Canadian Underwater Survey Company Helps Bring Closure To Families

By Mike Roberts

What do you do when faced with a language barrier?

NEWS
DIVING MEDICINE
EVENTS
CONTINUING EDUCATION
AND MORE!
Hola, Bonjour Amis, Xin chào bạn bè and Merhaba!

The votes have been cast and with a single exception you voted for us to add a Classified Ad section to the magazine.

Originally I envisioned a very specific type of ad but after further consideration, I think the original thought was too restrictive. So we will allow a variety of ads and will determine ad headings or sections as we go. This is going to be a work in progress until we get it all worked out.

But, the next step is up to you. No ads submitted - no classified section. We will see.

No graphics will be allowed in the ad. The classifieds will need to be word only advertisements. We will allow dive shops who specify PSD Team support to advertise but manufacturer MAP on products must be used when applicable.

**PREPAID: Classified ad cost...**
$3.50 for 10 words and .20 for each additional word. Only the first line may be bold. Phone numbers, internet links or other contact information should be included in the ad.

Links to catalog sales, E-Bay stores or similar commercial sites will not be allowed unless the site is specifically for the product being offered. Like I said – this is a work in progress. The classifieds are intended to be more private party use with some allowance for businesses that support our teams.

If you want to list a classified, send it to [Classifieds at PSDiver Monthly](#).

**Now for something different –**

Not too long ago I responded to a call where the folks in trouble did not speak English. My Spanish is good enough to order a beer, ask for more and to offer a few greetings. Beyond that I know a word here and there but am no way fluent or have conversational skills. Neither do any of the guys in my crew.

We have had this issue before and PD does usually have a Spanish speaking officer available but we might have to wait a while before he will show up. If we are dealing with a critical incident, time is one thing we are limited on.

So imagine you receive a call for an accident that resulted in a person being underwater. You arrive on scene and no one there speaks English. What provisions have you made for a translator? If no one on your team speaks the language, how do you know if a rescue is possible, if your team is in danger from someone who has left the scene or even where to start if you do decide you can dive?

The way our political environment stands, we need to be more aware of the need for aids to language barriers. Flash cards, English to Spanish dictionaries or even an electronic translator may be worth looking into.

At the very least, you should look for and identify a local resource that can provide the ability to translate. Even offering a cell phone and calling someone who can translate from a distance could be an effective solution. But you need to know who to call. Konprann?

**It’s Still HOT - Stay Hydrated and Stay Safe,**
Mark Phillips
Editor / Publisher
PSDiver Monthly
Hi Mark,

I now have the go ahead from the client to be able to give the story of what happened.

As you see from the link I sent, a Lake Buccaneer amphibious aircraft crashed into a lake here in Canada.

I sent two of my team to the job with our Video Ray ROV. We attached a recovery line from a barge around the tail section of the plane, the plane was then winched to a shallower depth enabling the police divers to remove the pilots body. The passenger was still on the bottom of the lake and his body was located at 230 feet using a side scan sonar. We sent the ROV down again and recovered the passenger.

I have attached a couple of pictures of the job.

Best Regards

Mike

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Police search lake for missing plane

June 7, 2010 CBC News

Quebec provincial police divers continued their search on Monday for two men following a plane crash 200 kilometres north of Baie-Comeau.

The men left Baie-Comeau aboard the float plane on Tuesday en route to a fishing camp and were last heard from on Thursday night.

After the two men, aged 69 and 78, did not return as planned on Friday, a relative set out in his own plane to look for them.

The man was able to locate debris from the plane on Lac Berthé, 15 kilometers northeast of the Manic-5 hydro dam, said Sgt. Patrick Lowe. "He heard the emergency locator transmission," said Lowe.

A piece of the tail was found floating on the lake, but searchers have so far been unable to locate the body of the plane.

On Monday, police were using sonar to search the bottom of the lake. "We're still hoping to find those guys alive, but for right now we're trying to locate the plane," he said.

Police said it is not clear what caused the crash.
Canadian Underwater Survey Company Helps Bring Closure To Families
By Mike Roberts
Director - Divetech Ltd
Divetech Ltd., a Nova Scotia, Canada underwater survey and recovery company, received a call in June 2010 to help locate a missing Lake Buccaneer amphibious aircraft and its two occupants.

Earlier that month, Quebec provincial police divers continued their search for two men following a plane crash 200 kilometres north of Baie-Comeau, Quebec. The men left Baie-Comeau aboard the float plane en route to a fishing camp. After the two men, aged 69 and 78, did not return as planned, a relative set out in his own plane to look for them. The man was able to locate debris from the plane on Lac Berthé, 15 kilometres northeast of the Manic-5 hydro dam in Quebec. A piece of the tail was found floating on the lake, but searchers had so far been unable to locate the body of the plane.

The police were using sonar to search the bottom of the lake.

The remains of the aircraft were located at a depth of 70 meters (230 feet) where Divetech’s VideoRay Pro 3 GTO Remotely Operated Vehicle delivered and attached a recovery line around the tail of the plane. The plane was then winched to a shallower depth from a salvage barge. Divers from the Quebec Police Diving Team took over and recovered the pilot from inside the wreckage. The passenger was also recovered with the assistance of the VideoRay ROV.

Roberts and the rest of Divetech are pleased they could help. “It’s always a great feeling to help bring closure to the families, and another to know we can rely on our technology to perform in important situations like these” said Roberts.

Divetech Ltd are located in Amherst, Nova Scotia, Canada. The company is owned and operated by Mike Roberts, an experienced commercial diver & ROV pilot. Their ROV is available for rapid mobilization Canada wide. You can contact us at divetech@eastlink.ca or visit our website at www.divetechltd.ca.
Police Dive Team Blows Up Live Grenade Found In Puget Sound

June 24, 2010

TACOMA, Wash. -- A recreational SCUBA diver found what he believed to be a grenade Wednesday in the Chambers Bay area of Puget Sound in the Steilacoom area, the Pierce County Sheriff’s Department said.

Police said the diver swam away from the item, which was found near Chambers Creek Road West, and reported the discovery to authorities.

SLIDESHOW: Bomb Unit Detonates Grenade Found In Bay

The Pierce County Metro Dive Team started an underwater search using directions from the diver, but the device was not found and the dive was suspended until Thursday.

When the search resumed, divers found what was confirmed to be a grenade about 100 yards from where the diver thought he found the item. Hazardous Devices Squad technicians determined the grenade was live and a decision was made to detonate the grenade in place.

The Sheriff’s Department said while technicians were setting up a countercharge, the tide dropped low enough to expose the grenade out of the water. Officials said the grenade had barnacles growing on it and appeared to have been in the water for a long time. The grenade was safely detonated. Technicians said a tire that had been placed around the grenade as part of the detonation process was blown about 80 yards from the explosion site.

No additional grenades were found during a search of the surrounding area. The HDS technicians said the grenade is a type that is currently used by the military.

It is not known where grenade came from.

'I Thought I Would Die,' Says Woman Trapped In Floodwaters - Flash Floods Traps Woman In Car

July 11, 2010 Neil Ungerleider Executive Editor TheBostonChannel.com VIDEO ON SITE

SOMERVILLE, Mass. -- An off-duty Somerville firefighter is credited with saving the life of a woman trapped by rising flood waters Saturday afternoon.

Water nearly 18 feet deep flooded the Assembly Square Underpass on Route 28, as a cloudburst dumped more than 3 inches of rain on the city in less than an hour. The
torrential downpours trapped four cars and their drivers in the rising waters.

**Photos: Flash Floods Trap Cars | Viewers' Storm Photos**

Drivers in three of the cars managed to escape, but firefighter Michael Marino, who had just come from buying groceries, saw Christine Broderick trapped on the roof of her car. "I just scrambled my way to the top and I was hanging onto my roof rack like 'I'm going to die, I just know I'm going to die,'” said Broderick.

"There was one woman screaming that she couldn't swim," said Marino. "I dove in and swam over to her and just let her know it was going to be OK."

Marino, who is a former Navy rescue swimmer, stayed with Broderick until State Police diver Stephen Barnes and Somerville firefighters arrived. "They had me on a rope and they pulled me out," said Broderick. "They saved my life, both of them."

"I stood by right where the tunnel began and I just tried to calm her down while we waited for the fire department to get here," said Barnes.

Everyone got out of their cars safely but raw sewage was a problem. "It was coming out of the storm drains and the sewer covers,” said Barnes.

The downpour flooded Fenway Park during Saturday's Futures game, sending a river of water down stairs and into the concourse.

Flooding forced Somerville Police to move their operations to a substation in Teele Square. The city's 911 operation was not affected.

The Emerald Square Mall in North Attleboro reported a partial roof collapse when a pipe burst due to the heavy rain. Several tiles fell to the ground. No injuries were reported.

Police closed Storrow Drive eastbound and westbound in Boston at the Massachusetts Avenue Bridge and the Longfellow Bridge at 3:30 p.m. due to significant flooding. Crews brought pumps to the areas to drain floodwaters out of the low points.

Some roads were reopened by 6 p.m., but crews were still working to clear significant amounts of scattered debris left behind by the storm.

The National Weather Service had issued a flash flood warning Saturday afternoon for four counties in eastern
Massachusetts, including Boston, which was discontinued at 5 p.m. During that time, two inches of rain fell in Boston, and 3½ in neighboring Cambridge during the brief, intense storm.

Massachusetts Bay Transportation Authority spokesman Joe Pesaturo said the Fitchburg line of the commuter rail was shut down after water flooded tracks in Somerville. And he said flooding forced the MBTA to bus passengers between the Jackson Square and Ruggles stops on the subway's Orange Line.

