

ARMY GROUND RISK-MANAGEMENT PUBLICATION

COUNTERMEASURE

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In this issue...

Fighting The "COLD" War



ARMY GROUND RISK-MANAGEMENT PUBLICATION
COUNTERMEASURE

The Official Safety Magazine for
 Army Ground Risk-Management

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Gene M. LaCoste

Gene M. LaCoste
 Brigadier General, U.S. Army
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From the Editor

Autumn is here, and winter is not far away. In some parts of the world, winter is here, right now, with all of its inherent dangers to soldiers and their equipment. It is important to remember that we are all susceptible to cold weather injuries, even when temperatures are moderate. Prolonged exposure to conditions that we would not think of as cold can be every bit as dangerous as the biting cold of winter. This issue of *Countermeasure* is dedicated to helping commanders, leaders, and soldiers recognize some of the hazards associated with cold weather operations.

Cold weather operations demand a high price, first in terms of human suffering, and then in terms of reduced mission capability. Nevertheless, the Army is getting better at protecting soldiers from the cold. In 1998, 5 cold injury cases were reported to the Safety Center; that is down from 11 cold injuries the year before. While the numbers are coming down, the causes remain the same.

The three most common types of cold injuries are hypothermia, frostbite, and trench (immersion) foot. To address these threats, the article, "Fighting the Cold War," on page 3 explains what happens when soldiers are exposed to the harsh conditions of cold and freezing precipitation and the importance of keeping warm and dry.

On page 8, the Accident Briefs illustrate the cold weather incidents that are recurring every winter. Also in this issue, the Safety Center Command Judge Advocate gives us a legal review of the consequences of leaders who demonstrate negligence when they fail to take care of their soldiers in the cold. We believe you will find this article interesting and informative.

Take note of the survey on page 11. Please take a few minutes to answer the questions. Your input is important to us. We receive many calls and comments from our readers on what they read and what they would like to read. To those who have responded, we thank you. To the rest of the readers, we would like for you to let us know. If you have specific questions or if there are any topics you would like to see covered, please annotate it on the questionnaire or call us. Help us help you. ♦

Safety First!

Paula

Fighting The “COLD” War

Anyone would be hard pressed to find someone who would disagree with me when I say that this summer was hot! Yet, it didn't really matter. Sustainment operations, training, and deployments continued. Mission planners and leaders on all levels diligently developed strategies that reduced or eliminated the most obvious health threats associated with the hot summer environment.

Interesting prologue, but what does it have to do with preventing cold weather injuries? Everything, given the connection between sound mission planning, respect for known environmental factors, and ultimate mission success.

Military history is riddled with poorly planned and ultimately tragic endeavors where armies were decimated and their objective lost—not from enemy fire, but from a more formidable opponent—the environment.

George Washington's encampment at Valley Forge in 1776 is an example of unpreparedness. Eight thousand men suffered horribly from cold exposure while the British troops ate and drank merrily close by. Napoleon's defeat at Leipzig in 1813, where thousands of soldiers succumbed to the cold, clearly illustrates why military leaders and planners must consider environmental factors if victory is truly desired. In World War II, the U.S. Army reported 90,000 cold weather casualties, and during the Korean War, as a result of a weeklong battle at the Chosin Reservoir, 18,000 allied soldiers and marines suffered from frostbite or other cold-related injuries. Even today, the “cold”

war continues to be a problem.

Today's military benefits from technological advancements in clothing and cold-weather survival systems.

Accordingly, between FY93 and FY98, only 78 cases of frostbite were reported to the Safety Center. This number is conservative considering that most people “suffer in silence” and that many reports of cold weather injuries never make it to the Department of the Army level.

So, why do cold weather injuries remain

a problem? Can we safely accept “the mission came first,” or “that soldier should have known better,” or “it's above freezing, how could a cold injury occur?” How do we, as leaders and soldiers, do our part to protect the force especially when we live and operate in environments conducive to cold-related injuries? To better understand our role in protecting soldiers, perhaps we should take a look at the

Leaders must ensure that their soldiers know the signs and symptoms of cold weather injuries.

hazards of exposure to the cold and what happens when the body's ability to regulate its core temperature is compromised.

