

THE COMBAT EDGE

NOVEMBER 1993

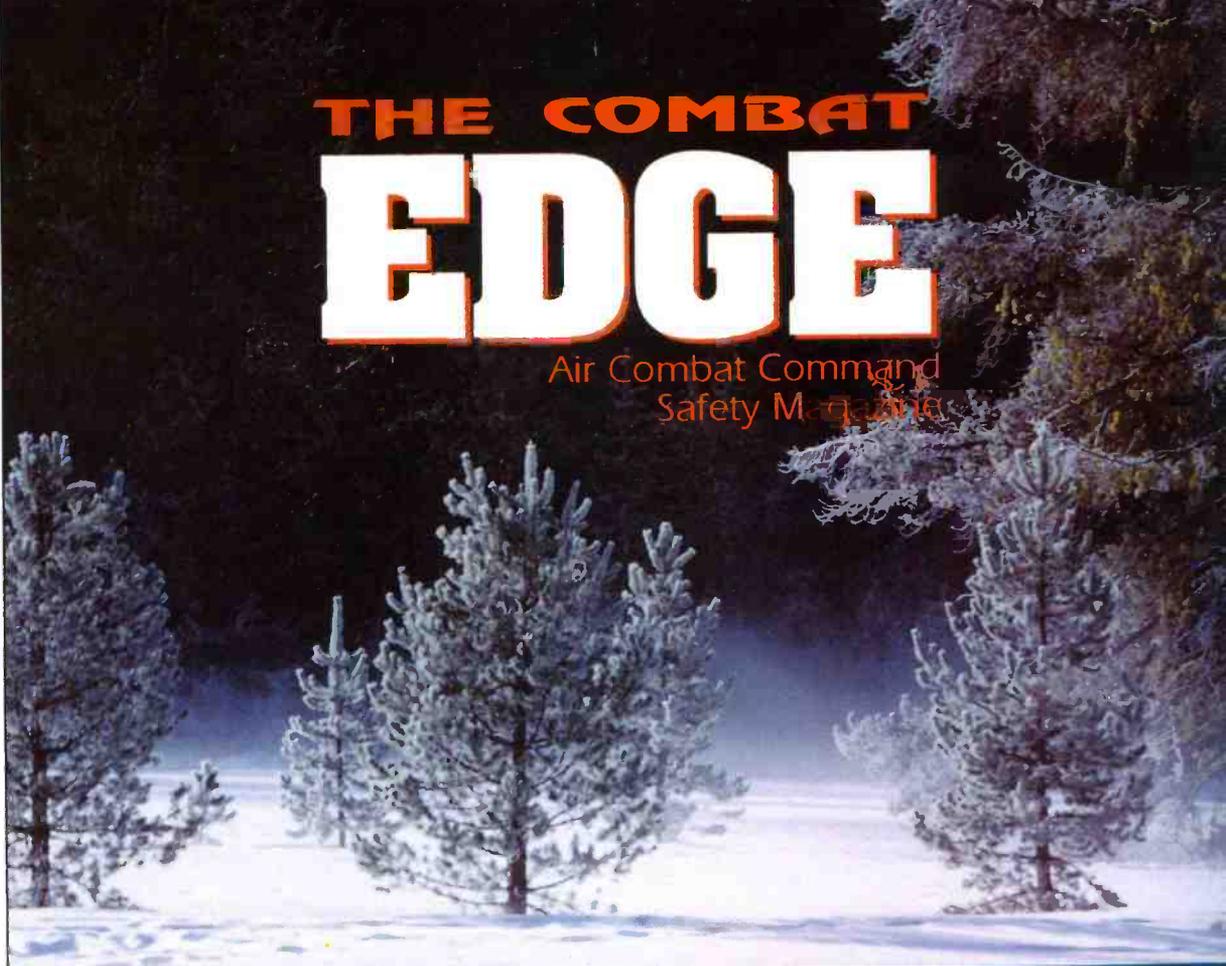
The Combat Edge November 1993





THE COMBAT EDGE

Air Combat Command
Safety Magazine



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Features

4

DISCIPLINED FLYING

Major Ed Brownstein
HQ ACC/SEP
Langley AFB VA

8

THE "WE CARE" UMBRELLA

Every commander can use the "We Care" program as a tool to detect and prevent future mishaps through education and counseling.

28

SUICIDE AND SAFETY

In these troubled times it often seems there is no end to the problems, troubles, and hardship and the only one way out. Suicide has no boundaries; it picks all ranks.

Departments

24

FLIGHT SAFETY

12 22 27

GROUND SAFETY

13 18

AWARDS

26

FLEAGLE

25

ACCOLADES

NOV 93

ACC SP 127-1 VOLUME 2 ISSUE 6

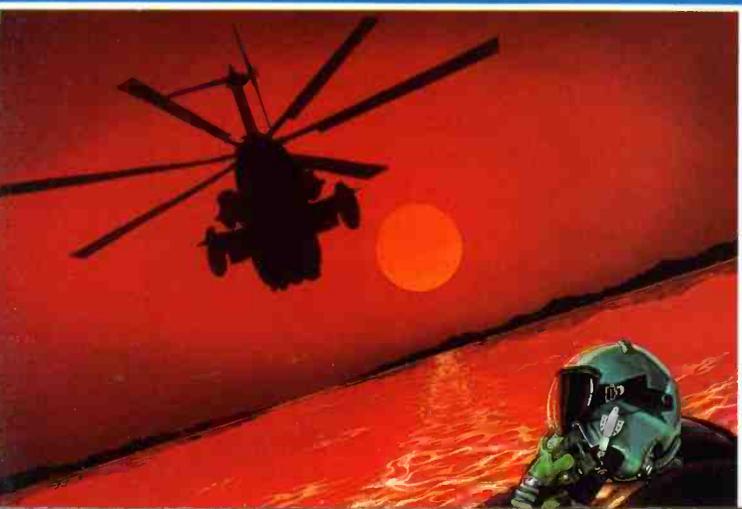
Accent on Safety

My hat's off to all members of Air Combat Command for your outstanding contributions to a world-class safety performance in FY 93. On the flight side, ACC finished the year with the lowest mishap rate since we've been keeping rates (accounting for the historical TAC and SAC combined performances). The end result was an overall Class A mishap rate of 1.8 mishaps per 100,000 flying hours -- a great finish. Most notable, our fighter-attack-reconnaissance rate was also an all-time low of 2.2 -- a remarkable accomplishment for our highest risk category, and our command-controlled rate was a very low 1.2, again a super result. Our gained forces (ANG and AFRES) likewise improved in FY 93. The ANG Class A flight mishap rate for FY 93 was 3.4 compared to 4.9 in FY 92. AFRES finished up with a rate of 4.0, down from 7.7 in FY 92. On the ground side, our performance was good but not as successful as I had hoped. We had 27 off-duty fatalities and 37 total Class A ground mishaps. This is a reduction in fatalities from FY 92; however, considering our downsizing this year, the number should have been lower to show any significant improvement. Likewise, in the weapons safety area, we had 16 Class A, B and C mishaps in 93 compared to 17 in 92. Looking again at the reduction in flying hours and thus exposure to risk, this modest reduction in mishaps winds up as about a tie in FY 93. The bottom line -- a super year, especially considering the changes and turbulence you've endured this past year. Good on you all!

Last month I mentioned the approach of the winter season. Keep this in your crosscheck as you gear up for the upcoming Thanksgiving and Christmas holidays. Whether you're driving, moving weapons around or flying, keep the changing environment in mind. Lots of turkey, spirits, holiday parties and travel can alter your habit patterns and performance factors. Be aware and watch out for yourself and your buddies.

In closing, this past year was a superb performance; however, we still lost 22 aircraft (active and gained), 7 aircrew members and 29 more of our people in on- and off-duty ground fatalities. Obviously, there's still a lot of room for improvement -- I need your help as commanders, supervisors and individual ACC team members to drive our mishap rates and losses to zero -- a tough, but achievable goal! Again, thanks for your help in 93, take pride in your contribution to preserving our combat capability through a banner mishap prevention effort this past year--keep up the great work in 94!

*Colonel Bob Jones
Chief of Safety*



ABOUT THE COVER

The Air Force Rescue Coordination Center's primary mission is to bring downed aircrew members to safety, preventing loss of life, denying the enemy a valuable source of intelligence and propaganda and recovering a valuable combat resource. "These things we do that others may live." In a typical year, the men and women of AFRCC save nearly 400 lives -- over "a save a day."

DISCIPLINED DISCIPLINED DISCIPLINED FLYING

Major Ed Brownstein
HQ ACC/SEF
Langley AFB VA

As I approach the end of my tour as a Safety Project Officer here at ACC Headquarters, I recently reflected over the accidents of the last few years. Despite the fact that our mishap rates have been at all-time lows, it is upsetting to see how long a 3-year list of accidents is. What is even more upsetting is to see how many of those accidents and lost lives were command-controlled mishaps, in other words, someone wearing an ACC patch could have prevented the mishap. The most surprising statistic of all, however, is to see the number of mishaps resulting from a lack of discipline.

There is no sure cure for eliminating all mishaps. Believe me, we have looked and will continue to do so. However, professional aviators are safe aviators. A professional aviator is one who knows his jet and his own capabilities. He knows and follows the regulations. In a word, he is disciplined.

