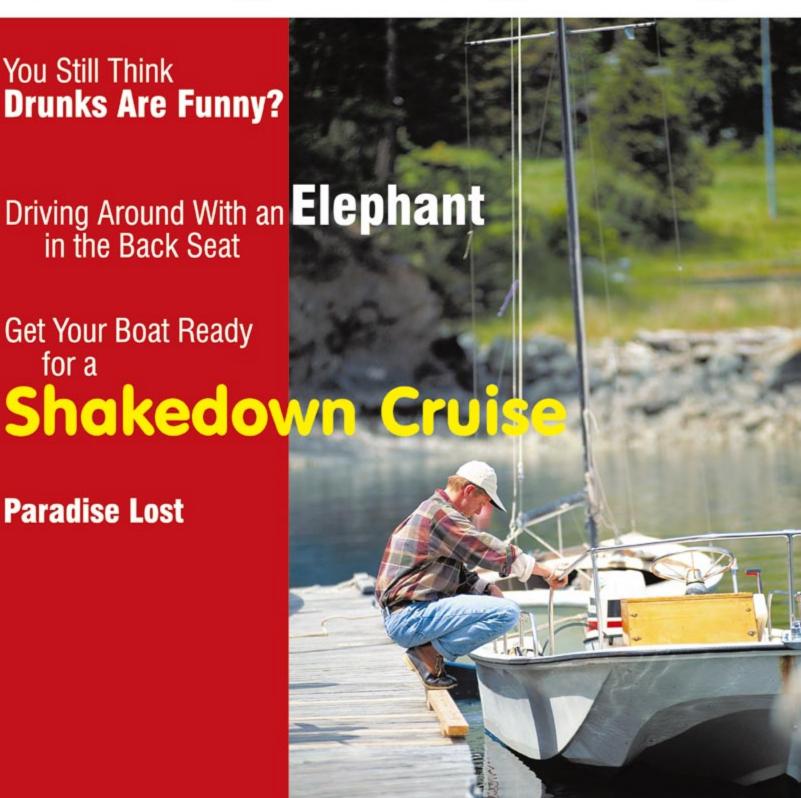
A Naval Safety Center Publication Spring 1999

You Still Think **Drunks Are Funny?**

Get Your Boat Ready for a

Shakedown

Paradise Lost



RAdm. R.E. Besal, Commander, Naval Safety Center Bill Mooberry, Executive Director John G. Mahoney, Head, Media Department Derek Nelson, Editor-in-Chief

Naval Safety Center (757) 444-3520 (DSN 564) Dial the following extensions any time during the greeting

	9
Ashore Staff Virginia Rae Mack, Editor vmack@safecen.navy.mil	7253
Allan Amen, Design and Layout aamen@safecen.navy.mil	7254
John W. Williams, Illustrator jwilliams@safecen.navy.mil	7250
Ginger Rives, Distribution vrives@safecen.navy.mil	7256
Publications FAX	(757) 444-6791
Shore Safety Programs Director	7166
Capt. Gary L. Willis gwillis@safecen.navy.mil	
Occupational Safety and Health Division Jimmy Culpepper, Head	7168
jculpepp@safecen.navy.mil	
Motor Vehicle Safety Division	7165
Rose Talbott, Head rtalbott@safecen.navy.mil	
Explosives & Weapons Safety Division	7164
Cdr. Floyd English, Head	
fenglish@safecen.navy.mil	
Fire Protection Division Vince Lisa, Jr., Head	7169
vlisa_jr@safecen.navy.mil	
Environmental Safety Division	7151
Lt. Joseph Bobich, Head jbobich@safecen.navy.mil	
Recreation, Athletics and Home Safety Division	7181
Michael Brownley, Head mbrownle@safecen.navy.mil	
	7170
Tactical Operations Division Capt. Wade Bieberdorf, USMC, Head	7170
wbieberd@safecen.navy.mil	
Training Safety Programs Division LCdr. Andrew Smith, Head	7175
asmith@safecen.navy.mil	
Shore/Ground Mishap Investigation Division	7147
Jim Wilder, Head iwilder@safecen.navy.mil	

Shore Safety Programs FAX (757) 444-6044

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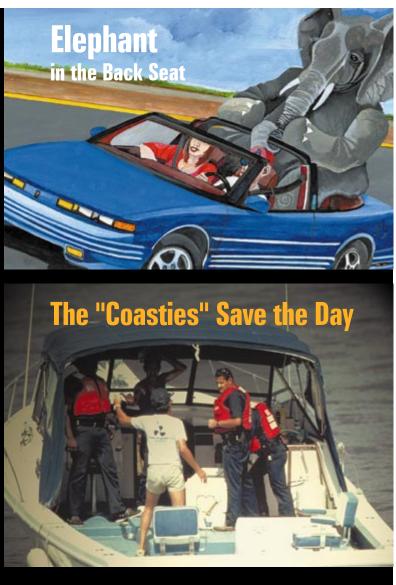
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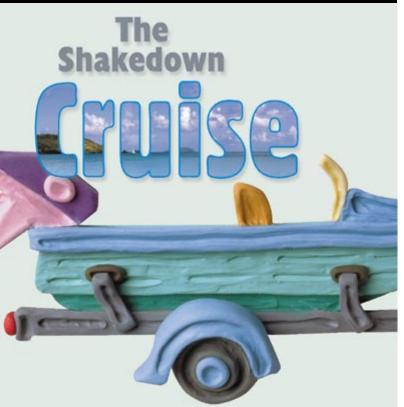
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Labeling a Sober Person as a Drunk by Rae Mack



Dear Editor:

I find the attitude of Airman Thompson ("Motorcycles? Thanks, but No Thanks!" June-July-August 1998) inexcusable. He says that when firefighters arrived, he told them to leave him alone. He wanted to wait for an ambulance crew to start any first aid.

The majority of paid fire departments require firefighters to be EMT qualified; many have served as paramedics. Even most police departments train their members to perform emergency aid. As a volunteer firefighter, I have taken basic and advanced first-aid training sponsored by Red Cross.

If I ever was injured, I would be happy to see any emergency personnel show up to help me, not turn them away with, "I'd rather wait for an ambulance." What if the ambulance is caught in traffic?

I hope if AN Thompson ever finds himself in this situation again, he lets the professionals care for him, whether they be firefighters, police, or EMTs.

TC2 Chris O. Zeliff USCG Electronics Support Detachment Galveston, Texas

Dear Editor:

I was very impressed with your first issue of *Ashore*. The articles were timely and to the point.

It is unfortunate that you have such vast numbers of

mishaps to draw material from. If this were 1981, you would have another mishap to use—mine.

On New Year's Day, I went skiing under poor snow conditions and broke a vertebra in my back. Because of this mishap, I missed a deployment, and someone else had to carry my load.

I was never in as bad shape as Christopher Reeve, but my broken back changed my life forever.

> ADCS Roy G. Carr Operations Department VR-61

Dear Editor:

I got my first copy of Ashore today and want to commend your efforts in exploding the glamour associated with alcohol, and telling about the hazards of not taking precautions.

I inline skate along the running track beside the Potomac River in Washington, D.C. The most risk-ignorant behavior I see are inline skaters naked of protective equipment. I imagine that their sleek look loses some appeal when they are writhing in the emergency room. I have had many falls that have cost me some skin. However, I never have broken a bone, and I've always been able to pick myself up and continue.

Without wrist guards, elbow pads, knee pads, a helmet, and a brake in good condition, I doubt I would have as good a record.

Roland S. Inman Australia Finance Manager Naval Sea Systems Command

If you thought we were deglamorizing alcohol in the previous issue, you should read the story on pages 16-19 in this issue.—Ed

Dear Editor:

I like how the revamped Safetyline, now Ashore, is set up. The new title has a ring to it, and that alone gave me the incentive to read it. I know I should be concerned about safety, but when I saw that word in the title, I didn't always want to pick up Safetyline and read it. I think the layout is great, especially the "Short Takes" section.

Victor W. Peel VX-9

Dear Editor,

Just got your winter 1999 issue of *Ashore* magazine, and I think it is very good. There are lots of timely stories.

I am going to make sure everyone here sees the article, "No More Monday Morning," as people in my office leave their computers on all the time. And they work in safety!

> Carla Dunham Ground Safety Air Force Safety Center Kirtland AFB, N.M.

We asked the question, "How would you fare if you were in the same situation as Christopher Reeve?" You answered...

Dear Editor:

I read Ashore magazine today. When I got to the story about Christopher Reeve, I immediately thought of Andrea Spellman—a former shipmate of mine at PSD Memphis, Tenn. I've never met a finer person than Andrea. She was bright, cheerful, funny, and warm. She had a beautiful smile that she shared with everyone. She always encouraged me to go jogging and to the gym with her, where she would lift weights. If I were sick, she would do things to help me out-like my laundry. Now that I think about it, she wasn't just a shipmate; she was a friend. She still is. But that's about the only thing that is the same with Andrea.

One day, she was riding with another friend. A car ran them off the road. The car Andrea was riding in was equipped with automatic shoulder belts, and she hadn't bothered to fasten the lap belt. (I've noticed that quite a few people don't do that.) The car door flew open, and Andrea was tossed out. She lay on the dirt field until a trauma helicopter arrived. Paramedics struggled to load her into the helo without jarring her head.

