

**Navy's** *Jumping Prototype Chutes for Fleet & NASA*  
**Test Parachutists**

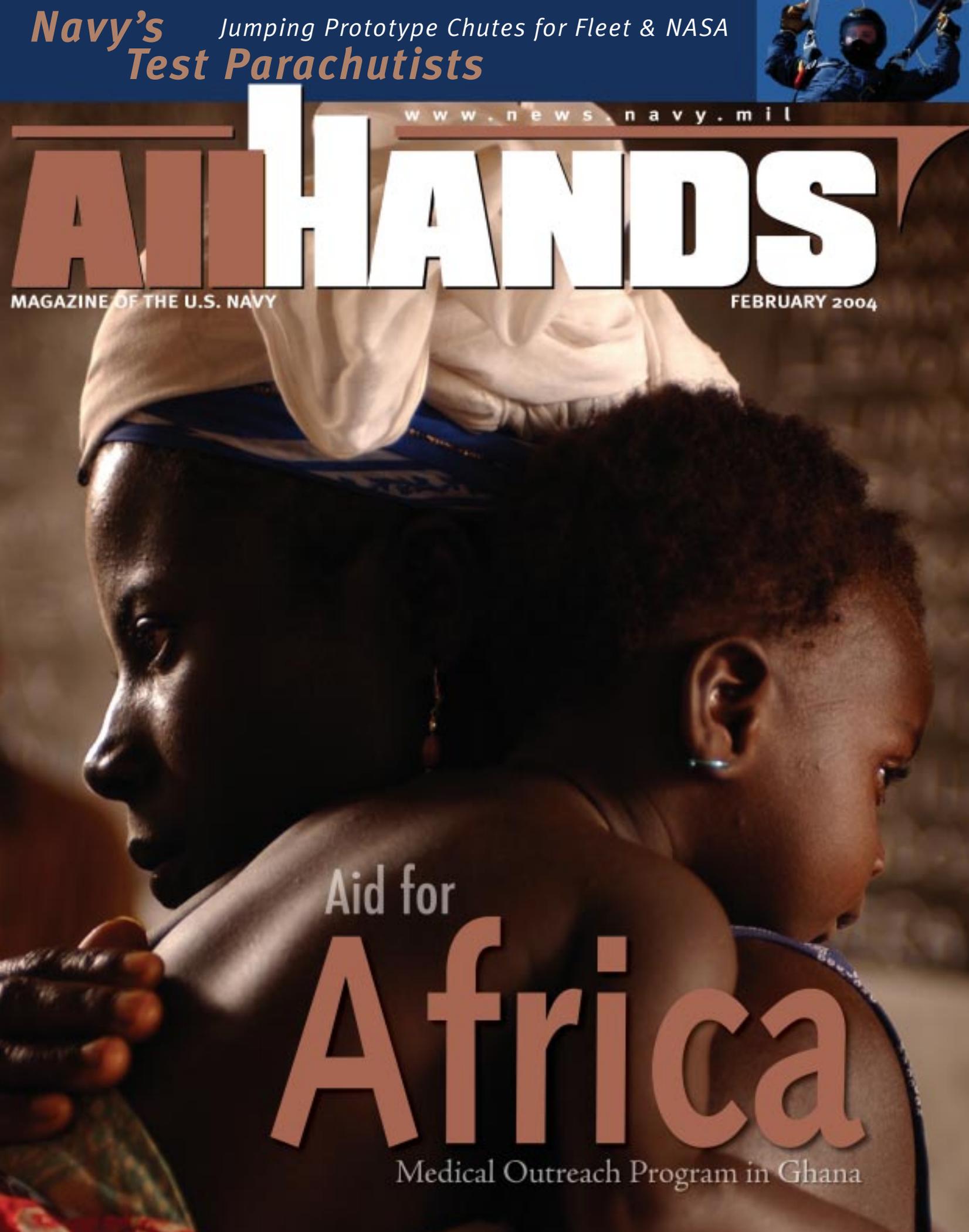


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# ALL HANDS

MAGAZINE OF THE U.S. NAVY

FEBRUARY 2004



Aid for

# Africa

Medical Outreach Program in Ghana



[Number 1042]