The Core of the Problem

The human body functions optimally in a very narrow range of core body temperatures. Minimal excursions from what we consider “normal” (98.6 degrees Fahrenheit) are known to affect the body in profound ways. For instance, an increase of up to 7 degrees will cause severe illness. Conversely, a decrease in temperature by 7 degrees also puts one's life in extreme peril.

Hypothermia: The cold inside

Hypothermia, simply defined as low body temperature, begins in its mildest stage at about 96 degrees. Symptoms include lack of shivering, slow pulse, lethargy, and a

general decrease in alertness. If body temperature drops low enough, normal muscular and cerebral functions are impaired and the person may lose consciousness.

Immersion foot: Use your head to save your foot

Immersion foot occurs when there is prolonged exposure to cold and wet conditions (temperatures can be as warm as 60 degrees if contact with water is prolonged). Damage to the circulatory system is apparent and unfortunately, permanent. Symptoms include cold, numb feet with swelling and redness.

Chilblain: Recognize it and don't delay action

Similar to immersion foot, chilblain is caused by repeated exposure of bare skin to temperatures below 60 degrees. Symptoms include redness and itching of the cheeks, ears, fingers, or toes.

Frostbite: Don't let it defeat you

Frostbite, by far the most common cold-weather injury, occurs when tissue becomes frozen, thereby decreasing circulation to the affected area. Frostbite can affect fingers, toes, ears, forehead, chin, etc. Soldiers should avoid skin on metal contact, supercooled petroleum products, extreme wind chill, and restrictive clothing (especially boots). Frostbite demands professional medical attention. If tissue damage is prolonged, gangrene can appear and amputation results.

Other factors contributing to cold weather injuries

■ Previous cold weather injuries.

Soldiers who have had a previous cold-related injury are predisposed to another one. Surviving tissues (feet, hands, etc.) may be left with damaged nerves and blood vessels, not to mention the person may have some sensitivity to the cold. This is not to say that the individual is not mission-capable. It means that these individuals must be identified and first-line supervisors should monitor these soldiers' survival habits while in a cold environment.

■ Caloric intake. Some soldiers may feel that a two-week field training exercise is the perfect time to lose that last twenty pounds of unwanted body

fat. The body's most immediate response to a decrease caloric intake is to slow the metabolism down. A slower metabolism means lower heat generation, increased lethargy, decreased motivation, and an increased chance of acquiring a cold-related injury. Leaders, on all levels, must ensure that soldiers consume adequate combat rations (MREs) while deployed.

■ Alcohol and caffeine beverages act as diuretics and will cause the body to eliminate fluid, resulting in dehydration. Dehydration is detrimental regardless of the time of year. Symptoms include increased urination and perspiration, which is oftentimes absorbed into the clothing and doesn't act as a visual reminder of the need to consume water, thus compounding the problem. All soldiers should limit the consumption of diuretics.

■ Tobacco, regardless of the form (dip, chew, or cigarette), causes the blood vessels in the body to constrict. If one was to take a cross-section of the body while someone inhaled cigarette smoke, this constriction would be clearly evident. The culprit? Nicotine. Chewing or "dipping" can deliver an even greater dose of nicotine to the body. Constriction of blood vessels in the hands or feet further increases the chances of cold-related injury for these body parts.

What can we do as leaders?

Preventing cold-related injuries starts with a sound training program. Leaders on all levels must ensure that their soldiers know the signs and symptoms of cold weather injuries, and that they understand the origin of these injuries. Periodic internal inspections of cold weather equipment, clothing, etc., are paramount before training or deploying during the colder months.

