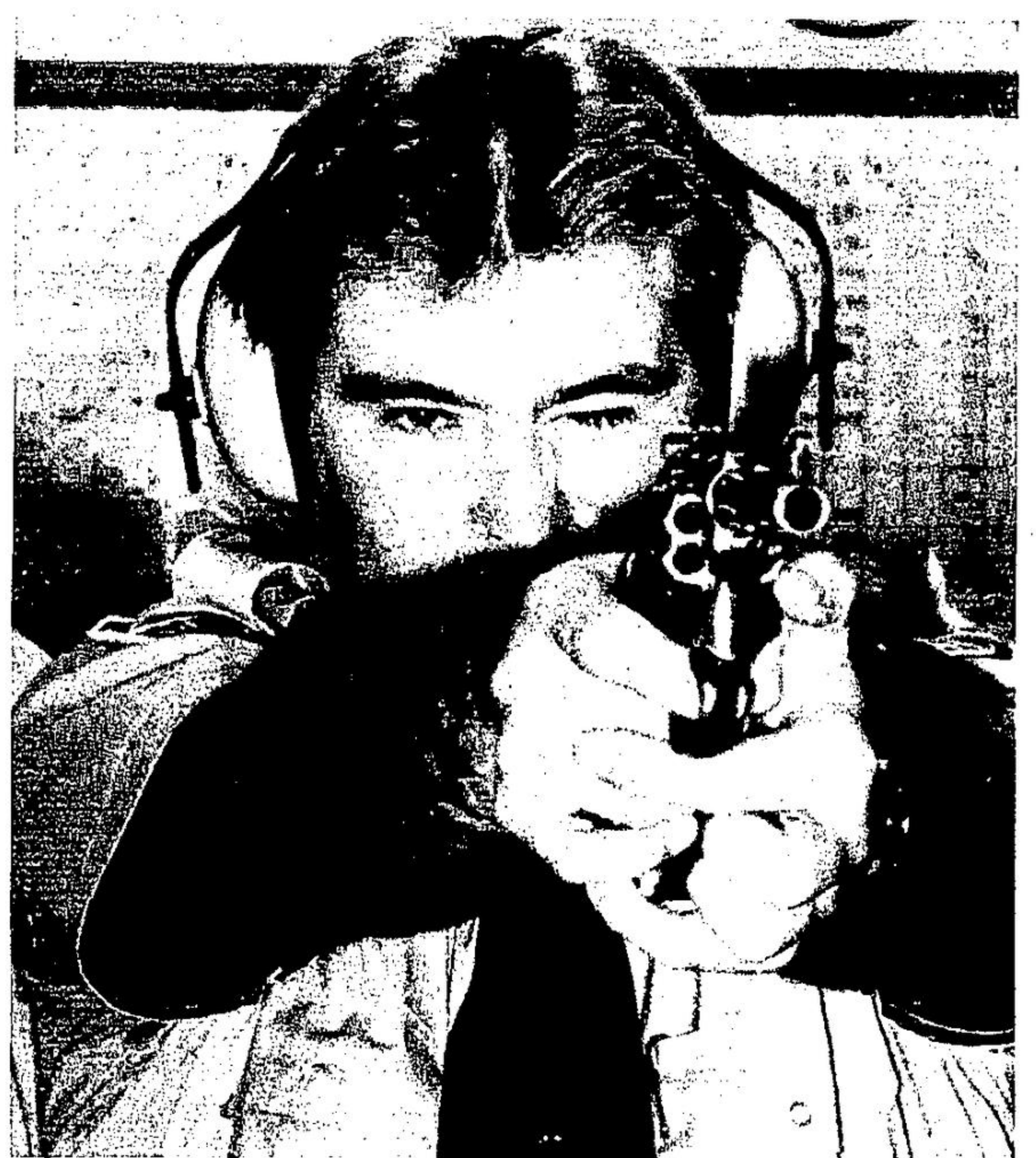
INDOOR RANGE

The shooting is done entirely on an indoor range at silhouette targets. Each officer fires the same sequence of shots. They fire 12 shots from the seven-yard line in a standing position, six from the 15-yard line kneeling, six from the 20-yard line using a barricade as support, firing right and left, and six more shots from the 20-yard line with no support, and using two hands, Staff Sgt. Bullock said.