**Previous Stories:** [Floods Trap Cars In Rising Waters; Police Headquarters Evacuated](http://www.watertowndailytimes.com/article/20100716/NEWS03/307169980)

**Divers practice being in trouble**

**HYPERBARIC CHAMBER: Rescuers from around state learn how to respond in case of injury**

BROWNVILLE — Extremely hot and cold temperatures, intense pressure and confined spaces are what rescue divers from all over the state subject themselves to every three months when they climb into a hyperbaric chamber. "Everyone acts as a victim once so they see what it feels like," said Mark A. Knowles, captain of Jefferson County's Special Tactics and Rescue team. "We're simulating being underwater at a certain depth, and we choose settings based on different problems and symptoms a diver might be experiencing."

If someone has lung over-expansion or another decompression injury from ascending too quickly from a dive, simulating being deep underwater in a hyperbaric chamber can help heal the injury and could save the diver's life. State and county rescue divers gathered Tuesday to train in using the chamber in the case of a diving accident.

The STAR team uses the hyperbaric chamber, which is owned by Hunt's Dive Shop, Clayton, through an agreement between Jefferson County and the dive shop. The hyperbaric chamber, kept at the Brownville Fire Department, is the only one in New York to which state divers have access.

Eight senior divers representing groups from New York City to Buffalo make the trip to Brownville to use the chamber. When the state trooper divers are at full capacity, there are 65 divers based in different areas around the state. Currently, there are about 50 divers.
The divers haven't needed to use the chamber on a call since they gained access to it nearly two years ago, but it does cut down on cost. Previously, every time the divers went on a deep dive, a helicopter had to be on standby to take someone to the hospital in case there was a problem. "Having this around is a big safety factor for us," said Sgt. Alvaro E. Garcia, a state police diving officer. "It's been years since we've had to put someone in a chamber after a dive, but even if we're wrong and the chamber isn't the answer for the symptoms someone is having, it can't do any harm."

All of the divers take turns working outside of the chamber to pressurize the inside and get it to the correct depth. Three people can fit in the chamber at one time.

During the scenarios, each person who is acting as a victim is assigned a diver profile with how far they were diving, what went wrong and their symptoms. They go through short interviews and physical tests before getting into the chamber.

When Thomas N. Barden, a senior diver from the state divers' Troop D, played a victim during a scenario, his role was that of a diver who was about 80 feet deep when he began to ascend too quickly. When he got to the surface, his skin was itchy and he didn't feel quite right.

The chamber is a six-atmosphere chamber, which can simulate depths as low as 165 feet. When the chamber is pressurized and the simulated descent begins, those inside must equalize their ears continually by holding their nose and exhaling so the pressure doesn't become too intense. The temperature rises and it becomes loud inside the chamber. When ascent is simulated, the temperature drops.

About 50 percent of the diving in which state troopers are involved is in retrieving someone who has drowned, Sgt. Garcia said. Most of the rest of the work is diving to find a body of someone who was murdered or criminal evidence. "It's a sad thing, but most of these guys wouldn't give this up for anything," he said. "It's rewarding because in a lot of the cases, the families are counting on us."

Death Down Under
July 17, 2010

The 'honeymoon killer' is in a Queensland jail for his wife's death. Back home in the United States, they want to lock him up for life. Peter Patrick reports.
David Watson speaks in the lilting tones of the men of America's Deep South: open, direct, familiar, formal, and disconcertingly polite. He has come to the small regional airport of Birmingham, Alabama, to greet an Australian journalist who wants to ask him about his son Gabe, known in Australia and in parts of the wider world not so much by name as from a distressing photo taken on a fatal scuba dive off the Great Barrier Reef.

The photo shows Gabe's wife of 11 days, Tina, lying motionless on the sea floor 27 metres down. Tina was either dead or dying at the time it was taken. Police charged Gabe with her murder, but then amended the charge, offering a deal. Gabe pleaded guilty to contravening an obscure Queensland law; for want of another name, the courts have called it manslaughter.

In America, the case has provoked deep divisions. Gabe Watson is known there as "the honeymoon killer"; the photo has become a powerful tabloid totem for people convinced he should die for his wife's murder. In Alabama, the couple's home, there is open contempt for the Australian authorities' handling of the case. The Attorney-General of Alabama, enraged at what he saw as leniency, said he would seek the death penalty once Gabe was released. He has since recanted; now he will seek life in prison.

David Watson admits to having little appreciation of Australia, or its system of justice. "When I think of Australia, I think of Crocodile Dundee," he says. "I suppose it's wrong, but I think of Australians as living in the bush."

The following evening, David, his wife, Glenda, and four of Gabe's friends meet to discuss the tragedy. The Watsons, and the couple's friends, cannot understand why Tina was allowed to dive in the deep, fast-flowing ocean waters of the Port of Townsville's main shipping channel on October 22, 2003, when she had no previous sea or open-water dive experience. She had logged only a few short training dives in an abandoned mining quarry in Alabama. The diving school there is 200 kilometres from the sea, its fresh waters are as still as a millpond and its shoreline within easy reach of any swimmer.

There are few satisfactory answers to their questions, other than the knowledge that the Australian dive company that took the couple out for the five-day excursion pleaded guilty to contravening its own safety standards and was fined $6500, plus costs of $1500.
The discussion in the small Alabama town of Hoover moves on to the Queensland coronial system: they think it mediaeval.

The group's complaint is that Gabe was charged with murder, a charge Queensland could not sustain. An alternative charge was laid and, as they see it, a plea offer made that Gabe could not refuse. He was jailed for 18 months.

As the pro-Watson group sees it, concern for Queensland’s image as a world-class tourist destination drove the criminal charges, not justice.

Glenda Watson speaks of losing not only a son but a daughter-in-law: "We all bent over backwards to work with the Australian police when Tina died. With Gabe still in Australia, I went over there. There was no grief support, nothing. People talk of Tina's family, but Tina was a Watson when she died. What of our family?"

Pastor Craig Greer, who married the couple, explains. "Glenda was like a second mother to Tina. She spent more time with the Watson family in the days and months leading up to the marriage than she did with her own flesh and blood."

But if his father knew or realised his son was guilty, would he still stand by him? "I would always stand by Gabe as I would any of my children, regardless of what they did, because they are always your children," David says. "But would I spend all that money if I thought he was guilty? No, I don't think I would."

Pastor Greer adds: "For us over here to navigate the [Australian] system, to watch the press play out, not to know who to trust through all of this, has been the dilemma ... it's played out like a Kafka novel. Why did police think Gabe murdered Tina?"

A month after Tina died, two divers on the Watsons' boat met her father, Tommy Thomas, in Alabama. They were fellow Americans Ken Snyder and Doug Milsap.
The two men later told the NBC-TV reporter Dennis Murphy that Gabe had told them something that, in their experience, seemed inconceivable: Tina was "too heavy" for Gabe to rescue - and the rest of his story was "bullshit".

For a death to be considered murder, a motive is required.

Tina's workers' compensation carried a death benefit. Thomas said his daughter's death benefit was $US33,000 ($37,590). With a double indemnity, a worker could buy additional benefits up to a maximum $170,000. He claimed Gabe wanted the couple to buy the increase. The difficulty with this as a theory is that Gabe was never the beneficiary. Her father received the money on Tina's death. Thomas explains the contradiction by saying Gabe Watson thought he was the beneficiary. Thomas says he told his daughter to inform Watson that a change in beneficiaries had taken place.

The complexities in the Thomas argument on motive quickly become so involved they appear unlikely. The undisputed evidence of the Crown shows that Gabe Watson refused to take out additional insurance offered by an insurance broker. Thomas's response is that to purchase such an insurance policy was too obvious a ploy and would have aroused suspicion. He does not believe Gabe murdered Tina for money. "He killed her because he was obsessed with her ... so that no one else could have her," he says.

In such circumstances, it's easy to understand why the Crown chose not to proceed with the murder charge.

Gabe Watson returned to Australia voluntarily in May last year. He paid his own way and surrendered to police at Brisbane Airport. In court he pleaded "not guilty to murder, guilty to manslaughter". The trial turned out anticlimactic until his sentence was announced: a year behind bars, with a further three years suspended.

A furore erupted, sparked by the outrage of Tina's father and fuelled by the Queensland Premier, Anna Bligh. The Queensland Attorney-General, Cameron Dick, told Parliament the sentence was "manifestly unjust". The Crown would appeal.

Eventually, Queensland's Court of Appeal changed the sentence to 18 months behind bars.

The court found Gabe loved his wife, was devastated at her loss and was of good character. His crime: as a rescue diver, he failed to save his wife. By failing to save
her, he killed her. Justice Richard Chesterman, while not criticising the trial judge, found Gabe Watson had "borne the unjust charge ... of murder".

In summing up the many mistakes that stemmed from the Coroners Court, Chesterman said: "This cause of death was repeated at the appeal by the Solicitor-General but it is wrong. Before dealing with the error another mistake, consequential on the first, should be noted.

"The prosecutor described the cause of death as 'drowning ... the deceased failed to receive sufficient oxygen whilst under ... water'. The deceased did not drown. The cause of death was asphyxiation. For some reason wholly unexplained in the materials provided the deceased ceased to breathe."

The Melbourne barrister Bill Coady says it was "a novel and original prosecution". The section Watson pleaded to was written more than 110 years ago by Sir Samuel Griffith, and does not appear to have been used previously.

Coady feels the Court of Appeal made good decisions. In particular, he points to Chesterman's judgment, which he says "makes a nonsense of the findings from the Coroners Court. He [Chesterman] then hits out against the outrageous allegations which arose from that court".

"The only question I have is why he pleaded guilty in the first place. After all, it seems it was only his own statements made in the immediate aftermath of his wife's death that proved the case against him. "I think the difficulty in the public mind arises because there is no relation or extension of the charges ... The original murder charge does not lead to the contravention of section 290 of the criminal code to which Watson finally pleaded."