Conclusion

Cold-related injuries can be prevented. To combat environmental factors that are out of our control, mission planning and developing sound strategies, not for avoiding the weather entirely, but for operating in it, ensure mission success. ♦

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Cold Weather Chart

Everything becomes more difficult under cold weather conditions. Tasks take longer and require more effort, liquids freeze, and metal becomes brittle; thus, a leader's job of protecting soldiers gets tougher. Leaders must watch for early signs of cold stress in their soldiers. The most dangerous of these threats are shown in the chart below.

Cold-Weather Injuries		
Frostbite		
Cause	Symptoms	First Aid
<ul style="list-style-type: none"> ■ Freezing of tissue, normally due to exposure below 32°F. 	<ul style="list-style-type: none"> ■ Numbness in affected area. ■ Tingling, blistered, swollen, or tender areas. ■ Pale, yellowish, waxy looking skin (grayish in dark-skinned soldiers). ■ Frozen tissue that feels wooden to the touch. 	<ul style="list-style-type: none"> ■ Warm affected area with direct body heat. ■ Consult medical personnel as soon as possible. ■ Do not thaw frozen areas if treatment will be delayed. ■ Do not massage or rub affected areas. ■ Do not wet the area or rub it with snow or ice. ■ Do not expose affected area to open fire, stove, or any other intense heat source.
Chilblain		
Cause	Symptoms	First Aid
<ul style="list-style-type: none"> ■ Repeated exposure of bare skin for prolonged periods to temperatures from 20° to 60° F (for those not acclimated to cold weather). 	<ul style="list-style-type: none"> ■ Swollen red skin (or darkening of the skin in dark-skinned soldiers). ■ Tender, hot skin, usually accompanied by itching. 	<ul style="list-style-type: none"> ■ Warm affected area with direct body heat. ■ Do not massage or rub affected areas. ■ Do not wet the area or rub it with snow or ice. ■ Do not expose affected area to open fire, stove, or any other intense heat source.
Immersion foot (trench foot)		
Cause	Symptoms	First Aid
<ul style="list-style-type: none"> ■ Prolonged exposure of feet to wet conditions at temperatures between 32° and 60° F. Inactivity and damp socks and boots (or tightly laced boots that impair circulation) speed onset and severity. 	<ul style="list-style-type: none"> ■ Cold, numb feet may progress to hot with shooting pains. ■ Swelling, redness, and bleeding. 	<ul style="list-style-type: none"> ■ Rewarm feet by exposing them to warm air. ■ Evacuate victim to a medical facility. ■ Do not massage, rub, moisten, or expose affected area to extreme heat.
Dehydration		
Cause	Symptoms	First Aid
<ul style="list-style-type: none"> ■ Depletion of body fluids. 	<ul style="list-style-type: none"> ■ Dizziness ■ Weakness ■ Blurred vision 	<ul style="list-style-type: none"> ■ Replace lost water. Water should be sipped, not gulped. ■ Get medical treatment.
Hypothermia		
Cause	Symptoms	First Aid
<ul style="list-style-type: none"> ■ Prolonged cold exposure and body-heat loss. May occur at temperatures well above freezing, especially when a person is immersed in water. 	<ul style="list-style-type: none"> ■ Lack of shivering. ■ Drowsiness, mental slowness, lack of coordination. Can progress to unconsciousness, irregular heartbeat, and death. 	<ul style="list-style-type: none"> ■ Strip off wet clothing and wrap victim in blankets or a sleeping bag. ■ Place another person in sleeping bag as an additional heat source. ■ Get victim to a heated location and medical treatment as soon as possible.

Freezing Troops Can Get You In Hot Water!

This lance corporal's "...death was not an accident. Accidents happen. His death didn't just happen, rather it was the culminating event in a series of acts, each consciously committed by human beings: intelligent, experienced, and highly trained Marine Corps officers and noncommissioned officers." (Excerpt from the court-martial of a Marine first lieutenant found responsible for the accidental death of a lance corporal.)

