



May-June 2023

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Swartz Foods Beef Marinara Over Pasta and Sausage Gravy & Biscuits

By Ric Hubbard

At this year's Camp Independence, we are blessed to have Heather Swartz in attendance with a presentation on food presentation, to include freeze drying. She is well placed to teach this subject because she happens to be the owner of Swartz Foods, specializing in providing freeze dried food for the outdoors and preparedness.

On a recent camping trip I had some of their menu items along for the ride. I sampled two meals during the overnight trip, and I won't keep you in suspense. They were great.

I had the Beef Marinara Over Pasta for dinner that night. I am an enthusiastic fan of Italian food and can be very picky about it. I also regularly make a dish very similar to this one, so it is also a comfort food for me. Food familiarity is an important asset in maintaining morale in a survival situation, and I am happy to say that this item would be a morale boost for me.

This dish has large chunks of beef in a tasty marinara sauce. It is well seasoned and then mixed with heavy

Cavatappi pasta. My usual feeling on the best of the freeze dried foods that I have tried over the years is that it is good food for Freeze dried. This was good food, if I hadn't known better, I would have thought I had made it myself.

Breakfast was a grilled steak and their Sausage Gravy & Biscuits. I

grew up on biscuits & gravy. It is another of my comfort foods, which is why I ordered it. The only other Biscuits & Gravy I have tried is from Mountain House, which is good for freeze dried. The main issue with it is the

biscuits. They freeze dry the biscuits, break them up and mix them in with the sausage gravy. Swartz went another route to ensure that you get a quality product.

You get a large helping of the gravy, but you get two complete, freeze-dried biscuits wrapped by themselves. You are meant to break up the biscuits and mix them in after and let sit until you get the right texture.



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Directions

Thoughts from the Editors

Hey! What's Going on Here?

By Ric Hubbard

I know, there are changes happening with American Survivor and it might be a little disconcerting. Since I took over as Executive Editor, we have been discussing how to bring our readers more and better content. We have discovered that by changing the format of the newsletter we can add more pages and more information.

This format allows us to expand from sixteen to twenty-four pages. That is more information per issue, more advertising space to sell your products and services and a new classified ad section. The smaller size will also make it easier to tuck into a brief case or backpack to take with you. All this while reducing production cost.

But in the end, it has to work for the readers. To this, we want your feedback. We have set up a Google form where you can let us know what you are thinking. You can find it at <https://forms.gle/u5xbWmXoWU6idmQY9>

We are also on the lookout for new content. If you have a skills that you want to share, an item you want to review or an event that you want to cover or promote, we welcome your contributions. Drop me a line at ric.hubbard@outlook.com with your proposal. Articles should be in Word, Google Doc or .TXT files. All articles will be edited for grammar and spelling, not for content.

We look forward to hearing from you.

Survival Stuff 2023

By James C. Jones

I am reintroducing my past column titles "Survival Stuff." In this short column I will provide short survival tips, product reviews, and observations. I will include new material and updates on previous Survival Stuff items. I also welcome input and questions from our readers. I can be contacted at survivorjj@aol.com.

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Antibiotics for Survival



by James C. Jones, EMT

I have previously written about the availability of antibiotics at pet supply and survival supply outlets. While these medications are intended and labeled for animal use they are exactly the same as the products available at pharmacies only by prescription. The recent pandemic and associated civil disorder highlighted the vulnerability of the medical care system.

It was often difficult or even dangerous to access doctors and pharmacies. A future pandemic or economic collapse could make these life-saving medications completely unavailable. Additionally, economic and supply chain issues have already caused shortages and price increases for these products.

While antibiotics are ineffective against viral infections, they are effective in combating most bacterial pathogens including cholera, staph infections, yellow fever, typhoid fever, and other pathogens commonly encountered in disaster situations where clean water, safe food, and

effective sanitation systems breakdown. Over prescription of antibiotics has resulted in the evolution of antibiotic-resistant strains of some bacteria. Overuse of penicillin in particular has made it less preferred by doctors and less likely to be effective than other antibiotics, but it still may be effective for those who have had limited previous use of the medication.

The next, inevitable pandemic may be bacterial, or if it is viral, the resulting conditions may create bacterial hazards as well. The wise prepper/survivalist should stock up on antibiotics before prices increase further and supplies become scarcer. It is also possible that the government may start to regulate and limit access to these medications even for animal use. The following are descriptions of commonly available antibiotics and their medical applications.

Penicillins: Penicillins were among the first medications to be effective against many bacterial infections caused by staphylococci and strep-

tococci. They are still widely used today for different bacterial infections, though many types of bacteria have developed resistance following extensive use.

10% of the population claims penicillin allergies but because the frequency of positive skin test results decreases by 10% with each year of avoidance, 90% of these patients can tolerate penicillin.