When I visited Andrea at the critical-care unit in a veteran's hospital, she was strapped into an apparatus that turned her over every 30 minutes. Her neck was broken, and she was paralyzed from her chest down. It was heart-wrenching to hear her say, over and over, "I'm not going to walk again, am I?" I couldn't answer. I was afraid she

would lose the will to live.

It's been a year since that wreck. Andrea is in a nursing home in Memphis. She has enough movement in her arms to hit the control stick of her wheel chair—if she concentrates hard enough. She can't use her hands. And those spasms that Mr. Reeve wrote about, Andrea has lots of those since her wreck. Her arms fly in wild directions, and she says how painful they are. She gets terrible cramps in her shoulders.

Andrea is depressed and lonely. Most of the people who were her friends before the wreck don't come around. They have transferred or only visit once out of curiosity, then don't come back. She knows this, and it hurts her.

Her mother is dead, and her father is too old to take care of her. That's why she is still in a nursing home. With money from her settlement, she is trying to have a house built to accommodate her, but that project never seems to get off the ground.

She says she still wishes she had died in that mishap. I wish she could go back to that day and put on her lap belt.

I am retiring this April, and I'd planned on having Andrea as one of my sideboys. Now she will see my retirement only on a videotape.

If this story of Andrea will make even one person fasten their seat belt in a car, she would be pleased.

PN2 Deborah McAdory Naval and Marine Corps Reserve Center Bessemer, Al.

Ashore's Distribution Policy

Ashore's official distribution is to supervisors and managers who oversee workplace safety, enforce safety rules and prevent mishaps. These readers pass on the contents of the magazine to their personnel and employees via base newspapers, Plans of the Day, and other local internal communication media.

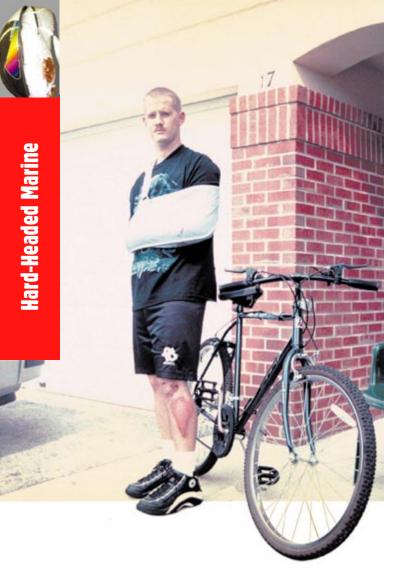
The primary target audience also includes Navy personnel and civilian employees responsible not only for their own safety, but for safety in these fields: occupational safety and health, motor vehicles, explosives and weapons, fire protection, environmental health, recreation and athletics, Marine Corps tactical operations, and training.

Members of the target audience are located at shore bases, in aircraft squadrons, and aboard ships and submarines.

We welcome your comments about the articles in this magazine or about any safety issue. Send letters to the editor, with your name, address and work phone number to:

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You can e-mail letters to vmack@safecen.navy.mil or fax them to (757) 444-6791 (DSN 564). Letters may be edited for space and clarity.



Truck Runs Over Marine's **Head**

and He Lives to Tell About It

By Cpl. Andrew Hollander

"My God, the back tire is going to roll over me."

bout three times a week, Sgt. Stephen Schmidt rides his bicycle to the airframes shop at Marine Aviation Logistics Squadron 14, on Marine Corps Air Station Cherry Point, N.C. Last Aug. 25, he didn't make it to work. Schmidt's bicycle ride abruptly halted at 0720 when a full-sized pickup truck rear-ended him.

"I felt a bump from the back," recalls Schmidt. "By the time I turned around to see what had happened, I had lost my balance and was on the ground," The bump Schmidt felt was the truck crashing onto the back of his bike.

"I was lying under the truck and saw the front tire going away from me," continues Schmidt, "And I thought, 'My God, the back tire is going to roll over me."

That's exactly what happened. Schmidt's head was sandwiched between the rear tire and the pavement. His only protection was his Styrofoam helmet.

From that point until paramedics loaded him into an ambulance, Schmidt recalls nothing.

GySgt. Mitch Fairclough, MALS-14 operations chief, was on his way to work when he noticed brake lights in front of him. "I didn't see the collision. I just saw the Marine on the deck," says Fairclough. "When I saw him, I feared the worst. He was lying in a pool of blood."

SSgt. Charles Paige, a ground-safety worker, was already giving first aid to Schmidt. Fairclough searched for Schmidt's military I.D. card. When he found it, Fairclough realized the downed man was from his squadron. He hadn't recognized Schmidt because of his injuries.

While waiting for emergency crews to arrive, Paige and Fairclough kept Schmidt conscious by

talking to him and asking him questions. An ambulance took Schmidt to the flightline, where he was flown to a hospital.

Once Schmidt arrived at the hospital, doctors put five staples in his head and treated him for cuts, scrapes and a broken shoulder. Schmidt says the doctors were amazed he was alive.

They told him people who go through similar situations usually end up in the morgue or with severe brain damage. The doctors credited Schmidt's helmet with preventing more serious injury. After less than 24 hours in the hospital, Schmidt was released.

Marine Corps Order 5100.19D states that everyone riding a bicycle on a Marine Corps installation must wear a helmet approved by the American National Standard Institute or the Snell Memorial Institute.

Schmidt still rides his bicycle to work. "I wouldn't have bought a helmet if they weren't required," he says. "Now, I won't ride without one."

Cpl. Hollander is a combat correspondent at the Joint Public Affairs Office at Marine Corps Air Station Cherry Point.



sandwiched between the rear tire and the pavement. His only protection was his Styrofoam helmet.

Flameout at the 101h

Throughout the 18 holes, we kept warning Jim that he needed to drink lots of water.

By Cdr. John Mahoney, USN (Ret.)

all 911! Get an ambulance over here now!" I yelled as I saw my buddy sitting in his chair unconscious and vomiting all over himself. What a way to end 18 holes of golf.

It had been a beautiful Saturday morning when we'd teed up, even though thunderstorms were predicted for the afternoon, and it was going to be 90° degrees Fahrenheit and humid.

We took practice swings while waiting for our fourth player, Jim, to show up. Ten minutes before our 7:40 a.m. tee-time, he arrived. "Hey, Jim," I said, "I hope you brought plenty of water with you today. It's going to be a scorcher."

"No, I didn't," he replied, as he began hitting a few practice balls.

I ran back to the clubhouse to get a score card and buy Jim a 16-ounce bottle of water. That way, he would have some to drink and a container to fill with more water as we walked the course and carried our heavy bags.

Throughout the 18 holes, we kept warning Jim that he needed to drink lots of water. All the times I've golfed with Jim, he never seemed to drink enough water. He always took small sips, and on

this day, I never saw him fill his container once. Near the end of the round—with the temperature and humidity really high—I asked him if he wanted a cold drink from the machines. He said no; he had his water.

We finished the round at noon and, as always, went straight to the 19th Hole for refreshments. We were all hot and relieved to get out of the sun and into an air-conditioned room. A few moments later, we were seated around a table and enjoying a cold one.

By this time, Jim wasn't looking and acting his usual self. I asked him if he was OK. He said he was just hot and tired. I told him he looked as though he needed some water and went to get him a glass. I also got a cold, wet rag to put on his neck.

When I returned to the table, Jim was unconscious and vomiting. According to one of the other golfers, while I was waiting to get served, Jim's eyes had rolled to the back of his head, and he had passed out. While we tried to revive him, I yelled for someone to call 911. After a few moments Jim came to.

While waiting for the paramedics, we put the

cold compress on the back of Jim's neck and gave him water to drink. When the paramedics arrived, they checked Jim's vital signs and asked us what happened. Then they asked him for a short, personal history. That's when we found out that Jim had no breakfast that morning—only a cup of coffee. He also didn't drink the full bottle of water I gave him at the beginning of the round.

Jim didn't have a clue that he had fainted and vomited. He was still pale and weak, so the paramedics put him on oxygen. That seemed to do the trick. Within minutes, Jim was acting like his old self again. I drove him home. Later, I called Jim and made sure he was OK.

Jim is just like most of us. We think that if we are in good shape, we should be able to do almost anything. What is so tough about walking around a golf course with a golf bag on your back for 18 holes, regardless of the heat?

I learned my lesson about the effects of dehydration 16 years ago during a 70-mile bike race through rolling hills in Mexico. It was a hot day—more than 95° degrees Fahrenheit in the shade. I was 29 years old, and both the bike and I were in great shape. Well into the race, I realized

I was getting dehydrated. Even though I had eaten a good breakfast and had drank water, I hadn't had enough water for something as grueling as this. I vomited several times during the last half of the race and felt like I was burning up inside. Looking back, I feel I was lucky to survive.

Jim was fortunate that he got through those 18 holes. We don't know what would have happened if his body had given out on the golf course, away from cold compresses, water or a phone to call for help immediately. If we hadn't gotten his core temperature down rapidly, he could have suffered brain damage or even died.

Drinking plenty of water during hot weather is a must when you are exercising, working in your yard or doing military training—anything outside. Your age and physical condition don't make any difference. You need to drink water before you start your activity, during and after. Don't wait until you are thirsty—by then, it may be too late. They don't call water the elixir of life for nothing.