Discipline problems manifest themselves in many different ways. It may be something as obvious as a willful disregard of the regulations, or it may be a less obvious lack of knowledge of one's aircraft. I've seen

several instances of both of these over the last few years. A lack of discipline may also appear as a disregard for checklist procedures or failure to perform your duties as a formation member. Think of your squadron's best pilot. I guarantee you that he is also considered professional and disciplined. The squadron's "hot-dog" usually thinks he is the best and tries to prove it by stretching the rules; but it is always the disciplined, professional pilot that comes out on top.

It is sad to see that we must keep relearning the same painful lessons over and over. I often see a mishap resulting from a less than brilliant decision and say "there's a new one for the books," but someone is usually quick to point out a similar mishap from the past. Many of these could have been avoided if the mishap pilots had taken a more disciplined approach to flying.

The day I arrived at my first operational duty station as a second lieutenant the unit had experienced a fatal flight mishap. Another lieutenant from the RTU class just ahead of mine had decided to perform an unauthorized aerial demonstration over his parent's house.

A professional aviator is one who knows his jet and his own capabilities. He knows and follows the regulations. In a word, he is disciplined.

The lieutenant flew his aircraft into the ground while his horrified parents watched from their backyard. I remember saying to myself "What a senseless loss. We will never see something like that again." Unfortunately, the same exact scenario was repeated recently, with the same exact results.

A T-37 Companion Trainer Program crew was flying an off-station navigation mission. One of the pilots arranged with his parents to perform a low altitude airshow for them in his hometown. The crew maneuvered the aircraft beyond the capabilities of themselves and the aircraft. As in the earlier mishap, the crew flew into the ground in full view of the parents. This was a premeditated act in direct violation of flying regulations. This goes against all the definitions of a professional aviator.

A disciplined pilot knows his aircraft inside and out. He or she will engage in a continuous program of study to remain current in his or her system. With the complexity of today's aircraft, it is not enough to have learned it once in the schoolhouse. Keeping current requires you to go back and reread the Dash One and flying regulations every so often.

Another recent mishap occurred because the mishap pilot did not fully understand how the fuel system in his aircraft worked. The mishap aircraft was returning to base after air refueling. The mishap pilot received the bingo fuel warning but did not check the actual fuel distribution. Had the mishap pilot checked his fuel, he would have noticed a 2,000 pound difference between his bingo fuel and what the totalizers read. This was his first warning of trapped fuel. Later, the mishap pilot mistakenly assumed the fuel quantity selector switch was in the external wings position when it was actually in the internal wings position and called tanks dry. The mishap pilot failed to analyze the trapped fuel until very close to landing and then failed to perform the checklist procedures. The mishap aircraft flamed out due to fuel starvation while in the final turn for landing. The mishap pilot ejected



successfully, but we lost a multi-million dollar combat asset. Had this pilot had the discipline to know how his fuel system worked and the discipline to use the checklist when he knew he had a problem, we would have one more aircraft in our inventory.

Discipline is a cure for many of the ills that plague flying operations. A disciplined crewmember knows his limitations and is not afraid to back off when he approaches those limits. A disciplined crewmember keeps physically fit in order to perform his job more safely. He performs thorough preflights and follows the regulations. A disciplined aviator is a safe aviator.

The public has entrusted us with very complex and very expensive assets. They rightfully expect that we use those assets in a disciplined manner. As professional aviators, it is mandatory that we have the discipline to know our equipment, follow all the rules and regulations associated with our jobs, and strive to be the best we can be. ■

ATTENTION TO DETAIL

THE LITTLE THINGS!

Capt Brad Dodd
461 FS/SE
Luke AFB AZ



Whether flying a 480 knot low level, repairing a broken aircraft, or signing off a red X, attention to detail applies to everyone and can affect anyone. While the price to pay for making mistakes in the above situations may differ, there is an important similarity. The similarity is this: with increased emphasis on attention to detail, paying the price is avoidable.

Most of us have heard the phrase "attention to detail" many more times than we wish to remember. What does it really mean? My definition of attention to detail is: knowledge, preparation, and full concentration on the job/task you are performing, at the time you are performing it. This is true whether performing the simplest of tasks or planning a complex night bombing mission over Baghdad. All the items in the definition are essential elements of attention to detail. You can concentrate as hard as you want; but if you do not have a clue what you're doing or have not prepared, it's worthless and high risk.

The lack of attention to detail when flying or fixing aircraft can have obviously tragic results. With the downsizing of the combat air forces in both equipment and manpower, the cost of a single mistake is magnified. With fewer people and airplanes doing the same job, we can't afford to lose a \$40 million dollar

airplane or a human life because of lack of attention to detail.

Attention to detail applies in all phases of flight. With the increased use of computers in our mission planning, attention to detail plays an important role in the monitoring of data transfer.

Since computers now “figure out” many of the parameters we once solved manually, we must pay close attention to the data we input. The adage “garbage in - garbage out” applies here. Inputting the wrong ordnance or faulty target coordinates can result in a target being missed or, worse yet, dropping below the frag. Another example where attention to detail is important in today’s modern fighter is in the lack of trend information. With aircraft parameters now displayed primarily in a digital format, more care must be taken in reading the parameters correctly. Whether it be energy management during an air-to-air fight, going down the chute, or flying an ILS, careful cross check of instruments is essential.

Attention to detail is just as important on the maintenance side of the house. More complex aircraft mean more complex technical orders. More care must be taken when performing maintenance on a jet. Strict adherence to checklists and technical data applies whether performing major inspections or just performing routine tasks. It is during routine tasks, those that you’ve done a hundred times, that lack of attention to detail will most likely bite you. Unfortunately, familiarity also tends to breed some complacency. For example, servicing a hydraulic or oil system is an easy task; but unless you are concentrating on what you’re doing, it is also easy to over or under service. This can result in anything from a loss of brakes to blown seals on a JFS.

These are just a few examples where attention to detail is important. By increasing our awareness and continually emphasizing attention to detail, each of us will fly smarter and with more reliable jets. **REMEMBER - STAY FOCUSED, BECAUSE IT’S THE LITTLE THINGS THAT CAN BITE YOU!**



THE "WE CARE"



Mr Mike Mehalke
HQ ACC/SEG
Langley AFB VA

The "We Care" program was born out of desperation in 1987 to reverse a disastrous trend in off-duty fatalities. The initiative's original focus was to combat the rising number of off-duty 2- and 4-wheel vehicle fatalities.

During mishap investigations, one fact continually surfaced. Many of the people involved in mishaps appeared to be experiencing personal problems, such as financial, family, on-the-job stress, etc., that either caused them to become preoccupied and lose their focus or contributed to increased alcohol consumption. There were indicators such as family incidents, tardiness, poor dress habits and irritability -- adverse actions that supervisors knew about but just did not link together as a potentially serious problem for the individual. To highlight these indicators and emphasize the need for before-the-fact mishap prevention, the initiative targeted the common mishap causes: alcohol, speed, fatigue, and failure to use personal protective equipment. It then focused on the airmen and young noncommissioned officers who were in-

volved in the majority of the mishaps.

The "We Care" initiative was designed and developed as a command program to provide commanders at all levels with a tool to prevent mishaps and adjust attitudes. The original initiative, although narrowly focused, was so successful that it was expanded to include the on-duty work environment and serve as an umbrella for a variety of other programs and mishap prevention efforts.

"We Care" in its present form is a valuable tool commanders can use to change the attitudes of people who exhibit a propensity to deviate from what is considered normal behavior. For example, a history of traffic violations, drug/alcohol abuse, repeated poor work performance, an adverse change in attitude, etc. The emphasis is on positive rather than negative actions to let people know that at all management levels "we care" about their well being.

Remember, although the initiative is designed as a commander's program, each and everyone of us has a stake in it and its success or failure.

"We Care" success begins at the top. Com-

manders must be personally involved to demonstrate that "We Care" starts with them and permeates the entire organization. Every commander can use the program as a tool to detect and prevent future mishaps through education and counseling. The program should encompass both on- and off-duty activities and attempt to identify individuals whose behavior, personal history, attitude, and mishap experience indicate an inability to function safely. The emphasis should be on "before-the-fact" mishap prevention; that is, to find the people who are most at risk and take action to prevent a serious mishap. Although not all inclusive, assignment to this program might be warranted when an individual:

1. Has demonstrated wanton disregard for safe working or driving practices.
2. Has been identified as experiencing mental or emotional stress leading to preoccupation, unreliability, or unsafe acts.
3. Has consistent difficulties with financial management.
4. Has been involved in an alcohol/drug related driving mishap or incident.
5. Has base driving privileges suspended/restricted due to traffic points accumulated.
6. Has had 6 or more traffic points assessed within a 6-month period.
7. Is deemed to be at fault in

First Sergeants and supervisors play key roles in the "We Care" program. As an intermediate level supervisor, they may receive the first indication that an individual needs the "We Care" program. They need to be particularly aware of adverse trends and repeat offenses for people in their organization.

2 mishaps or involved in 3 or more mishaps in a 12-month period.

