

TSAR TIMES and TOPICS



Tidewater Search & Rescue

www.TSAR.org

Sexy Searches and Wastes of Time—Rick Sylvia

Ok, I'll admit it. I'm a pig. I like "sexy" searches.

You know the ones!. They're the missions involving teenagers who got lost while backpacking on seldom used trails. Or perhaps it's the lost hunter who was chasing down the Buck of a lifetime. Maybe you prefer the mentally challenged child that wandered away from a campsite up in the mountains.

These are the missions that the average Joe on the street thinks about when they think of searching for missing people. It's the glamour of the "find" that attracts the media, and in many cases attracts volunteers to SAR. But these "sexy" searches aren't the norm. Sure, they happen, but if we waited for them, and only responded to those call-outs, SAR would be a lonely part of our lives, wouldn't it?

On the other end of the scale are searches that many people would think aren't worth the time, effort or expense to respond. These are the ones where you drive 3 hours one way, on your only day off from work, to search an area with an incredibly low statistical probability of holding the subject. The subject has been missing for almost 2 weeks, the Responsible Authority has suspended the search earlier in the week, and yet the subject's loved ones strong arm the RA into searching ONE

MORE TIME! UUUUGH!!!!!! DON'T WASTE MY TIME!!!!!!!!!!

Hmmm. "Waste of time", huh? Why should I respond to those searches?

Well, to tell the truth, I think there are a number of very valid reasons to respond. Let's take a look at just a few (not ranked in any particular order).

No. 1 – Lots and lots of victims! The subject isn't the only victim. The subject's family and friends are often left in complete mental agony and are grasping at every straw that they can think of. If searching a low probability area over and over helps them accept reality and begins to provide peace of mind that everything that can be done, has been done, then we've been successful. Look beyond the subject to identify all the victims, and do what you can to ease their pain. 'Closure' is a wonderful thing. In my mind, that's a very worthwhile way to spend your day off.

No. 2 – What a great training opportunity! We set up simulations all the time, and create fictitious searches. Ah, H-E-L-L-O! What better way to train than to search! Here's a training exercise with all the components of an actual mission, because it "IS" an actual mission. We couldn't possibly create a better scenario and pull in all the resources with the same sense of structure (*continued next page*)

Inside this Issue:

Training	2
Leaders View	3
Planning Section	-
Operations Section	-
From the Pages of...	-
Future Development	-

This newsletter is an internal publication of the Tidewater Search and Rescue Group Incorporated for the use of it's members. The views expressed here reflect the views of the authors and do not necessarily reflect the views of TSAR, Inc.

SEPTEMBER TRAINING CALENDAR

18 1900-2100 TSAR General Membership Mtg. @ TEMS
 20 0900 TSAR Training @ ALFA LAVAL, Inc.
 Chesapeake, VA

OCTOBER

4-5 Car parking fund raising event for NN Pk Fall Festival
 31-Nov 2 Car parking fund raising event for Chippokes
 Plantation Christmas Craft Festival

FEMA TRAINING

A link for the mandated FEMA training can be found on TSAR's website just click on training and news tab from the home page. All operational personnel must complete these courses.

People, if you intend on going to training, then please, please call Nathan Brown. We decide IF we will have training based on the phone calls. If we decide to cancel the training then we can call those who called and make sure they know it is cancelled. If you don't call but decide to go, you can find yourself the only person in the parking lot. You need to call Nathan Brown forty-eight hours before the scheduled training so we can decide whether or not it will be held.

For any additional information on the listed training's

contact :

Nathan Brown at Tsar35wm@yahoo.com

Sexy Searches and Wastes of Time (continued)—Rick Sylvia

and urgency if we tried.