Caring for soldiers and avoiding cold weather problems are both an individual and a leadership responsibility. In this article, you will learn the potential legal ramifications should you fail to properly manage the risks of winter. The Army regulatory structure offers numerous administrative actions to be taken against officers, enlisted soldiers, and civilians who fail to perform their duties. This article, however, focuses only on the criminal actions available to the Army.

The Uniform Code of Military Justice (UCMJ) has several provisions that can be used to charge leaders for their inappropriate actions or inactions regarding the

performance of their duties and the resulting impact on the safety of their soldiers. These provisions include Article 92, *Failure to Obey an Order or Regulation*; Article 93, *Cruelty and Maltreatment*; Article 119, *Involuntary Manslaughter*; and Article 134, *Negligent Homicide*. The court-martial of a Marine Corps lieutenant best illustrates the application of Article 92 of the UCMJ.

During a field training exercise, a lieutenant (LT) was assigned the duties of posting road guides for a battalion-sized motorized night movement. He was to assign them in pairs, keep a roster of the postings, and provide the roster to a captain in his organization.

The battalion commander was aware of the extreme weather conditions in the desert and the fact that there were a number of new people in the unit. Accordingly, in preparing for the movement, he stressed to the LT strict accountability for all personnel. Despite this direction from his superior, the LT disregarded the order and posted two of his men on isolated posts without partners, endangering the welfare of his soldiers. Two of the road guards had even reminded the LT of the requirement for two guards per post, but he ignored the



recommendation.

This LT failed in three ways. He failed to post the guard in pairs; the buddy system protects the Marines from fatigue, weather, and other possible problems. He also failed to post the guards on the main route. Instead, the LT posted the two men in isolated areas. Finally, he failed to record the location and names of the guards to ensure all were retrieved after the movement. As a result, the unit failed to pick up one of the guides during recovery operations. By the time the guide's absence was noticed and a search had begun, it was too late. Over 40 hours after the LT had posted the Marine to his guard position, the corporal was found dead. He had been left alone in the desert for almost two days and expired from exposure.

Findings

The court found the LT in violation of two counts of Article 92. This LT clearly failed to obey a lawful order given by his battalion commander. The court also found the LT derelict in the performance of his duty to properly post two-man teams at designated checkpoints on the main route and to obtain a roster of individuals posted.

For these and other unrelated charges, the LT

was sentenced to dismissal (equivalent to a dishonorable discharge for enlisted soldiers) from the Marine Corps, confinement for four months, and forfeiture of all pay and allowances.

Corrective actions

This Marine's death was easily preventable. If the LT had taken the time to follow the orders his commander had issued, the lance corporal would not have suffered the slow, agonizing death from exposure. If the captain, who was expecting to receive the guard roster had followed-up on this requirement, the corporal could have been saved.

Don't let optempo cause you to knowingly take shortcuts, disregard safety precautions, or put mission above all else. No training exercise should force you to make decisions to accept unnecessary risks. If you allow that to happen, you risk the lives of the soldiers entrusted to your care and you risk your own career.

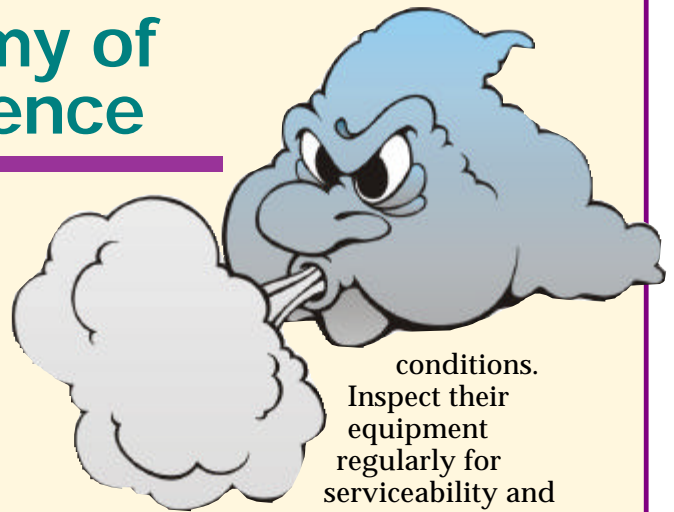
If you have any questions about this article or your obligations as a leader to maintain the health and welfare of your soldiers, please contact the USASC Command Judge Advocate or your local Staff Judge Advocate. ♦

