

# Handgun Stopping Power

By Tom Perroni

When it comes to Handgun Stopping Power I have always taught my students that a Handgun is tool; a tool to fight your way back to the shotgun or long-gun you should have had if you knew you were going to be in a fight. The FBI has put together an article about *Handgun Wounding Factors and Effectiveness* that is the basis for the vast majority of this article.

First let's take a look at some statistics. The FBI, in the Uniform Crime Report (UCR), tells us that most shootings - about 80% - occur in low or reduced light. Most shootings involving police officers and civilian concealed carry permit holders happen at a distance of less than ten feet with average distance at three feet. In most police shooting the average number of rounds fired is ten. Keep in mind that most police agencies have a magazine capacity of 15 rounds. Of those ten rounds only two hit the subject that means an 80% miss rate. It is fair to say that most gun fights last about 10-15 seconds. And I would say as a general rule we know that action beats reaction.

When I teach on the subject of stopping power I teach about the "Anatomical Theory of Stopping Power" The theory that states there are only two places on the human body that you can shoot a subject and get immediate incapacitation:

1. The cranio-ocular cavity (about the size of a business card). This is the area on the head between the eyebrow line and the mustache line (Right between the eyes).
2. The Cervical Spine. From the base of the brain to the top of the collar bone (In the area of the Throat.)

Both of the above mentioned areas, when hit with a bullet, will shut down the central nervous system, thus incapacitating your attacker. There are also schools that teach the Pelvic Girdle shot. I am not a big proponent of this. When teaching I often ask my students "How many of you have seen a chicken get its head cut off?" "What happens once this happens?" The answer I most often get is it runs around for several minutes. My response is if a 10lb chicken can run around for several minutes without its head, what do you think a 200lb man bent on bringing the fight to you will be able to do with a small hole or two? (Adrenalin is a powerful drug) I often get asked, "Well, what if I shoot him directly in the heart?" The answer is: It will take about 15 seconds to bleed out. How much damage can the attacker inflict in that time?

This may often happen because most police academies and shooting schools teach to shoot to center mass (It's a larger target area to place shots). When the day comes and you are in a gunfight and place your shots center mass and the attacker does not go down then panic can set in and the good guy keeps

shooting center mass. More hits mean more blood loss, but it's still a time consuming and time dependent process.

As a corollary tactical principle, no law enforcement officer should ever plan to meet an expected attack armed only with a handgun. Physiologically, no caliber of bullet is certain to incapacitate any individual unless the brain is hit. Kinetic energy does not wound. Temporary cavity does not wound. The much discussed "shock" of bullet impact is a fable and "knock down" power is a myth.

With the exceptions of hits to the brain or upper spinal cord, the concept of reliable and reproducible immediate incapacitation of the human target by gunshot wounds to the torso is a myth.<sup>27</sup> The human target is a complex and durable one. A wide variety of psychological, physical, and physiological factors exist, all of them pertinent to the probability of incapacitation. However, except for the location of the wound and the amount of tissue destroyed, none of the factors are within the control of the law enforcement officer.

Physiologically, a determined adversary can be stopped reliably and immediately only by a shot that disrupts the brain or upper spinal cord. Failing a hit to the central nervous system, massive bleeding from holes in the heart or major blood vessels of the torso causing circulatory collapse is the only other way to force incapacitation upon an adversary, and this takes time. For example, there is sufficient oxygen within the brain to support frill, voluntary action for **10-15 seconds after the heart has been destroyed.**<sup>28</sup>

In fact, physiological factors may actually play a relatively minor role in achieving rapid incapacitation. Barring central nervous system hits, there is no physiological reason for an individual to be incapacitated by even a fatal wound, until blood loss is sufficient to drop blood pressure and/or the brain is deprived of oxygen. The effects of pain, which could contribute greatly to incapacitation, are commonly delayed in the aftermath of serious injury such as a gunshot wound. The body engages survival patterns, the well known "fight or flight" syndrome. Pain is irrelevant to survival and is commonly suppressed until some time later. In order to be a factor, pain must first be perceived, and second must cause an emotional response. In many individuals, pain is ignored even when perceived, or the response is anger and increased resistance, not surrender.

Psychological factors are probably the most important relative to achieving rapid incapacitation from a gunshot wound to the torso. Awareness of the injury (often delayed by the suppression of pain); fear of injury, death, blood, or pain; intimidation by the weapon or the act of being shot; preconceived notions of what people do when they are shot; or the simple desire to quit can all lead to rapid incapacitation even from minor wounds. However, psychological factors are also the primary cause of incapacitation failures.

The individual may be unaware of the wound and thus has no stimuli to force a reaction. Strong will, survival instinct, or sheer emotion such as rage or hate can

keep a grievously injured individual fighting, as is common on the battlefield and in the street. The effects of chemicals can be powerful stimuli preventing incapacitation. Adrenaline alone can be sufficient to keep a mortally wounded adversary functioning. Stimulants, anesthetics, pain killers, or tranquilizers can all prevent incapacitation by suppressing pain, awareness of the injury, or eliminating any concerns over the injury. Drugs such as cocaine, PCP, and heroin are disassociating in nature. One of their effects is that the individual “exists” outside of his body. He sees and experiences what happens to his body, but as an outside observer who can be unaffected by it yet continue to use the body as a tool for fighting or resisting.

When discussing Handgun caliber with my father, a Marine combat veteran and former police officer, he said this “A hit with a .25 caliber beats a miss with a .45 caliber every day of the week.” I often wondered why my father carried a .25 caliber semi auto for a Back Up Gun (BUG). His explanation was so simple it made perfect sense... at least to me. “If I am in a fight for my gun with a Bad Guy - at this point by the way I am in a fight for my life - and for what ever reason I can’t use my primary handgun i.e.; out of ammunition, malfunction, or I am laying on top of it for weapons retention in a fight, I can pull that .25 caliber out of my pocket or vest carrier. And when I point it at the eye socket, nostril, opening of the ear canal, open mouth and pull the trigger the bullet will go in and not come out. End of fight.

So when we are in a gunfight it is not the size of the handgun or the size of the bullet. “It is knowing where to place hits that will stop the threat.”

And when I asked about why a 9mm he said it’s all about magazine capacity. A Glock 17 9mm can hold 20 rounds - 19 in the magazine (with a +2 floor plate) and one in the pipe. We all know the average number of rounds fired in a gunfight is 10 and that Law Enforcement has an 80% MISS rate meaning 2 in 10 rounds hit the subject so, as my dad put it, I just doubled my odds in a gunfight if I can shoot to stop the threat at the Head & Spine. 20 rounds = 4 hits instead of 2.

However let’s not forget in order to prevail in a real world “Gun Fight” we need:

1. Combat Mindset
2. Tactics (use of cover & concealment & handgun presentation & Reloading)
3. Training ( Combat Marksmanship & Learn to Shoot, Move & Communicate)  
“In a real world environment or at QCB distances of 3 feet or contact distance”

**27** Wound Ballistic Workshop: “9mm vs. .45 Auto”, FBI Academy, Quantico, VA, September 1987. Conclusion of the Workshop.

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