"The first 18 shots are fired double action, just pulling the trigger, and the second 18 are done with single action, cocking the revolver and pulling the trigger," he said.

"Every time a man comes in, we go over safety, over the cleaning and handling of the gun, and over the law and what it permits the officer to use the gun for," Staff Sgt. Bullock said.

"Our training program is kind of rigid right now because we're indoors," he continued. "With an outdoor range, we



Mike Larsen takes aim at a silhouette target on the firing range in the headquarters building of the Halton Regional Police force in Oakville. Halton police officers are required to visit the

target range once a month for testing of their level of proficiency and instruction in the care and handling of their weapon and the laws governing its use.

Bullock said it wasn't a realistic target.

PEOPLE SURVIVED
"I've seen pictures of men with half their shoulder shot away and they've still managed to fire a gun," he said. "People have survived with six bullets in them."

One of the alternatives to using guns with bullets is using tranquilizers guns, but Staff Sgt. Bullock said that just isn't feasible.

"For one thing, they don't take effect fast enough," he said. "And tranquilizers have to be calculated according to weight. You can't stand there and ask somebody his weight,

draw a gun," Staff Sgt. Bullock said. "We have had incidents where an officer's gun goes off accidentally, or where an officer shoots at something he shouldn't be shooting at, but very few, and we're trying to reduce it to none."

He added that no one has been injured in Halton in such incidents as far as he is aware. Police officers are told never to cock their guns until they are ready to fire, he said, to prevent the gun going off accidentally.

"I tell the officers not to go running through a plowed field at 4 o'clock in the morning with the gun in their hand, cocked, because they're going to trip and break their necks, or the gun will go off," Staff Sgt. Bullock said.

Officers receive special training on shooting after dark with the aid of a flashlight, because "50 per cent of our work is done at night," Staff Sgt. Bullock said. The training program proceeds from the basic stages through skills of increasing difficulty, he said. The force doesn't have a qualification standard yet, he said. "But if an officer is below 70 per cent in his scoring, I'll call him in and work with him."

"We want accuracy first and then speed," he said. "As the score stays high, we make it a little more difficult for them, such as shooting with one hand, or running and then shooting. It takes a steady hand to be able to run a distance and then fire a gun with accuracy."

"A police officer has to practise shooting until it becomes automatic," Staff Sgt. Bullock said.

There is no way a police officer can be taught when to shoot and when not to shoot, he said, because each situation is different and it's a matter of the officer's judgement.

"They've got to make a split-second decision," he said. "It's easy to make if a guy comes at you with a meat cleaver and it's either him or you."

MORE VIOLENT

People are getting more violent now, Staff Sgt. Bullock said.

"People are using guns more now than they've ever used them before," he said. "They're carrying guns in hold-ups and violent people are using guns more. People are fighting, physically fighting, over incredibly small incidents."

Hit and run accidents are also increasing dramatically,

Staff Sgt. Bullock said.

"It used to be a hit and run accident was a big thing, and you'd really go all out on an investigation," he said. "Now you have two or three a day."

"People never used to try to get away the way they do now," he said. "Hit-and-runs are up, and violence is the same way. You try to apprehend somebody and the first thing they think is, 'Fight, fight.'"

"Most times, people are just 'hepped up' when they start brandishing some kind of weapon," Staff Sgt. Bullock said. "They aren't drunk, they're angry and excited. You've got to do something to shock them into realizing what they're doing."

"A lot of people just don't care, particularly the younger fellows," he said. "They just don't give a damn."

"I hope I never get into the position of having to shoot a gun, but if it's a choice between him or me, it's going to be him," he continued. "If somebody came at me with a sickle, and wouldn't stop when I fired two warning shots in the wall, I'm going to knock him down, whether he's black, white or green," Staff Sgt.

target range once a month for testing of their level of proficiency and instruction in the care and handling of their weapon and the laws governing its use.

