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September 4, 2019

Lisa Lapointe, Chief Coroner  
Province of British Columbia  
Office of the Chief Coroner  
PO Box 9259, St Prov Govt  
Victoria, BC  
V8W 9J4

**RECEIVED**  
**SEP 06 2019**  
**CHIEF CORONER**

Dear Chief Coroner Lapointe:

Thank you for your correspondence on February 28, 2019, that included the verdict (with the Coroner's Comments) at the Inquest into the death of Mr. Abdi Gani Mahamud Hirsi. Please accept this letter as the Vancouver Police Department's (VPD) response to the Jurors' Recommendations in Appendix A.

## **Response to Recommendation #1**

The VPD started conducting critical incident de-escalation training in 2000. Since then advances in training, combined with input received from stakeholders, have allowed the VPD to implement scenario-based training programs through its Force Options Training Unit (FOTU) to address high stress and potentially lethal situations.

The current policing standards in British Columbia (BC) require that front line officers be trained and qualified in crisis intervention and de-escalation (CID) techniques. Initial CID training involves multi-modal instruction, employing a combination of online and self-directed study, followed-up by a lecture component and culminating with scenarios. Officers must meet the required standards in all aspects of the training and continue to successfully complete the online portion every three years. Furthermore, the VPD has been proactively incorporating CID techniques into all other use of force training including physical control, intermediate weapons, and firearms. Front line officers attend use of force training at least once a year. In this respect, the VPD well exceeds provincial standards.

## **Response to Recommendation #2**

VPD officers are trained in a wide range of communication skills for use during high stress and potentially lethal situations. The VPD FOTU scenario-based training integrates a wide range of stimuli intended to challenge the officer's attention load. This includes:

- Multiple subjects
- Audible and visual cues, such as:
  - o hostile bystanders;
  - o emergency sirens and lights;
  - o darkness;

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- camera flashes;
- hysterical witnesses and agitated subjects.

The training also involves:

- identifying hazards;
- prioritizing threats to the public, officers, and subjects;
- opportunities to de-escalate the incident; and
- recognizing when it would be appropriate to adjust communication strategies.

Officer communication methods are not only directed at gaining compliance from the subject, but also serve to warn the public in the immediate area of the on-going threat and warn other arriving officers to the nature of the incident.

Unfortunately, the incident in question involved an active deadly threat that had already resulted in critical harm to two victims and continued to evolve too rapidly for any meaningful CID techniques or communication strategies to occur. As noted in the coroner's comments "*Forty-nine seconds passed from the arrival of the first officer on scene to the time Mr. Hirsi was shot while stabbing the bystander woman*". Public safety is paramount and when a subject, as in this case, is in the act of causing imminent death, the only viable course of action is to immediately stop the threat.

### **Response to Recommendation #3 and #4**

It is important to note that throughout the inquest, body worn video (BWV) was not presented nor referenced in any of evidence related to the incident. BWV was only brought up during the discussion concerning the recommendations.

The use of this technology has been studied thoroughly by the VPD beginning in 2012 and as recent as 2018. Through these studies, a number of issues surrounding the use of BWV arose.

The first is the degree to which BWV can actually record the totality of an interaction. While the technology surrounding video quality, audio quality, and battery life continue to improve; nonetheless, when an officer is involved in a dynamic situation that results in a physical struggle, the video may be obstructed, only show a portion of the situation, and may offer minimal value.

Secondly, the cost of implementing BWV is prohibitive in many cases; in addition to the hardware and infrastructure capital and maintenance cost, any video obtained is considered evidence and in order to comply with the *R v Jordan* Supreme Court of Canada case and the *Freedom of Information and Protection of Privacy Act*, a significant number of support staff would also be required. A similar size police department to the VPD, the Baltimore Police Department, rolled out their BWV program in 2016. The five-year contract for the program, including equipment, storage and maintenance is \$11,600,000 USD<sup>1</sup>

Finally, the use of BWV in North America has predominantly been found in the United States (USA) and as a response to a series of police shootings. These shootings spurred a number of movements and protests; a response to this public confidence crisis was to equip officers with BWV. A recent study from Statistics Canada has determined that policing in Canada has one of the highest levels of public confidence among

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<sup>1</sup> <https://www.baltimorepolice.org/transparency/body-worn-cameras>

major Canadian institutions. As such, the public's demand for BWV in Canada is much less prominent compared to the USA.