8. Continually fails to use mechanical safety devices and/or wear personal protective equipment.

9. Is currently enrolled in the drug and alcohol abuse rehabilitation program.

10. Has an active Unfavorable Information File (UIF) or has been placed on a control roster.

11. Is pending separation for cause, either by court-martial or administrative proceedings, when the cause is related to vehicle operation or indicates a predisposition towards unsafe behavior.

Flexibility is the key. Commanders should tailor the "We Care" program to their particular leadership style in consonance with their unit's mission and needs.

First Sergeants and supervisors play key roles in the "We Care" program. As an intermediate level supervisor, they may receive the first indication that an individual needs the "We Care" program. They need to be particularly aware of adverse trends and repeat offenses for people in their organization.

Once a person is entered into the "We Care" program, the First Sergeant/supervisor should make a special effort, through counseling sessions, to improve the individual's safety concepts, knowledge, and behavior, thus helping to

Figure 1

OFF-DUTY FATALITIES



develop a more responsible attitude and mature judgment in conforming with safe practices both on and off duty. They should also advise the unit commander any time the individual's attitude, driving performance, or response indicates that stronger action is necessary to gain the desired results or when it appears that further efforts at modifying the person's behavior are useless. Finally, the First Sergeant/supervisor should ensure that individuals are scheduled to receive any professional assistance needed (e.g., chaplain, financial counselor, social actions, etc.).

Immediate supervisors must be vigilant and identify individuals who should be considered for inclusion in the "We Care" initiative. The Individual High Mishap Potential Analysis worksheet (Page 11) is one tool supervisors can use to quantify mishap potential and identify people as possible candidates for "We Care." A recommendation to include an individual in the program should occur only after counseling attempts by the supervisor do not appear to bring about the desired change in attitude and behavior.

"We Care" is an omnibus initiative that can include any or all mishap prevention efforts or programs a commander wishes to incorporate. Some of the more notable programs that fall under "We Care" are: "101 Critical Days of Summer," Designated Driver Program, and High

Profile Driver Identification Program. In addition, special emphasis briefings, literature, and initiatives for high-risk periods (such as 3-day holiday periods, down days, or special seasonal campaigns) and other DOD, Air Force, or Presidential campaigns that promote seat belt use, drunk driving countermeasures, etc., can be covered by the "We Care" umbrella.

Chapter 11 of ACCP 127-1, Safety Management Guidelines, provides command guidance on the "We Care" initiative and some of the included programs. The key to success is education and publicity. Every unit should ensure that all personnel are aware of the program and its intent. Communicate!

The "We Care" initiative works! Its impact has been dramatic as reflected in a 63 percent reduction in off-duty fatalities since the program was initiated (Figure 1). The program will continue working for us as long as we work to improve the program. "We Care" must maintain its "positive" nature and not be used as or construed to be a disciplinary type program. Commanders must be personally involved in order to prove that "We Care" starts at the top and is important to the organization. We will improve the quality of our units and our command only if we show people we are truly concerned about their well being. "We Care" makes it better! ■

INDIVIDUAL HIGH MISHAP POTENTIAL ANALYSIS

Supervisors can use this worksheet to calculate points in several categories. Nine or more points accumulated in the previous 12 months indicate that the individual has a higher-than-average mishap potential. Remember, this only means the person is more likely to have a mishap than others.

CATEGORY	POINTS	EXPLANATION
Age -- less than 26 years	2	Self-explanatory
Grade -- E-5 or below	2	Self-explanatory
Marital status -- single	1	Self-explanatory
Moving violations	Points as assessed on ticket	Self-explanatory
Nonmoving violations	1 point per incident	Self-explanatory
Financial irresponsibility	2 points per incident	Bounced checks. Does not meet obligations.
Duty performance	2 points per letter of reprimand 2 points for Article 15 1 point per letter of counseling	Poor performance, late for work, unable to work, missed appointments, low EPR/OES.
Alcohol/drug abuse	4 points per incident	Self-explanatory
Personal problems	2 points per incident	Marital problems, emotional stress, child neglect/abuse or spouse abuse charges.
TOTAL POINTS	<hr style="width: 20%; margin: auto;"/>	
<i>Narrative</i>	<i>Supervisors may add anything they feel applies to the individual's analysis that is not covered in other categories</i>	

TRADITIONAL DANGER

Lt Houston B. Smith, USN
NATO AWACS
APO AE 09014

As an aviator, nobody has to sell me on the importance of safety procedures and practices on the flight deck of an aircraft carrier or in the air. Proper preparation, thorough briefings, good preflights and even the right frame of mind, all contribute to a safe and effective mission. I recognize these as essential items in keeping my squadron's safety record (and my body) intact. But, I put all of these considerations on the shelf recently when I shifted my attention toward preparing for a squadron change of command ceremony. Just how dangerous, one might ask, could preparation for such a benign event be?

A change of command ceremony, like many other special events in the U.S. Navy, is steeped in tradition and show. This one would be no different. Flags from sister squadrons and all 50 states surrounded a bunting covered dais and seating for 400 guests (the cushy leather chairs were up at the front). Navy signal flags and more red, white, and blue bunting were being hung from the hangar ceiling and the overlooking mezzanine. A freshly painted and spit-shined E-2C Hawkeye (which, incidently, would require a post-maintenance check flight immediately after the ceremony) had been towed into position behind the guest seating.

Most of the stage had been set, the shift workers had been relieved and only the final touches remained for the big event the next day. There I was, Lt Dopey, standing between LCDR Sleepy (it had been a long day) and Senior Chief Salty. One last minute detail remained -- to position the hangar doors for just the right combination of morning light and shade. It was summer in Southern California -- no problem to position the doors and leave them open overnight.

As we were deciding which of us would reposition

the big doors (none of us had ever done it before), I was thinking about how we would explain the damage we caused if, because of our ignorance, the zillion ton doors derailed and fell on our polished airplane inside the hangar. "Skipper, 602 probably won't be ready for that check flight tomorrow... or the next day... well, sir, ummm... the cockpit is only about 30 inches tall now..." I shuddered. Not even "Shorty" Ketchum could fly this bird....

Just then a petty officer (that's what the Navy calls an NCO) with experience in the field happened by and spared us from ourselves, gliding the doors into perfect position.

Fortunately, this story has a happy ending. The hangar bay doors did not fall on aircraft 602. It was ready for the check flight on time, and the change of command ceremony turned out fine. The incident reminded me though that dangers lie in unexpected places. Carrying heavy ceremonial gear improperly can injure backs. Untrained hands fiddling with sound amplifying equipment can be truly shocking. Backing large trucks of equipment without enough "wing walkers," hanging banners on rafters or mezzanines, and the old "hurry up with this stuff so we can go home" attitude can set up even the safest crew for a mishap.

The old Boy Scout motto, "Be Prepared," and someone else's version, "Expect the unexpected," seem like appropriate morals to this story. Or maybe, "Expect the unexpected when you least expect it"? Of course, the primary point could be, "Complacency kills -- and if you let it, it will." But, something my mother used to say years ago probably says it best: "Sure, it's fun -- 'til somebody gets their eye poked out." ■

Flight Safety Award of the Quarter



Capt Darryl S. Taylor suspected a flaw in the way we were calculating our daily Takeoff and Landing Data (TOLD) in C-130s. Capt Taylor enlisted the help of MSgt Mark A. Meginnes to investigate his suspicion. Current guidance for the C-130 community on calculating Minimum Field Length for Normal Takeoff (MFL Normal) is to use the C-130-1-1 charts for MFL Normal and to disregard Critical Field Length. Capt Taylor and Sergeant Meginnes felt uneasy with this guidance because the charts for MFL Normal don't guarantee being able to accelerate to takeoff speed in the remaining runway after the loss of an engine. They set aside several days to analyze this data. Capt Taylor and Sergeant Meginnes made multiple calculations and plotted graphs for various operating conditions. They found certain conditions, under which C-130s operate frequently, that if an engine was lost after "GO" speed during takeoff roll, a safe takeoff could not be accomplished within the runway remaining. With this information, Capt Taylor and MSgt Meginnes scheduled themselves for a two-

hour simulator to try to validate their ideas. They found their concerns about the calculation of MFL Normal to be correct. The current method of finding MFL Normal was in some cases found to be flawed. With this information in mind, they made sure all USAF C-130 operators were notified of the problem. Armed with this information, 23 WG Stan/Eval issued an FCIF to require crews to calculate MFL Normal and Critical Field Length and use the higher of the

two numbers. This information was checked, validated, and a message released with the same requirements for TOLD calculations. Capt Taylor and MSgt Meginnes' superior knowledge and professional attitudes in pursuing this matter have greatly increased the wing's ability to safely accomplish the mission in the C-130 and will play a vital role in mishap prevention.



