THE MARYLAND WING
SAFETY MONTHLY

The Safety Way

We are often told to look in the mirror and make sure we are safe to fly on a given day. The IMSAFE checklist is very helpful, for example. But I suggest that for those of us that are getting up in years, we also look at the calendar. We all know time brings changes. When we were younger the medicine cabinet usually contained no more that a band aid box. Now those little orange plastic bottles are beginning to accumulate. Most of us are good at applying risk management (RM) to CAP activities, but what about ourselves? Myself and several of my friends are having this conversation on a more frequent basis. And we are all pilots.

To begin with, you have to be honest with yourself. Do I have an illness or take a medication that would automatically prohibit me from taking an airplane aloft? Secondly, and more difficult to assess, is determining the level of physical and neurological degradation that comes with aging. The self RM process leaves no room for ego or desire. We need to be completely honest with ourselves. And if you are having difficulty with that RM assessment, then spend a few bucks on an instructor and get their evaluation. I did that recently—it sure beats having an accident. Plus, it is The Safety Way.





But here is an encouraging note: Aging may not cause one to be an unsafe pilot. Older pilots have accumulated more experience and wisdom over the years, and this may offset certain age-related issues.

THE PILOT'S CORNER

A famous baseball broadcaster used to say that baseball was a game of inches. For pilots, their game is a game of feet and precision. Case in point, the accident over the Potomac River between an army helicopter and a regional jet. The helicopter route was designed with only 75 feet of vertical separation between the helos transiting the area and the approach path to Runway 33 at Reagan, providing little to no margin for error. In their investigation, the Army reported that the helicopter's altimeter was set incorrectly, consequently the crew thought the aircraft was 100 feet lower than it actually was. Precision counts.



When planning a mission...



...plan for safety first.

Each unit must prepare, have approved and signed, and keep on hand a CAPF-160 for regular unit meeting times and activities. (Save it for your SUI.)

WISDOM



Using good judgement and careful evaluation can be as good as a suit of armor or a life preserver.



THE SAFETY DICTIONARY



JUDGEMENT—the evaluation of given circumstances to make a decision or form an opinion. Careful! It can be good or bad.

CAPR 160-1 (I) IN FOCUS - MEDICAL CARE

CAPR 160-1 (I) 1-6d Medical Care Policy

CAP members providing emergency first aid will inform first responders, like emergency medical services, what they have done so that further care is not hindered. All occurrences must be documented in accordance with CAPR 62-2, Mishap Reporting and Review.

CAPR 160-1 IN FOCUS - CAP/SE

CAPR 160-1 2.6.1.5.3 CAP/SE will regularly update…

Items required for the annual Performance Progress Report as outlined in 2 C.F.R. 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and the Cooperative Agreement between the USAF and CAP.

CAPR 160-2 IN FOCUS - REVIEW OFFICERS

CAPR 160-2 7.5 Use of Review Information. The safety review process is not a formal investigation. Any opinions or summaries offered by the review officer(s) are for those purposes only and are not intended to be factual evidence in any civil or criminal proceeding, potential CAP disciplinary action, or in the determination of liability.



CADET CORNER—ASK



ASK QUESTIONS. Part of making cadet life safe and profitable is gaining as much information as possible to ensure the safe outcome of an activity or mission. Gathering information is essential to good planning. Planning is essential to successful operations. Asking questions of more experienced and/or knowledgeable personnel is a wise choice. And someday, when you have gained the requisite knowledge and experience, others will be asking *those* questions of you! Keep you, your wingman, and your unit safe.

Speaking of questions, your Director of Safety receives phone calls, text messages, & emails. Contact Lt Col Ray Phillips at rphillips@md.cap.gov & 301-667-9652

SAFETY AND CAP IN THE MOVIES



"Survival in a Box Canyon" 1956 / Season 2 / Episode 25

https://www.youtube.com/watch?v=EHeNbIP1aME

It was a very pleasant surprise to discover that the above episode of this science fiction anthology series prominently featured Civil Air Patrol. It was equally fascinating to see the aircraft, uniforms, and search and rescue techniques of 70 years ago. But one thing that this 1956 television episode showcased has remained the same: the skill, hard work, and dedication of the CAP volunteers. I recommend that all members view this program. It is definitely worth the 25 minutes of your time.



Mature Driver Safety Tips

- Vision is one of the primary senses used in driving and can be one of the first to deteriorate as we age. Have regular eye and medical exams to maintain your driving ability. Both near and distance vision is needed to drive safely.
- Aging eyes become more sensitive to bright light and glare.
- Limit nighttime driving and try to avoid looking directly into headlights of approaching vehicles.
- Avoid stressful driving situations such as rush hour travel, left turns, driving at night or driving in bad weather. Plan trips for daytime hours after 9:00 AM and before 5:00 PM to avoid rush hour traffic.
- Plan ahead. Know your route and try to stay on familiar roads.
- Know your medications. Some prescription medications and over-the-counter medications can make you drowsy and affect your driving.
- Make sure your driver's seat and mirrors are properly adjusted prior to beginning a trip.
- Watch for parked vehicles, pedestrians, children, and animals in your side vision.
- Avoid distractions while driving, such as eating or cell phone use.