Tina suffered from debilitating heart arrhythmia, or irregularity. In 2001, doctors temporarily inserted a microwave-generating device into her heart to destroy troublesome tissue. The Watsons said that before her Australian trip, Tina she had been treated at a neighbourhood medical clinic for severe head cold. When she died, paracetamol, ibuprofen and diphenhydramene were present in her system; the last is used as a seasickness tablet. Tina, then, was either seasick or expected to become seasick, immediately before a difficult dive.

Dr Andrew Epstein, the cardiac surgeon who conducted her heart operation, gave evidence to the coronial inquiry. He said he had not certified Tina for diving and was not himself a diving medical expert, but that he did not expect her heart condition to recur.
Professor David Williams, the forensic pathologist who conducted the autopsy, found "no convincing evidence" of heart disease. He said the cause of death was drowning. Tina was allowed to dive that day because she held a dive certificate from an Alabama organisation that required the completion of a medical questionnaire. One question asked if she had ever suffered a heart irregularity. Coroners Court exhibit 66 records her answer: "No."

Dr Michael Bennett is the vice-president of the Undersea and Hyperbaric Medical Society. He is also director of diving and hyperbaric medicine at Sydney's Prince of Wales Hospital and has dived on the wreck of the SS Yongala, where Tina Watson died. "I think the physician who completes a diving medical should seek written assurance from the patient's cardiologist that the cardiac arrhythmia has been corrected and the patient is suitable for diving," he said.

Lieutenant Brad Flynn, a member of the Helena police department, where Tina's parents live, does not like Gabe Watson or his father and is unafraid to say so. "Rather than lose the prosecution, we are willing to waive the death sentence," he says. "It's a small price to pay ... In my heart I know we would have gotten a conviction [over here]. "We want the physical exhibits. Scuba tanks, dive computer ... They know what we need ... I don't like the way the Australians handled some things, but I'm not going to be specific ... I respect your laws, but we have two sovereign courts. We want our day in [an Alabama] court."

The Alabama attorney-general, Troy King, has written to Dick seeking exhibits and has given an undertaking not to seek the death penalty if Gabe Watson is retried in Alabama. He will seek life without parole.

Dick said Australia had a long-standing, bipartisan opposition to the death penalty and he his government is "seeking detailed advice on whether what is contained in King's letter is sufficient, and whether it is, in fact, an effective undertaking that would be binding on the government of Alabama".

There is another complication. King lost Republican Party preselection and his successor, Luther Strange, says he will "evaluate the case thoroughly if he becomes Alabama's next attorney-general and has access to the available information".

Tina is buried in the Southern Heritage Lawn Cemetery at Pelham, about 20 kilometres outside Birmingham.

Watson is due to be released in the second week of November. In 2008, Gabe remarried a schoolteacher, Kim Lewis. She sits in Alabama awaiting his return, a free but marked man.

DISCLOSURE: Peter Patrick has asked the federal government not to deport Watson if he could face the death penalty in the US.
Recent drownings prompt warnings about water safety

http://ottawa.ctv.ca/servlet/an/local/CTVNews/20100719/OTT_Water_safety_100719/20100719/?hub=OttawaHome

Jul. 19 2010 Melissa Juergensen, ctvottawa.ca

The Children's Hospital of Eastern Ontario is urging parents to remember that drowning is preventable, even though there's been an increase in the number of water-related deaths this summer.

"Most children who drown in pools actually aren't in the pool intentionally. They aren't there swimming, they're just playing around the pool and they trip and they fall in," said emergency room physician Dr. Stephen Noseworthy.

Forty-three people have drowned in Ontario since May 1, according to the Lifesaving Society, a charitable organization working to prevent drowning and water-related injury in Canada. Last year, there were 39 drownings in the same period of time.

The society's public education director says the spike in drownings is likely linked to more people choosing to beat the heat by cooling off in the water. "I can't think of any other reason, I just can't," said Barbara Byers.

In Quebec, there were 16 more drownings between Jan. 1 and July 19 compared to last year. Byers said many of those include ice-related incidents involving snowmobiles and other winter sports.

Most drownings occur in lakes, ponds, rivers, streams and waterfalls, according to 2006 statistics compiled from coroners' offices across the country.

The majority of drowning victims tend to be men over the age of 18.
However, drowning remains the second leading cause of preventable death for children under 10 years old.

Keep close eye on kids
Noseworthy says the best way to prevent drownings among children is to keep a close eye on them all times. "You should always, always keep close eye on your kids, even in free water where they may be swimming with lifeguards present, always be within arms reach of your children. And if your children aren't strong swimmers, you should really have them wear lifejackets," Noseworthy told CTV Ottawa.

He says every swimming pool should have a fence enclosing the entire pool, as well as a self-latching and self-closing gate.

Although there are swimming pool alarms that parents can purchase, Noseworthy said a watchful parent remains the best safeguard.

"Pool alarms may be of some help, but they're really not going to be efficient if a parent is in the house at the time or is distracted by talking to someone else. They really need to be keeping a close eye on their children at all times." With files from The Canadian Press

Council produces safety policy after seven months of inaction
http://www.yorkshirepost.co.uk/localnews/Council-produces-safety-policy-after.6431391.jp
21 July 2010 By Simon Bristow

A COUNCIL has produced an open water safety policy more than seven months after being urged to do so by an accident prevention charity – but has yet to carry out any safety improvements.

The Royal Society for the Prevention of Accidents – Rospa – submitted a report to Hull Council last year making a series of recommendations after discovering there were "little or no" public information signs at many sites, and "inconsistency" in protection measures, including the provision of rescue equipment.

The report was commissioned in 2008 following two deaths in the River Hull.

In one, a man drowned near Myton Bridge that year. In another, a year earlier, student Xavier Findlator, 20, died after "skylarking" on North Bridge after a night out.

An inquest into Mr
Findlator’s death heard police were unable to find any life-saving equipment in the area. There have since been at least two other deaths in the river.

The body of father-of-two Alexander Spence, 30, was found by a group of rowers in the water in the Bankside area in April, just yards from a police search team, a fortnight after he had gone missing while walking home after a night out.

Police said his death appeared to have been a "tragic accident".

And last month the body of a man in his late 20s was recovered by police divers opposite Tower Street. His death is not being treated as suspicious.

The policy, which will go before the council’s cabinet next week, calls for risk assessments to be carried out at open water sites, and for risks to be reduced "as far as reasonably practicable".

Any improvements will include providing signs and information at each site, and health and safety training for council employees.

But it has been confirmed no new measures to reduce the risk of people falling in, or extra equipment to help them get out, have been introduced since the review began.

Opposition Labour group leader, Councillor Steve Brady, said the council should act now to improve safety at known "hot spots" while it determined what other action, if any, would be taken.

He also said the policy should be more developed than the one going to cabinet.

He said: "It's been an issue for years. It's all about fencing and security. "I would have thought if there's a report going to Cabinet, surely senior officers have got some nous about what needs to be done. "I don't know why they don't put fencing up along Princes Dock side, it would stop accidents. "They should also put fencing up at North Bridge and Drypool Bridge, the known hot spots. "The council has the capability to address that problem, not just talk about it."

The Liberal Democrat-led authority has a budget of £127,000 this year to spend on open water sites – and that includes their maintenance.

Coun Mike Ross, cabinet member for community safety,
said the assessments had to come first.

He said: "Should the policy be accepted it will provide a framework for what needs to be done. "I would like to think on the whole the sites in Hull are relatively safe but if some action needs to be taken this framework allows that to be done."

He added: "It's a common sense policy. You can't just go around putting fences up, you've got to assess what's needed first."

The council is responsible for many open water sites inside and outside the city, including ponds, lakes, marinas, fountains, rivers, gardens and drains.

The Rospa report also warned that a failure to carry out risk assessments at the sites could leave the council exposed to third-party claims for damages.

Dive team back at Hollywood canal where human bones were found
July 21, 2010 By Sofia Santana and Rachel Hatzipanagos, Sun Sentinel

HOLLYWOOD — — A dive team returned Wednesday to the Hollywood canal where human bones and other remains were found earlier this week.

Investigators have not yet said whether the remains are that of a male or a female, according to Hollywood Police Lt. Manny Marino. The bones apparently had been in the water for several months.

The dive team went back to the canal Wednesday to conduct another sweep of the area.

As part of the investigation, police will review their open missing-persons cases, officials said.

Television stations have reported that the remains are that of a black woman, but officials were not able to confirm that Wednesday.

Police began searching the water Saturday evening, when someone reported seeing bones in the shallow waterway in the 2900 block of Hollywood Boulevard, Marino said. The waterway is just west of Interstate 95 and behind the Hollywood Tri-Rail and Amtrak station.

Police found the bones Saturday night, and the Broward Medical Examiner's Office confirmed that they were human.

Police divers returned to the waterway Monday morning and launched another search, entering a culvert.

Hollywood's Public Works Department and the Florida Department of Transportation, assisting in the search, removed a grate so divers could enter the underground pipe, which was pitch-black inside, police said.
About 100 yards into the pipe, divers found more bones, Marino said. They also recovered a skull.

The Medical Examiner's Office is studying the bones.

More on this story:
http://cbs4.com/local/human.remains.found.2.1814440.html

Recovery team refloats boat at Treasure Lake
07/21/2010

DuBOIS - A boat that sank at the Treasure Lake marina was refloated Tuesday afternoon. Seatow Marine Towing and Salvage of Delaware River arrived on scene at 11:30 a.m. Tuesday to recover the boat.

The three-man team included Jack Moran, a salvage master with more than 15 years of experience.

Moran, the main diver, placed three air bags under the sunken boat. One was placed under the bow for lifting the stern out of the mud while the other two airbags were located under the bottom of the boat.