Because penicillin resistance is now so common, other antibiotics are now the preferred choice for treatments. Today, many derivatives of penicillin have been developed that inhibit more types of bacteria than the original life-saving drug. Penicillin itself is still active against streptococci. However, most staphylococci now are resistant to penicillin.

Amoxicillin is an antibiotic medication used to treat a number of bacterial infections. These include middle ear infection, strep throat, pneumonia, skin infections, and urinary tract infections among others. It is taken by mouth, or less commonly by injection. Amoxicillin is used in the treatment of a number of infections, including acute otitis media, streptococcal pharyngitis, pneumonia, skin infections, urinary tract infections, Salmonella infections, Lyme disease, and chlamydia infections.

Cefalexin is an antibiotic that can treat a number of bacterial infections. It kills gram-positive and some gram-negative bacteria by disrupting the growth of the bacterial cell wall. It works similarly to other agents within this class, including intravenous cefazolin, but can be taken by mouth.

Cefalexin can treat certain bacterial infections, including those of the middle ear, bone and joint, skin, and

urinary tract. It may also be used for certain types of pneumonia and strep throat and to prevent bacterial endocarditis.

Cefalexin can be used in those who have mild or moderate allergies to penicillin, but it is not recommended in those with severe penicillin allergies. Cefalexin can treat a number of bacterial infections including otitis media, streptococcal pharyngitis, bone and joint infections, pneumonia, cellulitis, and urinary tract infections. It may be used to prevent bacterial endocarditis. It can also be used for the prevention of recurrent urinary-tract infections.

Doxycycline is a broad-spectrum tetracycline class antibiotic used in the treatment of infections caused by bacteria and certain parasites.

It is used to treat bacterial pneumonia, acne, chlamydia infections, Lyme disease, cholera, typhus, and syphilis. It is also used to prevent malaria in combination with quinine.

Doxycycline may be taken by mouth or by injection into a vein. Doxycycline is frequently used to treat Lyme disease, chronic prostatitis, sinusitis, pelvic inflammatory disease, acne, rosacea, and rickettsial infections.

In Canada, in 2004, doxycycline was considered a first-line treatment for chlamydia and non-gonococcal urethritis and with cefixime for uncomplicated gonorrhea

Ampicillin is an antibiotic used to prevent and treat a number of bacterial infections, such as respiratory tract infections, urinary tract infections, meningitis, salmonellosis, and endocarditis. It may also be used to prevent group B streptococcal infection in newborns. It is used by mouth, by injection into a muscle, or

intravenously.

Serious side effects may include colitis or anaphylaxis. Medical uses include: Bacterial meningitis, Endocarditis, Gastrointestinal infections caused by contaminated water or food, Middle ear infections, Respiratory infections, including bronchitis, pharyngitis, Sinusitis, Sepsis, Whooping cough, to prevent and treat secondary infections, and Prophylaxis to prevent infection.

Ampicillin used to also be used to treat gonorrhea, but there are now too many strains resistant to penicillin.

Ciprofloxacin is a fluoroquinolone antibiotic used to treat a number of bacterial infections. This includes bone and joint infections, intra-abdominal infections, certain types of infectious diarrhea, respiratory tract infections, skin infections, typhoid fever, and urinary tract infections, among others. For some infections it is used in addition to other antibiotics. It can be taken by mouth, as eye drops, as ear drops, or intravenously.

Conclusion

Antibiotics are essential for surviving internal bacterial infections and infected wounds. While dosages may be difficult to determine by the non-professional, over dosages

(within reason) will not be harmful under emergency conditions.

Due to systemic overuse of antibiotics in the past the use of more than one antibiotic for an infection may be more effective. If the infection or illness cannot be identified as viral or bacterial, the use of an antibiotic will do no harm.

Fish antibiotics are safe for humans and available at pet stores or online

Typical prices for animal antibiotics as of 2022 are as follows.

- 30 count x 250mg, Ciproflaxin, \$36.99
- 100 count x 250mg, Cephalexin, \$42.99
- 30 count x 250mg, Penicillin, \$23.99
- 30 count x 250mg, Amoxicillin, \$42.99
- 30 count x 100mg, Doxycycline \$62.99
- Ampicillin is currently unavailable

Sources for animal antibiotics include:

- www.BUDK.com
- www.CHKadels.com
- www.VallyVet.com
- www.VetApprovedRx.com

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By Ric Hubbard

Continuing my look at Dutch military surplus equipment with an eye toward building a bug-out system. In my first article I gave a general overview of my impression of the quality and usefulness of this equipment. Now I am going to explore in a little more depth their medium Bergen, the "Sting".