Mr. Mahoney is head of the media department at the Naval Safety Center.



stop talking about doing something so dumb, then went to his room. A half-hour later, the lance corporal woke his roommate and told him he was going to make the jump. The roommate told him not to do it, then he fell asleep. At 0200, another Marine saw the lance corporal climbing onto a third-floor railing. He asked him what he was going to do. The lance corporal responded by putting his finger to his lips and saying, "Shhhh." Then he jumped. He hit the light pole but couldn't grab anything. He slid to the ground. Marines rushed to his aid and saw he was unconscious and bleeding from his ear. They called paramedics who took the lance corporal to the hospital, where he died a few hours later.

Getting burned at the ATM.

An MRFN went to an ATM after midnight Saturday. Even though he was accompanied by his cousin, that didn't

You have to be how old to drink?

A 19-year-old seaman apprentice was drinking while watching a movie in another person's room in a transient barracks. Witnesses say he was drunk. When the movie was over, he took a bottle of rum to another part of the barracks. A person in the TV lounge saw the SA walk past with the bottle in his hand. Then he heard a crash and a cry for help. Other people in barracks rooms heard the cry and rushed out to help. They were too late to save the SA. When he fell, he broke his bottle. A piece of glass imbedded in his neck, and the SA bled to death. What blood he had left in him tested at a BAC of 0.4 (five times above some states' legal limit for driving).

With buddies like these, who needs enemies?

From 2100 to 0150, a lance corporal sat in his barracks room with his roommate and drank five beers. Five minutes later, he told the duty NCO that he could jump from the barracks to a light pole about 7 feet away. The duty NCO told him to



stop someone from robbing the Sailor, pouring gasoline on him, and setting him on fire. Unless your cousin is Steven Seagal, we suggest you avoid poorly lit ATMs.

Bet Al Capone's men knew better.

A staff sergeant was pouring a concrete slab in his backyard. He wore rubber boots, long pants and coveralls. However, when he was kneeling in the wet concrete, it worked its way into his boot. Instead of washing the concrete off his leg immediately, he finished the job. An hour-and-a-half later, he rinsed off the concrete and discovered second- and third-degree chemical burns on his leg.

This mariner isn't ancient, but he feels like it.

A 34-year-old civilian mariner was helping offload a pallet that was in a cargo net. He called in a forklift to move the load. Since the net was loose, he lifted it so the forklift operator could get the tines of the fork under it. While doing so, he

eople ve ishaps unknowingly stepped into the net. When the forklift raised the load, the mariner lost his balance and fell, injuring his shoulders and neck.

Mow, mow, mow your foot gently down the hill.

A sergeant was mowing his sloping lawn. He normally mowed horizontally, but for some reason, he decided to mow vertically instead. As he was going down the hill, his foot slipped on a rock and shot forward under the mower. His running shoes didn't protect his feet, and he is minus a great toe.

How not to use your head.

A 20-year-old Marine went to a concert called the "Lunatic Luau." During this concert, he went into a mosh pit, where a circle of people slam into each other as a form of dancing. A civilian butted the Marine's head, cutting a small gash above the Marine's eye. When he went to the first-aid station at the concert, medics noticed he had a dent in his forehead. Doctors at a naval hospital found that he had a sinus fracture. They operated and put a metal plate and screws in his head.

Hunting wabbits with Elmer Fudd.

A staff sergeant perched on his tree stand 20 feet high. He just couldn't get comfortable, so he decided to adjust it. Instead of getting out of the tree and lowering the stand as the manufacturer suggested, he tried to do it where it was. While reaching for a piece of equipment, he lost his balance, fell and broke his shoulder and ankle.

Put me in, coach! In the hospital, that is.

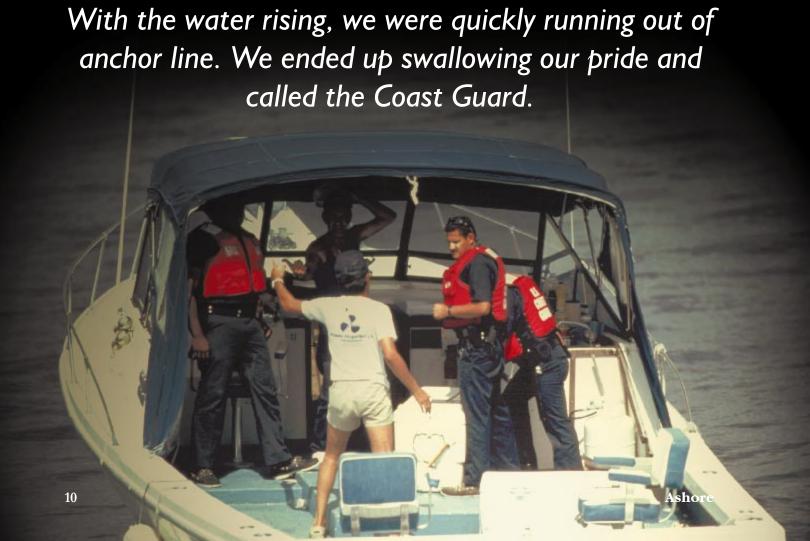
An AOC went to a CPO vs. E-6 football game. Since the chiefs were short-handed, they asked him to fill in. He obliged, but didn't even make it to the first play. While warming up, he slipped on wet grass, fell and broke his elbow.

(These incidents were gleaned from mishap reports sent to the Naval Safety Center.)



The "Coasties" Save the Day

By BM2 Thomas A. Hagen



while back, a buddy and I bought a boat. It didn't look like much at first, but with some hard work, we had it looking and running better than it had for a long time. Since both of us were boatswain's mates, we took every precaution to make sure our boat was seaworthy. We bought everything we would need, or so we thought.

Finally came the fun part—using the boat and enjoying the fruits of our labor. Each weekend, we'd go fishing or tubing on the James River, which feeds into Hampton Roads at Norfolk.

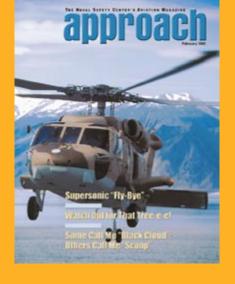
One evening after work, we decided to do a little night fishing near the James River Bridge, which is next to Newport News Shipbuilding. We dropped anchor, fished a while and moved on. When we finally decided to head in for the night, the boat wouldn't start. The battery was dead. We figured that was no problem—all we had to do was use the pull cord and start it manually.

That would have worked if the stator (similar to an alternator or generator in a car) hadn't gone bad. This was the one thing we hadn't counted on. Since it was so late, we were the only boat in the area. We had no choice but to call the Coast Guard. Sure, we debated about it for a few minutes. After all, how would it look if two bosuns from the world's finest Navy had to call what we referred to as "Coasties" for help? The incoming tide made the decision for us. With the water rising, we were quickly running out of anchor line. We ended up swallowing our pride and called the Coast Guard.

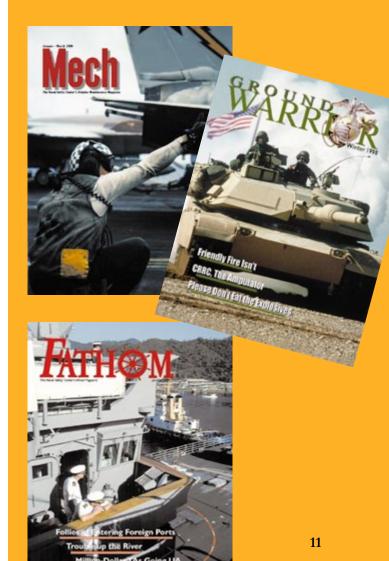
After two hours (but it seemed even longer), a Coast Guard unit from Portsmouth arrived and gave us a tow back to our ramp. There, they did a courtesy boarding to make sure we had all the required safety equipment. We had everything we were supposed to have and then some. The one thing that we didn't have was an extra battery—something we could have used on this trip.

In addition to the courtesy inspection, we got some good-natured ribbing from the Coasties, just as we had expected. The ride home was worth every bit of it. And to this day, we never pull away from the dock without a spare battery.

BM2 Hagan is aboard USS Nassau (LHA 4).



YOU CAN'T SPEND ALL YOUR TIME OFF DUTY. WHEN YOU'RE ABOARD SHIP, AT YOUR SQUADRON, OR WITH YOUR UNIT, APPROACH, MECH, FATHOM, OR GROUND WARRIOR CAN HELP YOU SURVIVE YOUR WORKDAY.



Paradise Lost

By EW1(SW) Kerry Pollock

pringtime liberty on a breezy, Caribbean island. Sun, sand and rolling surf. Sounds like paradise, right? That's exactly what my buddy Scott and a few of my shipmates thought as they hit the beach. They were taking a break from exercises off the coast of St. Maarten, Netherlands Antilles.

Scott, a certified and accomplished scuba diver, decided to do a little bodysurfing in the medium-sized breakers. That's when paradise turned to hell.

While Scott was diving headlong over an incoming wave, the surf got the better of him and drove him hard into the sand. When he got up, he was woozy and disoriented. Staggering to the beach, Scot began to complain of a sore neck and tingling in his fingers. These complaints made his buddies think Scott may have injured his spine.

