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THE UNIVERSE

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Provo, Utah

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The outdoors can kill but training saves lives

By JOSHUA JAMIAS

The death of BYU student Ashleigh Cox on Feb. 9 has sparked questions about the safety of winter outdoor activities along the Wasatch Front. According to members of the Utah County Sheriff's Department search and rescue team, outdoor fatalities are preventable through education, proper training and preparation for poor

weather conditions. **Recognizing avalanche conditions** Students should be aware of avalanche conditions before embarking on activities like skiing, snowshoeing or winter hiking. "Students need to learn to check the avalanche danger before they go," said Dr. Brian Hill, a member of the search and rescue team who teaches recreational management courses at BYU. Students can check the forecast on

utahavalanchecenter.org to check current conditions in the mountains regarding avalanche warnings, said Marci Adams, an adjunct professor teaching biology at BYU who is also a member of the search and rescue team. "The site will tell you, elevation-wise, where to go. It's pretty precise," Adams said. Utahavalanchecenter.org updates advisories for different regions of Utah from Logan to Provo to Moab. There are five colors to distinguish

among the different danger levels on the North American Public Avalanche danger scale as seen on the graphic to the right. Cox and her party of snowshoers were traveling through a red zone advisory on the day they were caught in a slab avalanche. Hill had been training with members of the search and rescue team the same day Cox was snowshoeing. "It's ironic that we had been out training that very morning in avalanche

rescue. We were up in Aspen Grove, but we stayed away from any place because the risks were so high, we ended up training in a flat field. We just stayed away from anywhere snow might come," Hill said of the high-danger warnings on Feb. 8. "The conditions were so bad, and the risk was so high it could've happened anywhere. That's why it's better off not tempting fate."

What to do if caught in an avalanche What to do depends on whether snow covers the victim.

"Some of the kids who were with Ashleigh Cox were just surrounded by snow," Hill said. "The snow is slushy when it's moving. When it stops, it sets like concrete." Hill added if arms are caught in the snow, one won't be able to dig out.

"There are a couple of things people say to do. One is that people will use a swimming motion. If you're caught and have any control, you should try and avoid trees and large rocks. Half the people who die in avalanches are killed from the trauma from hitting things," Hill said.

Suffocation is another way people die from avalanches, Hill said. "Your chances are slim, but if you can get their hands around their face and build an air pocket, that might give them a little bit more of a chance," Hill said.

See **AVALANCHE** on Page 3

Avoiding avalanches

A guide to winter avalanche safety to keep things safe on the Wasatch front.

Understanding avalanches in Utah

Types of avalanches

- Loose snow** avalanches: These often occur in steep terrain with freshly fallen snow, low density snow or old snow. The loose snow falls in a hear-drop shaped mass, increasing volume and intensity as it travels down the mountain.
- Slab avalanche**: These are the most dangerous kind of avalanche, accounting for 90 percent of avalanche-related deaths. What happens here is that a layer of snow breaks off and shatters into large chunks of lethal snow.

The numbers

AVALANCHE FATALITIES BY ACTIVITY
Avalanche victims are almost exclusively backyard recreationalists. Below are the types of avalanche triggers that have caused fatalities in Utah since 1958.

- 16** Snowmobiling
- 7** Snowshoeing
- 15** Skiing
- 3** Unknown
- 1** National
- 1** National

93 percent of avalanche victims can be recovered if they are dug out within the first 15 minutes

30 Percent of avalanche victims are killed by trauma

15 minutes to live: Due to CO₂ buildup in snow around your mouth when buried, you have about 15 minutes to live

6 people have died in Utah from avalanches since Jan. 2013

90 of avalanches are triggered by the victim or someone in the victim's party

Playing it safe in the snow

To consider before you go

Before participating in outdoor recreational activities in the snow, check a site like utahavalanchecenter.org for current avalanche probability conditions. Never risk your safety for any reason. To the left is the official North American Public Avalanche Danger Scale.

Equipment

Beacon
This transmitter allows rescuers to accurately locate a buried victim quickly, saving precious time.

Probe
These allow rescuers to reach buried victims' exact location quickly.

Shovel
This is necessary when digging buried victims out of the snow.

Extreme

- Badly all avalanche terrain.
- Natural and human avalanches common.
- Large to very large avalanches in many areas.
- Very dangerous conditions. Travel in avalanche terrain not recommended.
- Natural and human triggered avalanches very likely.
- Large avalanches in many areas, very large in specific areas.

High

- Marginal conditions on specific terrain features. Evaluate snow and terrain carefully.
- Natural and human triggered avalanches possible.
- Small avalanches in specific areas, large in isolated areas.
- Dangerous conditions. Careful snowpack evaluations, cautious route-finding and conservative decision making essential.
- Natural and human triggered avalanches possible.
- Small avalanches in many areas, large in specific areas, or very large in isolated areas.