The Sting was designed by Lowe Alpine and copied by the Netherlands for use by it's Army. There is a larger version, the "Saracen", but it is a very large pack. To force myself to keep the weight down I chose the "Sting".

This model is a 60-liter backpack with a 10-liter removable pouch on each side, giving the user a total of 80-liters of space for equipment. Let's start with the side pouches, often called rocket pouches for reasons passing under-standing, as they were a major selling

point for me. We often see patrol packs that can be attached to the main packs on American equipment such as the CFP-90. These pouches fit much the same niche.



Each pouch is zipped in place at about the mid-point of each side of the pack. There are also two MOLLE like straps on the back of the pouch that can interface with ladder loops on each side of the pack to better secure the

pouch to the pack. Also, to be found on the back of each pouch is a back-pack strap.



The zippers on the pouches also allow you to zip the pouches together. When they are zipped together in this manner the user can then set the shoulder straps

to turn the pouches into a patrol or light pack. If you plan your packing well, this becomes an overnight or

emergency pack with the minimal kit to camp for a night away from your main camp.

I have found this little pack to be a comfortable way to carry the tools you might need to for work away from camp and your basic “5-Cs”.

Moving on the main pack, it is your basic internal frame rucksack. There is a good-sized top flap pocket useful for the small items that you need to get to quickly through out the hike. It is good spot for maps, compass, and first-aid items as well. The zipper on my version taught me a great lesson. As is often the case, my pack came with one flaw. The zipper on the top pocket was not working the right and the zipper would not stay zipped. In stead of getting upset, I did a little research on YouTube and found a video that walked me through fixing it. I now have a properly functioning top pocket.

The main part of the pack is a single deep pocket except for a pocket for a hydration pouch. I have come to think that this is the best arrangement as it gives more versatility in the packing of the pack. In my Texas environment 80-liters is enough space to pack the gear I will need in most cases, baring freak winter events such as the snow-storm of 2021.

The front of the pack has four rows of MOLLE for the attachment of additional pockets and pouches. If you do not need the 100-liters available on the Saracen rucksack but do need a little more space, you can add these pouches to the front for a little extra capacity.



The suspension system of this pack is one of the best I have used. It is well padded and ventilated. The shoulder straps and hip belt have thick padding as well, although some may feel that the shoulder straps are a little thin. They are working well for me, and I find them to be comfortable. Something to keep in mind is how you adjust the suspension. Most you're the weight of the pack should rest on your hips, not on your shoulders, so the straps are fine for me. The suspension system is also fully adjustable to your size and desired fit.

As this is used military surplus you can expect both variation in the design and in the condition. The company I have been buying from, Varusteleka Oy in Helsinki. The price as of this writing is \$99.00 US with shipping between \$9.99 and \$12.99 to the States. The shipping is fast, and you can track your shipment from start to finish.

I have come to like the Dutch surplus because it is proving to be of quality of the best American equipment at much better prices. In my opinion the best American pack is the Marine ILBE system that is very expensive when in great shape or well beaten up when cheap. The Sting may not be as complex as the ILBE, but it is an excellent rucksack for carrying an existence load for a bug-out.

Next time I will take a more in depth look at the Dutch LBE vest and the pouches, Dutch, and Condor, that are attached to it. In the future I will also look at what goes into both.

Is Survival Preparedness Mainstream?

By James C. Jones, founder of Live Free USA

I recently encountered an article interviewing someone representing the survival and preparedness industry, who postulated that now emergency preparedness and Survivalism was at last a mainstream movement.

Since the major concern in these years was nuclear war the arguments against preparedness were (1) "if that happened no one can survive anyway", or "if that happens, it will be so bad that I don't want to survive it".



We called this the "Titanic Syndrome". When the Berlin wall comedown and the Cold War ended a massive sense of euphoria and false security prevailed. All of the survival magazines and most of the preparedness related organizations just disappeared. Live Free USA

Having been involved at the inception of that movement in the 1960's and spent hours on TV and doing press interviews in the 1980 and 90' explaining what real, responsible Survivalism was all about, I a bit puzzled that some neophyte prepper was speaking for the movement and just discovering what the rest of us have known for some time.

Admittedly Survivalism and organized emergency preparedness was regarded with suspicion and skepticism thought to Cold War year. While Live Free USA, the American Civil Defense Association and some others advocated and educated for preparedness, the general public preferred denial and complacency.

had to make serious cutback and adjustments but we kept operations going through the last decade of the last century.