*Capt Darryl S. Taylor, MSgt Mark A. Meginnes
2 ALS, 23 WG
Pope AFB NC*



Ground Safety Award of the Quarter

On 15 Apr 93, the 505th Test Support Squadron was newly designated. On 21 Apr 93, Technical Sergeant Michael P. Reynolds volunteered to be our unit's primary ground safety NCO, knowing he would have to build a complete program from the ground up. The United States Air Force Air Warfare Center's ground safety office would be expecting him to correct deficiencies that were found during the Annual Ground Safety Program Management Evaluation performed on 22 Mar 93. By 4 May 93, TSgt Reynolds had taken swift and aggressive action to clear all discrepancies and also incorporated the recommendations made on the report. We now have a first-class unit safety book, a safety awards program, all applicable safety regulations, etc. He personally wrote his commander's policy letters on safety and mishap notification procedures. He's a regular briefer at commander's calls. He

trained supervisors on how to conduct and document specialized job safety training for their employees. As part of his "safe driver program," he created small cards with the telephone numbers of lo-



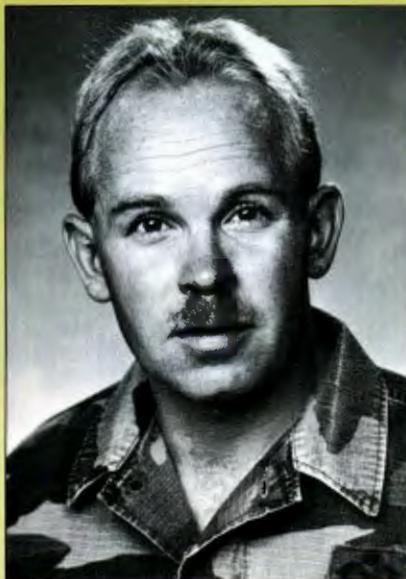
***TSgt Michael P. Reynolds
505 TSS
Eglin AFB FL***

cal cab companies, as well as spaces for unit members to insert telephone numbers of their supervisor, first sergeant, and commander, in case they find themselves unable to drive and need to call someone. TSgt Reynolds brought the personal safety hazard condition of chain link fences on the base softball fields that he learned had caused lacerations to the arms of several players to the attention of Base Safety and Civil Engineering. This hazard is now being eliminated by placing protective fire hose PVC pipe over the top of the fences. The biggest testimony to TSgt Reynolds efforts to raise the safety consciousness of unit personnel is that the Easter, Memorial Day, and Fourth of July holidays have passed without any reportable safety mishaps involving his unit's personnel. In Sergeant Reynolds' case, talk has not only been cheap, it has been extremely effective.

Weapons Safety Award of the Quarter

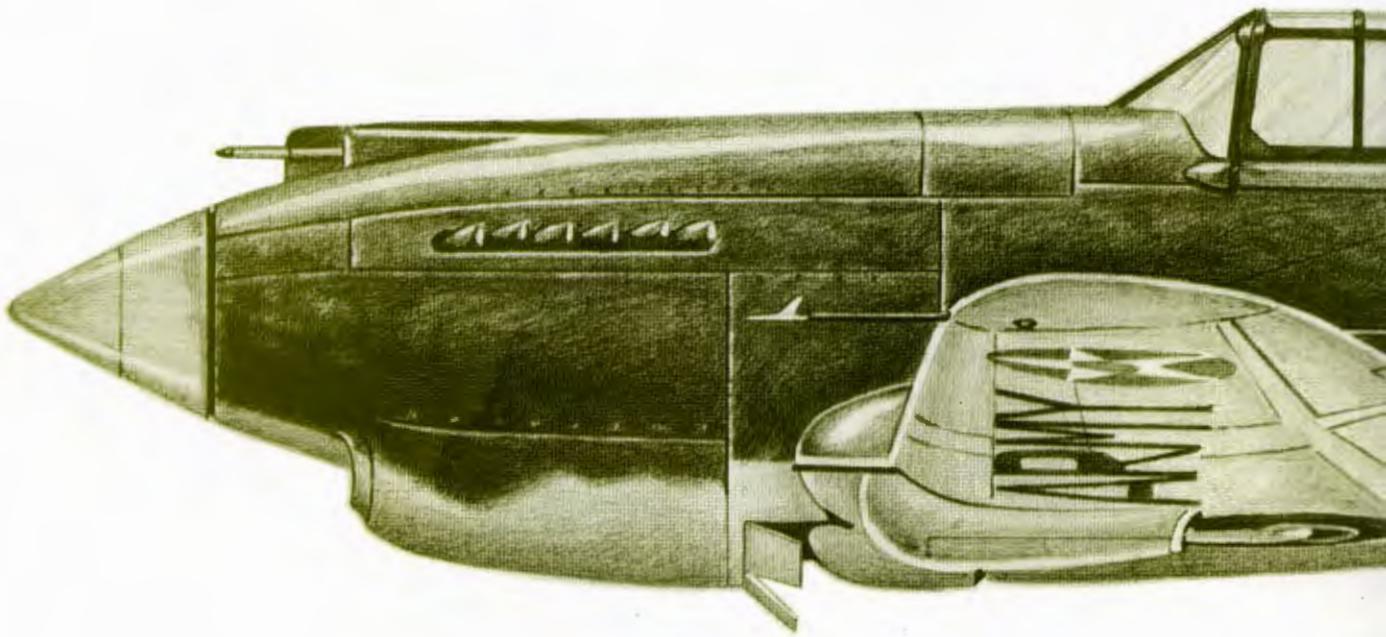


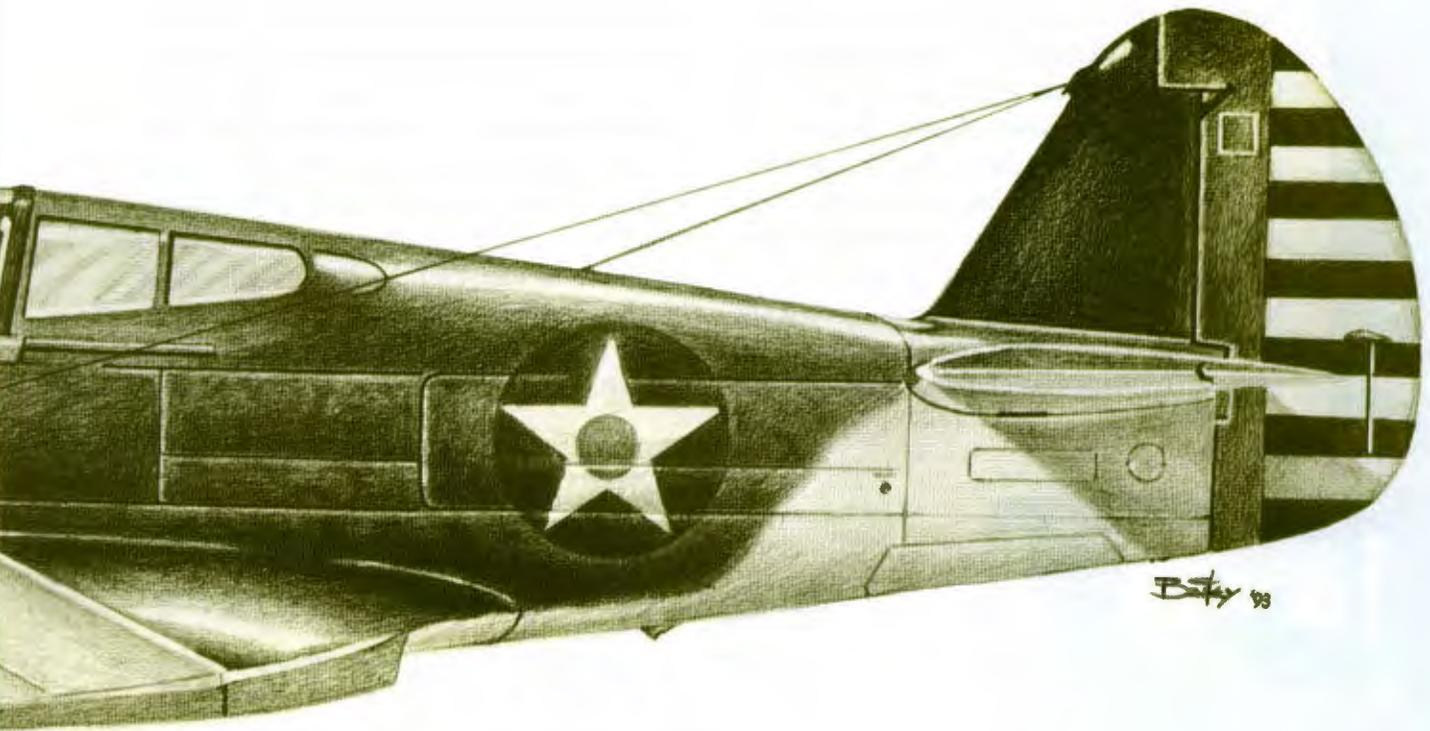
MSgt Robert D. Charon, Jr., has been a key player in all weapons safety programs for the 388 FW. He was scheduled for a classified deployment, but was unable to participate in the site survey. However, he was able to obtain maps and from those detailed an effective plan to park aircraft, store munitions, and design a bomb build-up location. These efforts resulted in an uneventful deployment. His monthly "Weapons Words" provides valuable information and feedback to all 388 FW personnel. He is involved in managing several office programs including the Technical Order Account and the 388 FW Safety Awards Program. On his own initiative, he designed and implemented a storage location for ground burst simulators and smoke grenades. He requisitioned a locker and wrote an operating instruction, thereby improving the 388 FW way of handling this explosive operation.