The bags were inflated with an air compressor and lifted the boat to the surface, where water was pumped out of the vessel, allowing it to float. Moran said he has helped recover hundreds of boats.

The TLPOA security boat towed the boat to shore. A bad seal was blamed for the boat sinking. An environmental team began conducting a final cleanup after the boat was removed from the water.

The saga began Monday. Sandy Township fire Chief Bob Wilson said emergency personnel from the township and Clearfield County were called at 10:40 a.m. when a private contractor was notified of a boat underwater leaking oil and gas.

Jerry Pollock of the Clearfield County Emergency Management Agency said a 23-foot cabin cruiser sitting at the end of a marina dock was found capsized. The boat is owned by Frank Radashak of Arnold.
The Oklahoma, Sabula and Treasure Lake fire companies responded along with township EMA and police and TLPOA security and management.

Wilson said emergency personnel contained the leak with absorbent materials and checked the area for further spreading of the fluids. The boat leaked an unknown quantity of hydraulic fluid, gasoline and oil.

A team from Eagle Tire and Towing of Milesburg responded around 3 p.m. for a hazmat cleanup. Absorbent materials that float on the water were used to contain the fuel spill and then the surface vacuumed to remove the fluids. After cleanup, a boom was placed around the spill area to contain any seepage.

Remains found in canal near location of Matoaca man’s disappearance
July 22, 2010 BY MICHAEL BUETTNER (STAFF WRITER)

DINWIDDIE - Human remains have been found in the Upper Appomattox Canal near the last known location of a Chesterfield County man who disappeared more than two years ago.

The Dinwiddie County Sheriff’s Office said it found clothing and human remains at the bottom of the canal near the site where a three-wheeled all-terrain vehicle belonging to Gerald R. "Randy" Marion was found in February 2008.

Sheriff's Capt. William Knott said the department had decided to take advantage of the low water level in the canal to make another search. Near-drought conditions and the collapse of a dam that fed water into the canal have left the waterway completely dry in some spots.

Investigators went out on Saturday with a search team that included cadaver dogs. "Not too far downstream from where the three-wheeler was found, the dogs alerted," Knott said. The searchers "dug down and found some clothes and remains," he said. Nothing has been found that would indicate any foul play, he added.

Knott said he has spoken with Marion's family about the new discovery. "We have stayed in contact with them over the last two years," he said. "We have been working the case ever since it happened."

However, he cautioned that nothing yet has confirmed that the remains are those of Marion, who was 25 at the time of his disappearance. The clothing and remains have been sent to the state Office of the Chief Medical Examiner, Knott.
added. "Once the medical examiner does their thing, we hope to be able to make a positive identification."

Steve Murman, a spokesman in the medical examiner's office in Richmond, said that as of Wednesday afternoon the remains found in Dinwiddie had not been positively identified. "We are still going through the process of identifying him or her," he said.

The Marion case had left investigators and the community baffled. Marion, a 2002 graduate of Matoaca High School, disappeared on Feb. 9, 2008. According to reports at the time, he was visiting friends who lived on Ferndale Circle near the canal, and taking turns with them to ride his ATV along a hiking trail that runs beside the canal. When it was his turn, Marion rode down the trail and did not return. His friends reported him missing early the next day, and his ATV was located quickly, overturned in the canal.

A massive search effort followed. Virginia State Police divers searched the canal, and about 40 people from Dinwiddie, K9 Alert, the Virginia Search and Rescue Dog Association, Piedmont Search and Rescue, and Tidewater Search and Rescue performed ground searches of the area, all with no results.

The canal was dug between 1795 and 1807 to bypass the falls of the Appomattox River. The path alongside the canal is part of the Appomattox River Trail, a planned 22.8-mile hiking trail from the George F. Brasfield Dam at Lake Chesdin to where the river joins the James River at Hopewell. Motor vehicles are not permitted on the trail.

### ‘Hook' or 'slice' good business
CHARLTON DIVING FIRM RETRIEVES GOLF BALLS
http://www.telegram.com/article/20100725/NEWS/7250470/1101#
July 25, 2010 By Bill Doyle TELEGRAM & GAZETTE

Golf ball diver George Keller of Rutland collects golf balls in a pond at Bedrock the Golf Course in Rutland. (T&G Staff Photos / TOM RETTIG)
It's often said that a bad day of golf is better than a good day of work. “But for us,” said Forest Rothchild, owner of Golf Ball Diving in Charlton, “a bad day of golf is a good day of work.”

Rothchild and his five divers slip on their scuba diving gear, retrieve errant shots out of golf course ponds and ship the golf balls to a recycling firm in Texas to be refurbished.

Rothchild said his divers, who work as independent contractors, uncover about million golf balls a year. One of those divers, George Keller of Rutland, found nearly 400,000 last year.

“When I say George is my machine,” Rothchild said, “that is not an exaggeration. I tell people,” Keller said, “I'm a professional golf ball reclamation technician. I don’t tell them that I climb around in the mud and the muck and the goo to find golf balls.”

In 2-1/2 hours on May 28, Keller fished about 2,000 golf balls out of a pond in front of the elevated fifth tee at Holden Hills. The day before he pulled roughly the same amount out of the same pond. “Me, I'm loving this,” Keller said. “My wife thinks I'm out of my mind.”

On any given day, about 100,000 golf balls sit in Rothchild's storage unit on Millbury Street in Worcester before they're shipped to Texas.

Rothchild, 37, and Keller, 50, are both certified scuba divers who met through a friend who belonged with Keller to the Deep Six Divers club that meets at Inland Divers in Leicester. Rothchild read an advertisement about golf ball diving in a scuba diving magazine and started his own golf ball diving company in 2007. “I figured,” he explained, “if I'm already getting in dirty, nasty water, how can I expand on this and make money with it?”

Many of the Central Massachusetts golf courses were already under contract to other golf ball divers, but Rothchild lined up Holden Hills, Bedrock, Tatnuck and Townsend Ridge. His company services about 150 courses from Maine to Maryland. PG Professional Golf in Sugarland, Texas, which recycled more than 40 million golf balls last year, pays the divers and the courses a fee for each reuseable ball, then refurbished them. The balls are eventually sold to the public at Walmart, Dick's Sporting Goods and similar outlets.
Goods, BJs and online at lostgolfballs.com. Four grades of used balls sell for half the price of new and less.

Keller has found broken glass, signs, golf clubs and flag sticks in ponds. “Today, I found a full bottle of beer,” Keller said after exiting the pond on the fifth hole at Holden Hills. “God knows how long it's been here.”

Snapping turtles and snakes can be a concern, but Keller was most disturbed by a koi, an ornamental carp, of 3-1/2 to 4 feet that swam up to him in a pond at Laurel View CC in Hamden, Conn. “It scared the bejeebers out of me,” he admitted.

Rothchild finds about 100 clubs a year in ponds, mostly putters and wedges, and gives them away. He's also found shoes, a doll and a frog skeleton. He's heard of divers finding guns, even golf carts.

It's usually too dark in ponds for divers to see much of anything. “We wear gauges on our wrists,” Rothchild said, “that tell us how deep we are, but unless we have them pressed against our masks generally you can't even read them. The visibility gets that bad.”

A pond may be clear, but once something is touched silt stirs up and you can't see. So divers find golf balls by feel, moving their fingers across the bottom of the pond. The deeper they dig, the older the ball usually is.

Because of the lack of rain lately, a pond at a golf course in New Jersey had receded so much, most of the golf balls were exposed so Keller didn't even have to dive in the water. He simply walked around in the muck and picked them up.

Rothchild used to golf, but he doesn't anymore. Keller never golfed. “It amazes me,” Keller said, “how many people do not have fun golfing. They're swearing, carrying on, throwing their clubs. I've had courses where I've pulled 15 clubs out of a water hazard and guys are walking by and they chuckle at us, but before they know I'm there I can hear them cursing and they're not having a good time.”

Rothchild said golfers usually stumble backward when they see him coming out of the water. “Then they see who you are,” he said, “and they get their camera phones out and take your picture.”

Rothchild said more Titleist Pro V1s are lost than any
other golf ball. A dozen sell for $58 new or $10 to $23 refurbished, depending upon their condition.

Golf ball diving has become so competitive, some divers sneak on courses at night and clean out ponds without paying the courses. Rothchild calls them “night hawks” or “night poachers.”

Keller has gone scuba diving, but not golf ball diving, in Belize, Costa Rica, Aruba, Grand Cayman and the Galapagos Islands.

“There's nothing like diving with a school of hammerhead sharks for days at a time,” he said.

Whenever Keller scuba dives near Rockport or Gloucester, he finds golf balls in the Atlantic Ocean. There aren't any golf courses nearby, but people enjoy hitting them into the ocean. Keller does the same thing, hitting hundreds of golf balls into the woods and the water from his family's summer home on an island off the coast of Maine. But he doesn't put on his scuba diving gear and retrieve them. “The last thing I'm going to do is go get them,” he said.

Rothchild loses money whenever he gives a ball back to a golfer, but occasionally he will if he's in the water when a golfer hits one in. He'll flip the ball to the golfer and tell him, “I'll just pick it up again next week.”

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INFORMATION YOU CAN USE

The science of crime
http://www.bangordailynews.com/detail/147954.html

UMaine professor’s forensics course, which has soared in popularity, is a far cry from TV investigation drama.

ORONO, Maine — Open the door to Irv Kornfield’s unassuming office in a quiet university building and you might be surprised what you find.

Animal pieces in jars of formaldehyde. Empty bullet casings and shotgun shells. Posters on the walls depicting DNA sequences. Fingerprint charts from the Maine State Police. Maybe even a graduate student lying on the floor in what looks like a pool of blood.