POC: LTC Cynthia Gleisberg, USASC Command Judge Advocate, DSN 558-2924 (334-255-2924), gleisberc@safety-emh1.army.mil

Cold Weather: Enemy of Youth and Inexperience

As leaders, we should expect intuitively that our younger, less experienced soldiers would be most susceptible to cold-weather injuries. The hard numbers, however, are startling. A soldier in the rank of private through specialist is more than two-and-a-half times as likely as a noncommissioned officer and eight times as likely as an officer or warrant officer to get hurt by the cold. What do we do to reduce the risk of our junior soldiers being sidelined by frostbite or other cold injuries?

First, and most important: Train them to standard in prevention, recognition, and first aid for frostbite, hypothermia, chilblain, and trenchfoot. Then enforce the standards. Make sure that soldiers have clothing and equipment suitable for environmental



conditions. Inspect their equipment regularly for serviceability and cleanliness. Monitor soldiers for signs of cold-weather injury, and use the buddy system to have soldiers check each other. Insist that soldiers report signs of injury immediately. Make it clear to them that "toughing it out," is foolish and far from being heroic.

The extra time we take preparing our junior soldiers for the cold will reduce injuries and pay off in increased unit readiness. ♦

Accident Briefs

Hypothermia

The soldier departed his arctic station in his POV, dressed only in tennis shoes, thin socks, cotton trousers with sweat pants underneath, a thin long-sleeved shirt, a down-filled jacket with no hood, and Army dress gloves. He took with him his Army-issue arctic sleeping bag and a wool shirt. He started out tired and traveled about 75 miles. On his way back to the post, he pulled off the highway onto a snow-covered dirt road to nap. When he woke up, he couldn't get his car started. He wandered down a snowmobile trail for more than a mile before being discovered outside a lodge, confused and unable to function. The soldier suffered frostbite in addition to hypothermia, missed 30 days from duty and spent another 90 days on restricted duty.

Amputation

After he walked for about half an hour, barehanded, in -12 degrees Fahrenheit weather, the fingers on the soldier's right hand had to be amputated because of severe frostbite.

Dehydration

The soldier had been out periodically in weather ranging from 5 to 40 degrees Fahrenheit. He had been out for more than an hour when he passed out from hypothermia. He had consumed only one quart of water a day for the previous 5 days. Dehydration made him more susceptible to cold-weather injury. He was hospitalized overnight and on restricted duty for 5 days.

Lack of planning

The battalion was moving to the field for an FTX. Even though the mess hall had 12 new soldiers, no warming tent was set up and no sleeping area was provided. The section chief worked all soldiers the entire night. One of the new soldiers suffered frostbite to his toes. He spent 3 days in the hospital and 10 more on restricted duty. NOTE: Before moving to the field, leaders should develop a sleep plan and determine the need for warming tents and working in shifts. In addition, soldiers should be briefed on field hygiene: Change socks every 2 to 4 hours in cold, wet weather and wear overshoes if conditions call for them.

Frostbite

The soldier went to the field with only his standard leather glove shells and woolen inserts. After working for several hours in temperatures as low as 30 below, he complained that his hands were cold. He suffered frostbite to the tips of his fingers. NOTE: Leaders should check their soldiers' gear for personal protective equipment before taking them to the field in cold weather. An inspection would have alerted this soldier to the need for extreme cold-weather mittens or Gortex gloves.

No personal protective equipment

The soldier was taking part in a training exercise. After working out in the cold for several hours, the soldier complained of numbness in his feet. He suffered frostbite on both feet, spent one day in the hospital and five on restricted duty. The soldier had not worn his protective cold-weather boots.