***MSgt Robert D. Charon, Jr.
388 FW
Hill AFB UT***

Sgt Charon identified and worked side-by-side with other staff agencies to correct an improperly sited operating location. His attention to detail and keen sense of explosive safety standards ensured his fighter wing understood the impact which this error could cause in meeting their mission. On another occasion he corrected several explosive safety hazards due to the lack of communication between flying units. A reserve unit on Temporary Duty to Hill AFB was flying live MK 82 general purpose bombs. The unit placed an unauthorized mobile home trailer on the hot pad. Sgt Charon had the trailer removed and briefed the deployed commander on unique Hill AFB requirements and general safety standards. His aggressive actions towards weapons safety issues ensured all hazards were corrected and maintained personal safety for all.







PILOT SAFETY AWARD OF DISTINCTION

Capt Richard G. Williams, Jr., 157 FS, 169 FG, McEntire ANGB SC

Capt Williams, F-16A aircraft commander, was flying a low-level training route at 500 feet and 480 knots when his aircraft was struck by a 4.5 pound Turkey Vulture. On impact, the bird destroyed the entire front half of the canopy extending forward from behind Capt Williams' head, leaving him completely exposed to severe wind blasts. Without regard for his own personal safety, Capt Williams elected to remain with his crippled aircraft. Maneuvering away from the ground and simultaneously slowing his airspeed, he was able to regain his orientation by looking around the glare shield out the side of the aircraft. With unprecedented airmanship and

determination, Capt Williams, unable to read his instruments due to the severe vibrations, joined on his wingman while holding his helmet on his head with one hand. His wingman coordinated with Cherry Point for an emergency straight-in approach to runway 05. Relying on his wingman's aircraft for attitude reference, Capt Williams flew a formation straight-in until about 50 feet in the air when he picked up the runway environment out the side of his aircraft and was able to land. Rollout was uneventful. This single act of bravery and outstanding airmanship resulted in the preservation of a multi-million dollar aircraft.



FLIGHTLINE SAFETY AWARD OF DISTINCTION

*TSgt Calvin W. Blackwell, TSgt David L. Haldeman
69 FS, 347 FW, Moody AFB GA*

Technical Sergeants Haldeman and Blackwell were driving on a road paralleling the active taxiway at a deployed location when they spotted the left main tire smoking on an F-16 taxiing from the dearm area to parking. The tire subsequently failed and the wheel assembly burst into flames. Sergeant Haldeman drove ahead and signaled the aircraft to stop while Sergeant Blackwell searched for a fire extinguisher. Disregarding their own personal safety and the potential danger from the flaming wheel assembly, Sergeant Blackwell arrived with a fire extinguisher and suppressed the flames as Sergeant Haldeman coordinated the arrival of

the fire department. The fire was rapidly spreading, fueled by hydraulic fluid from the brake assembly, but Sergeant Blackwell was able to contain the flames until the fire department arrived on scene. During the course of battling the blaze, Sergeant Blackwell sustained a minor injury to his hand, but was able to keep fighting the fire. The fire department was quick to respond and expeditiously assumed control of the situation. The quick and decisive actions of these two individuals, without regard to personal injury, minimized the damage to the F-16 and prevented the fire from consuming a valuable combat asset with potential loss of life.

AIRCREW SAFETY AWARD OF DISTINCTION

*Capt Kevin C. Coleman, 1Lt Christopher R. Sosinski
336 FS, 4 WG, Seymour Johnson AFB NC*



Captain Kevin Coleman and First Lieutenant Christopher Sosinski were flying an F-15E Strike Eagle in an Operation Southern Watch night coalition strike exercise deep into Iraq. The mission was picture perfect until they heard a loud explosion aft of the cockpit. The entire aircraft shook and the cockpit suddenly filled with blinding toxic smoke and fumes. Over hostile territory, they had experienced catastrophic failure of the environmental cooling system (ECS) turbine. Captain Coleman quickly turned towards home as Lieutenant Sosinski ran through the emergency procedures checklist. Due to the loss of cooling ECS airflow to the glass/electronic cockpit, the avionics shut down for protection and the emergency cooling system also failed. Now

in a dark cockpit over enemy territory with home plate approximately 550 NM away, they braved the extreme cockpit temperatures created by the failed turbine located just aft of the WSO's seat. With the help of another F-15E and an E-3A AWACS, the crew accomplished a visual only rejoin onto a KC-135 tanker that was vectored towards them. They took on enough fuel to make it home as they crossed into friendly territory. The temperature inside the cockpit continued to rise. They elected not to jettison the canopy because of possible injury to the WSO. Captain Coleman and Lieutenant Sosinski accomplished a flawless landing using their standby (emergency only) instruments.

CREW CHIEF EXCELLENCE AWARD

SSgt John Smith, 917 FW, Barksdale AFB LA



Staff Sergeant John Smith was the assigned crew chief on an A-10 taking part in Close Air Support training at a deployed location. During the recovery from a mission, the aircraft experienced a post shutdown tailpipe fire. The aircraft had exhibited normal indications during engine shutdown. After the pilot left the cockpit, Sergeant Smith discovered a fire in the tailpipe section of the left engine. He took immediate control of the situation. Ser-

geant Smith placed an assistant crew chief in position with a fire bottle and ordered the fuel truck out of the way. He then went to the cockpit, started the APU and motored the engine until the fire was extinguished. Sergeant Smith's quick thinking and decisive actions prevented possible damage to an Air Force asset and injury to Air Force personnel.



GROUND SAFETY INDIVIDUAL AWARD OF DISTINCTION

SSgt Benjamin C. Logue, Jr., 388 MS, 388 FW, Hill AFB UT

Staff Sergeant Logue greatly enhanced the safety environment of the 4th Combat Munitions Unit (CMU) by obtaining much needed personal respirators for the CMU. Working closely with the base bioenvironmental engineering section, he assisted in establishing new safety requirements. He scheduled all CMU personnel who required personal protective equipment (PPE) with the bioenvironmental section for respi-

rator testing and fitting. Sergeant Logue then researched each individual's requirement for valid National Stock Numbers to ensure proper PPE was required. He then contacted the Squadron Resource Advisor to ensure funding was available and worked the individual equipment issue paperwork, expediting the entire process so individuals could receive their respirators as soon as possible.



UNIT SAFETY AWARD OF DISTINCTION

46th Fighter Training Squadron, 917 FW, Barksdale AFB LA

The 46th Fighter Training Squadron has distinguished itself by operating for ten years as a Replacement Training Unit (RTU) without a Class A or B mishap. The 46th Fighter Training Squadron was activated at Barksdale Air Force Base on 30 September 1983 as the Reserve and Guard A-10 RTU. This squadron conducts training in the A-10 for initial transition and upgrade conversion training. The squadron also provides Mission Ready (MR) and RTU IP Upgrade Training and a Forward Air Controller Checkout Program.

The 46 FTS has trained 509 pilots in the A-10 weapon system since its inception without a major flight mishap. This unblemished Class A and B record is directly attributable to the professionalism and dedication of the Instructor Pilot cadre, the squadron's strong safety program, and the zealous support of the squadron and wing leadership. This outstanding record reflects credit on the unit pilots, the Air Force Reserves, and the United States Air Force.

WEAPONS SAFETY AWARD OF DISTINCTION

*MSgt Janet A. Wyatt, SSgt Jeffery L. Bryant, SrA Shane D. Humes, SrA Martin E. Hall, Amn Jason E. Meyer, Amn Jermaine J. Peoples
2 MS, 2 WG, Barksdale AFB LA*



SSgt Bryant and his crew had been selected to assist Boeing Company and depot engineers, validating new Conventional Air Launched Cruise Missile (CALCM) refueling tech data. After closing the missile drain valve approximately one-half turn, the mechanism malfunctioned and fuel immediately began to leak from the missile. Several unsuccessful attempts were made to stop the flow of fuel, at which time the team chief initiated emergency fuel leak procedures while the team rushed to contain the spill. After quick assessment of the situation, steps were initiated to catch the flowing fuel in a receiving vessel, ventilate the area, contain the spilt fuel with temporary dikes, and shut down all potentially hazardous equipment. While the immediate danger had lessened, the team was still

faced with a leaking missile with no way to close the bad valve. Sergeant Bryant recognized that relieving gravity pressure on the valve was the only way to stop the flow in time to prevent a major fuel spill. To accomplish this, the team decided to install roll-over collars on the missile, lower it to the floor and invert the airframe, a unique and clever solution to an unusual situation. With the missile inverted, the team performed an emergency defuel by using nitrogen to push fuel forward out of tank #4 and away from the valve. The defuel procedure was uneventful and the team successfully recovered the missile fuel load with only minor loss. Sergeant Bryant's quick decisions and his crew's outstanding reactions kept this incident from becoming a possible major mishap.