September eleventh 2021 was the wakeup call for the general public and the beginning of the revival of the movement that Live Free USA arguable founded. Of course there was a lot of false information and misleading ideas about what Survivalism and later "prepping" was about. The media tended to tag various extremist groups as survivalist and/or equate emergency preparedness with paranoia. As the public began to recognize the treacherous nature of ongoing local, national and world events, Survival, self-reliance, and

emergency preparedness subjects became more acceptable. Survival equipment and literature became big business and even the state and local governments began to recommend exactly what we had been doing for decades. In 2020 I did a program about preparedness for a large group of urban, non-survivalist in Chicago. I talked about evacuation plans and pack, and about stocking and defending your home for a hunker-down scenario. After the presentation dozens of these supposedly non-survivalist came up and shared their plans, and how they had stocked up and made up packs already.



They just thought they were alone. A survey at about that time indicated that over sixty percent of the population had at least some preparations for disaster. So, I submit that preparedness has been “main stream” for at least two decades.

In addition to the mild* pandemic of 2020-21, we have experienced mass inflation, civil unrest, financial instability, shortages of critical goods, an incipient revolution, multiplying natural disasters, rampant crime, and the return of Cold War nuclear threats. Decades ago the public was able to ignore or deny the threat of a possible nuclear Armageddon, but today they cannot deny or ignore the multiple threats to their lives, freedoms and livelihoods that are already impacting their daily lives. Preparedness has been main stream

for several decades, but it is now becoming an essential way of life. Live Free USA is still the only not-for-profit preparedness advice and support organization in America, and we are working to unite and support both for profit and not-for-profit preparedness organization throughout the Country. Back in the 1980's when our ideas and motives were under assault by the media, I wrote a mis-

sive entitled “I am a Survivalist” laying out the positive, responsible and essential nature of our philosophy and actions. This was published world-wide and update through the years. In today's world, how can we be anything but main stream?

* I use the word mild here because Covid-19 had a low mortality rate and I don't want people to think it was the “big one”. All of the conditions for another worldwide pandemic still exist and is as inevitable as it was in 2019. There are a lot more deadly pathogens out there.

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Close Combat Weapons

By James C. Jones, Founder of Live Free USA

The great majority of decent, law-abiding folks have limited or no experience with close combat. Ask yourself when was the last time you physically harmed another person? Inversely: those who commit crimes are usually accustomed to person-to-person physical violence. They may or may not be skilled, but they will not hesitate to strike, kick, grab, choke or stab another human being. Unless you are well trained at close combat, you should avoid it, as you are always at a disadvantage.

Don't let the possession of a close combat weapon make you over-confident. If you are close enough to hurt someone they are close enough to hurt you. A hand-gun is still the ultimate stand-off weapon that will be respected by any and all potential assailants. But if you do have to rely on a close combat device it's important

to be aware of their limitations.

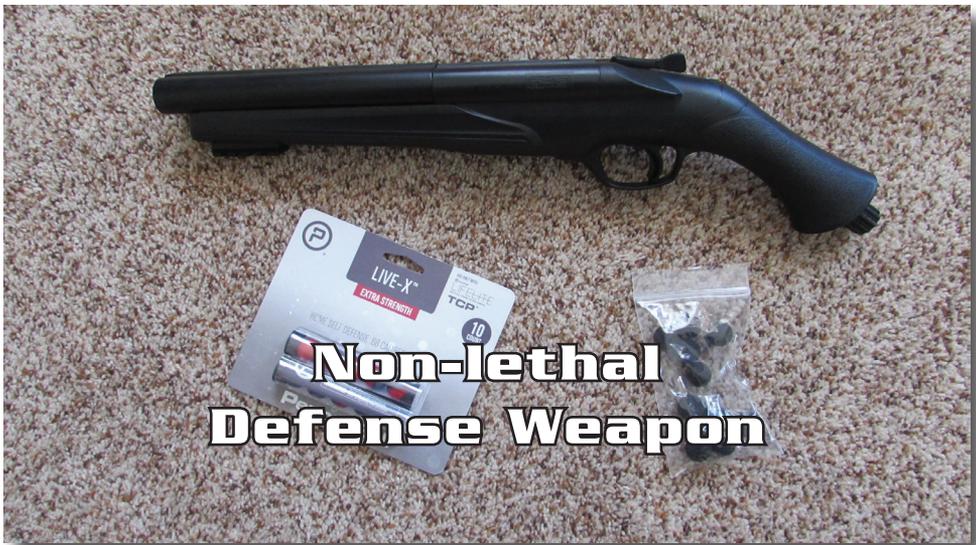
- Fist enhancement devices are anything that hardens your fist and makes punches more effective. The classic example is Brass Knuckles. There are many such devices on the market made for pocket and keychain. If you get into a fight, you have to install them on your fist and the enemy will be aware of that and take evasive action. You still have to be good at punching and getting around blocks to strike at a vital area.
- Tactical pens are just very heavy-duty, metal, writing pens that can be used to poke or punch vital areas such as eyes, throats, temples, etc. You have to be close and be able to forcefully strike those points.