In addition to his duties as a professor in the school of biology and ecology at the University of Maine, Kornfield has taught a wildly popular course on forensic science since 2003. While any number of crime scene investigation television dramas may pique students’ interest in the course, Kornfield quickly replaces slow-motion camera shots with cold, hard science. In fact, the first assignment of the year is to watch one of these shows and record the absurdities.

“I disabuse them of the notion that they can become crime scene investigators,” as no such position exists in the real world, Kornfield said.

Click HERE for the rest of the story!
Perdue signs suspects' DNA testing into law

7/16/2010

Calling DNA "the 21st century version of fingerprints," Gov. Bev Perdue signed into law a measure that will have police and sheriffs' deputies taking DNA from people arrested for certain offenses. "We need to give our law enforcement officers the most advanced tools that we can when they head out on the streets," Perdue said Thursday.

People arrested for everything from murder and rape to cyberstalking will have their DNA collected with a cheek swab. The samples will be analyzed for their identifying markers and the information stored in a state database.

State Attorney General Roy Cooper worked for the measure, saying it would help solve crimes.

The legislature passed the bill overwhelmingly, though some lawmakers argued that it violates Constitutional protections against unreasonable searches and seizures.

In the final debate before the bill passed state House, opponents vigorously objected to adding DNA records from people who are presumed innocent to the DNA database. The State Bureau of Investigation must remove the DNA records and destroy the samples from people who have their charges dismissed or are acquitted.

Second Federal Analysis Gives Further Clues About Location and Movement of Subsurface Oil

The National Oceanic and Atmospheric Administration (NOAA), the U.S. Environmental Protection Agency (EPA) and the White House Office of Science and Technology Policy (OSTP) released on Friday, July 23, its second peer-reviewed, analytical summary report about subsurface oil monitoring in the Gulf of Mexico.

Read more...
Recent studies are beginning to suggest that episodes of panic or near-panic may explain many recreational diving accidents and possibly throw light on the cause of some diving fatalities. There is also evidence that individuals who have a high level of underlying anxiety are more likely to have greater responses when exposed to stresses, and hence, this sub-group of the diving population is at an increased level of risk. In a recent national survey, more than half of divers reported experiencing at least one panic or near-panic episode. Panic attacks are often spurred by something that a non-diver would deem serious -- entanglement, an equipment malfunction or being startled by some unexpected sea creature. The attacks can lead to irrational and dangerous behavior. If divers and instructors knew more about the phenomenon they could screen out people who might be susceptible to life-threatening panic attacks.

The panic attacks are not restricted to beginning divers; sometimes experienced scuba divers with hundreds of logged dives experience panic for no apparent reason. It is thought that in such cases the panic occurs because divers lose sight of familiar objects, become disoriented and experience a form of sensory deprivation. This problem has been labeled the "blue orb syndrome." However, among inexperienced divers, there is usually an objective basis (e.g., loss of air or a shark) behind the panic response.

Panic response is when a diver behaves irrationally. The diver’s attention narrows and he loses the ability to sort out his options. If, for example, a problem develops with the regulator, the restricted air flow could prompt the diver to ascend rapidly enough to cause an air embolism (bubble) in the bloodstream, which can be fatal. This would be considered a panic response if the diver had other safe options, such as access to a pony bottle (an emergency air supply), or was diving with other divers who could share their air supply, allowing a gradual ascent.

There are some obvious diving activities which tend to lead to panic episodes, such as the stresses of equipment malfunctioning, dangerous marine life (e.g., sharks), loss of orientation during a cave, ice or wreck dive, and so on.
Diving with faulty or inappropriate equipment or performing high-risk dives has greater potential for panic episodes; these problems can be prevented or minimized with appropriate training and cautionary actions.

There is a psychological concept known as "trait anxiety" that is regarded as a stable or enduring feature of personality, whereas state anxiety is situational or transitory. In this regard, it can be accurately predicted that individuals who score high on trait anxiety are more likely to have increased state anxiety and panic during scuba activities and are at potentially greater risk than those scoring in the normal range. These people probably should not dive because it has been found that interventions such as biofeedback, hypnosis, imagery and relaxation have not been effective in reducing the anxiety responses associated with the panic attacks. Psychological research has shown that hypnosis is effective in relaxing scuba divers, but it can also have the undesired effect of increasing heat loss in divers. Relaxation can lead to increased anxiety and panic attacks in some "high anxious" individuals (this phenomenon is known as relaxation-induced-anxiety, or RIA). Individuals with a history of high anxiety and panic episodes should probably be identified and counseled during scuba training classes about the potential risks.

Advice About Diving
Whether or not a person with anxiety, phobias and panic attacks should be certified as 'fit to dive' should be decided on the merits of each case, the type of drugs required, the response to medication, and the length of time free of anxiety and phobic problems. Identification of individuals who score high on trait anxiety are more likely to have increased state anxiety and panic during scuba activities and are at potentially greater risk than those scoring in the normal range. Most probably should not dive but if allowed to dive should be carefully monitored and fully informed of their risks. Decision-making ability, responsibility to other divers should be taken into consideration. Prospective divers should in all cases provide full disclosure of their condition and medications to the dive instructor and certifying agency - bearing in mind the safety of buddies, dive instructors, divemasters and other individuals who are always affected by diving incidents.

Medications used to treat anxiety, phobias and panic disorders
(Note: Many of the medications listed under depression are also used for anxiety.)

Benzodiazepines
Medications in this group used to treat anxiety include: Alprazolam/Xanax, Chlordiazepoxide/Librium, Clonazepam/Klonopin, Clorazepate/Tranxene, Diazepam/Valium, Halazepam/Paxipam, Lorazepam/Ativan, Oxazepam/Serax, Prazepam/Centrax.

Side Effects Adverse to diving include
· Drowsiness: This is a common side effect. Make sure you know how you react to this medicine before driving or using dangerous machinery.
Celexa / Citalopram
Citalopram is used to treat depression, anxiety, and obsessive-compulsive disorder.

- Dizziness: Be careful about standing up quickly, going up and down stairs, and driving.
- Difficulty learning: This is an unusual side effect and tends to go away quickly with continued use.

Beta Blockers
Medications in this group used to treat anxiety include: Propranolol/Inderol, Pindolol/Visken, Atenolol/Tenormin, Acebutolol/Sectral, Betaxolol/Kerlone, Bisoprolol/Ziac or Zebeta, Carteolol/Cartrol, Carvedilol/Coreg, Labetalol/Normodyne or Trandate, Metoprolol/Lopressor, Nadolol/Corgard or Corzide, Penbutolol/Levatol, Timolol/Blocadren or Timolide.

Side Effects inimical to diving include:
- Drowsiness: This is a common side effect. Make sure you know how you react to this medicine before driving or using dangerous machinery.
- Dizziness: Be careful about standing up quickly, going up and down stairs, and driving.
- Low Blood Pressure
- Slow pulse. This particularly important to divers, as they may not be able to respond to exercise and stress in case of need.
- Breathing difficulty, wheezing, cough
- Dry mouth: Drink plenty of fluids. Chew sugarless gum. Suck on sugarless candy. Pay special attention to dental hygiene (brush and floss regularly). Patients with asthma or diabetes may develop special side effects while taking these medications.

Fluoxetine / Prozac
Fluoxetine is used to treat depression, anxiety, and obsessive-compulsive disorder.

Possible side effects adverse to diving include:
- Anxiety/restlessness: This will usually go away with continued use.
- Drowsiness/Dizziness: Avoid driving or working with dangerous machinery until the effect of this medication is known.
- Bruising/bleeding: Use of citalopram can slightly increase risk of bruising and bleeding, but this can be significant when aspirin or non-steroidal anti-inflammatory drugs (e.g naproxen, ibuprofen, ketoprofen, flurbiprofen, diclofenac, sulfasalazine, sulindac, oxaprozin, salsalate, piroxicam, indomethacin, etodolac) are also taken. Barotrauma to sinuses, ears and lungs may cause significant hemorrhage.

Fluvoxamine / Luvox
Fluvoxamine is used to treat depressive, anxiety, and obsessive-compulsive symptoms.
Possible side effects adverse to diving include:
- Anxiety/restlessness: This will usually diminish with continued use. If anxiety causes difficulty, consult with your physician.
- Drowsiness: If this occurs, take this medication 1 hour before bedtime. Make sure you know how you react to this medicine before you drive or use dangerous machinery. This usually diminishes with continued use.
- Tremor: This tends to diminish with continued use.
- Bruising/bleeding: Use of fluvoxamine can slightly increase risk of bruising and bleeding, but this can be significant when aspirin or non-steroidal anti-inflammatory drugs (e.g. naproxen, ibuprofen, ketoprofen, flurbiprofen, diclofenac, sulfasalazine, sulindac, oxaprozin, salsalate, piroxicam, indomethacin, etodolac) are also taken. Bleeding with barotrauma would be a concern.

Narcolepsy

Narcolepsy is a chronic disorder affecting the brain where regulation of sleep and wakefulness take place. Narcolepsy can be thought of as an intrusion of dreaming sleep (REM) into the waking state.

The question of the narcoleptic becoming certified for scuba diving is posed periodically - usually followed by a barrage of letters and postings to bulletin boards writing about the unknown dangers of this illness. Of course, no scientific studies have been done on narcoleptics diving and all that is written is pure supposition, based on knowledge of the condition and knowledge of what can happen to the diver with decreased awareness or consciousness.

Some people, no matter how much they sleep, continue to experience an irresistible need to sleep. People with narcolepsy can fall asleep while at work, talking, and driving a car for example. These "sleep attacks" can last from 30 seconds to more than 30 minutes. They may also experience periods of cataplexy (loss of muscle tone) ranging from a slight buckling at the knees to a complete, "rag doll" limpness throughout the body.