Deputy-Chief W.I. Harding, acting chief of the Halton Regional Police force, said he wasn't happy with the firearms training program when he joined the Halton force, because there was no coordinating officer, but he is happy with it after making some changes.

"I hope my officers in the street will never be called on to draw their gun to protect their own life or someone else's but if the situation should arise, I want them to be ready," he said.

Deputy-Chief Harding said he approves of the present instruction which tells firearm instructors to aim for the largest part of the body.



Public health nurses make regular visits to the hospitals to discuss with nurses which patients might benefit from such health unit services as home visits and home care programs. Public health nurse Joyce Wood and Lorraine Kennedy talk over the list of patients who might be interested in talking to Mrs. Wood.

Public health nurse relatively unknown

By LORI TAYLOR
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Ask anyone what a nurse actually does, and they would probably be able to give a relatively accurate answer, but ask them what a public health nurse does and the answer would probably be a shrug.

This week, from September 24 to 28, is Nurses' Week in Ontario, and this year the Ontario Nurses' Association chose to emphasize the role of the public health nurse in medicine.

The Herald spoke with Joyce Wood and Karen Bennett, both public health nurses with the Halton Regional Health Unit, about the training it takes to become a public health nurse, and the services which the nursing division of the health unit provides for the public.

Public health nursing requires additional training on top of the registered nurses' course, Mrs. Wood said. A nurse can complete the three-year registered nursing course and then take a one-year course in university for a certificate in public health nursing, or take a bachelor of science degree at university.

THIRD ALTERNATIVE:
There is a third alternative, Mrs. Bennett said, but few people take advantage of it. It involves taking the three-year registered nursing course and following up with three years of study at university.

Mrs. Bennett said the approach of public health to medicine is more holistic, more geared to treating the whole person than the disease. Because hospitals are more concerned with curing a particular disease, they tend to concentrate on that. Public health nurses are concerned with teaching and with prevention, she said.

The structure of nursing in public health is very different from hospital nursing. The hospital has a much more structured environment, where public health nursing is more on-going. A public health nurse can visit certain patients at home for years, Mrs. Wood said.

One of the major services the public health nurses offer is the home visits, Mrs. Wood said. Patients may be referred by their family doctors, through the schools, through agencies such as the Ontario Society for Crippled Children, through hospital visits by public health nurses and

through requests from the person himself.

Home visits range from visits to homes with a new baby to visits to senior citizens, and everything in between, Mrs. Wood said.

NEW BABIES
Visits to homes with new babies can enable nurses to give new mothers the answers to any questions that they may not want to "bother" the doctor with, or to straighten out any confusion that may arise from things said by different members of the family, she said.

Nurses visiting homes with pre-school children can assist mothers with any problems they may have, such as problems with toilet-training a child. The family doctor may also ask the public health nurse to visit the home and conduct a nursing assessment of a child who is having medical problems, to help establish the cause of the problem, or just to observe the child in his home environment.

The public health nurse is also an important part of the team at school, Mrs. Wood said. She may act as an interpreter of the child's needs if the child has a medical problem which might require special consideration, at school.

The nurse also conducts pre-school testing of the child's hearing and vision, and administers a Denver Developmental Test, Mrs. Bennett said. She emphasized that the Denver Developmental Test is not an intelligence test, but merely a test which gauges a child's readiness for school.

MEDICAL PROBLEMS
Adults with medical problems can take advantage of home visits as well. A person may develop diabetes as an adult, and the public health nurse will instruct him or her in giving himself an insulin injection, in proper diet and other health information, Mrs. Wood said.

Home visits are helpful to amputee patients or mastectomy patients too, Mrs. Wood said. The nurse can let the patients know what agencies are available to help them, and can help them find necessary equipment such as wheelchairs.

Senior citizens who are on medication, or who have been in the hospital and need someone to keep an eye on them, also benefit from home visits,

Mrs. Wood said. Home visits from public health nurses also make it easier for a senior citizen to stay in their own home, rather than having to be shifted to a nursing home.