Medium

- Marginal conditions on specific terrain features. Evaluate snow and terrain carefully.
- Natural and human triggered avalanches possible.
- Small avalanches in specific areas, large in isolated areas.

Low

- Generally safe avalanche conditions.
- Natural and human triggered avalanches unlikely, or extreme terrain.

Green

- Generally safe avalanche conditions.
- Natural and human triggered avalanches unlikely, or extreme terrain.

Students shares story of life with Stone Man Syndrome

By ERICA PALMER

It was her toes that gave her away. Danielle Coyne's parents took her to the doctor when she was 5-years-old for a routine checkup. The doctor had noticed some abnormalities in her bone structure and wanted some extra tests. While they were there, the X-ray technician noticed the little girl's short, crooked toes, something her parents had never thought twice about. The technician said those toes were the first clue to fibrodysplasia ossificans progressiva disorder, also known as Stone Man Syndrome. She informed the parents their daughter likely had a rare disorder wherein her muscles would slowly, inevitably, start turning into bone. "She left us reeling from it," said Coyne's mother. "We were devastated. She said Danielle would be frozen up. We left there pretty much in a daze." Research on the syndrome was scant at the time. "They just told my parents, 'She could have it. She could not. There's really nothing we can do,'" said Coyne, now a 22-year-old BYU student studying public health. The International Fibrodysplasia Ossificans Progressiva Association says there are only 3,300 people living with FOP. Coyne is one of them, but she feels blessed. While many FOP patients begin growing a second skeleton at an early age, effectively immobilizing them, Coyne can still walk, talk, eat, write, drive and do almost anything anyone else can do on her own. She loves to cook, watch movies with friends, and read Western romance novels with her mom. "This is as wide as I can open it," she said, opening her mouth about an inch. "And I pretty much have full mobility,



Photo by Daniela Allen

Danielle Coyne, a BYU student, has lived with Stone Man Syndrome most of her life. except for my leg." So far, her leg and jaw are the only areas where her body has grown extra bone, restricting normal movement. But these manifestations of the disorder didn't come out until later in her life. After the doctor's visit when she was 5, Coyne's life didn't change much. "I lived a normal childhood," she said. "But now that I look back, I do realize that my parents did keep me from doing certain things. They were trying to protect me while still letting me be normal." But it was something constantly in her parents' thoughts. "I would put her in the bathtub and look at her back, because I remember seeing pictures of lumps in backs," her mom said. Many FOP patients begin to see signs of the disorder when they are young, in the form of lumps of bone that grow on their backs. Coyne said FOP is like a "hibernating bear," according to her doctor, FOP specialist Dr. Frederick S. Kaplan. The problem gene can be inactive for some time, but once it's awake, it's awake, Coyne said. The disorder didn't manifest itself until right before she started high school. She was playing basketball when she went in for a lay up and came down funny on her hip. When it didn't get better, she went to the doctor for some tests. Everything came out normal at first. But bone takes time to grow. Three months later, the doctor found a piece of extra bone the size of a thumb connecting her femur to her hipbone. The doctor, who had never heard of FOP before, wanted to go in and do surgery immediately. See **SYNDROME** on Page 7

BYU student talks about his struggle with pornography

By SAM PETERSEN

Second in a series

Letter-day Saint. Returned missionary. BYU student. Someone we'll call Jason has another descriptor: pornography addict. He describes the past decade and his battle with pornography this way: "You haven't just visited hell; you live there every day." He answered questions for 'The Universe' with the hope his insights and perspective could help others.

Universe: When were you first exposed to pornography?
Jason: Ninth grade.

Universe: What was the circumstance?
Jason: Pornography didn't come first. Impulsive action came first. And I fell upon that not by will too, but kind of haphazardly. I was sitting a wrong way, not even thinking. Your body reacts, and I felt aroused by something. That came far before pornography. It was something I experienced that I didn't understand. ... I didn't seek it out at all. I honestly don't remember when my first encounter with pornography was because the "objective" wasn't to look at something, rather to stimulate. So I don't even remember my first encounter.

Universe: At what point would you say you were addicted?
Jason: When I started choosing to

lie to others, which came quickly. You know, when you do something that you don't want to do, that you shouldn't be doing, by the standard of the Lord or another person. I started lying to cover up tracks. That's when I thought that I was addicted.

Universe: How long did you keep it a secret?
Jason: Too long. Until I got caught.

Universe: How old were you when you got caught?
Jason: 15

Universe: How has your addiction affected your self-confidence?
Jason: In regards to my confidence now, when you digress and you fall back it doesn't take much to take all the progress that you've ever had in fighting it and go straight back to ground zero or lower. One offense, one thought is enough that Satan uses to just drive you to the depths of hell. And you don't crawl out. You sit there because you feel like you're trapped. You think, "I'm so pathetic. I've been given so much. I've been taught so much. I've had so much success against the destroyer." But, that one instance is enough to take you back to ground zero or lower. Regardless of how many people say, "Stop mooping. Stop worrying about it. Stop thinking about it," unless you make a decision to choose to let the Atonement work in your life it's very hard. It's hard to let yourself come out of it. It's more than just forgiving yourself and the repentance process.