The prevalence of narcolepsy has been calculated at about 0.03% of the general population, or, about one person in 2000. Its onset can occur at any time throughout life, but its peak onset is during the teen years. Narcolepsy has been found to be hereditary along with some environmental factors. Narcolepsy is a very disabling and under-diagnosed illness: the effect of narcolepsy on its victims is devastating.

Studies have shown that even treated narcoleptic patients are often markedly psychosocially impaired in the area of work, leisure, interpersonal relations, and are more prone to accidents. These effects are even more severe than the well-documented deleterious effects of epilepsy when similar criteria are used for comparison.

Symptoms include excessive sleepiness, temporary decrease or loss of muscle control (sometimes associated with getting excited), vivid dreamlike images when drifting off to sleep and waking up unable to move or talk for a period of time.

Narcolepsy and Driving

There are several states that have imposed driving restrictions upon people with narcolepsy. These restrictions usually entail a narcolepsy-free period of one year after starting treatment; and, no drug-related
Schizophrenia is a serious mental illness that affects one person in a hundred. It usually develops in the late teens or early twenties, though it sometimes starts in middle age or even much later in life. The earlier it begins, the more potential it has to damage the personality and the ability to lead a normal life. Although it is treatable, relapses are common, and it may never clear up entirely. It makes working and studying, relating to other people and leading a full, independent life very difficult, and causes families much distress.

Another aspect of this condition concerns the side effects from the drugs used to combat the sleepiness. Medications used to treat narcolepsy include stimulants, anti-cataleptic compounds and hypnotic compounds, some of which have definite effects and side effects that are inimical to diving. Stimulants that increase the metabolic rate can cause an increased risk of oxygen toxicity in nitrox divers. Any of the drugs that alter the sensorium also alter the decision-making process or increase risk-taking and are definitely adverse to divers.

Advice About Diving
Whether or not a person with narcolepsy should be certified as 'fit to dive' should be decided on the merits of each case, the type of drugs required, the response to medication, and the length of time free of narcoleptic problems. Relationship to excitement, emotions and stressful situations should be taken into consideration. Prospective divers should in all cases provide full disclosure to the dive instructor and certifying agency - bearing in mind the safety of buddies, dive instructors, divemasters and other individuals who are always affected by diving incidents. It might also be wise to consider the use of a full face mask to decrease the risk of drowning in case of unconsciousness during a dive.

Schizophrenia
Schizophrenia is a serious mental illness that affects one person in a hundred. It usually develops in the late teens or early twenties, though it sometimes starts in middle age or even much later in life. The earlier it begins, the more potential it has to damage the personality and the ability to lead a normal life. Although it is treatable, relapses are common, and it may never clear up entirely. It makes working and studying, relating to other people and leading a full, independent life very difficult, and causes families much distress.

Thoughts, feelings and actions are somewhat disconnected from each other so that what a person says may be out of keeping with what they feel or do, or what they do may be out of keeping with what they say or feel. This may be easier to illustrate by describing the symptoms. These are divided into positive symptoms, which are abnormal experiences, and negative symptoms, which are more an absence of normal behaviour and disorganized symptoms, indicating the extent of disorganization of the thought processes and vocalizations of the patient.

Positive symptoms
We normally feel that we are in control of our thoughts and actions, but schizophrenia interferes with this feeling of being ‘the captain of the ship’. It may feel as though thoughts are being put into the mind or taken out by some outside, uncontrollable force. At worst, the whole personality seems under the influence of an alien force or spirit. This is a terrifying experience, which the person tries to explain according to education and upbringing.

Hallucination is the experience of hearing, smelling, feeling or seeing something that is not there. Voices are the most common hallucination, and they sound so real that the hearer is convinced that they come from the outside - as if from loudspeakers or the spirit world. These voices are distressing as they talk about the person as well as to the person.
An episode of schizophrenia often occurs after some stressful event - and, though it cannot be the cause, it may help to bring the illness on. Long-term stress, such as family tensions, may also make it worse. Street drugs like ecstasy, LSD, amphetamines and marijuana (hash, pot, ganja) are thought to bring on schizophrenia. There is no evidence that it is brought on by disturbed families.

**Negative symptoms**
These affect interest, energy, emotional life and everyday activities. They avoid meeting people, say little or nothing and may appear emotionally blank.

**Disorganized symptoms**
Schizophrenia often interferes with a person's train of thought and it becomes difficult to understand their gibberish. They will shout back at their voices or will comply with the instructions of the voices, often hurting themselves or others.

**Causes of schizophrenia**
The cause of this condition is unknown. However, approximately one in ten people with schizophrenia have a parent who suffers from the illness. But the gene, or combination of genes, responsible has yet to be discovered.

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Before the advent of Thorazine in the 1950s, many people with schizophrenia spent most of their lives in mental hospitals. Things have changed since then and most people with the illness are treated outside hospital for most of their lives.

After a first episode of schizophrenia, about a quarter make a good recovery within five years, two thirds will have multiple episodes with some degree of disability between these episodes, and 10-15% will develop severe continuous incapacity. Although the illness is severe and disruptive, many people who suffer from it are eventually able to settle down, work and make lasting relationships.

**Medications**
Since 1954, a number of drugs have been available for the treatment of schizophrenia. Most work by blocking the path of a particular chemical messenger, dopamine, in the brain. The drugs usually suppress positive symptoms; delusions and hallucinations gradually go away in a few weeks. There are, however; side-effects, especially stiffness and shakiness, like Parkinson's disease (which can be reduced by giving anti-Parkinsonian drugs). Anti-schizophrenia drugs may also cause slowing up, sleepiness and putting on weight. The worse consequence is unwanted and lasting movements of the mouth and tongue - tardive dyskinesia (TD for short) - which affects a number of people who have taken anti-schizophrenia drugs for a year of more, and may not go away even if the drugs are stopped.

Fortunately new drugs are now available which block different chemical messengers and are much less likely to cause side-effects. They may also help the negative
Clozaril is used to treat nervous, mental, and emotional conditions, such as preoccupation with troublesome and recurring thoughts, and unpleasant and unusual experiences such as hearing and seeing things not normally seen or heard.

**Blood tests:**
- Clozapine can cause a low WBC in 1 - 2% of patients, which can cause serious problems. This usually occurs between 6-18 weeks after starting Clozapine. White Blood Cells help to fight infections. Diving could possibly increase the risks of severe vibrio infection.

**Possible Side Effects adverse to diving include:**
- Seizure: These have occurred in 1-2% of patients taking less than 300 mg/day, 3-4% taking 300-600 mg/day, and 5% over 600 mg/day. Contact your prescriber immediately if a seizure occurs.
- Increased saliva production: Most patients will get this side effect. Some tolerance develops after 8-12 weeks. This would increase the production of swallowed air with attendant difficulty on ascent.
- Feeling tired, dizziness: Usually improves or goes away in 3-4 weeks.
- Low blood pressure with standing: Usually improves with time. Discuss increasing the dose slower with your prescriber.
- Heart beating faster: Usually does not cause serious problems. Tolerance may develop.
- Restlessness, tremors, stiffness, muscle spasms are uncommon, but can be treated.

**Medications used to treat this disorder**

**Clozapine / Clozaril**

**Quetiapine / Seroquel**
Quetiapine is used to treat psychotic symptoms and disorders, such as schizophrenia.

**Possible side effects include:**
· Low blood pressure: Usually occurs with standing from a lying or sitting position. Arise slowly and allow your body more time to adjust the blood pressure.
· Sleepiness: Common, but usually mild and transient.
· Cataracts: One study with dogs showed a possible increase in cataract formation. This has not yet been reported in humans. You should have your eyes examined every 6 months.
· Other occasional side effects may include headache, dry mouth, dizziness, insomnia, constipation, and agitation. Quetiapine may cause muscle stiffness, hand tremors, face and mouth movements, and rarely neuroleptic malignant syndrome (high fever, stiffness, and flu-like symptoms). These symptoms occur less often than with older typical anti-psychotic medications.

**Possible Side Effects Adverse to Divers:**
· All medications that act on dopamine can sometimes have side effects involving muscle coordination or muscle tension. It appears that Risperidone is somewhat less likely to cause this type of side effect than others. Examples can include stiffness in the arms, back or neck. Sometimes patients experience shakiness or problems with muscle coordination.

Some people who take Risperidone may become more sensitive to sunlight. When you first begin taking this medicine, avoid too much sun and do not use a sunlamp until you see how you react, especially if you tend to burn easily. If you burn easily or have a severe reaction, contact your physician.

**Risperidone / Risperdol**
Risperidone is used to treat nervous, mental, and emotional conditions, such as preoccupation with troublesome and recurring thoughts, and unpleasant and unusual experiences such as hearing and seeing things not normally seen or heard.

**How does it work?**
The effects of this medication appear to be related to reducing activity of a brain substance called dopamine. It also blocks some serotonin activity in the brain. Some of the benefits may occur in the first few days, but it is not unusual for it to take several weeks or months to see the full benefits. In contrast, many of the side effects are worse when you first start taking it.

**Haloperidol**
Brand name: Haldol is a butyrophenone derivative with antipsychotic properties that has been considered particularly effective in the management of hyperactivity, agitation, and mania.

**New Drugs for Schizophrenia**
Atypical antipsychotic drugs on the market currently include clozapine, risperidone and olanzapine. Use of these medications in selected patients who do not benefit from, or cannot tolerate, traditional agents is an important step in improving the lives of patients with schizophrenia.