Public health nurses are actively involved in health care through the schools, Mrs. Wood said.

"We're visible in the school but people aren't aware of all the parts of the school program," she said.

Each nurse has an average of four schools to visit each week. The nurse is involved in helping children with medical problems, such as cerebral palsy or muscular dystrophy, teaching health, either formally in the classroom, or informally in discussion with staff and students. The nurse may also do medical assessments on a child to help the child with learning, she said.

VISION PROBLEM
If the child's teacher feels the child may have a hearing or vision problem, the teacher will ask the nurse to arrange for testing. The health unit routinely tests children every four years, Mrs. Wood said.

Public health nurses are also involved in controlling the spread of communicable diseases through the school, and while they don't make diagnoses, the nurse might recommend the child see a doctor or be kept home until he or she recovers, Mrs. Wood said.

Public health nurses are responsible for organizing the immunization program in the school system, she said. The actual administering of the immunizations is carried out by a team of RNs. Every child is immunized every five years, provided the parents consent.

The Halton Regional Health Unit holds immunization clinics monthly, and Mrs. Wood said any member of the public can come in for a booster shot of any kind. Any shot necessary for travel is available through the clinic, which is held on the second Tuesday of every month. She suggested anyone wanting shots should call ahead for an appointment at the clinic.

One of the most popular services offered by the health unit are the pre-natal classes, which are always well-attended, Mrs. Wood said. Expectant mothers usually attend the classes while they are in their sixth to eighth month of pregnancy. Mothers and fathers

continued on page 16

'They are told to shoot for the largest part of the body.'

will have more things we can do, like practising using a car as a barricade. I can also teach the officers about aiming with wind factors and so on, because they affect where the bullets go."

The law permits police officers to draw and shoot their guns on four occasions, Staff Sgt. Bullock said.

"We can shoot to protect our own lives, or someone else who is in danger, or to apprehend a dangerous and violent person, to destroy a vicious or injured animal, or to give an alarm that the officer is in trouble and needs assistance," he said. "In the case of giving an alarm, we're expected to use another means if possible."

Police officers in Halton are not told to shoot to kill, but to aim for the largest part of the body, Staff Sgt. Bullock said.

"The officers are told they are shooting to knock the person down, or to stop him," he said. "They are told to shoot for the largest part of the body, and to shoot low, because this will tend to knock the person over."

"The stomach area is one of the better targets, because the person will usually double over and drop the weapon, but anywhere low will knock the man down," he continued.

When asked about aiming for the person's shoulder or leg, as opposed to the chest and stomach area, Staff Sgt.

'People are using guns more now than they ever had before.'

Bullock said, in reference to the most recent fatal shooting by a Toronto police officer.

"I've only had to shoot at people twice, but I've never had to hit anybody," he said. "In both cases, the people backed off. I was shaken enough just putting a bullet between their legs."

SHOT SOMEONE
"It's hard on a guy to have to shoot somebody," Staff Sgt. Bullock said. "I know of a police officer who was a member of the special weapons and tactical team in Toronto who shot someone, and he quit the team within a week and went back to being a regular officer."

"One of the good things about the rules for drawing the gun is that as long as it's only done when a life is in danger, it's a little different psychologically," he added. "It's easier to help an officer after the shooting. He knows when he

"If an officer needs to draw his firearm, he needs to shoot for effect," he said. "I wouldn't want my officers to try a Tom Mix thing, shooting the gun out of the man's hand, or knocking his arm."

"It's highly likely if you shoot a man in the torso that he will die, and that's bad," he said. "But the officer shouldn't draw and fire his gun unless his life or someone else's is in danger. If someone is standing with a shotgun aimed at you, and the officer was standing there aiming his gun at the man, would you want him to aim for the man's big toe?"

"Sometimes there's a prelude to an exchange of fire, and we hope with the use of crisis intervention techniques we can defuse the situation," Deputy-Chief Harding said. "But if people take up firearms and place someone else's life in jeopardy, then their life is in jeopardy."