They had Scott lay down while they supported his spine, secured his head and neck with their beach towels, and took him to fleet landing. Once they arrived, the ship's CDO was notified.

Initially, they were going to take Scott to the ship's medical department. However, someone brought up the point that a boat ride would be too risky. The ship's corpsman was brought ashore to see Scott. He called an ambulance to take Scott to a hospital.

Doctors determined that Scott had broken his fifth cervical vertebra. After he was stabilized, a Coast Guard plane flew him to the naval hospital in Roosevelt Roads.

Back aboard ship, everyone was shocked by what had happened to Scott. Many commented on the circumstances of what they considered to be a "freak" mishap. Then we found out that spinal injuries from bodysurfing or wave jumping are not as uncommon as we believed. [In the past three years, the Naval Safety Center has received reports of four Sailors and one Marine who had this type of injury from body surfing or wave jumping—Ed.]

Although Scott is expected to recover, others aren't so fortunate. They are paraplegics, quadriplegics or dead.

What can you do to help your shipmates or yourself avoid these types of injuries? It's easier than you think.

Know the beach. Every beach has its own signature. Know where steep drop-offs, hidden rocks, undercurrents, sandbars, and reefs are. Avoid these areas, even though these natural barriers help produce those "killer" waves everyone wants.

Never swim alone. Your parents knew what they were talking about when they gave you this advice.

Don't drink while swimming. Though in Scott's case, alcohol was not involved, in many cases it is. Alcohol affects coordination, reflexes and responses. It also removes natural inhibitions and gives the swimmer a sense of false security.

Know where to go for help. Injuries can be made worse by delayed or wrong treatment or no treatment at all. Most beaches have lifeguards trained in rescue procedures. Before going on liberty, know the emergency numbers for police, the ship's quarterdeck and medical facilities.

EW1(SW) Pollock is aboard USS Cole (DDG-67)

The Shakedown



aking to the water for the first time of the year is always exciting, whether it is in a new boat or your old one that has been sitting in off-season storage. Just like Navy ships have shakedown cruises, your boat also should have one.

If you have just bought a boat, your dealer or the former owner can explain to you how the engine and key systems work. Make sure the dealer or former owner is with you at that first launch. Also, read the literature that comes with your boat. Review the optional accessories and safety equipment on the boat, and make sure everything works.

Immediately following the launch, check the bilge areas for leaks. You may have overlooked a winterized plumbing fitting, a problem that is easy to identify and correct. Once you have determined all is well below decks, operate the boat in the

general area of the launch, bringing the motor up to normal operating temperatures. Methodically test the various systems on the boat, and note all the items that need service.

Don't overlook preparing your trailer for the upcoming season. Here are key items you should inspect:

- air pressure and condition of the tires, e.g., dry rot
 - wheel bearings and hub assemblies
 - springs and attaching hardware
 - tightness of the lug nuts
 - lights
 - brakes
 - safety straps and chains
 - tightness of the fasteners on the trailer

Your shakedown cruise will assure you a funfilled 1999 boating season. ■

Information courtesy of Bayliner Corporation.

Mowing and Drinking Doesn't Cut It

Your safety officer, shipmates, buddies, and we constantly tell you not to drink and drive. Now an Oregon jury has told a person that he is not to mow and drive.

That jury convicted 22-year-old Jerome

Pinedo of piloting his 15-horsepower lawn mower under the influence.

Two sheriff's officers testified that they were on patrol last Feb. 7 when they came upon Pinedo and a friend.

"We came around a corner and saw two sets of headlights real close together," said one of the police sergeants. "When we got closer, we saw it was two men—each on a riding lawn mower."

Pinedo testified that he and his friend were just turning their mowers around, but deputies said they watched the pair for at least 10 seconds before pulling them over. That's when they said they smelled alcohol on Pinedo's breath.

Pinedo refused a field breath test, but a test taken an hour later showed a blood-alcohol content of 0.15 percent.

Oregon's legal standard for intoxication is 0.08 percent.





The U.S. Consumer Product Safety Commission (CPSC) has a round-the-clock, toll-free hotline (800) 638-2772 where you can get safety information on dozens of types of products. You also can use this number to report any products you believe are hazardous or have injured someone.

They also have a web site (www.cpsc.gov) and offer a free e-mail subscription service for anyone who wishes to automatically receive their news releases and safety alerts. You can fax requests for news releases and other publications on a specific subject at (800) 638-8270.

The CPSC also has nearly 100 diverse publications—ranging from "The Safe Nursery" (a buyer's

guide to nursery furniture and equipment) to "Electrical Safety Room-by-Room Audit Checklist" and "A Parents' Guide to Preventing Inhalant Abuse." They're all free.

The CPSC's goal is to help American families keep safe in and around their homes by reducing the risk of injury or death from consumer products, which include just about everything: appliances, furniture, heating and cooling systems, recreational and sports equipment (including pools), nursery equipment, toys, clothing. In cooperation with industry, they recall about 300 types of hazardous products a year—things many consumers have in their homes—such as cribs and halogen floor lamps.

Advice for Women

At night, women sometimes are hesitant to pull over for a policeman, especially on a dark or deserted road. Cpl. Mike Johansen of the traffic division with the Norfolk Police Department says you are obligated to stop at the first available spot. You may know of an all-night gas station or diner up ahead, but don't try to make a run for it. Pull over and make sure your doors are locked. Open your window just enough to hand your license and registration card to the officer. Even if the officer is in uniform, you have the right to ask for identification.

Once you are satisfied that the person is a genuine police officer, you should roll down the window if he asks you to. He will want to detect any odor of alcohol and be able to talk with you without having to shout. If you still feel uncomfortable, ask him if you can go to a lighted area where there are people. If he says yes, drive slowly. The policeman will follow you.

The Difference Between Fast Drinking and Slow Drinking

The liver can eliminate only about one drink of alcohol per hour—a beer, a glass of wine or a shot of liquor. The rest of the alcohol accumulates and starts making you drunk.

Drinking slowly allows your body to process the alcohol as it comes in. Intoxication develops gradually, and you can stop drinking before you get seriously loaded.

But if you consume many drinks in a short
amount of time—for example,
chug-a-lugging a pint of
tequila— your bloodalcohol content (BAC)
elevates too rapidly. Your
body is unable to process
this sudden rush of alcohol. You get drunk, and you
may vomit, black out or even
die from acute alcohol
poisoning. That's
what killed three

Marines and

five Sailors in

the last five years.

Uh, Oh, You've Been Caught

By Linda S. Forst

Getting pulled over by a police officer can be intimidating, frustrating and even dangerous for the motorist and for the officer. Here are some simple steps to help make your traffic stop less traumatic.

Pull as far to the right as possible. Use your turn signals to let the officer and other motorists know what you plan to do. Drive slowly on the right until you find a suitable place to stop. Then, pull off the road where you won't impede traffic. You also may pull onto the shoulder if the ground is firm.

Be aware that the violation may have happened one or two miles before you were stopped. This delay is because most departments require officers who make stops to give the location, license-plate number, and a description of the vehicle and any passengers to the dispatcher. The officer also may have been looking for a suitable place to pull you over.

Stay in the vehicle unless the officer instructs otherwise. Passing motorists may become distracted, run off the road, and hit your car or you. Keep your seat belt fastened until the officer asks for your license.

Listen to the officer and follow instructions. A driver often assumes the stop is for a routine traffic matter, but it may be because his car is similar to one just seen leaving the scene of a crime. Also, there are people who have warrants out for their arrest, are mentally unbalanced, or simply don't like police officers. These people have assaulted and even killed policemen at traffic stops. Consequently, the officer may initially be acting under the assumption that you're a threat to him. You can reassure the officer by keeping you and your passengers in the vehicle with your hands visible.

If you're stopped because of mistaken identity, you'll soon be on your way. If you're stopped for a traffic violation, the officer will ask for your driver's license, registration and maybe your insurance card. He may allow you to explain your actions. If so, you should speak calmly. Whatever you say, the officer will write it down. If the officer saw you commit the violation, your statement isn't necessary.

Adapted from AAA's Going Places, May-June 1998.



Drunks Are Funny?

By Rae Mack

mericans had a love affair with alcohol for centuries. Ads showed how glamorous you would appear if you drank. When prohibition was in force, some people started drinking in order to be "in." Later, funny drunks were the subjects of comedy routines and movies.

If you're old enough (or if you watch vintage movies), you've heard of W.C. Fields. Fields was a comedian who often played a heavy drinker who detested all children and dogs, wore a top hat and frayed gloves, and carried a walking stick. He would weave through his scenes, uttering such words of "wisdom" as, "Once...in the wilds of Afghanistan, I lost my corkscrew, and we were forced to live on nothing but food and water for days." Or "Some weasel stole the cork to my lunch."

Then there was Richard Pryor's Willie, the street drunk. Willie would shuffle up to people and offend them. One such person was an uptight female executive who shared an elevator with Willie. I can remember my friends and I watching the show and howling with laughter when Willie uttered his trademark line, "Thass all right, I'm only foolin' witcha."