In a large scale study (2017) regarding BWV effectiveness conducted in Washington, DC.<sup>2</sup>

**ABSTRACT:**

Police officer body-worn cameras (BWCs) have been promoted as a technological mechanism that will improve policing and the perceived legitimacy of the police and legal institutions. While there is a national movement to deploy BWCs widely, evidence of their effectiveness is limited. To estimate the average effects of BWCs, we conducted a randomized controlled trial involving 2,224 Metropolitan Police Department (MPD) officers in Washington, DC. Our pre-analysis plan was publicly registered in advance. We compared officers randomly assigned to wear BWCs to officers in the control condition who did not wear BWCs. The primary outcomes of interest were documented uses of force and civilian complaints, although we also measure a variety of additional policing activities and judicial outcomes. We estimated very small average treatment effects on all measured outcomes, none of which rose to statistical significance. These results suggest that we should recalibrate our expectations of BWCs' ability to induce large-scale behavioral changes in policing, particularly in contexts similar to Washington, DC.

It is also worth noting that many other law enforcement agencies across Canada have engaged in pilot projects regarding the use of BWV, but not one large police department has yet to roll out a full deployment to all operational officers.

**Response to Recommendation #5**

Less lethal use of force tools are considered "Intermediate Weapons". These tools include:

1. Batons;
2. Oleoresin Capsicum (OC) Spray;
3. Conducted Energy Weapons (CEW);
4. Beanbag (BB) Shotguns;
5. ARWEN Less Lethal Weapons.

Currently, the VPD has over 660 officers assigned to operational duties - mostly patrol. All of those officers carry both the baton and OC spray; additionally 385 of them are also either CEW or BB shotgun operators. Furthermore, the VPD CEW program trains 50 new operators a year.

All the less lethal options were present during the incident involving Mr. Hirsi. In fact, the BB shotgun was fired multiple times at Mr. Hirsi but proved ineffective.

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<sup>2</sup> [https://bwc.thelab.dc.gov/TheLabDC\\_MPD\\_BWC\\_Working\\_Paper\\_10.20.17.pdf](https://bwc.thelab.dc.gov/TheLabDC_MPD_BWC_Working_Paper_10.20.17.pdf)

## Response to Recommendation #6

The FOTU routinely reviews emerging less lethal technologies and assesses them for applicability and suitability. Also, FOTU annually reviews existing less lethal technologies for effectiveness. This review includes on-going Subject Behaviour/Officer Response (SBOR) reviews for quantification of usages, policy adherence, and scenario development. The review also includes communication with both the Independent Investigations Office (IIO) and the Office of the Police Complaint Commissioner (OPCC) to identify any use of force concerns and/or training issues.

Members of the VPD FOTU are court recognized experts in use of force and have been involved in numerous national standing committees and working groups. FOTU members have presented internationally on use of force and also contributed extensively to the current provincial policing standards.

The BC Provincial Policing Standards *Section 1.0 Use of Force – Sub Section 1.2 Intermediate Weapons – Subject 1.2.1P – Intermediate Weapon and Restraint Approval Process* states:

*“Intermediate weapons” – a weapon whose normal use is not intended or likely to cause serious injury or death. Impact weapons, aerosols, and conducted energy weapons fall within this category. Intermediate weapons may also be referred to as less-lethal weapons.*

*“Device” – all intermediate weapons and restraints or restraint systems captured by the above definitions.*

*Approval to use the device*

*(9) The director of police services is responsible for the final approval or rejection of the proposed device for use in BC.*

Ultimately, this recommendation is governed by the Director of Police Services.

## Response to Recommendation #7

All VPD patrol vehicles are equipped with basic first aid kits. In 2017, the VPD trained its patrol officers in Tactical Emergency Casualty Care (TECC) and issued each officer with an individual first aid kit (IFAK) fitted with compression bandages and tourniquets. The IFAK can be carried on the officer's duty belt or in a duty bag which makes it more accessible than inside a vehicle. TECC training and issuing of IFAKs are predicated on an initiative to maximize officer/public safety and align with WorkSafeBC regulations. These kits can also be used to assist civilians which is in keeping with the current framework for Emergency Health Services (EHS) in BC.

In 2018, the VPD equipped patrol supervisor and school liaison officer vehicles with enhanced first aid kits with multiple compression bandages and tourniquets to provide mass casualty trauma supplies until the arrival of EHS or other medical support services. This is consistent with current TECC best-practices, reflecting that uncontrolled hemorrhage is the leading cause of preventable death in traumas similar to that of this inquest. Vented chest seals, such as the Asherman chest seal, were not part of the 2017 TECC

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training; however, some of the VPD's Emergency Response Team (ERT) officers carry chest seals as they have advanced first aid training through the specialized Tactical Emergency Medical Services (TEMS) program.

Additionally, Automated External Defibrillators (AEDs) are equipped in the following VPD vehicles:

- ERT;
- Marine Unit;
- Mental Health Unit Partnership Car 87/88
- Patrol supervisors;
- Prisoner Wagons.

All VPD CEW operators are trained in AED and CPR as new users and recertified on an annual basis.