See **STRUGGLE** on Page 3

Politics 101


With 435 representatives and 100 senators, Congress can be a confusing place. That's a lot of names and faces to remember, so here are a few key members you should know, including leadership from Utah.

BY HALEY BISSEGGER


SEN. MITCH MCCONNELL
Senate Minority Leader, R-Ky.
McConnell leads the Senate Republicans and manages the Senate schedule and legislative business.




SEN. ORRIN HATCH
R-Utah
Hatch is the senior senator from Utah. He is the top Republican on the Senate Finance Committee.




SEN. MIKE LEE
R-Utah
Lee is a freshman senator from Utah. He is closely tied to the Tea Party movement.




SEN. HARRY REID
D-Nev.
Reid is the Senate Majority Leader and is a chief spokesman for the Senate Democrats.




SPEAKER JOHN BOEHNER
Speaker of the House, R-Ohio
Boehner presides over the House of Representatives and casts tie-breaking votes. The speaker is elected by an absolute majority of representatives in the House.



REP. NANCY PELOSI
House Minority Leader, D-Calif.
Pelosi was the Speaker of the House until Democrats lost control of the chamber in 2010.



REP. JASON CHAFFETZ
R-Utah
Chaffetz is currently serving his third term for Utah's 3rd Congressional District. He is the chairman of the House Subcommittee on National Security.



SYNDROME

Student reflects on life with illness

Continued from Page 1

"I was all for it," Coyne said. "I was 14, and I was like, I don't know what this is, yeah take it out."
Kaplan said surgery could have been the worst decision for the situation. Bodies with FOP work differently; the body grows more bone in its place in order to heal. Even surgery is trauma to the body and could result in further bone growth. Coyne said her grief process once being diagnosed included denial, anger, sadness and tears. The new bone in her hip stopped growing but it left her with a limp and an inability to walk long distances or stand for a long time. Playing basketball was out of the question. She often had flare-ups, instances that would leave her leg flaming with pain and made it nearly impossible to do anything, even sleep.
It was under these circumstances that she started high school.
"You know how hard high school is," she said. "I kind of had a bad attitude in the

beginning. I was really sad about it and just wanted to be a normal high school kid."
She said she was already shy and tried to go about her days "under the radar." In her mind, there was only one word: cure. She would go to college when they found a cure. She would put her entire life on hold until she was cured. "I'll just live my life when I can be normal again," she decided.
But anyone who knows Coyne as a happy, positive, successful person would agree that something must have changed her outlook.
Her turning point came about a year after she was diagnosed. Her mom, who has always been her best friend and a strong support, gave her a plaque with a quote from Elder Neal A. Maxwell that reads: "Faith in God includes faith in His timing."
"After my mom brought me that plaque, I realized I'm very lucky and fortunate that even though I have to have it, it's not as bad as it could be," she said. "I just try to keep that in mind. I just want to do as much as I can while I can, because I don't know when there is going to be a cure."
The disease struck again a few years later. She started to notice her jaw closing.
She said this started to happen after she yawned once and heard her jaw pop, and then

went to the dentist and had to sit with her mouth open for over an hour.
"It is kind of freaky when your jaw starts closing up," she said. "But you can't live in fear."
Coyne also found out the disorder might prevent her from having children. Her mother said this has probably been the most difficult part of the disorder for her to cope with. Coyne's outlook on life, however, remains positive.
"It's a blessing and a trial. A lot of things I do I wouldn't be doing if I didn't have FOP," she said. "And you get a lot of public speaking and I am horrible at public speaking, so I am getting a lot of practice at it," she said with a laugh.
She said the optimism and support of her family and her faith in the gospel is what gets her through every day with such optimism.
"Knowing that faith in God includes faith in His timing," she said. "I try to live each day by that. Heavenly Father knows when you need certain blessings, and I try to have faith that when the time is right it will happen."
Coyne will graduate from BYU this year with a bachelor's degree in public health. She hopes to spend her life spreading awareness and raising funding for rare diseases, to help others who are in situations

like hers.
"I feel like I can be an example to others and be an inspiration, and help others through their trials."
This Saturday at 10 a.m., the

BYU Neuroscience and Pre-med clubs are teaming up with students from the University of Utah to put on a 5K to raise awareness for FOP. The race will loop around BYU campus

and all donations will go to the IFOPA, the official research organization for FOP. The cost is \$15 for students and \$20 for others. Participants can sign up online at qr.net/cureFOP.

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