In *Cat Ballou*, not only was Lee Marvin's character drunk during much of the movie, so was his horse. In 1981, Dudley Moore played *Arthur*, a

drunken billionaire who careened through life until he met a flat-broke girl with a heart of gold.

Some movies did show the reality of drinking and alcoholism. In *Days of Wine and Roses*, Jack Lemmon was neither funny nor lovable. Elizabeth Taylor was a shrew in *Who's Afraid of Virginia Wolff?* Meg Ryan was anything but cute in *When a Man Loves a Woman*. Nicholas Cage gave a riveting performance as a doomed drunk in *Leaving Las Vegas*.

I'm glad to see more realistic movies because in real life, drunks aren't funny, and they don't make life joyous for the people who live with or around them. I talked to people here at the Naval Safety Center about their experiences with family members' drinking. Here are two of their stories.

From a GM-13 supervisor. Both my parents were drunks. In fact, all the adults in our family were drunks except my grandmother.

Almost every Thanksgiving and Christmas was unpleasant and filled with tension. Mom and Dad hid their bottles from each other. Mom would jump all over Dad when he found and drank her stash. On holidays, Mom would be sober in the morning, then sneak into the den to get a drink every few minutes. I guess she didn't think we would notice her getting drunker as the day wore on. Often we kids had to finish making dinner because she had passed out.

Dad stayed upstairs all day. Periodically, he would come to the door, yell at us to cut out the damned noise, and then he would slam the door.

Once, after we were grown, my sister took her older child to the hospital and left her 2-year-old with Mom. I stopped by the house and found the baby in a high chair, crying for food. Mom was sitting in front of him, so drunk she barely could hold up her head, and holding food just out of his reach. She wasn't being mean, she just didn't realize what she was doing.

Mom was arrested twice for DUI and then compounded that by resisting arrest.

Once, Dad fell from the top of the stairs. After he got up and was leaning on the refrigerator to keep from falling again, he kept insisting he wasn't drunk. He also once walked in front of a car, got hit, got up, and kept walking. He was in a wreck (his fault) and so drunk that when he tried to prop his arm on the car door, his arm kept falling. We couldn't believe a policeman let him drive home.

Because of Mom and Dad's drunkenness, all us kids chipped in and bought them smoke detec-

tors for Christmas—long before they became commonplace. It's a good thing we did. One night, Mom and Dad put food on the stove to cook, started drinking and passed out. The food caught fire. Had it not been for one of my sisters who still lived at home, they all could have died.

At age 63, Dad committed his final drunken act. He shot himself in his bedroom. His BAC was more than 0.30. Mom died of a brain aneurysm six months later, still haunted by his death. She was 61.

From a commander, naval aviator.

When I was a boy, my sisters and I always looked forward to getting together with my father's relatives at holidays. Since my grandparents lived five hours away, they always drove to our house. Then all the aunts and uncles would gather with us, and we would all have a great time—until the booze started flowing.

One Christmas, I ran out of the house to greet Grandma and Grandpa when they drove up. I opened my grandmother's door. She was drunk and slobbering all over herself and cursing my grandfather. My father told me not to say anything about it.

Later that evening, after all the relatives had been drinking, they started arguing and fighting. What started out verbal soon escalated to ash trays and whiskey bottles flying through the air. We children had been tucked in bed by this time, and everyone thought we were asleep.

That was the scene every holiday or on every occasion we got together. I never knew why my mother, who didn't drink, and father, who did not drink at that time, put up with such behavior. One time, my Dad's uncle stood in the middle of the living room, threw a cigarette on the floor and ground it out on our new rug.

My grandmother would drink as much as she could before dinner was served. By the time everyone was seated at the table, she could barely sit upright. One time she didn't. As we watched in amazement, she did a slow forward dive face-first into the mashed potatoes on her plate. We kids started laughing, and my father fussed at us, then comforted his mother.

My grandfather died at 57 from liver failure. After the funeral, we all gathered at the home of my grandmother's sister. Within minutes, the drinking and arguing started. Since I was no longer a child, I wasn't tucked in my bed. I couldn't believe the things they said to and about each other. As my aunt left, she grabbed a chicken out of the freezer and slammed it against my grandmother's



head. No one knows why. The amazing thing was that the next day, my grandmother said, "My, what a nice evening we had last night. We need to get together more often."

My grandmother didn't believe the doctors when they told her that drinking was the main cause of my grandfather's death. She moved into a house with her sister, who also drank heavily. For a year, the two regularly drank themselves into stupors. Then her sister died from a stroke.

My grandmother moved a few blocks from us, and her visits were more frequent. My mother dreaded having her around. Grandma would bring her booze with her and hide it in places like the water tank of the toilet. One time, she filled a mayonnaise jar with gin and sat in the back of the car while my mother and father took her to see her husband's grave. Mom and Dad noticed Grandma's speech was starting to slur, but they hadn't seen her drink. When they found the jar, my grandmother tried to smash it into my father's head while he was driving. He got the jar away from her and threw it out the window so she couldn't hit him with it.

My father didn't seem to be trying to prevent Grandma from drinking. It was almost like he felt he was being a good son by giving her all the drinks she wanted.

Unfortunately for my mother, sisters and me, Dad soon succumbed to the pressure of his family and joined their "drinking club." I had come home from college on Christmas and saw Dad drinking whiskey on the rocks—at dinner. This was a man who used to drink only a few beers at social gatherings. My mother said his new drinking habits had been going on for about six months.

A couple of years later, while on deployment with my first squadron, my father died at age 45. We were all stunned by his early death. The doctor told us that high blood pressure, three packs of cigarettes a day, lack of exercise, and excessive drinking contributed to his death. After the funeral, his mother and all his aunts and uncles came back to our house. They were sitting in the living room, wondering how to politely ask for a drink. I stood in the middle of the room and told everyone there would be no alcohol served that day or ever. Within three minutes, all my father's relatives left our home, and they never came back. Eventually, my mother sold her house and moved to another state.



The Thin Liquid Line

"If alcohol causes a problem, then alcohol is a problem." Father Joe Martin, a Catholic priest, who is a recovering alcoholic and head of a rehabilitation center in Ashley, Md.

It is hard to know when a social drinker crosses the thin line to alcoholism. There are reasons people drink. Some drink because they are genetically predisposed to have addictions; some drink because their parents drank; others drink to be able to make friends and be part of a group. Some drink because they have always seen it as accepted behavior among friends and relatives.

Generally, social drinkers use alcohol to relax and increase good feelings. They easily limit their drinking. Other people may say they are social drinkers, yet they cannot imagine dinner or a bad day without alcohol.

How do you know if you or someone you know is crossing the line to alcoholism? Here are some telltale signs:

- Using alcohol to help get through painful situations or feelings.
 - Losing time from work because of drinking.
 - Defending or hiding drinking.
 - Drinking to build self-confidence.
 - Drinking alone.



- Feeling guilty about drinking.
- Not fulfilling promises or obligations because of drinking.
- Memory blackouts during or after drinking. If you have wondered about your drinking, look at yourself honestly. Ask yourself why, how often and in what situations you drink. Think about the effects of your drinking on other people: your spouse, children, co-workers, and friends. Consider whether you ever have driven your car after drinking; if so, think about how much you drank before you drove.

Seeking help for a drinking problem won't jeopardize a Navy career. However, continued drinking can make you do things that will harm or even end a career.

What if you recognize that a co-worker or a close friend is having problems with alcohol? How do you confront that person? According to a facilitator at Norfolk's Drug and Alcohol Program Management Activity (DAPMA), you should talk to him in a nonjudgmental way about your feelings concerning the person's drinking. Let the person know what will happen if he doesn't stop. Be prepared for the person to do the following things: He will probably deny it. He may rationalize to excuse his alcohol abuse. He may blame others for things not going

right at home or work. He may try to manipulate you into making excuses for him or supporting his drinking problem. According to a trainer at DAPMA, the most likely response is, "Mind your own business."

Another way to evaluate someone else's drinking is to look at your behavior. Do you make excuses for the drinker? Have you ever been asked to lie about a person's drinking? Ask yourself why, how often and in what situations the person drinks.

If you are concerned about your own drinking or someone else's, see your Drug and Alcohol Program Advisor (DAPA) to find out what resources or programs are available. DAPAs will see that people get to licensed practitioners for screening and treatment, if necessary.

There is a misconception that if you go to a DAPA and go through a treatment program, you will have a black mark on your record. Seeking help for a drinking problem won't jeopardize a Navy career. However, a drinking problem can cause behavior that will harm or even end a career. Alcoholism is a progressive disease that won't get better without a program of recovery.



By Cpl. John F. Schaller

t was 0830, Friday, March 14, 1997. I was exhausted, but I was finally off after standing duty all night. The entire battalion at Camp Lejeune, N.C., was at a field meet, but since I had special liberty, I didn't have to go. By 0900, I was on the road to Navarre, Fla., for a long weekend. I didn't have to be back to work until Tuesday morning.

Neither the dreary, rainy weather nor my exhaustion was going to keep me from getting to the Sunshine State that night. Thoughts of the good times I was going to have in the beautiful Florida weather were running through my head.

An hour later, I was in Wilmington, N. C. The rain was still pouring, and I could see cars hydroplaning. Going over a drawbridge, I was in the left lane, doing about 40 mph. I was nearly 10 feet from an old Toyota pickup in the right lane when it began hydroplaning at the same time I did. The driver of the Toyota hit the curb on his right and immediately went airborne in a 360-degree spin. It looked like a NASCAR crash when a car goes into the wall.