**ALL HANDS**

# 32 In the Zone

# February

## [Features]

Out on the drop zone (DZ) PR1(AW/FPJ) Justin Hodge, acts as the DZ safety officer and keeps an eye on the winds. Should winds exceed the prescribed wind limitations of the parachutes being jumped that day, Hodge alerts the jumpmaster in the plane to hold jumpers for a period of 10 minutes and then re-evaluate conditions. On this day however, winds were prime and jumpers exited on schedule.

### [On the Front Cover]

Ghanaian mothers and their children may walk for hours to be seen by American doctors.

Photo by PH1 Shane T. McCoy

### [Next Month]

All Hands is on-scene in Chicago to see how Task Force Excel initiatives and a Chicago-area college are changing the culinary specialist's community.



Photo by J01 (SCW/SS) James G. Pinsky

## 14 Battling the Unseen Enemy

Naval medical researchers take on the world's deadliest diseases less than 1,000 miles from Baghdad. Along the fertile Nile River in Egypt there's a war being waged against an enemy that has swayed the outcome of more battles than any bullet, bomb, aircraft or ship since the dawn of mankind. That enemy carries no weapon, knows no allegiance and mercilessly attacks the likes of Soldiers, Sailors, civilians - even children - regardless of their nationality. The enemy is disease, and Sailors of National Medical Research Unit (NAMRU) 3 are DOD's front line troops.

## Gifts for 22 Ghana

Navy brings medical aid to the Ghanaian people for a two-week medical training and treatment mission. The villages that would receive aid were five hours west of Ghana's capital of Accra and had been selected by the Ghanaian Ministry of Health as the villages that could receive the most benefit in the time allowed.

Photo by PH1 Shane T. McCoy



## [Departments]

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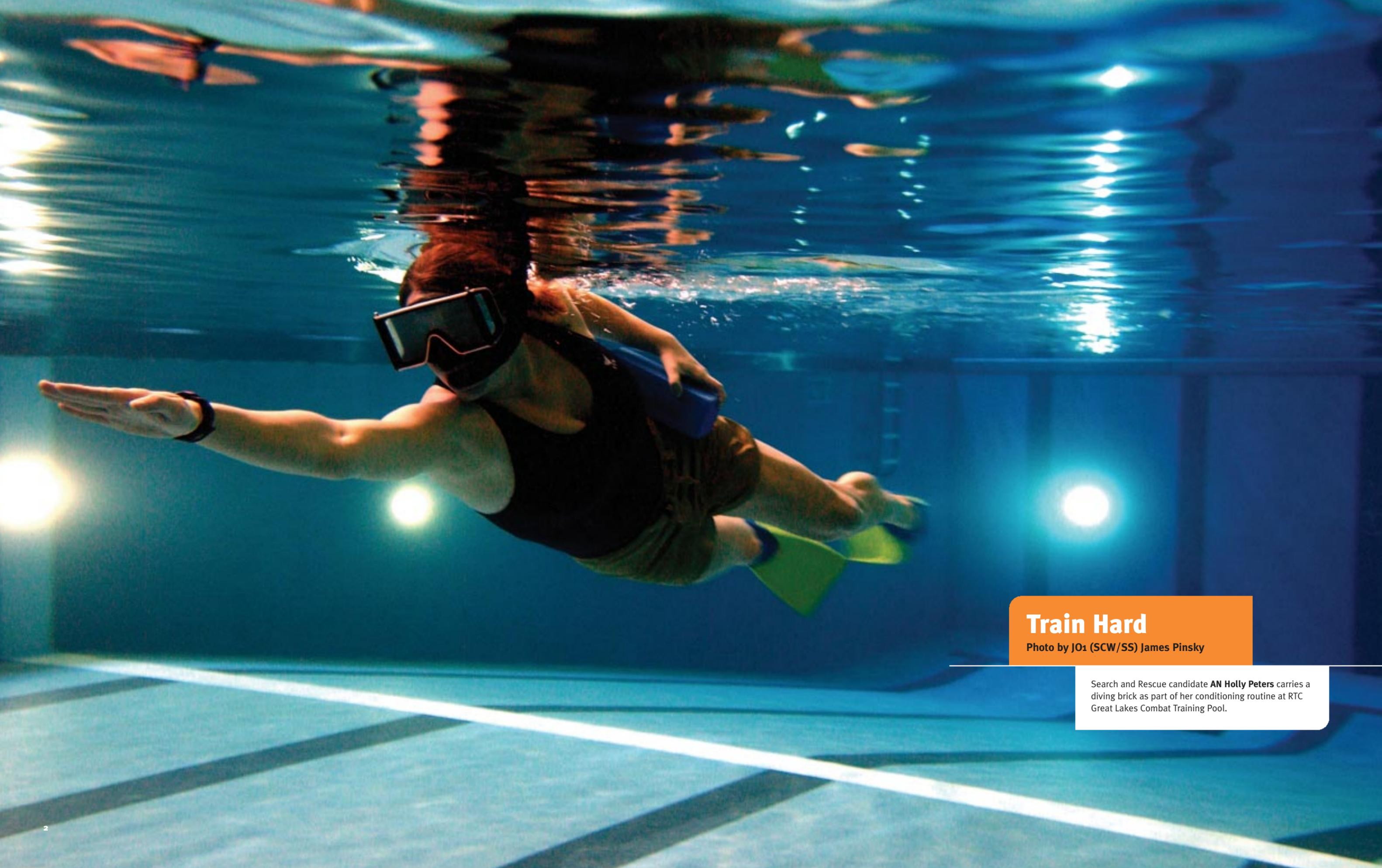
The Final Word – 48