- Pepper spray is a close in or close stand-off weapon. To be effective you have to have time to get it out, and aim it. It will not stop a charging or very close assailant from reaching you, but it will provide an improved chance of avoidance and escape. Be aware that if down-wind or in close quarters you may also be exposed to this irritant.
- Tasers can usually force an assailant to disengage or even collapse, but you must be in direct contact with the assailant and he may be able to avoid, block or even grab the device from you.
- Knives give one a sense of security and the sight of one can deter an assailant, but they must be deployed before contact, and of course the assailant may respond by showing you his knife or other weapon. Knife fights virtually always result in both parties being injured, and normal people may be hesitant to stab and slash human flesh, while a criminal probably will have no qualms about doing so.
- Batons certainly can be effective weapons. A steel baton can strike break an arm or knock an opponent unconscious with a blow to the head. A baton strike to the groin can quickly disable an assailant. You can use it to make swinging blows or use the ends to punch at the face or head. They can be used to block and disarm or to disable or even kill. Their disadvantage is that they are heavy and can be blocked or grabbed by an opponent.

Conclusion

Close in weapons are better than nothing when carrying a handgun is not an option. Selection of an appropriate device depends on the individuals' anticipated situations and capabilities. The use of close combat devices usually results in some level of injury to the user, but can be effective in avoiding serious injury, abduction or death. To be effective the user must be determined to employ the device without hesitation and where possible train and practice with them.

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By James C. Jones

While potentially lethal force is often justified and even essential for defending one's life and property, there are plenty of situations where a nonlethal option is desirable. When the identity or intentions of the threatening party are unclear, but action to deter and disable are necessary, nonlethal force may provide safety while avoiding legal and moral repercussions.

Pepper spray, and various "stun" devices are effective at close range, but if the assailant is that close, their intentions and identity are already established and any level of force, including lethal is usually justified. Also: anyone brandishing a firearm or within "striking distance" (20 feet) with a blade or blunt weapon usually justifies deadly force.

Other potential but not immediate threats can often be dealt with using a stand-off, nonlethal device such as a stun gun or pepper ball projector. Stun guns have limited range, limited shots and can be ineffective against heavy clothing or leather. Pepper

balls have greater range and only need to strike the torso to be effective. Police are now using these devices against unarmed rioters, looters, and mentally unstable individuals.

While marketed as a "paint ball marker" these devices will launch solid rubber balls and pepper balls at 200 fps. velocity.

Being hit by the solid balls can be quite painful, and having one or two pepper balls impact anywhere on or near the upper body will be blinding, painful and disorienting.

The weapon shown below is 19 3/10 long, constructed of solid polymer with aluminum barrels, and is priced at \$149.99 from BUDK.com (<https://rb.gy/snsxyd>). They can also be found at various gun shows and sporting goods stores.

This is not a light-weight toy like weapon. The double-barreled appearance, and weight can be a deterrent in itself. The selector allows for firing one or both barrels simultaneously. The shotgun style, top break loading facilitates fast reloading,

and the Quick Pierce CO2 system facilitates fast recharging. There is a picatinny rail below the barrels that could mount a flashlight for added effectiveness. Paint balls, solid balls, and pepper ball can be purchased online. Solid balls cost about \$40.00 per hundred while pepper balls are more expensive at about \$40.00 for just ten, but you should only need a few. Having an effective but nonlethal option could be useful in a variety of survival situations.

Swartz Foods Beef Marinara Over Pasta and Sausage Gravy & Biscuits

Continued from the Cover

The gravy was terrific, but I made the mistake of not breaking the biscuits down enough and then not letting them sit long enough. My biscuits were still crunchy in the middle. I very much enjoyed it, but when I have it again, I will fix my mistakes to get the right texture.

Ultimately, the only question that really counts is would I order and eat these again? My answer is a resounding YES! I will be adding a light weight insulated bag to my cook kit because in the cold weather I was camping in caused the meals to lose heat a little faster than I like and the insulated bag will fix this.

Swartz foods are going to be included in my plans for storage foods. I enjoyed them and I can see where these familiar dishes would be a comfort to my families and me when things go south.

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By James C. Jones, EMT

As an EMT student (a long time ago) I had to remember numerous mnemonic's to help remember various medical procedures such as "AMPLE" to take a patient's history, or "AVPU" to classify a patient's level of consciousness.