What finally stopped the pickup was a set of rails that marked an area reserved for the bridge-operator's car. The pickup hit the rails head-on, then bounced back toward traffic. A truck carrying a load of sand nearly ran over it. I heard glass shattering, metal crunching and plastic breaking. But most of all, I heard the squeal of air brakes on the huge trucks that were next to me as they were trying to stop.

Debris was flying everywhere. I couldn't use my brakes because I was hydroplaning. I also couldn't steer clear of the debris without losing control. The only thing I could do was **try** to control my car. I did, but I traveled nearly half the length of the bridge before I stopped.

I turned off the ignition, got out of the car and ran as fast as I could toward the pickup. My thoughts were of the driver: Was he OK, seriously injured or dead?

As I approached the truck, I saw wisps of smoke coming from under the collapsed hood. All the windows were shattered, with glass scattered across the highway. People drove by with uneasy looks on their faces as their tires crunched on the glass. The truck was folded like an accordion from the front bumper to just behind the cab. Both front tires were flat, with the wheels turned up deep into the wheelwells.

The two people in the truck looked dead. Neither one had been wearing a seatbelt. The driver was hanging halfway out the door. As I swung open the crushed door, his upper body fell into my arms. Carefully, I lowered him to the concrete. His legs were pinned in the truck by the engine block. As I looked at his injuries, I couldn't feel a pulse through his thick, coarse beard. The steering wheel had hit his forehead and cut a divot nearly a half-inch deep across the entire length of his forehead. I thought that alone would have killed him.

His nose was bleeding, and several teeth were broken and lying in his mouth. I assumed I was wasting time on a dead man. I tried to flag down someone who had a car phone so they could call 911, but no one would stop. One driver finally did, and I told him to stop every car that passed until he found someone with a phone.

Next, I checked on the passenger. It was hard to get to him. I couldn't go through the driver's side because the driver's legs were in the way. The passenger door was jammed shut, but it was my only way in. I ended up pulling the door off its hinges.

The passenger was lying face down on what was left of the dashboard. I rolled him over onto the seat. As soon as he groaned, I knew he was alive. His left ear was missing. Above where his ear should have been was a deep cut. There were also smaller cuts all over his face.

People began to gather, but no one helped us. They were spectators. I noticed the driver lying on



the ground twist once or twice. I was amazed to see he was alive. I asked a man from the audience to hold the passenger still, talk to him, get information, and do anything he could.

I ran around the truck to the driver, cleared out his mouth with a sweep of my finger, and tilted his head back to open his airway. His face felt clammy.

At this point, my only real help arrived. An EMT with medical equipment happened to be driving by and stopped.

He told me to keep the driver's airway open and clear while he got his legs out of the truck. Then he asked me if I wanted some gloves. When he asked that question, I looked at my hands, which were covered with the driver's blood. If I needed gloves for protection from diseases, it was too late.

The driver wasn't moving his right arm. When I moved it, I could tell it had been almost ripped off. Now I was scared to remove his jacket. His eyes rolled back into his head; all I saw were bloodshot whites. I tried to talk to him, and after several minutes, he began to respond.

The EMT and I began to cut off the driver's clothes. I had to hold down his left arm because he was getting hysterical. At first, his movements were weak. However, he seemed to gain strength as time passed. When I held his arm against his chest, I could feel his ribs crunching as he inhaled and exhaled.

Finally, ambulances arrived. One crew put the passenger on a stretcher and took him to a hospital. It took the other crew nearly 10 minutes to free the driver's legs. Once his legs were clear, we saw how badly they were damaged. Two bones in his right leg were broken and were sticking out of his leg at 90-degree angles. Tendons and flesh were wrapped around the exposed bones. Two bones in his left leg were sticking through his calf muscles.

I stayed with the driver as much as possible until the crew put him in the ambulance. I never saw either of them again.

After the police questioned me, and the news crew interviewed me, I went back to my car, anxious to get back on the road. However, once in the driver's seat, I couldn't move. The entire time I was helping the two men, I wasn't scared. Now I had time to think and realized I had driven only 50 miles of my 800-mile trip. It was still raining, and my mind was on edge. It took several minutes to convince myself I could make the drive.

The rest of the trip was uneventful. But it rained for six more hours. Every time I drove through a large puddle, images of the two people in the pickup danced in my head. Eventually, I arrived in Florida, still shaken.

I recently got a phone call from the passenger's lawyer. He asked me about the wreck and told me that both men survived.

I always wondered how I would react in a situation where I would be in a position to save someone's life. Now I know, and I am proud of myself.

This wreck gave me a free lesson in driving long distances. The more I think about what happened on that bridge, the more I realize I should have never taken that trip the way I did. I should have slept before I set out on my journey. I've never again started on such a long drive without first resting, and I've never driven that far for such a short time. If it hadn't been for that wreck on the bridge, I probably wouldn't have been as alert as I was on the rest of my trip. It's a wonder that somebody didn't have to stop and help me out of my wrecked car.

Cpl. Schaller is a machinist with 8th Engineer Support Battalion at Camp Lejeune.



Choose the Right

Home EXERCISE Equipment

Try different types of equipment to see what feels right.

> ith all the at-home exercise equipment out there treadmills, steps, slides, and assorted "quick-fix" contraptions, such as the memorable Thigh-Master—how do you know what could do more harm than good?

While at-home exercising can tone your body, you need to learn how to avoid disappointing results and injuries.

Cartoon by Allan Amen

Before You Buy

First, get a medical checkup. Ask your doctor which are the best and safest forms of exercise for you.

Next, try out different types of equipment to see what feels right. A total workout should include both cardiovascular exercise, which strengthens your heart and lungs, and resistance exercise, which builds stronger muscles with better endurance.

Go to your base gym to try out equipment. If a friend has equipment, try out theirs.

The American College of Sports Medicine tells you to avoid buying any product that makes too-good-to-be-true claims. In spite of what advertisers boast, there are things that exercise equipment simply won't do:

- You'll never see instant results with an effortless, no-sweat workout.
- No product will get rid of cellulite or make fat disappear from certain parts of your body.
- There's no special equipment or clothing you can wear while exercising that will help you lose weight.

If you're buying an item from an ad on TV or in a magazine, you can't test it first—a situation that should set off an alarm in your mind. Some products make outrageous claims. When you get them home, you may not be able to figure out how

they work. They end up in the basement or at your yard sale in six months.

Don't be cheap about the equipment you buy. A higher price tag doesn't guarantee a better workout, but it may buy a safer product. Some low-end models are unstable, even rickety. Exposed springs may pinch or break, causing injuries. Equipment with moving parts that aren't shielded may harm not only users, but children in the house.

Whatever you decide to buy, ask yourself these questions: How is it helping me physically? Is it assembled? Does it have a warranty or money-back guarantee? Can I get it repaired?

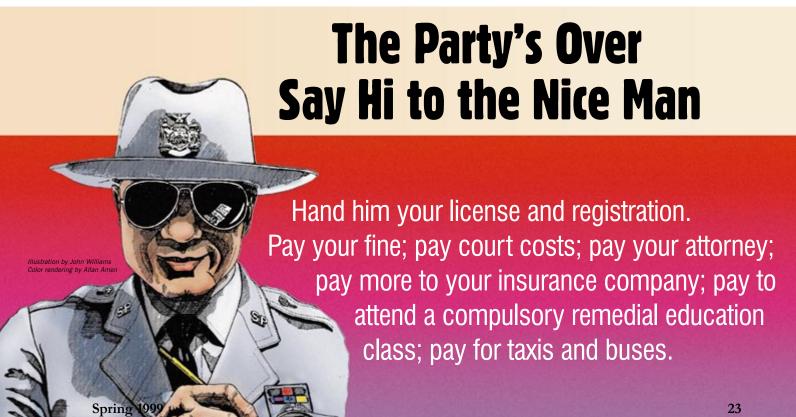
Once you get your gear home

Carefully read instructions; some companies even offer videos to teach the right way to use their equipment.

Start slowly. Don't try to do too much too fast. Start at half of what you think you can do, working up gradually until you reach your goal.

Finally, don't exercise if you are injured. Even the slightest strain can turn into a nagging longterm injury if you don't let it heal properly.

Material for this article was provided by sports-medicine workers and manufacturers of exercise equipment.







Think You're a Good Driver?

How good a driver are you? Here's your chance to find out. After each statement or question, ask yourself, "Have I ever done that?" or "Does this apply to me?" Depending on how honest you are, you may be surprised at your responses.