No. 3 – It will eventually ‘pay to play’! We are resources of the State. The State is run by humans. Humans form opinions. Let's give the State a POSITIVE and COOPERATIVE impression of TSAR. When they call, let's respond. Let's have the reputation among our peers as a group that's serious about responding when the call-out comes, because it WILL eventually benefit us. It will benefit us when the State wants to try something new and uses us as a test group.... you know..... something like “here's \$10,000 of new equipment we'd like you to use and give your opinion on”. That may be an extreme example, but the point is sound in that what goes around comes around, and when good things are about to happen, we want to be at the front of the line. If we take care of and support the State, they'll take care of us.

No. 4 – You have to pay the piper! Let's face it - not all RAs are particularly thrilled with volunteer resources. We can change that. If the RA is lukewarm or even cold to volunteer SAR resources, we can make the situation worse by not responding to the call-out. In their mind, they went out on a limb by asking for us, and we were no-shows. The result – we confirmed their reasons for not appreciating volunteer SAR. Later on, when the “sexy” search comes along, we won't get a call-out at all. But if we leave them with a positive impression, then we're much more likely to get the call. Yeah, it's politics..... what in this world isn't?

No. 5 – Recruiting! True, we may not pick up any resources for our own group when we're hours away, but when locals see SAR personnel out on the job, it could result in sparking an interest in someone who

follows thru and becomes a SAR volunteer. As much as we enjoy the search, the ultimate goal is to find the lost. The more people available to search, the better the odds of finding them. So, simply responding to a call-out may lead to new recruits and like Martha Stewart said (except while she was on trial, of course), “That's a good thing”. And it may be that same bystander who, years later, finds YOU, or your kid, or grandkid!!!!

No. 6 – Recon! Isn't it always better to have some familiarity with the terrain you'll be in? I'd think the second or third search in the same area would be easier (in some respects) than the first search. So let's use these searches to recon unfamiliar areas. Think about the Dismal Swamp. The second time around, outside resources will know to bring hip waders, several changes of cloths (they WILL get very wet and muddy), extra bug juice, and you'll know about the magnetic boogey-man that makes it difficult to navigate! And that second or third search might just be the sexy one. So let's get out there and gain some terrain knowledge!

No. 7 – And finally you just might actually find the subject! Reason enough right there. No further explanation needed.

All the above doesn't mean I'm going to go to every call-out. We're still volunteers with jobs and families. But the next time I think about not responding when the ONLY reason is the nature of the search (ahem.... shamefully, that's what I did with the Maryland search a couple of months ago, which has prompted me to repent with this newsletter article) I'll think twice.

Will you join me?

LEADERS VIEW—Kevin Brewer

Here is a snapshot of the value of our services for the 2nd quarter of 2008. The following was reported to the Virginia SAR Council during the July 2008 meeting. This is just a value; no monies were paid for any services rendered or travel incurred. This is all YOU!

Here's something for you to think about. We are but one group within the council which has an MOU with the state. Of the 20+ groups with an MOU just think about what this state produces each quarter in hours and distances traveled each year, all to locate and assist a lost or missing person and their families. Unfortunately not all of the groups report on these values but I can assure you that the numbers are staggering.

Tennessee is known as the volunteer state for reasons other than this. I think they got that wrong. Yes, I'm well aware that that label has nothing to do with our type of volunteerism. This is just one quarters worth of data. The 1st Qtr 2008 value was \$18,476.29 so we've given even more in the second quarter.

From the officers of TSAR, THANK YOU!

For this reporting quarter only, please provide the following data from your SAR group:

A. Training Activity data (should be able to get from Group Training Officer):

1. How many trainings were held by your group in this last quarter?	9	(Value:)*
2. What was the total number of members that attended those meetings? How many miles did those members drive for these trainings?	70	
3. How many hours did group members log at the trainings?	7777	
4. How many hours did group members log traveling to/from training?	662	
5. How many hours did group members log traveling to/from training?		
6. Do you have any training ideas, opportunities, or announcements to share with the rest of the VaSARCo community? (Include dates, locations, and types of resources needed, as necessary)		\$ -

B. Search Activity Data (should be able to get from Group Operations Officer):

1. How many searches did your group respond to this quarter?	2	(Value:)*
2. What was the total mileage logged for travel to/from these searches?	1297	
3. What was the total number of hours logged at these searches? How many hours were logged for travel to/from the searches?	106	
		\$ -