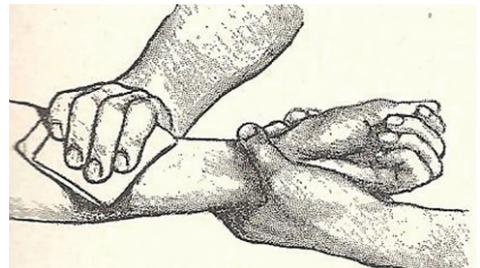
The military uses "MARCH" to identify the five most life-threatening conditions encountered in battle. They are, **Massive Hemorrhaging** such as from a bullet wound, **Airway Obstruction**, as in choking, **Respiration** difficulties or not breathing, **Cardiac issues** as in no pulse or impending heart attack, and Hypothermia, often referred to a exposure. In my past article and class, I added **Hyperthermia (heat stroke)**, Shock, and dehydration to make my Eight Critical Medical Skills. Shock is the result of hemorrhaging, hypothermia is just the other side of hypothermia, and dehydration is not an immediate killer, so the MARCH mnemonic is well applied to most combat and survival situations.

Every soldier is expected to know how to recognize and deal with the

five basic life-threatening conditions pending access to advanced medical care. This same standard should be the minimum medical capability of every prepper/survivalist.

Massive Hemorrhaging (hypovolemia)

Arterial bleeding is marked by pressurized spraying of bright red blood that squirts with each heart-beat. It does not take long for the heart to pump out enough blood to result in death. YOU ONLY HAVE SECONDS! Apply direct pressure with your bare hand on top of the injury.

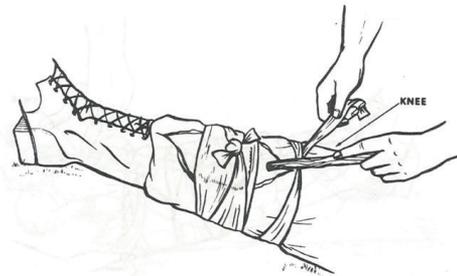


Elevate the bleeding limb. If cloth dressings, (T-shirts, anything) are available apply these with pressure. If blood soaks through add more

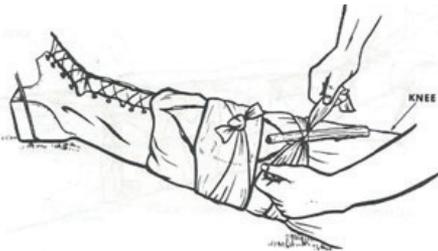
dressings over them, but do not remove the original dressing. If direct pressure does not stop the bleeding or the patent must be moved or move on his/her own apply a tourniquet as show below. They are seldom needed below the elbow or knee. . Be sure it is visible and mark TK and the time applied in the victim's forehead.

Steps to application of tourniquet to the leg or arm

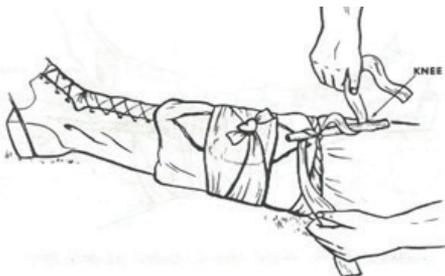
NOTE: If hemostatic gauze, powder, or a hemostatic injection device is immediately available use them, but continue direct pressure.



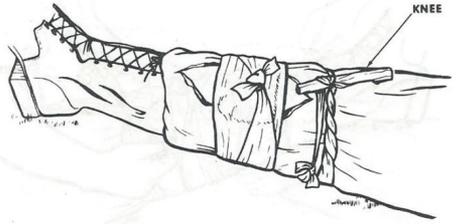
Step 1: wrap cloth band around the limb about 2-inches above the injury.



Step 2: Tie stick to the tourniquet band.



Step 3: turn the stick to tighten the band until bleeding stops.

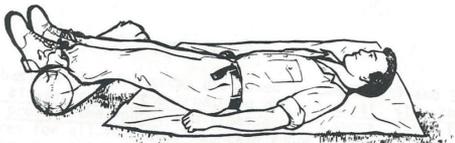


Step 4: Secure the long end of the stick so it will not unwind.

- The tourniquet should be applied least 1 to 2 inches wide to prevent cutting into the skin and should be applied about 2-inches above the wound
- After bleeding is controlled, the injured extremity should be splinted to prevent further bleeding, even if no fracture is present

Expect shock to develop anytime severe bleeding is evident. The first signs of shock are restlessness and anxiety followed by a weakening and rapid pulse, cold moist skin, sweating, pail or bluish skin, thirst, lusterless eyes, nausea, vomiting and declining level of consciousness.

Get the patent into a prone position with the feet elevated 12-18 inches to facilitate blood flow to the vital organs. Keep the patent warm but not hot. . In general it is not advisable to provide fluids if professional medical care (IV fluids) will be available. Moistening the lips is permissible. However: if no further help is available and the patent is conscious and will tolerate oral fluids consider initiating the dehydration Treatment below treatment below.