GUEST COMMENTARY BY — LT COL RC "ARCHIE" DEJESUS MDWG GROUP 5 CC

Every time we don our uniform, step onto the flight line, deploy to a search and rescue grid, or coordinate an emergency services mission from the tactical operations center, we accept a profound responsibility. We are entrusted with valuable aircraft, complex equipment, and—most importantly—the lives and well-being of our members and the citizens we serve.

In the Civil Air Patrol, we pride ourselves on professionalism, rigorous training, and adherence to our core values: Integrity, Volunteer Service, Excellence, and Respect. Yet, even the most dedicated volunteers can fall prey to cognitive traps that degrade situational awareness and lead to poor decision-making. Mishaps rarely happen because of a single catastrophic failure; they usually stem from a slow, subtle erosion of judgment.

We must remain vigilant against five common decision-making traps that threaten our missions and our safety culture.

1. Continuation Bias -"We've come this far; we might as well finish the mission." Continuation bias is the dangerous psychological impulse to persist with an original plan despite changing conditions or red flags that clearly indicate we should alter course. In CAP, we see this when an aircrew encounters deteriorating weather along a route of flight or unexpected maintenance discrepancies during a sortie, but pushes forward. **The Remedy:** Remember that aborting, diverting, or delaying a mission is never a failure—it is an active safety decision. Build hard "go/no-go" decision gates into your planning, and empower every member of the team, regardless of rank or grade, to call a "timeout" when conditions no longer match the briefing.

2. Overconfidence-"I've done this a hundred times; nothing can go wrong." Overconfidence often masks itself as experience. Overconfidence breeds shortcuts, and shortcuts bypass the safety margins that protect us when the unexpected happens. While proficiency and muscle memory are vital, complacency is lethal. A senior pilot might skip a checklist item because they "know the aircraft blindfolded," or a communications officer might bypass standard protocols assuming they have memorized the frequencies. **The Remedy:** Treat every single sortie, training flight, and ground exercise as if it were your first. Respect the aircraft, the environment, and the mission complexity. Checklists are not designed for novices; they are professional tools used by disciplined aviators and emergency responders to keep everyone safe.

3. Normalization of Deviance-"We always do it this way, and nothing bad has ever happened." This trap occurs when a minor procedural violation or shortcut occurs once, goes uncorrected, and slowly becomes the accepted standard. Over time, deviations from published CAP regulations, safety directives, or standard operating procedures become "normal." You might see a wingman skip a specific briefing item, a vehicle operator neglect a pre-trip inspection, or a safety rule bent "just this once" to save time. **The Remedy:** Standards exist for a reason—usually written in the blood or lessons of past mishaps. If you see a procedure being routinely bypassed, do not let silence become consent. Speak up, re-establish the standard, and remember that compliance is a daily, active choice.

4. External Pressure-"The Incident Commander needs this imagery right now, so we have to fly." External pressure comes from outside sources—perceived or real—that rush our decision-making. It can stem from an eager agency partner asking for immediate search results, media attention, impending darkness, or simply the desire not to let our fellow volunteers down. When we allow external urgency to override our internal risk management, we rush pre-flight checks, compromise safety margins, and invite disaster. **The Remedy:** Slow down. No search, transport, or training exercise is ever so urgent that we are justified in throwing safety out the window. Push back against external pressure by anchoring your decisions in Risk Management. If the risk is unacceptable, the mission pauses until it can be mitigated.

5. Group Influence-"Everyone else seems fine with it, so I must be right." Group influence—often manifesting as peer pressure, the "Abilene Paradox," or deference to authority, occurs when an individual stays silent about a safety concern because they assume everyone else has evaluated the situation and found it acceptable. A cadet might notice a glaring safety hazard during a ground team encampment exercise but stay quiet because senior members are moving quickly. A junior officer might spot a flight planning error but hold their tongue because the pilot in command is a senior instructor. **The Remedy:** Psychological safety is essential in CAP. Silence is never agreement; it is often a symptom of a broken feedback loop. If something feels unsafe or unclear to you, you have both the right and the operational duty to speak up. A dissenting voice has saved countless crews throughout aviation and military history—make sure yours is heard.

Conclusion

Our effectiveness as a volunteer organization rests entirely on our discipline and our commitment to look out for one another. Decision-making traps feed on silence, rush, and ego. They can be defeated by open communication, adherence to our checklists and regulations, active risk management, and an unwavering commitment to safety above all else.

Fly safely, lead by example, and thank you for your dedicated service to our communities, our wing, and our country.