Defective gear

The soldier didn't notice the zipper on his sleeping bag was broken near the bottom. The night was extremely cold and, after sleeping in the bag for six hours, the soldier complained that his feet were cold and hurting, and he went to see the medic. The soldier suffered frostbite on his feet and missed five days from duty. NOTE: Regular inspection of personal protective equipment is a must. If it doesn't function properly or a component is broken, it can't do its job. Defective equipment should be replaced as soon as it is discovered.

Prior victim

The soldier was participating in a unit range cleanup detail. Her gloves had gotten wet earlier in training, but she failed to change them or let a cadre member know that her gloves were wet. When the unit arrived back at the cantonment area, she complained of numbness and pain to her hands. Soldier was transported to the hospital and diagnosed as having frostbite. Subsequent investigation revealed soldier was a previous frostbite victim prior to entry into the Army. ♦

Accident Review

Death Waits In The Dark

The TC reported to his duty station approximately two months prior to this rotation. His pre-rotation training consisted of classes that were oriented toward the battle scenarios of foreign military forces. He conducted section certification and attended classes that covered local range regulations. Upon completion of this training, it was time to be put to the test—"Force against Force."

The mission was to occupy defensive fighting positions at night utilizing the M551 Sheridan tank. On order, the platoon was to move from their hide positions and occupy prepared fighting positions as part of the operation. The troop operations order was given to all vehicle commanders subsequent to the battalion level operations order. Because the illumination for that particular night was going to be zero, low visibility SOPs were briefed as part of the order and safety considerations were addressed.

Accident

Around 1700, the TC and crew departed the laager site for their battle position (BP). They were to go to their BP, identify where it was, ensure it was marked properly, and then return to their hide position. The crew was unable to find the BP and drove around the training center for approximately an hour until

darkness fell upon them.

As they kept wandering around in the dark, their tank unintentionally drove obliquely into what ended up being their own BP. The tank subsequently rolled over on its left side, pinning the TC against the far inside wall of the battle position. The crew immediately executed rollover procedures and made a net call on the radio. Because the antennas were damaged in the rollover, the net call was not heard. The crew exited the tank, realized that their TC was pinned, and immediately attempted to free him. It took several minutes, but the TC was removed and emergency lifesaving measures were started. The MEDEVAC arrived soon thereafter...but it was too late. ♦

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Mission: Reconnoiter Prepared Battle Position

Hazards

- ❑ Effective range of night vision devices during zero illumination
- ❑ Improper body position in turret
- ❑ Lack of ground guide in zero illumination
- ❑ Unfamiliarity with terrain

Results

- ❑ 1 Fatality
- ❑ 2 Minor Injuries

Controls

- ❑ Take appropriate precautions to account for zero illumination
- ❑ Enforce standards for turret body position
- ❑ Conduct recons during daylight when possible
- ❑ Utilize available navigational aids

M551-0-1

FOOD FOR THOUGHT: Our Army is the best-equipped and best-trained military force in the world. We must continue to train as we will fight and fight as we have trained. We cannot stop tough, realistic, go-to-war training because of an accident. Good training means learning from mistakes, and allowing plenty of room for personal and professional growth. We can do this in peacetime. In wartime, we can't. We must provide our soldiers with the best and safest training conducted to prescribed standards.

You Make The Call

Starting with this issue, “You Make the Call” will be a regular feature in Countermeasure. Our purpose is to educate, to stimulate thought, and exchange information that will expand understanding and application of risk management in training and operational environments. The success of this forum will depend on input from you. Send your answers to U.S. Army Safety Center, Bldg. 4905, 5th Ave., ATTN: Countermeasure, Fort Rucker, AL 36362-5363, e-mail countermeasure@safety-emh1.army.mil or fax 334-255-9528. We’ll select the best answers from those submitted and the winner will receive a Safety Center coin and a letter of congratulations from the Director of Army Safety. Although we are unable to offer financial rewards, rest assured that you have contributed significantly to saving someone’s life. And that’s more important than money. All winning entries will be published in a future issue.