- 1. Have you run a red light or stop sign, or done a roll-and-go?
- 2. Have you been pulled over for a minor infraction, i.e. missing headlight, broken or burned-out tail lights?
- 3. Have you driven without a safety belt for even a short distance?
- 4. Have you allowed anyone to ride in your car unbelted?
- 5. Has it been more than six months since you had the tires, belts, fluids, or brakes checked?
- 6. Have you gone on a trip without first checking your car?
- 7. Have you felt uneasy while riding in someone else's car because of its appearance or condition, such as bald tires, squeaking fan belts, dripping fluids, or noisy mufflers?
 - 8. Do you routinely speed?
 - 9. Have you ridden with someone who speeds?
- 10. Have you screamed obscenities at or given angry gestures to another driver?
- 11. Have you been so tired while driving that you dozed off?
- 12. Have you drank alcohol within an hour of driving?
- 13. Have you ridden with someone who was drinking?
- 14. Have you been pulled over while you or your driver was under the influence?
- 15. Have you been involved in a traffic wreck? Was alcohol or drugs involved?
- 16. Have you let someone drive while under the influence? If so, would you have if your child was in the vehicle?

Count your "yes" responses and score yourself as follows:

- 1 to 4 Start shopping for life insurance.
- 5 to 8 Buy more insurance.
- 9 to 12 Make a will leaving everything you have to your life-insurance beneficiaries.

13 to 16 — Within six months, your beneficiaries will be very prosperous—as long as they don't ride anywhere with you.

(Note: If you answered "yes" to questions 12, 13, or 14, consider selling your car and asking for a transfer to a city that has reliable public transportation.)

PR1(AW) Gordon Asher VAQ-132

My First Motorcycle Ride

If you're like I was—a 21-year-old airman who had never driven a motorcycle—it sure looks easy. I was thinking about buying a 250cc dirt bike from a friend of mine because the idea of riding with the wind in my face sounded like fun. I went to his house with some buddies to test drive the bike.

My buddies drove it around for a bit to show me how to operate the controls and how fast the bike would go. Finally, it was my turn to give it a try.

Before I got on the bike, my buddies warned me that the air pressure in the front tires was low. This would make me wobble at higher speeds. I said OK, started up the bike and pulled it out of the driveway onto the road. Then I moved forward in the seat, put some weight on the front of the bike (like I'd seen my buddies do), and gave it all the gas I could. Once the bike topped out, I switched gears and pulled back on the throttle again. Once again, the bike topped out, and I switched up one more gear.

About halfway through third gear and going 30 mph, the front tire started to wobble. I wasn't worried. However, when I accelerated, the wobbling got worse. Before I could release the throttle and hit the brakes. I lost control of the bike.

The handlebars slammed to the left, and the bike

suddenly stopped. I didn't. I flew over the handlebars, hit the road and slid for 35 feet. When I picked myself up from my slide, I saw a 2-inch square of skin hanging from the palm of my hand and no skin on my left shoulder or elbow.

The crash didn't hurt the bike. I drove it back to my friend's house, and we cleaned out my road rash the best we could. I still had to go to the hospital for further treatment and to get bandaged.

During the two days I was SIQ (not a great way to get some free time off work), I thought a lot about this incident. I hope it serves as a warning to anyone foolish enough to think they can hop on a motorcycle and just take off. I did do one thing right, however, I was wearing a motorcycle helmet.

ATAN Bryan Harrison VAQ-135

All Secure?

I arrived at the hangar a little early for my Sunday watch in the duty office, looking forward to a quiet and uneventful evening. Little did I realize that "gremlins" were brewing trouble right below me.

On my way to the office above the hangar bay, I had passed by A/S 48M-3 mobile maintenance platform, commonly known as a manlift. Its batteries had been charging all evening. I hadn't noticed anything unusual.

I relieved the off-going watch and made the necessary log entry, "all secure." That's what I thought.

About an hour later, I smelled a strong odor of rotten eggs. Following my nose, I went down the stairs and noticed the smell got stronger. Then I saw a steady stream of clear liquid running from beneath the manlift. It was battery acid—lots of it.

I secured power to the charging unit, notified the base hazmat and fire departments, called the SDO, and went to the gate to meet the response team and direct them.

Base security arrived within three minutes. They ordered everyone to evacuate the hangar. The fire department and hazmat team arrived soon after and began the long process of cleaning up.

It turns out that the charging unit had malfunctioned and overcharged the batteries. Because of the age of the batteries and their charging cycle, particulate matter had built up in the bottom of the battery cases. The four massive battery cases cracked under the pressure and spilled their contents. Even with the power removed from the charger unit, the batteries continued to boil.

The hazmat team wore protective clothing and breathing apparatus to deal with the spill. They rigged a blower to cool the fuming batteries and opened the hangar doors to ventilate the space. Eventually, the batteries cooled enough to be handled.

It was 0200 Monday before anyone was allowed to go back into the hangar. When my relief showed up at 0630, the clean-up was nearly complete. As I turned over to my relief, I looked at the "all secure" entry from the night before. Things may have been secure in the office, but that didn't mean there weren't gremlins at work somewhere else in the hangar.

AT1 (NAC/AW) Jeff Woolever Patron One

Piercing Provokes Painful Probing

When Sailors or airmen report to our medical department with pierced tongues, nipples, belly buttons, or genitalia, we tell them to remove their decorations, since piercing is against uniform regulations. However, we know that as soon as they leave, they probably will put them back in, especially if they are in places where no one can see them.

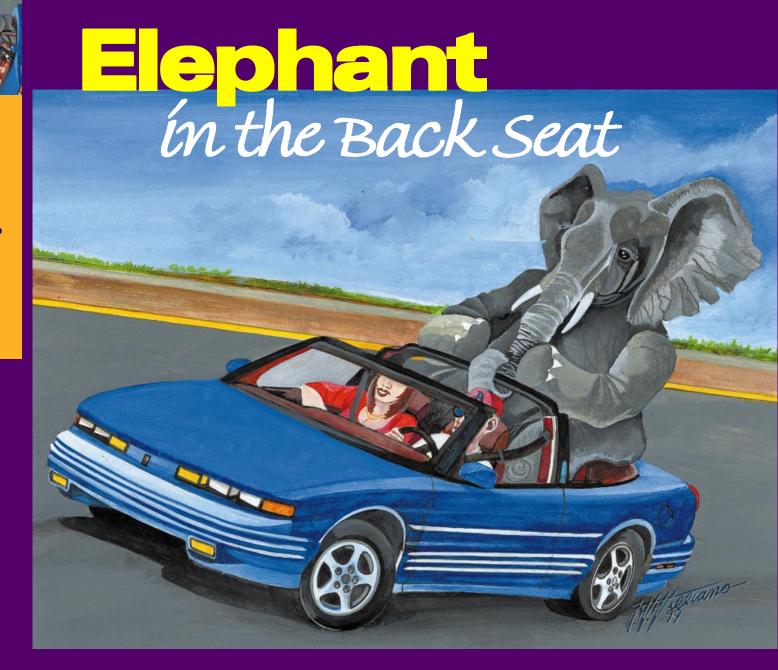
A week before our deployment, a male junior airman reported to medical and said he had swallowed his tongue stud. X-rays revealed a 1.25-inch, bar-bell-shaped stud with an open end, which was about the size of a 12-gauge needle. Our main concern was the stud perforating his small intestine.

We took him to Yokosuka Naval Hospital for gastroscopy, but the stud had migrated beyond the scope's reach. Then we waited 12 hours to see if the stud would reach the large intestine and pass safely. No such luck; the stud stayed in the small intestine.

Surgeons operated on the Sailor and cautiously maneuvered the stud into the appendix, which they then removed. The Sailor was discharged with 30 days convalescent leave and two weeks of light duty after that.

If the stud was in this Sailor's tongue, it is reasonable that somebody who worked with him saw it. However, no one said anything to him about being out of uniform or asked him to take it out. Or, if they had, they hadn't made sure he removed it. That laxity caused this squadron to be short a man for a cruise and earned the Sailor a captain's mast after the wing returned.

Lt. James Vestevich Aviation Medicine CVW five



ow would you like to be in a car wreck and have an elephant crash into you from behind? That is what it would feel like if your unbelted back-seat passenger slams into you in a 55-mph collision.

While 49 states have seat-belt laws, most cover only the driver and front-seat passengers. Only 12 states have seat-belt laws that require back-seat occupants to buckle up. Where the law doesn't apply, people in the back seat have no fear of getting a ticket for not wearing a seat belt.

People believe they are safer in the back seat, and experts agree. However, back-seat riders are still at risk. In 1996, 1,400 people who had not buckled up died in back seats.

Unbelted back-seat passengers endanger not only themselves, but also the people riding in the

front seat. An unbelted person in the back seat can become like an unguided missile during a crash and be thrown around the car with amazing force. Crash experts refer to this as the "elephant-in-the-back-seat" syndrome, because in a 55-mph crash, an average-sized person unbelted in the rear seat can fly forward at the force of 3,000 pounds.

Parents should be especially careful to buckle up their children in the back. Research shows that properly restrained children in the back seat have the lowest rates of deaths from crashes. So even if there is a front seat available, it's a good idea to put all children ages 12 and under in the back seat, and make sure they're buckled up.

You don't want even baby elephants flying at you from behind.

✓



EN3 Bryan R. Baze

USS Black Hawk (MHC 58)

N3 Baze was driving to Naval Station Ingleside, Texas, when he witnessed an automobile wreck.

Baze, behind a blue Astro van, saw the van's rear tire blow out. The van began sliding across three lanes of traffic. Baze turned off the highway to help any victims.

"The only thing on my mind was that I hoped everyone was OK," says Baze.