Photo by J01(SW) Monica Darby



## 32 In the Zone

When ejecting from an aircraft, the last thing a pilot needs to worry about is how to survive an emergency egress system landing. It is for these pilots, that the U.S. Navy's Test Parachutists (PJs) at NAVAIR China Lake, Calif., strap on prototype parachutes and jump. Despite all the statistics, designing, engineering, testing and re-testing, assurances can't be made of any chute's performance without someone actually trying it out operationally.



## Train Hard

Photo by JO1 (SCW/SS) James Pinsky

Search and Rescue candidate **AN Holly Peters** carries a diving brick as part of her conditioning routine at RTC Great Lakes Combat Training Pool.



## New Level

Photo by PH2 Jayme Pastoric

Sailors aboard **USS John C. Stennis (CVN 74)** congratulate each other after 200 new E-4, E-5 and E-6 petty officers receive their promotion certificates during a frocking ceremony held in the ship's hangar bay.

# Speaking with Sailors

Master Chief Petty Officer of the Navy  
MCPON (SS/AW) Terry D. Scott

## The following discussion took place at a recent All Hands Call in San Diego

When I look at what our Sailors have accomplished during the last year, I realize how incredible it is. When it was time for ships to rotate in and out of the Persian Gulf for Operation *Iraqi Freedom*, the Navy was prepared and did it with relative ease. When the nation calls on us again, we're going to be ready.

One way the Navy will ensure future readiness and maximum achievement is by making sure its Sailors are educated and trained.

Navy Knowledge Online ([www.nko.navy.mil](http://www.nko.navy.mil)) is going to be one of the delivery platforms for what is being called the "Revolution in Navy Training." The Web site features many educational and training programs, including leadership and mentorship courses. Since its introduction last year, the site has had more than 130,000 enrollees.

During the next few years, you'll see the direct impact of this Revolution in Navy Training. It will make sure every Sailor is provided the tools and opportunity for training to propel them on to continued, future successes.

Another issue I've been asked about is the targeted pay raise, which you all have seen in your paycheck this past month.

The pay raise gave Sailors an average of 4.1 percent increase in base pay, similar to last year's raise.