Imagine the scene: It’s February 2000, and your unit is conducting tactical operations in a cold, snowy, icy environment. Temperatures average 20 degrees Fahrenheit during the day and hover around 0 at night. There is about 6 inches of snow on the ground; the roads, while generally clear, often have icy patches. Your unit is equipped with M113s and HMMWVs. Typical missions for the unit include mounted patrols, dismounted checkpoints, and local security around the base camp.

During the morning’s PMCS, your driver tells you that the M113 has three bad track blocks on one side and the heater doesn’t work. No one else in the platoon has any heater parts to give

you. The platoon sergeant tells you there might be some extra track at battalion, but he isn’t sure.

While checking to ensure that the driver did the rest of his PMCS correctly, the lieutenant (LT) tells you that your squad has been tasked to conduct a mounted patrol that evening through some of the nearby towns. He’s going to give you one of the new guys who just arrived in country that morning to accompany you on the mission.

What will you do? Identify the hazards associated with this mission based on the facts given above. Then identify some control measures to recommend to the LT to minimize the risks associated with these hazards. ♦

Safety Alert Notice

Without immediate action at all levels, improper tire maintenance procedures will continue to result in damaged equipment, personal injury, and loss of life.

During recent visits throughout the Army, the U.S. Army Safety Center (USASC) has noticed an increased number of Heavy Expanded Mobility Tactical Trucks (HEMTT) with improperly maintained multi-piece rimmed tires. Indicators of potentially dangerous maintenance procedures are incorrect tire pressure (too much or too little); improperly seated multi-piece tire rims (locking ring with a gap greater than 3/8 in. [9.5 mm]); and failure to use approved tire maintenance equipment (OSHA approved tire inflation cage, 10-foot extension air hose and air chuck/gauge with locking clips). A study of the past five years indicates that half of the

accidents occurring during tire maintenance involved multi-piece rimmed tires.

Corrective actions are relatively simple. Strict adherence to TM 9-2320-279-10 (w/change 5), TM 9-2320-279-20-1 (w/change 3), and TM 9-2610-200-14 is a must. Follow the procedures outlined in TM 9-2320-279-10 for using the tire inflation cage (NSN 4910-01-373-0267) and the 10-foot extension air hose (Part # 2155210U) with the locking chuck/gauge (NSN 4910-01-386-4300). Leaders also must ensure soldiers are trained and equipped properly to conduct maintenance on the equipment. Understanding the correct procedure is not enough. Rigorous enforcement of the standards by all levels of the chain of command is the best means of preventing accidents. ♦

—BG Gene M. LaCoste, Director of Army Safety

COUNTERMEASURE

Readership Survey

In an effort to keep current with field needs, we need your feedback. Please take a few minutes to fill out the form below and return it to us using the pre-addressed mailer on the back or fax it to Ms. Paula Allman, 334-255-9528.

Name (optional) _____ Rank/Grade _____

Duty Status

- | | |
|--|--|
| <input type="checkbox"/> Active Army | <input type="checkbox"/> DA Civilian |
| <input type="checkbox"/> Army Reserve | <input type="checkbox"/> Civilian Contractor |
| <input type="checkbox"/> Army National Guard | <input type="checkbox"/> Industry |
| <input type="checkbox"/> U.S. Air Force | <input type="checkbox"/> Foreign Ally |
| <input type="checkbox"/> U.S. Navy | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> U.S. Coast Guard | |

Duty Assignment

- | | |
|---|--|
| <input type="checkbox"/> Commander: Brigade__ Battalion__ Company__ | <input type="checkbox"/> Squad/Team Leader |
| <input type="checkbox"/> CSM/SGM | <input type="checkbox"/> Other Military Supervisor |
| <input type="checkbox"/> 1st Sergeant | <input type="checkbox"/> Civilian Manager/Supervisor |
| <input type="checkbox"/> Platoon Leader | <input type="checkbox"/> Other (specify) _____ |

What is your—

- | | |
|------------------|----------------------------------|
| Branch? _____ | MOS or civilian specialty? _____ |
| Job title? _____ | Geographic location? _____ |

How often do you read Countermeasure?