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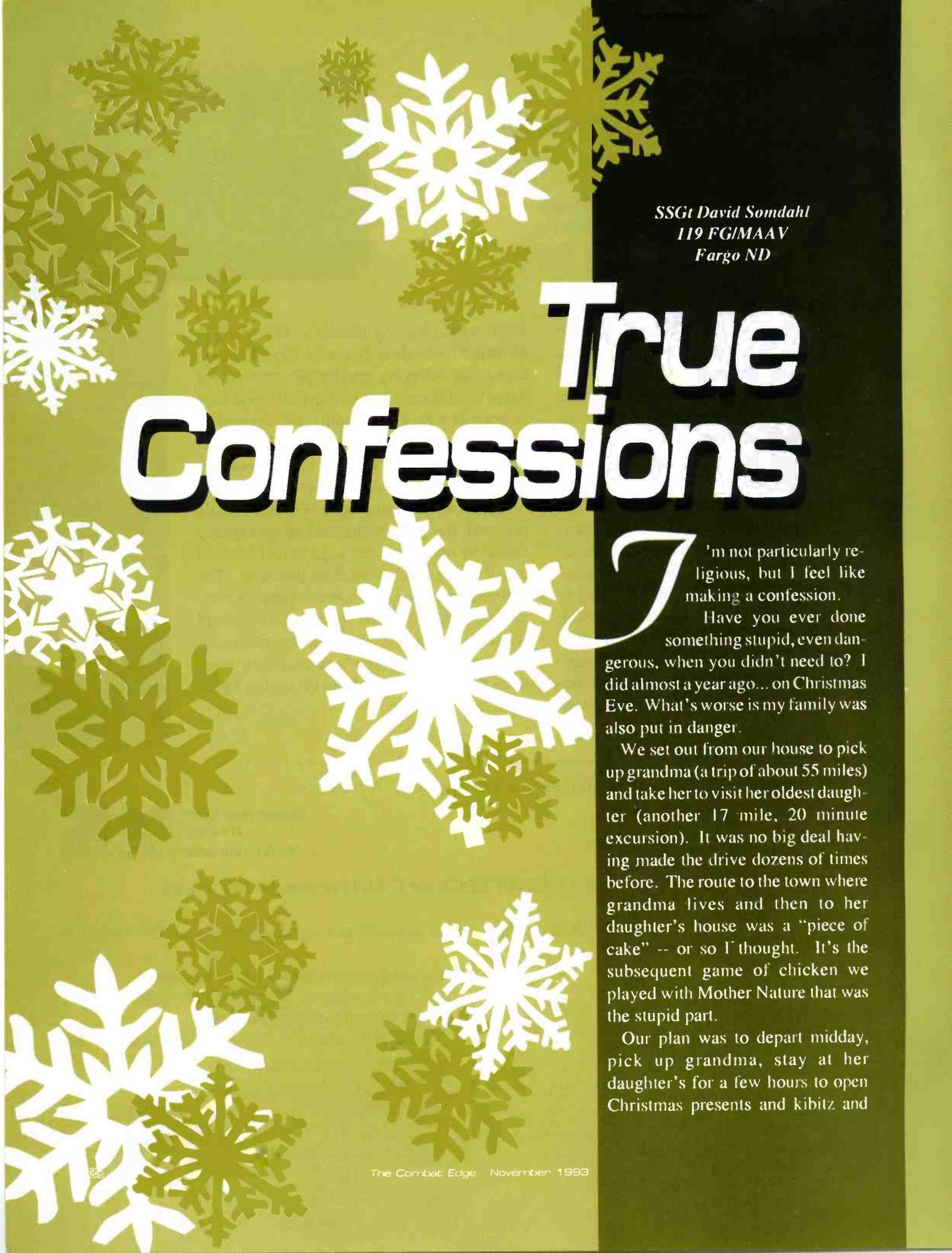
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*SSGt David Somdahl
119 FG/MAAV
Fargo ND*

True Confessions

I'm not particularly religious, but I feel like making a confession.

Have you ever done something stupid, even dangerous, when you didn't need to? I did almost a year ago... on Christmas Eve. What's worse is my family was also put in danger.

We set out from our house to pick up grandma (a trip of about 55 miles) and take her to visit her oldest daughter (another 17 mile, 20 minute excursion). It was no big deal having made the drive dozens of times before. The route to the town where grandma lives and then to her daughter's house was a "piece of cake" -- or so I thought. It's the subsequent game of chicken we played with Mother Nature that was the stupid part.

Our plan was to depart midday, pick up grandma, stay at her daughter's for a few hours to open Christmas presents and kibitz and

then return home while grandma stayed with her daughter for the holidays. The forecast from the National Weather Service predicted a cold front would cross the area about midnight, bringing light snowfall and strong winds. We planned to be home several hours prior.

The drive there was uneventful. The roads were clear and dry with seemingly unlimited visibility. Unfortunately, Mother Nature failed to consult the surface weather forecast and conditions changed earlier than predicted.

About 7:00 p.m. my wife noticed it had started snowing. We began the perfunctory "Norwegian goodbyes" (which can last up to an hour) and pulled out of the driveway about 7:30. It was snowing a little harder now, but everything fell straight down — no sign of the high winds. We decided to press on towards home.

We started the return leg with snowfall, no winds and normal nighttime vision, the area which is visible in the headlights. Within ten minutes we started experiencing significant blowing. A few minutes later our visibility was cut to about 150 feet. We cut our speed from 55 mph to about 20. By this time a winter storm warning had been issued and an advisory against any travel was announced. A few minutes later the full force of the storm hit, with sustained winds of 25-40 mph and gusts above 50! The temperature was now falling quickly, and the windchill factor began an exponential dive. What had been a vertical snowfall was now horizontal, creating ground blizzard conditions.

The dangerous part? Well, we were still crawling along this rural highway with 10, perhaps 20 feet of visibility out front. The safe thing would have been to find the next road leading to a farmstead, wait there and seek shelter indoors if possible. The driver, yours truly, decided to keep inching towards the next town with its handful of motels and connection to the Interstate highway.

We finally made it there, 75 minutes after leaving grandma and company. We checked into a motel

which had fewer than 15 confirmed reservations. Unlike the Biblical travelers of 2,000 years ago, there was plenty of room in this inn, although it subsequently filled within an hour. We had no spare clothes, no toothbrush, a meager amount of cash and one toy to entertain our 3-year-old-son.

How bad was that storm? There wasn't much snow, but high winds continued well into Christmas Day. I was surprised to discover a hardpacked drift Christmas morning that came to the lower edge of the rear window of our Dodge Caravan. That's about waist deep. There were other cars that backed into their parking spots. Those owners discovered they couldn't start their cars because of snow packed engine compartments. One car shot sparks over the engine block as the owner tried to start it.

I spent 2 hours Christmas morning digging out with a shovel. Just as I finished, a big John Deere front end loader showed up to clear a path out of the lot for us.

We did have some of the winter essentials in the car at the time: snowshovel, jumper cables, 2 wool blankets to keep us warm. There was no winter survival kit, no food, no container to use for melting snow into drinking water, no candles, no rope, etc.

The road we travelled is normally quite busy. But not that night. The crummy weather conditions and Christmas Eve festivities kept everyone home. On the other side of town, volunteers with snowmobiles were helping the local Sheriff's Department rescue motorists who were stranded. It could have been worse -- what if we had slipped off the road?

There's a moral here about being prepared and avoiding hazardous travel. This is my story. I hope you don't need to learn this lesson the hard way.

One more thing a woman at Canby, Minnesota, did one worse during this storm. She stalled her vehicle about 1 mile from home. Instead of waiting in her car, she tried to walk home. She never made it. Her frozen, lifeless body was found on Christmas Day between the car and the house. Should you make the mistake I did, don't commit the cardinal sin of abandoning your vehicle. Wait for help to find you. ■

*Captain Larry Kordosky
HQ AFCEA/DMPP
Tyndall AFB FL*

REVERTED RUBBER

HYDROPLANING

A recent aircraft hydroplaning incident has pointed out the need for an increased awareness of a phenomenon known as reverted rubber hydroplaning and the measures that can be taken to prevent its occurrence. The following information is provided in the interest of safe flying operations and for inclusion in education and training programs.

Reverted rubber hydroplaning was studied by NASA in the late 1960's. The term reverted rubber hydroplaning comes from the appearance of the tires after this type of skid occurs. Patches of rubber on the tires after a skid appear to have been heated to the melting point as if to "revert" to an uncured state. It takes a prolonged locked wheel skid for this to occur and, once started, results in a very low ground breaking friction level persisting down to below 20 knots ground speed. Research shows that water trapped between the locked tires and the wet pavement is under extremely high pressure. This pressure is great enough to heat the water to the melting point of the rubber in the contact patch. The soft, tacky patch of rubber produces a seal that further entraps steam and water enabling the tires to ride on a cushion of steam. This steam leaves the characteristic white marks common to reverted rubber hydroplaning in contrast to the black marks left after a dry skid. The trapped steam under the tires actually steam cleans the pavement.

There are a couple of simple methods to

decrease the probability of reverted rubber hydroplaning. The first is to remove the water from under the tire. This can be done by increasing runway slopes and improving pavement surface texture by grooving or installing a porous friction course. The ideal runway surface has a crown and a 1-1.5 percent slope away from the crown as recommended by AFM 88-6, Chapter 1, **General Provisions for Airfield Pavement Design**. Good tire tread is also important for removing water and relieving pressure from under the tires. The second way to prevent reverted rubber hydroplaning is to keep the tires rolling. There is little directional control with a locked wheel; and once reverted rubber hydroplaning starts, braking capability is also greatly reduced. Anti-lock braking systems, if available, are most effective in countering these problems. If anti-lock braking systems are not available, the brakes should be pumped in an effort to keep the tires rolling and limit the build-up of heat.