When he reached the overturned van, he noticed a child's safety seat inside. "I had to find out if there was a child in the car," continues Baze. "The passenger doors were locked, but the rear window was broken. That's how I got inside."

Once inside, Baze found only two adult passengers. Both were buckled up in their seats. Baze unfastened the belts and helped both people out of the van. The passengers were shaken up and suffered only minor injuries.

Hats Off submissions require an endorsement from the nominating command's CO. A color, 35mm (not a Polaroid) photo of the person or persons at work should also accompany the Hats Off nomination. Please include a point of contact and a phone number so we can call with any questions or for additional information.





Starting Offonthe Wrong Foot



The next thing I remember was crashing into another car.

By William Cosby

hirty years ago, I enlisted in the Army.
After I survived basic training at Fort Ord in northern California, I returned to my home in the Los Angeles area and got ready to report to my first duty station on the East Coast.
My wife and I had traded in our old station wagon for a new Plymouth Road Runner. We were going to make the trip across country in style.

My family threw us a farewell party. We left right afterward, so we could get a head start on our drive across the desert. In those days, air conditioning was rare in cars, and ours wasn't equipped with it, so we planned to drive all night to escape the desert heat.

We drank a lot of coffee and listened to the AM radio. We got as far as Kingman, Ariz., when the sun started coming up. My wife had fallen asleep by this time. I was glad not to be battling 18-wheelers and headlights on one of the last two-lane sections of Route 66. I fought to stay awake, but soon lost the battle.

The next thing I remember was crashing into another car. The noise was deafening. Glass shattered. I tried to steer, but my car spun out of control, ripped through a barbed-wire fence, then shot through a gully. We stopped in a cloud of dirt. Smoke was coming from the hood. My wife was asking me what had happened.

The Road Runner was equipped with seat and

shoulder belts—unusual in those days. After we unhooked ourselves, we tried to get out of the car, but the doors were wedged shut. I finally kicked open the passenger door, and my wife and I got away from the car.

Then I realized I had hit another car, and a horrible thought went through my mind. Were those people injured or dead? Not knowing was agonizing. I saw figures approach through the dust. It was people from the other car. They were all right.

While we were talking to them, I noticed my foot hurt, and my face was bleeding. I took off my right shoe, and my foot immediately began to swell. I remembered enough first aid to stop the bleeding where I had bitten through my upper lip.

We waited nearly 90 minutes for an ambulance. At the hospital, I called home for someone to come pick us up.

Instead of showing up at my new duty station and impressing people with my new car, I had to call to explain why I wouldn't be reporting on time. I ended up in the naval hospital in Long Beach having my broken leg set. Then I flew to my new duty station. What a way to start my Army career.

Today, I am a traffic-safety specialist for

motorcycles at the Naval Safety Center and train motorcycle-safety instructors. As I'm teaching, I often think of my crash and realize how much I learned that day. These are the lessons I try to pass on:

- You can destroy a prized possession, be it a car, truck or motorcycle, in a matter of seconds.
- You are physically vulnerable when you're in a crash. You need all the protection you can get. Seat belts, shoulder harnesses and motorcycle helmets are essential.
- If you get tired enough, nothing will keep you awake.
- When you're behind the wheel or on a motorcycle, your actions can affect (or end) the lives of others.

When my wife and I went to the junk yard to retrieve personal items from our destroyed car, the manager told us stories about the other cars scattered around. He pointed to the car next to ours. Those people hadn't been as fortunate as we. They had been killed, and police had to shoot the family dog to get their bodies out of the wreck.

You can reach the author at the Safety Center by calling (757) 444-3520, Ext. 7135 (DSN 564). His e-mail address is wcosby@safecen.navy.mil.





A One-Way Ticket to **Disability**

Retirement

By Capt. Keith T. Rivinius, USMC

hat's what a commanding general's inspector (a master sergeant) got after he suffered severe injuries to his nasal passages, throat and lungs. His problems started when he opened a container box with lithium batteries inside. Within seconds, toxic vapors overcame him and several other Marines, burning their noses and throats.

Marine Corps units have reported more cases in which lithium batteries violently vented and released toxic gases or exploded while venting. For example, a Marine pressed the complete-discharge device (CDD) on a used lithium battery, and it exploded in his hands. Because he was wearing protective equipment, including leather gloves, his only injuries were bruises on his hands.

In another instance, a lithium battery exploded in a precision, lightweight, grid-positioning, system receiver (PLGR) after a Marine connected it to an external power source.

How could these things happen?

In the master sergeant's case, the batteries were venting after they discharged. Marines had put them in an enclosed space with poor ventilation. Nobody posted warning signs. In the second case, the Marine may have pressed the CDD

switch too hard, making it spark and causing the battery to explode. In the third case, the PLGR's wiring harness was improperly connected to an external power source—a motor vehicle with a series of batteries. The battery to which it was connected wasn't the one grounded to the vehicle.

As a result, a small electrical charge to the PLGR caused the lithium battery to vent. The venting

was so violent that the driver of the vehicle temporarily lost his hearing, and the PLGR was destroyed.

Because lithium batteries are lightweight, high-energy and portable, the Marine Corps has adopted them as the primary power source for radios, grid-positioning systems and night-vision goggles. This increased usage demands good communication between personnel using the lithium batteries and the hazmat coordinator.

The hazmat coordinator should train people where and how to store the lithium batteries, how to handle them, how to inspect them, and how to dispose of them. Disposal training must cover who is responsible for discharging the batteries and the right way to do it.

The hazmat coordinator should cover these points during training:



We're not kidding when we say lithium batteries vent violently. When this battery exploded, shrapnel went in all directions. Some sliced into a Sailor standing nearby.

Lithium batteries contain pressurized sulfur-dioxide liquid. When this liquid becomes a gas, it is highly toxic because it turns into sulfuric acid when it touches moist mucous membranes. If you hear a hissing sound (the battery venting), your eyes start watering, you start coughing, you have trouble breathing, or you smell irritating gas, get out of the area immediately.

If a lithium battery is damaged, deformed or shows signs of leaks, do not issue or use it.

Puncturing or crushing the battery can cause short circuits and violent venting.

Keep lithium batteries dry. Water that touches venting lithium batteries will produce highly flammable hydrogen gas.

Remove lithium batteries from stored equipment if you aren't going to be using the equipment within 30 days.



Establish a central control point to issue and collect all units. Store lithium batteries in a cool, ventilated shelter, and separate them into these categories: new batteries, partly discharged batteries, and fully discharged batteries.

Only trained personnel should activate a CDD. Follow these procedures:

- Don't depress the CDD of any battery that shows signs of damage, such as bulging or cracks. Dispose of these batteries as hazardous waste.
- Place batteries in a secure, well-ventilated area isolated from personnel and other hazardous material.
- Carefully depress the CDD of batteries destined for disposal, and make sure they're at least 2 inches away from other batteries. Let them sit for at least five days before disposal. Don't pack them unless they are cool to the touch.
- It is normal for batteries to become hot (even to the point of deforming the plastic case) after activating the CDD. However, if you notice a hissing sound or strong pungent odor (signs of battery venting), clear the area immediately until it is odor-free.
- BA-5590/U batteries (the type used with SINCGARS) have been known to explode during standard discharge.

For instructions on how to dispose of batteries, contact your installation or unit environmental office. Even though fully discharged batteries are classified as nonhazardous waste under the Federal Resource Conservation and Recovery Act, each country and state has its own disposal requirements.

More detailed information on lithium batteries can be found in S9310-AQ-SAF-010 (Technical Manual for Batteries, Navy Lithium Safety Program Responsibilities and Procedures) and Marine Corps technical instruction TI-6135-15/3 (Use, Handling, Storage, Transportation and Disposition of Lithium Batteries).

Capt. Rivinius is a student at the Amphibious Warfare School at Quantico, Va. He was formerly an amphibious-operations analyst in the Afloat Safety Programs Directorate at the Naval Safety Center. Some information for this article was supplied by Beverly Howell, an industrial hygienist at the Hazardous Technical Information Services in Richmond, Va.



The Last Word...

The Glow-in-the-Dark Approach to Safety

A friend told me about a glow-in-the-dark skeleton he had as a child. Each night, he took the skeleton to bed with him and stayed awake to admire its glow. When the glow started to wear off, he would take the skeleton into the bathroom, turn on the light, run water over the skeleton, and take it back to bed with him. If he woke up later and noticed the skeleton had lost its glow, he would take it into the bathroom, turn on the light, and again run water over the skeleton.

Why did he wet the skeleton? He thought the water was what made the skeleton glow. He didn't realize it was the bathroom light.

Some people think this way when it comes to their safety or survival. They think luck will save them, rather than following the rules. Luck never hurts. However, you can't count on it.

Luck doesn't always prevent your toes from being crushed if you drop something heavy on your foot. However, wearing safety shoes will. Luck doesn't always keep a person from crashing through a car's windshield during a wreck; wearing a safety belt will. Luck won't always keep you afloat if you fall overboard; a life vest will.

Don't depend on luck to keep you safe. If the bathroom light had burned out, no amount of water would have made that little boy's skeleton glow. If you don't take precautions, stay alert and wear your protective gear, all the luck in the world won't save you from getting hurt or killed.

Virginia Ran Mach



Hey, honey, watcha making for dinner?

Reservations