- | | |
|--|---|
| <input type="checkbox"/> Every month | <input type="checkbox"/> Every 3 months |
| <input type="checkbox"/> Every other month | <input type="checkbox"/> Rarely |

How much of Countermeasure do you read?

- 100%
- 75%
- 50%
- 25%
- Less than 25%

When do you usually receive Countermeasure?

- | | |
|--|---|
| <input type="checkbox"/> Early in the month it's dated | <input type="checkbox"/> Late in the month it's dated |
| <input type="checkbox"/> Mid-month in the month it's dated | <input type="checkbox"/> The month after it's dated |

How do you receive Countermeasure?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Directly from USASC | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Through local distribution | |

Have you visited the Army Safety Center Web Site (<http://safety.army.mil>)?

- | | |
|---------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes, at work | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, at home | |

Do you have e-mail at work?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

How would you prefer to receive Countermeasure?

- | | |
|---|--|
| <input type="checkbox"/> In printed form | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Electronically (e-mail, web) | |

How do you use the information in Countermeasure?

- | | |
|---|---|
| <input type="checkbox"/> Topics for safety meetings | <input type="checkbox"/> Items for reading file |
| <input type="checkbox"/> Topics for unit publications | <input type="checkbox"/> To keep myself informed |
| <input type="checkbox"/> Items for bulletin boards | <input type="checkbox"/> Source of authority on safety issues |
| <input type="checkbox"/> Topics for directives | <input type="checkbox"/> Other (specify in remarks section) |

What additional articles or features would you like to see added to Countermeasure? _____

Do you feel the articles have ever prevented or decreased the probability of an accident by you or someone you know? Explain. _____

Use this scale to rate each of the following:
None = 1 Low = 2 Medium = 3 High = 4 Extremely High = 5

Rate these Countermeasure features in terms of their value to you in your current assignment.

- | | |
|--|---|
| <input type="checkbox"/> Lead articles | <input type="checkbox"/> Seasonal articles |
| <input type="checkbox"/> Branch specific | <input type="checkbox"/> Munitions Safety |
| <input type="checkbox"/> Accident Reviews | <input type="checkbox"/> POV Safety |
| <input type="checkbox"/> Safety messages | <input type="checkbox"/> From the Troops |
| <input type="checkbox"/> Murphy's Flaws (cartoon strip) | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Info Tech Corner (Web site updates) | <input type="checkbox"/> Attaboy (Guardian Award) |
| <input type="checkbox"/> Real People/Real Accidents (selected accident briefs) | |
| <input type="checkbox"/> Other (specify) _____ | |

Rate the following safety publications in terms of their value to you in your current assignment.

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Countermeasure | <input type="checkbox"/> Torch |
| <input type="checkbox"/> Flightfax | <input type="checkbox"/> Road & Rec |
| <input type="checkbox"/> Ashore | <input type="checkbox"/> PM Magazine |

Rate the following types of information in terms of your interest in and need for it.

- | | |
|---|---|
| <input type="checkbox"/> In-depth reports of accidents, causes, and solutions | <input type="checkbox"/> Accident rates |
| <input type="checkbox"/> Hazards, risks, and controls | <input type="checkbox"/> Statistical studies |
| <input type="checkbox"/> Risk-management process | <input type="checkbox"/> Lessons learned |
| <input type="checkbox"/> Maintenance topics | <input type="checkbox"/> Technical information on equipment and systems |

Rate the overall quality of Countermeasure.

Content:

- Accuracy
- Adequacy of coverage
- Choice of topics
- Credibility
- Interest to soldiers
- Timeliness

Layout:

- Appearance
- Format
- Illustrations
- Readability

Comments/suggestions to improve Countermeasure. _____

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