Clothes are loosened and patient's legs are raised to help circulation.



Airway Obstruction

If you observe the patient choking before loss of consciousness initiate the "Heimlich Maneuver™". If you find an apparently unconscious patient shake their shoulders and shout "are you okay" to awaken them.

AN UNRESPONSIVE PATIENT IS A MEDICAL EMERGENCY! CALL 911 OR SEND SOMEONE TO DO SO IMMEDIATELY BEFORE INITIATING FURTHER ACTION.

Tilt the head and lift the jaw to open the airway. Look at the chest, listen for breathing and feel air on your cheek to determine if the person is breathing.

Modern protocols eliminate the steps of abdominal thrusts for airway clearing, pulse check and rescue breathing.



Hands clasped just below the rib cage. Pull forcefully in and up. Keep at it until (1) the obstruction is expelled or (2) the patient loses consciousness. NOTE: be braced to lower the patient gently down if this happens. Then send for help and start CPR.

If the patient is not breathing with the head tilted as shown **initiate CPR (see following) immediately.**



Opening the airway of someone who is unconscious.



Look Listen and feel for breathing for 5-seconds.

IF THE AIRWAY IS CLEAR BUT THE PATIENT IS NOT BREATHING SEND FOR HELP AND INITIATE CPR IMMEDIATELY!

Respiratory Arrest.

If the patient is not breathing cardiac arrest will quickly follow. Modern procedures eliminate the previous "rescue breathing" steps. If the pat-

ent is not breathing send for help and initiate CPR with or without breaths. Procedures for flail chest, pneumothorax, sucking chest wounds are too complex for this article.

Cardiac Arrest

Sign and symptoms of a heart attack include “crushing” chest pains radiating to the back or left arm are classic signs of a MI. The patient may also be sweating, weak, dizzy or even faint. The afflicted person may verbalize that they think they are going to die. **IF IT MIGHT BE A HEART ATTACK ACT LIKE IT IS A HEART ATTACK!!**

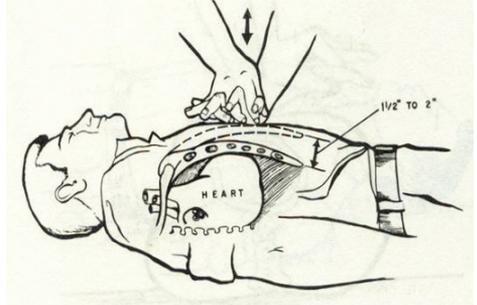
Your priority is to call 911 or send someone to do it. . If the person is conscious, ask if they have prescription heart medication to take. Aspirin is a blood thinner and can reduce the severity of a heart attack. If the patient is not allergic to aspirin taking two pills may be helpful. The steps in administration of CPR are

1. Check for responsiveness.
2. Send for help (HELP!)
3. Open airway, Head tilt/chin lift or jaw thrust (no pulse check)
4. Initiate CPR
5. 150 compressions at 100 pm / then 30 compressions and 2 breaths. NOTE: if mouth-to-mouth breathing is not safe or practical continue compressions at 100 per minute without breaths

Instructions

1. At the nipple line (lower for children)
2. Compress chest 1½ to 2 inches for adults (1/2 -3/4 for children)
3. Hands interlocked, fingers up.
4. Elbows locked.

5. Weight over the sternum.
6. No bouncing or rocking.
7. 30 hard and fast compressions straight down (100 per minute)
8. 2 full breaths (tilt the head, pinch the nose)
9. Continue until you are exhausted, victim revives, or AED is started.



Proper hand position for CPR



Proper body position for administering CPR. Elbows straight and locked. Use your body weight to compress straight down. No rocking or bouncing.

Hypothermia

After prolonged exposure to cold or cool wet conditions the patient ceases to shiver and becomes less responsive coordinated hypothermia is evident.

Slurred speech, staggering gate, diminished levels of alertness and

awareness are sure signs of advancing hyperthermia that will lead to unconsciousness and then death. Remove the patient from the cold environment and remove all cold wet clothing.

Warming a patient with advanced hypothermia too fast can force the cold blood from the extremities to circulate to the heart causing fibrillation and death.

A combination of slow external and internal warming is recommended. If the patient is conscious providing warm sweet drinks that warm from the inside is the best treatment combined with warm packs around the neck and blankets in a warm environment. Yes, putting the patient into a sleeping bag with another person is effective if no warm cabin, vehicle etc. is available.