					Total value of mileage driven in this quarter:	\$ 4,037.93
					Total value of hours used to travel to/from searches/training :	\$ -
					Total value of member training and search hours in this quarter:	\$16,680.96
Total value* of membership efforts this last quarter:						\$20,718.89

From the TSAR Medical Officer—Brad L. Bennett

Tick-borne Diseases: Signs & Symptoms, Treatment and Prevention

Since we are well into the tick season and hearing about one of our members with a recent tick bite, I wish to share with you all how to prevent tick bites, where and what to look for on yourself and other SAR or family members and how to treatment tick-borne diseases including Lyme's and Rocky Mountain spotted fever. Lots of good information can be found on the internet, but I direct you the Center's for Disease and Control website for good information. See

www.cdc.gov

Lyme disease

Early localized disease typically begins as a localized erythema migrans rash or lesion, which occurs 7 to 10 days (range, 3 to 32 days) after a tick bite. It has been stated that 75 to 90% of patients with Lyme disease will develop an erythema (red) migrans lesion.

The red rash may appear anywhere on the body, but usually occurs at or near the site of the tick bite. In cases with a single red rash, the most common sites (in order of descending frequency, which likely reflects the propensity of a tick to land and bite) include the head and neck region, arms and legs, back (as was the case with this particular victim), abdomen, armpits, groin, and chest.

The erythema migrans rash is variable in size, ranging from two centimeters to over 60 centimeters in diameter, and is usually in a circular pattern. To meet the Centers for Disease Control (CDC) case definition of Lyme disease, the lesion must be at least 5 cm. It usually begins as a red flat spot or bump, with an area of central clearing that becomes more apparent as the lesion expands in size. The central portion of the rash may become inflamed and lumpy. The borders, which are usually bright red, may expand as much as one centimeter a day. These borders are usually flat, although rarely they may be raised or inflamed. Occasionally, there are multiple, alternating concentric rings of redness and central clearing, a rash pattern referred to as "bull's-eye." The rash is often warm to the touch.

The lesions sometimes are difficult to differentiate from local immune reactions to tick salivary proteins, and are sometimes confused with secondary bacterial infections. In contrast, local allergic reactions usually occur within hours of the tick bite and are very itchy.

Secondary infections typically occur within a few days of the tick bite and lack the central clearing and rapid expansion.

Patients often describe the lesion as burning, but may also report itching or pain. Children may develop fevers to 104°F (40°C), although low grade fevers are more common in adults. Constitutional symptoms, such as fatigue and muscle aching, may also be present.

The red rash fades after an average of 3 to 4 weeks (range, 1 to 14 weeks) without treatment; with antibiotics, the lesion resolves after several days and seldom comes back. Although red rash resolve without treatment, untreated patients are at risk for developing more severe Lyme disease.

Lyme disease results from infection with spirochetes that are transmitted to humans through the bite of infected ticks. A safe and efficacious vaccine was, until recently, available for protection from Lyme disease in endemic areas of the United States. However, the vaccine was withdrawn from the market by the manufacturer in February 2002 because of low sales and is no longer commercially available.

Treatment

Oral antibiotics are the standard treatment for early-stage Lyme disease. These usually include doxycycline for adults and children older than 8, or amoxicillin or cefuroxime axetil for adults, younger children and pregnant or breast-feeding women. These drugs often clear the infection and prevent complications. A 14- to 21-day course of antibiotics is usually recommended, but some studies suggest that courses lasting 10 to 14 days are equally effective. In some cases, longer treatment has been linked to serious complications.

Rocky Mountain Spotted Fever

Rocky Mountain spotted fever can be very difficult to diagnose in its early stages, even by experienced physicians who are familiar with the disease.