Use of traditional antipsychotic medications has been limited by their substantial side effects and failure to achieve long-term control of symptoms in some cases.
New "atypical" antipsychotic drugs show promise for the treatment of resistant cases of schizophrenia and improvement in patient tolerance and compliance. These medications have been more successful than traditional antipsychotic drugs in treating the negative symptoms of schizophrenia, such as social withdrawal and apathy. The atypical antipsychotic drugs produce fewer extrapyramidal side effects and no tardive dyskinesia or dystonia. However, they are associated with induction of neuroleptic malignant syndrome, and clozapine can produce fatal agranulocytosis.

**Olanzapine / Zyprexa**
Olanzapine is used to treat psychotic symptoms and disorders, such as schizophrenia.

**Possible side effects adverse to divers include:**
- Tiredness, dizziness, insomnia (trouble falling asleep), nervousness, restlessness, nausea, vomiting, constipation, dry mouth, runny or stuffy nose, increased salivation, weight loss or gain, increased heart rate, and low blood pressure with standing.

- Olanzapine may cause muscle stiffness, hand tremors, face and mouth movements, and rarely neuroleptic malignant syndrome (high fever, stiffness, and flu-like symptoms). These symptoms occur less often than with older typical anti-psychotic medications.

***************

**Effects of Marijuana Use**
- The more Marijuana is used, the shorter its effects last.
- Tolerance to the psychoactive effects develops with continued use.
- Psychological and mild physical dependence gradually occurs with regular use.

**Withdrawal symptoms include:**
Restlessness, insomnia, nausea, irritability, loss of appetite, sweating.
- Risk of adverse reactions is greater for persons who have had schizophrenia or other psychotic disorder, depression, dysthymia, and bipolar disorder (manic-depression).
- Tar content of marijuana is significantly greater than cigarettes, with more carcinogens. Potentially harmful effects to divers include:
  - Accidents and deaths caused by distortions in perception of time, body image, and distance.
  - Impairment of recent memory, confusion, decreased concentration,
  - Decreased muscle strength and balance.
  - Decreased blood flow in brain.
  - Impaired ability to perform complex motor tasks.
  - Poor memory.
  - Amotivational syndrome.
  - Depression, especially in new users.
  - 50% of users will have a "bad trip" - severe panic reaction with fear of dying or losing one's mind.
  - Fast heart rate and lower exercise tolerance.
  - Dry mouth and throat.

**High doses may cause:**
- Hallucinations
- Depersonalization
- Paranoia
- Agitation
- Extreme panic

**Chronic use may cause:**
- Bronchitis, Sinusitis, Pharyngitis, Chronic cough,
Emphysema, Lung cancer.
· Poor immune system functioning; severe marine infections
· Poor motivation, depressed mental functioning.

***********************
Alcohol and Diving
Some divers insist on drinking beer before, during and after their dives. Is there any danger in drinking alcoholic beverages and diving? The short answer is that by drinking alcohol before and during diving trips a diver severely endangers not only himself but his buddy!

Blood Alcohol Concentration (BAC)
Research has shown that there is a definite reduction in the ability of the individual to process information, particularly in tasks that require undivided attention for many hours after the blood alcohol level has reached 0.0%. This means that the risk for injury of a hungover diver is increased significantly, particularly if high BAC levels were reached during the drinking episode.

The AMA upper limit of the BAC for driving a vehicle in the US is 0.05%. Surely diving with any alcohol on board would be foolish, considering the alien environment (water) and the complex skills required to follow no deco procedures.

Alcohol Impairment
All of the following behavioral components required for safe diving are diminished when alcohol is on board or has been on board in the prior 24 hours:
· Reaction time
· Visual tracking performance
· Concentrated attention
· Ability to process information in divided attention tasks
· Perception (Judgment)
· The execution of psychomotor tasks.

The individual who has alcohol onboard may not feel impaired or even appear impaired to the observer but definitely is impaired and this is persistent for extended periods of time. The use of alcohol, even in moderate doses, clearly carries a self-destructive aspect of behavior and leads to higher probabilities for serious accidents. Alcohol is a diuretic

In addition to these dangers is the definite danger of alcohol-produced dehydration. Dehydration is considered to be one of the prime causes of decompression illness. Alcohol in any form has a direct effect on the kidneys, causing an obligatory loss of body fluids.

If your drinking buddy is an intelligent diver, surely he will understand that this is not preaching- a cool beer is appreciated by the author-but by drinking and diving he can turn a safe sport into a nightmare for himself and his family. I'm sure that when he considers that he is also endangering his buddy that he will think twice before drinking alcohol before and while diving.

There have been recent discussions in scuba magazines, chat rooms and scuba forums that it's OK to drink beer between dives during a surface interval. Some divers insist on drinking beer before, during and after their dives. Is there any danger in drinking alcoholic beverages and diving? The short answer is that by drinking alcohol before and during diving trips a diver severely endangers not only himself but his buddy!

A study by Perrine, Mundt and Weiner found (scuba) diving performances significantly degraded at blood alcohol levels of 40 mg/dl (04% BAC). They also cite a clear increase in the risk of injury at this level which can
be reached by a 180 lb. man who ingests two 12 oz. beers in 1 hour on an empty stomach. This very pertinent study once again points out that there is a diminished awareness of cues and reduced inhibitions at relatively low levels of blood alcohol. Their study used well trained divers who were being paid to do their best as their diving performances were being videotaped.

My friend, Dr. Glen Egstrom, PhD has stated the problem succinctly: He made personal review of over 150 studies on the effects of alcohol on performance has resulted in the following observations:

1. Ingestion of even small amounts of alcohol does not improve performance: to the contrary it degrades performance

2. While there are variables that can speed up or delay the onset of the effects of alcohol, they are minor issues which do not overcome the decrements to the central and peripheral nervous system.

3. Alcohol can be cleared from the blood at a predictable rate. Generally on the order of .015% BAC per hour. This does not necessarily mean that the decrements in performance have been completely eliminated in that time.

4. Alcohol is a depressant drug that slows certain body functions by depressing the entire central nervous system. Effects are noticeable after one drink.

5. The effects are mood elevation, mild euphoria, a sense of well being, slight dizziness and some impairment of judgment, self control, inhibitions and memory.

6. Increases in reaction time and decreases in coordination follow the dose/response curve quite well.

7. Alcohol is involved in 50% +/- of all accidents involving persons of drinking age.

8. The deleterious effects of alcohol on performance are consistently underestimated by persons who have been drinking alcohol.

9. Divided attention tasks are found to be affected by alcohol to a greater degree than those tasks with single focus of concentration, i.e. a task such as a headfirst dive into shallow water, with many interrelated decisions necessary to a successful dive, will be impacted to a greater degree than lifting a heavy weight.

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Naltrexone / Revia
Naltrexone is used to treat alcoholism, by diminishing craving and the effect of alcohol. It is also used to decrease impulsivity associated with self-harm behaviors.

Possible side effects inimical to diving include:

- Dizziness: This is a fairly common side effect, which often disappears with continued use.
- Less common side effects may include: headache, constipation, nervousness, fatigue, insomnia, limb or abdominal pain, weight loss.

Power Point Presentation
Come out to a DUI DOG Rally & Demo Tour and Actually TEST DIVE DUI Drysuits, DiveWear Insulation and Accessories
http://www.dui-online.com/dog_main.html

All Public Safety Diver programs are held in conjunction with DUI DOG Rally & Demo Tour dates. In most cases, the event is held on Friday for public safety divers only with the DOG Rally event open to the general public on Saturday and Sunday.

August 27, 2010 Seattle, WA Mukilteo Lighthouse Park
Sept 24, 2010 Metropolis, IL Mermet Springs
October 1, 2010 Portland, CT Brownstone Quarry
October 22, 2010 Rawlings, VA Lake Rawlings
Nov 5, 2010 Chiefland, FL Manatee Springs
Nov 12, 2010 Terrell, TX Clear Springs Scuba Park

July 14, 2010 - Saturday, July 17, 2010
IAI
Spokane, WA www.theiai.org

July 20, 2010 - Friday, July 23, 2010
5th Annual College and University Police and Investigators Conference
Vienna, VA cupic.gmu.edu

July 24, 2010 – , July 29, 2010
Evidence Photographer Certification
Atlanta, GA www.evidencephotographers.com

July 26, 2010 - July 28, 2010
Green Mountain DNA Conference
Burlington, VT
www.greenmountaindna.com

August 2, 2010 - August 6, 2010
Pattern Evidence Symposium
Clearwater Beach, FL
http://projects.nfstc.org/ipes/

August 2, 2010 - August 7, 2010
2010 Continuing Education for Forensic Professionals Program
Boston, MA
http://fsi.research.wvu.edu/

August 8, 2010 - August 13, 2010
IHIA 17th Annual Symposium
Sparks, NV www.ihia.org

August 17, 2010 - August 19, 2010
Forensic Bloodstain Pattern Analysis Symposium
Ames, IA
www.ojp.usdoj.gov/nij/training/bloodstain-pattern.htm

August 27, 28, 29 2010
Underwater Body and Weapon Recovery
ALVIN COMMUNITY COLLEGE
Department of Criminal Justice
Alvin, TX
Click HERE for Information!
AFQAM 2010 Conference
New Orleans, LA  www.afqam.org

ASCLD
Baltimore, MD  www.ascld.org

Minnesota Division IAI Annual Educational Conference
Brooklyn Park, MN  www.mniai.org

SAFS Annual Fall Meeting
Tunica, MS  www.southernforensic.org

SWAFS Annual Meeting
Grapevine, TX  www.swafs.us

Ohio Identification Officers Association Fall Training Conference
Newark, OH  www.oioa.org

NAME Annual Meeting
Cleveland, OH  www.thename.org

The 2010 Midwestern Association of Forensic Scientists Annual Meeting
Kansas City, MO  www.mafs.net

MAFS/MFRC Crime Scene Investigation Symposium
Kansas City, MO  www.mafs.net

The Tennessee Division of the IAI Annual Conference
Nashville, TN  www.tniai.org

Missouri Division of the IAI Annual Educational Conference
Lake Ozark, MO  www.moiai.org

Evidence Photographer Certification
Atlanta, GA  www.evidencephotographers.com

International Symposium on Human Identification
San Antonio, TX  www.promega.com/applications/hmnid/worformeetings/

Association of Forensic Document Examiners Annual Symposium
Phoenix/Scottsdale, AZ  afde.org

Florida Division of the IAI – Annual Conference
St Petersburg, FL  www.fdiai.org

Monday, October 18, 2010 - Friday, October 22, 2010
SOFT
Richmond, VA  www.soft-tox.org
October 18, 2010 - October 20, 2010
Indiana Division of the IAI Annual Educational Conference
Fort Wayne, IN  www.iniai.org

October 21, 2010 - October 23, 2010
1st Annual World Congress of Forensics
Dalian, China  www.bitlifesciences.com/wcf2010/

October 23, 2010 - October 27, 2010
IACP Annual Conference
Orlando, FL  www.theiacp.org

November 5, 2010 - November 6, 2010
Chesapeake Bay Division IAI Fall Conference
Ocean City, MD  www.cbdiai.org

November 8, 2010 - November 12, 2010
2010 NEAFS & NEDIAI Joint Meeting
Manchester, VT  www.neafs.org ; www.nediai.org

DEMA SHOW 2010
November 17-20 in Las Vegas, Nevada
Visit www.demashow.com to register.