Targeted pay raises are important to us, because we need to make sure we're maintaining pay comparability to our civilian counterparts, and that we're paying our Sailors

for their experience and level of responsibility. At the same time, we want to build incentives for advancement. We don't want it to be more financially beneficial for a Sailor to simply hang around for a couple of years than to advance in our Navy.

Along those same lines of advancement is the Navy's "Perform To Serve" (PTS) policy. Under PTS, E-4 and below Sailors in overmanned rates may be given the option to switch to undermanned rates when approaching the end of their first enlistment.

PTS is necessary, not only for advancement, but to ensure

that every ship or squadron is manned properly, especially for the duration of the global war on terrorism. In overmanned rates, we have stagnant advancement, and many Sailors are frustrated with the lack of opportunity. At the same time, in undermanned rates, we have Sailors who work extra hard filling those extra watch requirements, doing all the maintenance and performing all of the missions. We can't continue to perpetuate those two problems.

The only way to fix the problem was to create a system in which Sailors compete for the opportunity to reenlist. If the rate is overmanned, then those Sailors who want

to stay will be asked to take a look at other rates that aren't fully manned and then be provided the training opportunity to help them convert.

I want every Sailor to be afforded the opportunity for success, whether it's a single tour or an entire career, because every one of us in a leadership position started at the beginning of this system. When we invest in people up front, they know how much we value them in our organization.

I encourage those Sailors who may be faced with PTS to keep their options open concerning a rate change, or even work to improve ASVAB [Armed Services Vocational Aptitude Battery] scores to broaden your choice of rates.

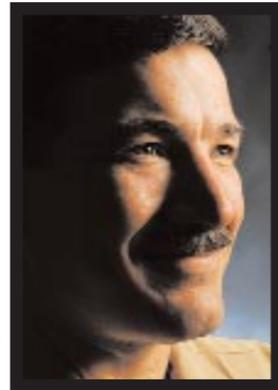


Photo by JO1 Preston Keres

*Speaking with Sailors* is a monthly column initiated by the Master Chief Petty Officer of the Navy as a way of reaching out to the men and women of the fleet, whether they are stationed just down the road or halfway around the world.

All Hands (USPS 372-970; ISSN 0002-5577) Number 1040 is published monthly by the Naval Media Center, Publishing Division, 2713 Mitscher Rd., S.W., Anacostia Annex, D.C. 20373-5819. Periodicals postage paid at Washington, D.C., and at additional mailing offices. **Subscriptions:** For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 or call 202/512-1800. Subscription prices are: \$36 (domestic) / \$45 (foreign); \$6 (single copy domestic) / \$7.50 (single copy foreign). **Postmaster:** Send address changes to All Hands, Naval Media Center, Publishing Division 2713 Mitscher Rd., S.W., Anacostia Annex, D.C. 20373-5819 **Editorial Offices:** Send submissions and correspondence to Naval Media Center Publishing Division, ATTN: Editor, 2713 Mitscher Rd., S.W., Anacostia Annex, D.C. 20373-5819 Tel: DSN 288-4171 or 202/433-4171 Fax: DSN 288-4747 or 202/433-4747 E-Mail: [allhands@mediacenter.navy.mil](mailto:allhands@mediacenter.navy.mil) Message: NAVMEDIACEN WASHINGTON DC //32// **Authorization:** The Secretary of the Navy has determined this publication is necessary in the transaction of business required by law of the Department of the Navy. Funds for printing this publication have been approved by the Navy Publications and Printing Committee.

**AllHANDS**

Number 1040 • February 2004  
[www.news.navy.mil](http://www.news.navy.mil)

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# Blue Angels



## 2004 Flight Schedule

### March

13 Naval Air Facility (NAF)  
El Centro, Calif.

20-21 Naval Air Station (NAS)  
Lemoore, Calif.

27-28 Tyndall Air Force Base (AFB), Fla.

### April

3-4 MacDill AFB, Fla.

17-18 NAS Meridian, Miss.