Headquarters Air Force Civil Engineering Support Agency maintains a team of engineers that specializes in evaluating pavement surfaces for their potential to contribute to a hydroplaning incident. Commonly called the Skid Team, they are well versed in the causes and prevention of hydroplaning and maintain contact with professional counterparts in other agencies. Please give us a call at DSN 523-6429 if you have concerns in this area or need technical advice. ■

ACColades

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	TOTAL			ACC			ANG			AFR		
	SEP	THRU SEP		SEP	THRU SEP		SEP	THRU SEP		SEP	THRU SEP	
		FY93	FY92		FY93	FY92		FY93	FY92		FY93	FY92
CLASS A MISHAPS	4	22	32	2	11	16	1	9	12	1	2	4
AIRCREW FATALITIES	0	7	16	0	6	6	0	1	7	0	0	3
* IN THE ENVELOPE EJECTIONS	5/0	22/0	17/1	3/0	10/0	8/0	1/0	10/0	7/1	1/0	2/0	2/0
* OUT OF ENVELOPE EJECTIONS	0	0	0/4	0	0	0/2	0	0	0/1	0	0	0/1

* (SUCCESSFUL/UNSUCCESSFUL)

CLASS A MISHAP COMPARISON RATE

(CUMULATIVE RATE BASED ON ACCIDENTS PER 100,000 HOURS FLYING)

	FY 92	3.4	1.9	2.0	2.5	2.0	2.0	2.0	2.3	2.5	2.4	2.6	2.5
ACC	FY 93	2.0	3.2	2.2	1.6	1.8	2.2	1.8	1.9	1.9	1.6	1.6	1.8
1 AF	FY 92	0	0	0	0	0	0	0	0	0	0	0	0
	FY 93	0	0	0	0	0	9.5	7.9	6.8	6.0	5.3	4.8	4.3
2 AF	FY 92	0	0	0	0	0	0	0	*	29.1	16.4	11.2	7.8
	FY 93	0	0	0	0	0	0	0	0	0	0	0	0
8 AF	FY 92	0	0	0	0	0	8.9	7.6	6.6	7.9	5.8	4.4	5.2
	FY 93	0	5.2	3.7	2.8	2.2	1.8	1.5	1.3	1.2	1.2	0.9	2.6
9 AF	FY 92	4.4	2.4	3.4	2.6	2.1	1.7	2.2	2.6	2.4	2.7	2.4	2.0
	FY 93	6.7	6.5	4.4	3.3	3.9	3.2	2.7	2.4	2.8	2.4	2.1	1.9
12 AF	FY 92	0	0	0	1.5	1.3	1.0	.9	.8	1.4	1.3	1.8	2.1
	FY 93	0	0	0	0	0	0	0	0	0	0	0	0
ANG	FY 92	0	6.7	6.3	8.8	7.1	6.6	5.6	5.5	4.9	4.9	4.9	4.9
	FY 93	0	2.2	2.9	2.1	3.5	2.9	3.1	2.7	3.4	3.0	3.2	3.3
AFR	FY 92	0	10.9	7.7	5.7	4.7	3.9	6.7	8.7	7.8	7.0	8.4	7.7
	FY 93	0	0	8.0	5.9	4.8	4.0	3.4	3.0	2.7	2.4	2.2	4.0
TOTAL	FY 92	2.3	3.7	3.5	4.3	3.5	3.3	3.3	3.6	3.5	3.4	3.6	3.4
	FY 93	1.3	2.7	2.7	2.1	2.5	2.5	2.3	2.2	2.4	2.1	2.1	2.4
MONTH	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	

* (HOURS NOT AVAILABLE)

Fleagle

IF THERE'S ANYTHING YOU NEED TO KNOW WHILE YOU IS HERE, PEDO, FEEL FREE TO COME TO ME.

OH.



I IS, WHAT YOU MIGHT SAY, TH'ONE WHAT IS LOOKED TOO FER GUIDANCE AN' SUCH.

I'LL KEEP THAT IN MIND, FLEAGLE.



HOW LONG HAVE YOU BEEN THE HOLDER OF THIS IMPORTANT POSITION?

OH HECK, MY SPECIAL TALENTS IS KNOWN BY ONE AN' ALL.



THERE'S FEW WHAT DON'T STAND IN AWE WHEN I APPEARS ON TH' SCENE OF THE FOOLISH AN' POINTS OUT TH' RIGHT WAY TO ACCOMPLISH TH'MOST.



TINY, IS IT TOO LATE TO GET A TRANSFER OUT OF HERE?

BEEN TALKIN' TO FLEAGLE?



DON'T WORRY. YOU'LL GET USED TO IT.



IT TOOK ME OVER A MONTH TO FIND OUT HE WAS A NUT.



Mr Mike Mehalco
HQ ACC/SEG
Langley AFB VA

THE COMBAT EDGE

Many of us are “do-it-yourself” type people around the home. Our efforts may involve everything from changing a washer in a faucet to the major remodeling of a room. No matter what we do, tools are common to just about all of our projects. We just couldn’t get anything done without the help of tools. For a tool to properly do its job, it must be kept in good condition. This may involve lubricating it, ensuring it’s clean, or for tools with a cutting edge -- sharpening. Keeping your tool sharp can apply to any number of implements: the common household knife, chain saw, chisel, axe, and for those who split wood for a fireplace, a wedge.

I recently had a tree removed and the stump ground down. However, there were some roots along the edge of my sidewalk and driveway that the stump remover couldn’t get to. I thought that by using a splitting wedge as a chisel, I could cut the roots out. Well, as any keen “do it yourselfer,” I wanted to make sure the wedge was sharp. First I ground the edge on a 6-inch grinder, and then I was going to hone it using a 2-sided stone. Thinking it would be safer and more secure, I placed the wedge firmly in my vise and began to hone/sharpen it. Except for one small oversight, I could have been a hero. The lower half of the wedge angles to the edge and I must have placed it in the vise on the angled part rather than the flat half. I was pushing downward, honing the edge, when the wedge slipped out of the vise. Luck was not with me. The heavier upper portion of the wedge should have

dropped straight down causing it to fall with the cutting edge up. However, the wedge rotated and fell blade end down. My second dumb move was wearing low-top sneakers. The wedge fell on top of my left foot just above the shoe top. End result was 4 days in the hospital, 1 week at home and 6 weeks before I could get a regular shoe on my foot.

As a good “Monday morning quarterback,” what could I have done to prevent this? First, any tool, such as a wedge, with an irregular shape must be gripped completely and firmly on the flat side. For many of us, working around the house is just taken too lightly. If this was my job, I would have been wearing shoes appropriate for the task. I could have worn my old military boots which would have prevented the injury, but I didn’t consider the task that dangerous. When you sit back and think about some of the other jobs we do around the house, there are some that are pretty dangerous, but we just don’t recognize the risk. Chain saws, power tools, and some non-powered tools, if not used properly, can and will hurt you. With cold weather coming, many of us will start stockpiling wood for the fireplace. You need to be careful, pay attention, and apply some judgment --something I didn’t do.

Yes, our tools work more efficiently when they are properly maintained. You, however, need to be as careful maintaining your tools as you are using them. Experience is a great teacher, but I would suggest that you not learn the hard and painful way. ■



SUICIDE & SAFETY

*Captain Thomas P. Azar
97 AMW/HC
Altus AFB OK*

The 40 days from Thanksgiving to New Year's tend to be one of the most stressful times of the year. For most people this season is a time to give thanks, share gifts, and make new and better commitments to family, friends, and self. However, for many others the traditional holiday season is a time of torturous pain, loneliness, and depression. Both planned and unplanned events can surround and overpower an individual deflating their holiday spirit. Combined, these events cause one to translate negative life experiences and events in a self-incriminating fashion, often to the point of hurting oneself. In my experience, the majority of individuals who commit suicide were depressed because of marital, legal, or substance abuse difficulties and were not involved in counseling.

With bases closing, wings realigning, squadrons merging, and the DOD budget decreasing,

many people on active duty are shocked to find their early career and family plans redirected, drastically altered, or even unattainable. Some long serving members or retirees have been told they have an incurable disease which could cause tremendous suffering and economic hardship. In these troubled times it often seems there is no end to the problems, troubles, and hardship and only one way out. Suicide has no boundaries; it picks all ranks. Women make more attempts at suicide than men, but it is the male population that is more successful.

The following case study will endeavor to give a close-up view of the causes, symptoms, and prevention of suicide, and to highlight a few major points so one can begin to recognize the early signs and possible indications of suicidal tendencies. The effects of a suicide range far beyond the obvious impact on the individual and their immediate family and friends. A

suicide carried to completion can drastically impact mission accomplishment, safety, unit performance, and morale.

Ken joined the Air Force right out of high school, went to tech school, and married Mary, his high school sweetheart. They had twins just after buying a mobile home and new car. Mary had to quit her job because of her pregnancy and was politely told that she might not get her job back for at least a year.

Ken had just finished a remote tour when he was shuttled off again as back fill during DESERT STORM. By the time the war was over and Ken came home, they had been married close to 48 months, 20 of which they were separated.