November 19, 2010 - November 20, 2010
Cause and Manner of Death
Pittsburgh, PA  www.duq.edu/forensics

December 9-10
Forensic Symposium to Address Best Practices

The University of Tennessee National Forensic Academy will host a Best Practices Symposium for forensic and crime scene investigators, December 9-10 in Nashville.

The symposium, to be held at the Hilton Nashville Downtown, will allow attendees to network with other law enforcement officials while learning about the National Institute for Justice Rape Kit Backlog Initiative and the Forensic Technology Center for Excellence.

Among the speakers will be renowned forensic investigator Dr. Henry Lee. The UT National Forensic Academy is a program of the UT Law Enforcement Innovation Center headquartered in Oak Ridge, Tenn. For information: www.nfa.tennessee.edu.

January 11, 2011 - January 18, 2011
Evidence Photographer Certification
San Antonio, TX  www.evidencephotographers.com

January 16, 2011 - January 18, 2011
EPIC – Imaging USA
San Antonio, TX  www.evidencephotographers.com

February 8, 2011 - February 10, 2011
ACSR Annual Training Conference
Jacksonville, FL  www.acsr.org

February 21, 2011 - February 26, 2011
AAFS
Chicago, IL  www.aafs.org

If you have an event or know of an event that might be of interest to PSDiver Monthly subscribers, send the information to: PSDiverMonthly@aol.com
1. When performing a water recovery we should assume that objects are evidence and can be used in a trial. If you are part of the Chain of Custody – it is possible you will be called to testify in court. The rights to speedy, public and jury trials, and the right to confront adverse witnesses are found in the __________ Amendment.

2. Federal felony criminal cases are tried in the U.S. __________ courts.

3. The _______ provides a right to a public trial.
   a. Bill of rights
   b. Fourteenth Amendment
   c. Fifth Amendment
   d. Sixth Amendment

4. One of the most common pre-trial motions filed by defendants is a motion
   a. to enforce the plea.
   b. to suppress evidence.
   c. to quash the arrest
   d. for change of jurisdiction.

5. As a trial witness, since you recovered the evidence; during trial testimony, you will be subject to direct examination by the party that called you and then will be __________ examined by the opposing party.
   a. indirectly
   b. directly
   c. closely
   d. cross

6. The concept of probable cause is closest to the concept of
   a. preponderance of evidence.
   b. reasonable suspicion.
   c. proof beyond a reasonable doubt.
   d. clear and convincing proof.

7. Your ability to be a good witness depends on your ability to show documentation, answer questions honestly and provide relevant testimony. You are part of the food chain in a criminal case. As a level of proof in a criminal case, probable cause is found between
   a. reasonable suspicion and clear and convincing evidence
   b. reasonable doubt and reasonable suspicion.
   c. clear and convincing evidence and proof beyond a reasonable doubt.
   d. reasonable doubt and suspicion.

8. For evidence found in a vehicle underwater to be used in a criminal court, a search warrant for the vehicle must be obtained prior to the search.
   a. True
   b. False

9. You recovered a body that was discovered to have defensive wounds on the arms and hands. Your testimony will include your recovery procedures. Which of the following types of evidence has the strongest scientific foundation?
   a. polygraph
   b. lie detector
   c. DNA testing
   d. hypnosis

10. You are a witness (because of evidence you recovered) in a murder trial. The defendant has the right to cross-examine opposing witnesses. The defendant has the right to be present in the courtroom when testimony against him or her is presented. The defendant has a right to physically face witnesses at trial and the
defendant has the right to know the identity of prosecution witnesses. This right to confrontation of witnesses is found in the
a. First Amendment
b. Fifth Amendment
c. Bill of Rights
d. Sixth Amendment

Team Discussion:

1) As a team, discuss possible events or issues that can compound during a training or working dive that could lead to diver panic.

2) Have team members list signs of stress or passive panic that can be observed in divers and should be watched for during all types of local water operations.

3) Can your team spot and prevent potential problems before they occur? During a water training exercise, have one or more divers (depending on the size of your team) stage an equipment problem, such as regulator hooked up incorrectly, FFM/Comms inoperative. See if team members catch the problem before the diver is cleared to deploy. During the debriefing, discuss findings.

4) When bringing on new members to the team, rank the importance of the following traits for candidates in fitting with your team:

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<thead>
<tr>
<th>Physical fitness</th>
<th>Watermanship skills</th>
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<td>Personality</td>
<td>Attitude</td>
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<td>Anger management issues</td>
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<td>Cool gear</td>
<td>Technical expertise</td>
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<td>Patience</td>
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<td>Others...?</td>
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Homework

1) Research and list resources outside your team that may be accessed in a situation that warrants mutual aid assistance. Resources could include:
   - ROVs and / or Sonar Systems
   - Underwater metal detectors
   - Boats/watercraft
   - Explosive ordnance experts

   Create contact list of agencies and responsible personnel in charge of above resources

2) Make initial contact with agencies and outline procedures and guidelines for mutual assistance scenarios

3) Formalize procedures in writing and distribute to all parties involved.

4) Invite the local DA to present a class on the legal system and how your team is, or could be, involved in a criminal case.

Q and A’s adapted from the Study Guide for del Carmen’s Criminal Procedure Law and Practice –Fifth Edition by Raymond G. Kessler

Editors Note: This type of legal information may be beyond what you think you need and may be beyond your level of training – but IF we agree we are performing as an underwater extension of a land based crime scene investigation … we have to accept that we may be called to testify. You should know what to expect. More importantly, you should learn what to do now to prepare for the event. There is no statute of limitations on Homicide.

Documentation and procedures that are fine tuned NOW will give you the tools you need if and when you are called to a witness stand.
These training agencies have recognized PSDiver Monthly as a valued addition to their programs and Continuing Education requirements.

**Public Safety Diving Association (PSDA)** recognizes and approves the PSDiver CE program. Each month’s Q&A program credits 1 CEU for renewal up to a maximum of 3 CEUs from this source for each year’s renewal.

**ERDi** Recognizes and supports the PSDiver Monthly CE Program. Contact your ERDi Instructor for details.

**Life Saving Resources**
Lifesaving Resources advocates the need for Public Safety and Rescue personnel to be trained in Water and Ice Rescue and recognizes the PSDiver Monthly CE Program for continuing education training and credits.

**Lifeguard Systems**
PSDiver Monthly is a useful resource for the PSD community that is not tied to any one company or organization. This provides a forum for folk from all sides of the spectrum. Mark has demonstrated himself to be an unbiased editor, which we very much appreciate.

We welcome all training agencies and organizations to participate.

For details, email **PSDiverMonthly@aol.com**

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**Assistant Editors:**

- Lynn Wright
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**Continuing Education Editor:** **Chuck Elgin**

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PSDiver Monthly is not bound by borders and while our largest subscriber base is in North America, we have a world wide subscriber base.

**Answer Key:**

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From a loyal subscriber: *This is for my friends who send me all those heart-warming stories.*

**In 1986, Peter Davies, of Cleveland, Ohio, was on**

holiday in Kenya after graduating from Northwestern University. On a hike through the bush, he came across a young bull elephant standing with one leg raised in the air. The elephant seemed distressed, so Peter approached it very carefully.

He got down on one knee and inspected the elephant’s foot and found a large piece of wood deeply embedded in it. As carefully and as gently as he could, Peter worked the wood out with his hunting knife, after which the elephant gingerly put down its foot. The elephant turned to face the man, and with a rather curious look on its face, stared at him for several tense moments. Peter stood frozen, thinking of nothing else but being trampled. Eventually the elephant trumpeted loudly, turned, and walked away. Peter never forgot that elephant or the events of that day.

Twenty years later, Peter was walking through the Chicago Zoo with his teenaged son. As they approached the elephant enclosure, one of the creatures turned and walked over to near where Peter and his son Cameron were standing. The large bull elephant stared at Peter, lifted its front foot off the ground, then put it down. The elephant did that several times then trumpeted loudly, all the while staring at the man.

Remembering the encounter in 1986, Peter couldn't help wondering if this was the same elephant. Peter summoned up his courage, climbed over the railing and made his way into the enclosure. He walked right up to the elephant and stared back in wonder. The elephant trumpeted again, wrapped its trunk around one of Peter legs and slammed his stupid ass against the railing, killing him instantly.

Probably wasn't the same elephant.