Patients infected with *R. rickettsii* generally visit a physician in the first week of their illness, following an incubation period of about 5-10 days after a tick bite. The early clinical presentation of Rocky Mountain spotted fever is nonspecific and may resemble a variety of other infectious and non-infectious diseases.

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From the TSAR Medical Officer (*continued*)—Brad L. Bennett

The classic triad of findings for this disease are fever, rash, and history of tick bite. However, this combination is not always detected when the patient initially presents for care. Initial symptoms may include fever, nausea, vomiting, severe headache, muscle pain, lack of appetite. The rash first appears 2-5 days after the onset of fever and is often not present or may be very subtle when the patient is initially seen by a physician. Younger patients usually develop the rash earlier than older patients. Most often it begins as small, flat, pink, non-itchy spots (macules) on the wrists, forearms, and ankles. These spots turn pale when pressure is applied and eventually become raised on the skin. Later signs and symptoms include rash, abdominal pain, joint pain, diarrhea.

The characteristic red, spotted (petechial) rash of Rocky Mountain spotted fever is usually not seen until the sixth day or later after onset of symptoms, and this type of rash occurs in only 35% to 60% of patients with Rocky Mountain spotted fever. The rash involves the palms or soles in as many as 50% to 80% of patients; however, this distribution may not occur until later in the course of the disease. As many as 10% to 15% of patients may never develop a rash. Rocky Mountain spotted fever can be a very severe illness and patients often require hospitalization. Because *R. rickettsii* infects the cells lining blood vessels throughout the body, severe manifestations of this disease may involve the respiratory system, central nervous system, gastrointestinal system, or renal system.

Appropriate antibiotic treatment should be initiated immediately when there is a suspicion of Rocky Mountain spotted fever on the basis of clinical and epidemiologic findings. Treatment should not be delayed until laboratory confirmation is obtained.

If the patient is treated within the first 4-5 days of the disease, fever generally subsides within 24-72 hours after treatment with an appropriate antibiotic (usually in the tetracycline class). In fact, failure to respond to a tetracycline antibiotic argues against a diagnosis of RMSF. Severely ill patients may require longer periods before their fever resolves, especially if they have experienced damage to multiple organ systems. Preventive therapy in non-ill patients who have had recent tick bites is not recommended and may, in fact, only delay the onset of disease.

Doxycycline is the drug of choice for patients with

Rocky Mountain spotted fever. Therapy is continued for at least 3 days after fever subsides and until there is unequivocal evidence of clinical improvement, generally for a minimum total course of 5 to 10 days. Severe or complicated disease may require longer treatment courses. Doxycycline is also the preferred drug for patients with ehrlichiosis, another tick-transmitted infection with signs and symptoms that may resemble Rocky Mountain spotted fever.

Tetracyclines are usually not the preferred drug for use in pregnant women because of risks associated with malformation of teeth and bones in unborn children. Chloramphenicol is an alternative drug that can be used to treat Rocky Mountain spotted fever; however, this drug may be associated with a wide range of side effects and may require careful monitoring of blood levels.

Limiting exposure to ticks is the most effective way to reduce the likelihood of Rocky Mountain spotted fever infection. In persons exposed to tick-infested habitats, prompt careful inspection and removal of crawling or attached ticks is an important method of preventing disease. It may take extended attachment time before organisms are transmitted from the tick to the host. Currently, no licensed vaccine is available for prevention of Rocky Mountain spotted fever. It is unreasonable to assume that a person can completely eliminate activities that may result in tick exposure. Therefore, prevention measures should emphasize personal protection when exposed to natural areas where ticks are present:

Tick Prevention and Removal

Wear light-colored clothing which allows you to see ticks that are crawling on your clothing.

Tuck your pants legs into your socks so that ticks cannot crawl up the inside of your pants legs.

Apply repellents to discourage tick attachment. Repellents containing permethrin can be sprayed on boots and clothing, and will last for several days. Repellents containing DEET (n, n-diethyl-m-toluamide) can be applied to the skin, but will last only a few hours before reapplication is necessary. Use DEET with caution on children. Application of large amounts of DEET on children has been associated with adverse reactions.