Mary was getting tired of taking care of the twins, the household, and everything else -- alone! She couldn't depend on Ken to help her or do things around the home even when he wasn't TDY. She felt he acted more like a single man than her husband (something Ken learned from his father). Ken loved the little twin girls; but he played with them only when he was feeling good. When he came home from work, he always felt exhausted and did his best to avoid helping out. Then, Ken volunteered for a 90-day TDY without discussing it with Mary. He said it would get them a little extra money and a medal to help with his next stripe. Mary said, "We don't need more money, but rather more time together." Ken spent the night before he left with his buddies at the club. In preparation for his deployment, he did little for his family. In the morning, Mary made sure she told him what a pathetic and selfish example of a husband and NCO he was.

After Ken left, Mary called her brother to pick her and the twins up. She had had enough! She wrote her "Dear Ken letter." When he received it, he felt angry, alone, and depressed. At about the same time, he received a call from his shop supervisor telling him that his career field was merging and that he would be without a job until he could cross train.

Recent changes in the military, drawdowns,

base closures, the poor economic health of the nation, plus being forced to cross train left Ken mad and hopeless. This was compounded by the large mobile home and car payments, plus the daily needs of the growing twins and upcoming legal fees.

When he returned to an empty trailer, he was forced to sell it at a loss and live in the dorms. The parties, loud noise, cramped space, and lack of private space, made him feel very abandoned, frustrated, sad, and a total failure. He called and begged Mary to come back, regardless of the compromises he would have to make. He was even willing to get out of the military and go for counseling. Mary refused to be "succored." When all attempts at reconciliation failed, Ken started drinking heavily.

Mary changed her phone to an unlisted number. She told Ken's parents that their relationship was over and she would prefer they not visit their grandchildren. When Ken heard this, he called her at her job and said, "If you cut the children out of my life, then I have no reason to live. My life is a failure. There are no jobs, love or friends. If I can't have the three of you, I don't want anything."

Ken saw his life goals and plans completely fall apart within a short period of time. Any open avenues turned out to be dead ends, and he had no one to talk to. Ken stopped going to the club, squadron intramurals, and even the gym. A few of his buddies knew about his marital separation and used it as an excuse to give Ken "some distance." No one took time to talk to him about these deeper issues. He started selling his tools and guns at give-away prices and even parted with his prized fishing and model airplane equipment. He started to clean house.

Two days later Mary received his wedding ring, pictures, and \$186 in a box. Inside was a note telling her that he was "going home." She called his room, but there was no answer. She called his job, but they said he was 3 hours late for work. She called the First Sergeant and local police. They were all too late. Ken put the barrel of his rifle into his mouth and splattered

his brains out in his car.

The military lifestyle requires both active duty members and their spouses to make tremendous sacrifices on a daily basis. Sometimes members are ill-prepared for separation, hardship, or changes. Individuals can be surrounded by many people, but still be very lonely and depressed! The military, as a microcosm of our society, has a much lower suicide rate proportionate to the nation. However, we must never shrink from taking care of our own.

What causes depression and suicide, and why do others not pick up on the danger signs?

Ken and Mary were caught in a downward spiral. They were unable to communicate with each other about their marital strife. They had no friends to share their concerns with, and their depression made them resistant to professional help. The unconscious cause stemmed from an event Ken buried deep in his mind -- a car accident that killed his favorite uncle while he was at his home for the holidays many years ago. Ken chose to make this painful event unremembered by hiding it deep in his unconscious. The result was it continued to discolor the holidays without Ken even realizing it. He was controlled by this hurting event from the past.

The immediate causes were Ken's expectations for himself in marriage and at work. As already mentioned, the greatest reason for suicide stems from marital discord. Ken felt more than unfulfilled; he felt totally worthless and without support. Several early signs were his sloppy dress, poor work habits, foul language, negative attitude, and his total lack of concern.

What can the Air Force do to help individuals who are suffering and facing dead-end solutions? How can supervisors and friends pick up on early signs or symptoms, and refer them to professional help?

Suicide affects the entire family and close friends long after the fatal event. Chaplains continue to be involved in after-care to the bereaved family. I always hear the question "What could I have done to prevent this unnecessary loss?"

Get to know your people beyond the superficial level. Be sincere in finding out what is going on deep within a troubled person's life. Use chaplains or other professional counselors, and set up a buddy system to keep friends close to an individual. This should be a sensitive demonstration of concern and not an excuse to take a depressed individual out for alcohol or drugs.

If an individual like Ken does not have a support group, he, after careful analysis, may be sent home to be with his parents or good friends -- but monitor it on a daily basis. Sometimes a change in environment and people, with the proper professional orientation, can rebuild a person's sense of self-worth.

Finally, taking up the challenge to help another requires great sacrifice on the part of a supervisor, friend, or family member. It is easy to dismiss "his or her problem." Often apathy and lack of human kindness serve only to fuel a lonely person's attempt to take his or her life. When someone is demonstrating unusual behavior, don't just express shock or talk about it to others -- be part of the solution by being a trusting friend who encourages openness and conversation.

The combination of marital fracture, job loss, and the resurgence of a painful holiday from the past, merged to overpower Ken's weak mental, physical, and emotional state of being. Lack of a support group, exercise, a good diet, and professional help served only to compound his depression while negating any healthy options.

Commanders, supervisors, and friends need to take seriously any gestures or verbal or non-verbal clues an individual gives off. Leaving someone alone does not prevent suicide. Intense depression is like sinking deeper into quicksand. One cannot save oneself. Getting out requires a rescuer. In our close knit Air Force community, you can play a part! Always be alert to behavioral changes that warrant closer scrutiny. There are a variety of professional and confidential options available on and off base. Many churches provide people and programs

that can lighten a depressed person's load and guide one to get involved in positive people activities like marriage and single support groups, outdoor activities, and worship. Being there, encouraging and affirming another's struggle are attitudes that can pull peers out of their mental hopelessness.

Suicides are devastating to everyone involved. Although the immediate family suffers the most, everyone shares in the feelings of guilt, self-blame and inadequacy. Mary felt guilt ridden for years and was unable to have a trusting relationship with other men. The twins unconsciously recorded the abrupt absence of their father -- a disappearance that will unconsciously unravel itself for the rest of their lives, (much like Ken) especially around the holidays. In addition, economic hardship and public shame will hang over the heads of the immediate and extended family. Ken's buddies took it pretty hard, blaming themselves for things they should have done. Unit morale dropped as coworkers wondered why it had happened? What could they have done to prevent it? Would it happen again? Against the backdrop of all these interrelated complications, there is hope this season -- a committed effort within the military family to take care of our own. ■

SUICIDE AMONG ACTIVE DUTY USAF MEMBERS 1980-1989

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When suicides occur in the Air Force, they generate a number of serious problems. First, these deaths are a tragic loss of human life. Victims deny themselves the richness and joy of life and often leave their loved ones an enormous burden of grief, anger, bitterness and guilt. Second, suicides are disruptive to the military community in which they occur, upsetting surviving friends and coworkers. As word of a suicide spreads, it can have a profound impact on the perception of the quality of life within the military community. Third, active duty suicides can have a direct impact on mission sustainability through loss of the victim's productivity. This loss of productivity can be compounded by the impact the death has on the victim's coworkers. Finally, suicide is extremely expensive. The loss to the Air Force includes the money already invested in the victim, the direct cost of death benefits following the suicide, the loss of anticipated services, and the cost of replacing the victim.

This cost in lives, community well-being, productivity, and economic value is neither inevitable nor necessary. Suicide can be understood, dealt with. It is likely that a substantial proportion of military suicides can be prevented. Even though individual suicides are virtually impossible to predict, enough is known about the context of military suicides and the risk factors associated with them that realistic and effective preventive efforts ought to be possible.

The first echelon supervisor is the key player in suicide prevention. He or she not only supervises the individual's work but is also in a position to see any changes in behavior or performance that might signal a problem. In fact, a large part of supervision is nothing more than managing human resources. Open communication between people and their supervisors, especially in an environment where there is genuine concern for everyone's wellbeing, is vitally important.

RISK FACTORS

1. Dyad problems. The term "dyad" as used in this context refers to a person's intimate associations, usually husband-wife or boyfriend-girlfriend relationships.
2. Mental health problems. Although many people assume "you have to be crazy to kill yourself," this assumption does not hold up on close examination. Very few of the victims in this study (less than 2%) were psychotic. However, there were clear indications that at least 325 of them (48%) suffered from some kind of mental or emotional problem.
3. Substance abuse. Twenty-seven percent of the suicide victims in this study had been involved with either alcohol (17%) or drug (10%) abuse. Approximately 6% of the victims abused both alcohol and drugs.
4. Work problems. Not surprisingly, almost half the victims in this study (44%) had problems at work.
5. Financial problems: Almost 20% of the suicide victims in this study were having financial problems at the time of their death.
6. Legal problems. A small proportion of the victims in this study (82, or 12%) were involved in difficulties with law enforcement agencies at the time of their death. About half of them were under investigation by AFOSI for a suspected criminal offense and about half were involved in some fashion with local law enforcement agencies.
7. Death-related issues. In a small number of cases the suicide followed the death of someone close to the victim.
8. Multiple problems. Well over half the victims in this study (393, or 58%) were beset by multiple, serious problems at the time of their death. These people typically had marital, emotional, financial, and work-related problems at the same time and simply felt overwhelmed by the impossibility of going on.