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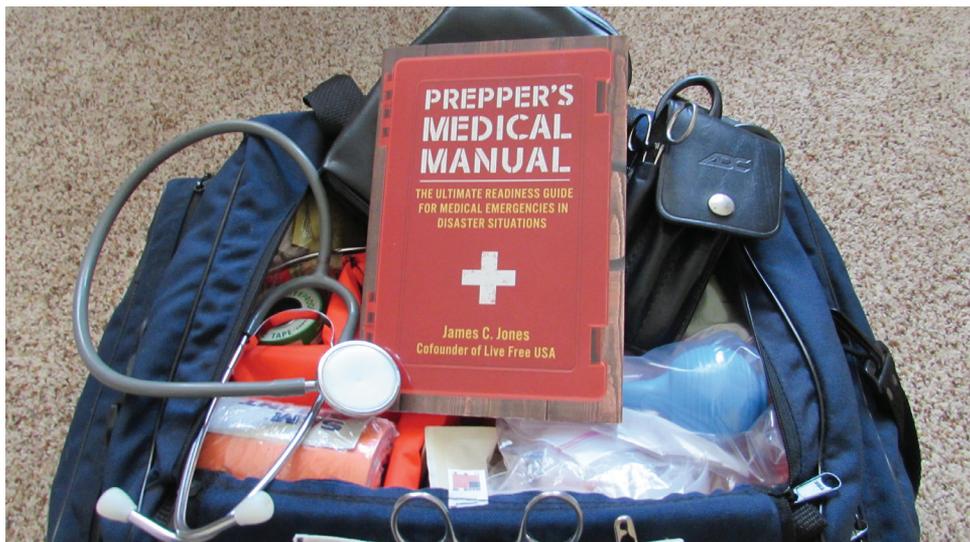
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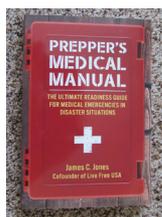
by James C Jones

In 2019 I was requested to create a “Prepper’s First Aid Handbook”. I told the publishers that there were plenty of “handbooks” out there, and that I wanted to go further and provide more advanced information. I wanted to combine some of my EMT protocols with military and advanced survival techniques. I felt that the book should tell the reader what to do until the ambulance arrives, and what to do if the ambulance is never going to arrive. I was able to utilize some military manual illustrations, and had a local illustrator draw a few illustrations. Members of the Live Free USA medical team helped in the creation of scores of illustrative photographs. The result is a well-illustrated and carefully written manual. The publishing house did a great job of combining all my material with the text. I used a simulation kit to create many of the photos. The editor actually contacted me and was concerned that some of them were

too realistic. Mission accomplished. I assured her that they were all simulations and none of the blood was real. I was also gratified to see that the book is in full color and on coated paper, so it will stand up under rough conditions. The final product is 9” x 6”, and 213 pages, soft cover. My Prepper’s Medical Manual is available from Skyhorse Publishing, or Amazon for \$19.99. We will also be selling them at a discount at Live Free events where all the profits go to the organization.

Prepper's Medical Manual

The new medical handbook from
James C. Jones, EMT



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<https://rb.gy/ytbynd>

Indiana Jim's Survival Stuff

By James C. Jones

Police Gear for Urban Survival

My wife and I have been Volunteers in Police Service (VIPS) for over eight years. We were issued two sets of uniforms, a three-season jacket and a bullet proof vest. My original civilian black shoes were not up to the needs of duty and I had to replace them within a year.

I found local Police supply outlet and purchased a pair of duty boots for about \$70.00. I found that these are durable, comfortable, and ideal for all weather action in an urban environment. I now wear them often off duty as well.

The medium-weight jacket proved inadequate for the cold Indian winters so I went online to **www.Galls.com** and ordered a black police sweater that proved much more practical than the issued shirts. I soon realized that all of the fulltime cops were wearing the same sweaters.

I was looking for a good jacket that would provide for concealed carry and had enough pockets for all of my "everyday carry items" and I found it at **www.5.11Tactical.com**, another police supply outlet.

Police officers have to spend long hours on their feet in all weather and chase criminals through all kinds of terrain so it makes sense that their footwear will be the most tested and reliable around. Police boots, gloves, tactical pants, jackets and other

equipment are also ideal for most survival needs and are often more durable and less expensive than comparable outdoor and survival items. Most of the items from these outlets are not restricted to police officers and can be purchased online from the outlets mentioned above.

Better Pain Relief

I would not presume to "recommend" any medical treatment, but I would share what two well-known expedition medicine doctors have told me.

Some over-the-counter pain relief medications are incompatible and taking them in combination can do you serious harm. In general overdosing or combining pain relievers is a bad idea, but there is one exception.

For severe pain you can take 3 Advil™ and 2 Tylenol™ together. They actually reinforce each other to have the strength of 10 pills for the 5 you take and are equivalent to hydrocodone.

Something good to have for the survival pack. Anbesol™ is an effective pain reliever for toothaches, but it can also be used to numb skin areas for minor surgeries or suturing. Good stuff to know.

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