It is also important to note that the city of Vancouver has the most concentration of EHS. Additionally, the Vancouver Fire and Rescue Service (VFRS) services the city of Vancouver exclusively and will also provide emergency medical aid. Unlike smaller communities in British Columbia, the city of Vancouver has the most resources in regards to emergency medical aid.

### **Response to Recommendation #8**

VPD policy requires officers to facilitate the provision of medical aid to subjects by contacting EHS or VFRS. This policy is in keeping with the current framework for the provision of out-of-hospital care in BC under the *Emergency Health Service's Act*, *Workers Compensation Act*, and *Police Act*.

VPD policy does not require officers to apply medical aid directly to subjects; however, there are many examples where officers have provided medical aid to subjects in need while waiting for the arrival of EHS/VFRS.

Recently the VPD has made a significant investment to provide advanced medical aid response training to all patrol offers. Since 2017 TECC training, over 750 VPD officers received medical aid training which included training in CPR, AEDs, pressure bandaging and the use of a tourniquet. Additionally, the VPD currently have 15 members trained in the TEMS program.

Given that medical aid training has been greatly expanded across the VPD, along with the corresponding tools to provide such medical aid, the VPD is confident that its members will apply meaningful assistance to the public while more skilled practitioners (EHS and VFRS) are en-route. In fact, in this incident, an officer provided medical aid to the woman who had been stabbed while awaiting EHS. Resuscitation efforts were not commenced on Mr. Hirsi by EHS or officers because they perceived an "*obvious death*".

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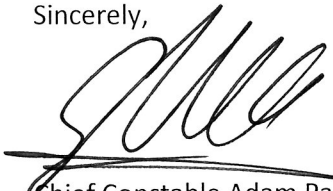
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**Concluding Remarks**

Although this is a tragic incident, the actions of the VPD officers involved were remarkable considering the various exigencies of this urgent situation. The immediate police response was appropriate based on the circumstances and prevented further death and harm to public safety.

The VPD continually strives to be a leader in public safety and has given very serious attention and consideration to the recommendations raised by the Inquest Jury in order to prevent similar deaths in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Palmer', written over a horizontal line.

Chief Constable Adam Palmer  
Vancouver Police Department

APPENDIX A

**To: The Chief Constable, Vancouver Police Department**

1. Perform a review of policing policies and training with regards to de-escalation procedures, specifically to reassess high stress, potentially lethal, situations.

**Presiding Coroner Comment:** *The jury heard testimony that officers are required to re-certify de-escalation training every three years and the important role that de-escalation and crisis management play within the context of the use of force model employed by municipal police departments.*

2. Consider training police officers in a wide range of communication skills for use during high stress and potentially lethal situations.

**Presiding Coroner Comment:** *The jury heard testimony that Mr. Hirsi appeared agitated and did not respond to police commands to drop the knife he was holding.*

3. Require patrol police officers to wear body cameras in order to establish the events for evidence purposes, future training and policy development.

**Presiding Coroner Comment:** *The jury viewed civilian video evidence that helped establish the sequence of events. The civilian video had poor sound quality and was partially blocked by vehicles. The jury noted that police body cameras would have provided a much clearer picture of the sequence of events.*

4. Require all police vehicles to be deployed with video capture cameras in order to establish the events for evidence purposes, future training and policy development.

**Presiding Coroner Comment:** *The jury viewed civilian video evidence that helped establish the sequence of events. The civilian video had poor sound quality and was partially blocked by vehicles. The jury noted that police vehicle cameras would have provided a much clearer picture of the sequence of events.*

5. Require all operationally deployable police officers to undertake mandatory training in the use of at least one less lethal use of force tool, over and beyond those taught in basic training and ensure that all vehicles are equipped with those less lethal force tools.

**Presiding Coroner Comment:** *The jury heard testimony that not all Vancouver police officers have training in less lethal use of force tools*

6. Mandate the annual review of available less lethal force options as technology evolves e.g.; heavier load cartridges for bean bag shot guns or larger capacity magazines.

**Presiding Coroner Comment:** *The jury heard testimony about a range of less lethal use of force tools used by the Vancouver Police Department and under what conditions those tools could optimally be deployed.*

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7. Ensure all patrol vehicles are equipped with First Aid kits containing supplies that are useful for the interim treatment of serious penetrating injuries, such as gunshot wounds and stab wounds. These supplies should include compression bandages, chest seals and tourniquets and training in the use of these items.

**Presiding Coroner Comment:** *The jury heard expert emergency medicine testimony on the importance of the timeliness of addressing serious penetrating wounds and that not all Vancouver police officers were trained in first aid.*

8. Require that police officers who are first to encounter a medical emergency provide meaningful assistance until paramedics arrive on scene.

**Presiding Coroner Comment:** *The jury heard expert emergency medicine testimony on the importance of the timeliness of addressing medical emergencies and that not all police officers were trained in first aid.*