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From the TSAR Medical Officer (continued)—Brad L. Bennett

Conduct a body check upon return from potentially tick-infested areas by searching your entire body for ticks. Use a hand-held or full-length mirror to view all parts of your body. Remove any tick you find on your body.

Parents should check their children for ticks, especially in the hair, when returning from potentially tick-infested areas. Ticks may also be carried into the household on clothing and pets and only attached later so both should be examined carefully to exclude the ticks.

1. Use fine-tipped tweezers or notched tick extractor, and protect your fingers with a tissue, paper towel, or latex gloves (see figure). Persons should avoid removing ticks with bare hands.

2. Grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure. Do not twist or jerk the tick; this may cause the mouthparts to break off and remain in the skin. (If this happens, remove mouthparts with tweezers. Consult your health care provider if illness occurs.)

3. After removing the tick, thoroughly disinfect the bite site and wash your hands with soap and water.

4. Do not squeeze, crush, or puncture the body of the tick because its fluids may contain infectious organisms. Skin accidentally exposed to tick fluids can be disinfected with iodine scrub, rubbing alcohol, or water containing detergents.

5. Save the tick for identification in case you become ill. This may help your doctor make an accurate diagnosis. Place the tick in a sealable plastic bag and put it in your freezer. Write the date of the bite on a piece of paper with a pencil and place it in the bag.

Folklore Remedies Don't Work!

Folklore remedies, such as the use of petroleum jelly or hot matches, do little to encourage a tick to detach from skin. In fact, they may make matters worse by irritating the tick and stimulating it to release additional saliva or regurgitate gut contents, increasing the chances of transmitting the pathogen. These methods of tick removal should be avoided.

Fundraising Events

October is TSAR's fund raising month!

There are two events in which TSAR parks cars for, and have become very proficient pointer / parkers over the years. The first is the Newport News Fall Festival, October 4-5, and the second is the Plantation Christmas Crafts Festival at Chippokes State Park, October 31-November 2.





Organization

Tidewater Search & Rescue
www.TSAR.org

TSAR Newsletter
 6930A Belvedere Drive
 Newport News, Virginia 23607

Phone: 757-749-2521
 Email: anniemu@netzero.net

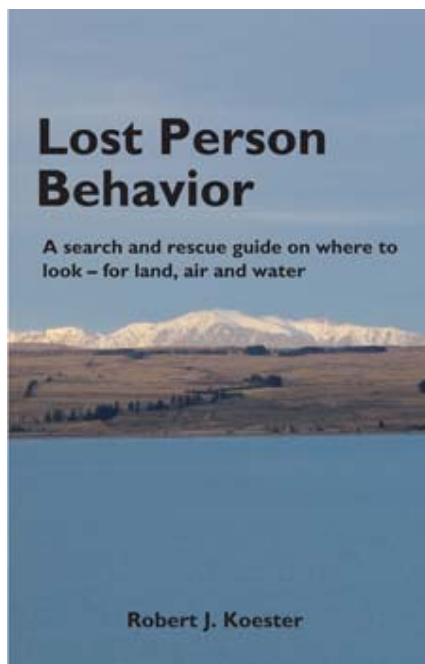
MISSION STATEMENT

Tidewater Search and Rescue Group, Inc. provides trained personnel who effectively manage, support and sustain search and rescue operations when requested. This is accomplished through specialized training, constancy of purpose and continuous improvement.

VISION STATEMENT

For the search subject, the Tidewater Search and Rescue Group, Inc, will be recognized as the leader in training and management, providing the most professional and effective response to Ground Search and Rescue Incidents.

HOT OFF THE PRESS



Lost Person Behavior is based upon a landmark study and contains the latest search and rescue incident statistics from the International Search and Rescue Incident Database (ISRID). Learn about the latest statistics, subject categories, behavioral profiles, specialized investigative questions, and suggested initial tasks.

To view excerpts from the book visit

<http://www.dbs-sar.com>