24-25 Marine Corps Air Station (MCAS)  
Beaufort, S.C.

### May

1-2 Fort Lauderdale, Fla.

8-9 NAS Atlanta, Ga.

15-16 Andrews AFB, Md.

22-23 NAS Kingsville, Texas

26 U.S. Naval Academy, Annapolis, Md.

29-30 Calverton, N.Y.

### June

5-6 Myrtle Beach, S.C.

12-13 Bermuda, United Kingdom

19-20 Oklahoma City, Okla.

26-27 Elmendorf AFB, Alaska

### July

3-4 Traverse City, Mich.

9-10 Pensacola Beach, Fla.

17-18 Rochester, N.Y.

24-25 Peoria, Ill.

30 Helena, Mont.

### August

1 Helena, Mont.

7-8 Seattle

21-22 Chicago

28-29 TBD

### September

4-6 St. Louis

11-12 Shearwater, Nova Scotia

18-19 Nantucket, Mass.

25-26 NAS Oceana, Va.

### October

2-3 Salinas, Calif.

9-10 MCAS Kaneohe Bay, Hawaii

16-17 MCAS Miramar, Calif.

23-24 NAS New Orleans

30-31 NAS Jacksonville, Fla.

### November

6-7 Key West, Fla.

12-13 NAS Pensacola, Fla.

For more information contact the Blue Angels Public Affairs Office at  
(850) 452-3955 or [bapao@navy.mil](mailto:bapao@navy.mil).

# “Perform to Serve” Program Expands to Include All First-term CREO Group 2 Sailors

**A**s of January 2004, all first-term, Career Reenlistment Objectives (CREO) Group 2 Sailors must request reenlistment authorization from the Navy Personnel Command under the Perform-to-Serve (PTS) program.

Since the establishment of PTS in February 2003, only first term CREO Group 3 Sailors were required to apply for reenlistment authorization. By February 2004, all first-term CREO Group 2 and 3 Sailors with end of active obligated service contracts in February 2004 or beyond, regardless of reenlistment intentions, will be required to submit PTS applications.

“The addition of the CREO Group 2 ratings will provide more flexibility and quality distribution in shaping the force by moving Sailors from overmanned ratings to undermanned ratings,” said CAPT Jim Gigliotti, director of Navy Personnel Command’s Center for Career Development.

The following CREO first-term Group 2 Sailors are not affected by this new requirement:

- Sailors who are already under orders.
- Sailors with an approved conversion package
- Sailors with an approved SRB pre-certification at the time of the release of the NAVADMIN 312/03.

“PTS provides those Sailors previously locked into their ratings the added flexibility to convert to another rating at the end of their first enlistment,” said Gigliotti. “This may provide them additional career



Photo by PH1(AW/SW) Greg Messier

opportunities if advancement in their current rating is limited.”

There are two changes to the program that will affect all new applications, regardless of the CREO Group, the first is a “conversion only” option. This will allow Sailors to bypass the “reenlist in rate” option. The second change is the requirement to include the latest ASVAB line scores on all applications to facilitate the conversion process for those considering the “conversion” or “conversion only” options.

“Sailors should consider the possible outcomes of the choices they request in their applications. For instance, if they

request the ‘conversion only’ option, they forgo any consideration for in-rate reenlistment approval. On the other hand, if they do not indicate “willing to convert” in their application and are subsequently not selected to reenlist in rate, they have effectively reduced their own opportunity to remain in the Navy. This could result in a notice to separate, if an in-rate reservation never presents itself,” added Gigliotti. ❧

Article courtesy of Navy Personnel Command Communications Office.

## Mess Management Specialist Rating Name Changes

**I**n a rating name change that better reflects their professional expertise, mess management specialists (MS) will now be known as culinary specialists (CS).

“The name change more appropriately describes the duties and mission of the rating, aligns the rating with today’s commercial culinary profession, and enhances the rating’s professional image,” said Senior Chief Culinary Specialist (SW) Joe Donellan, rating technical advisor

and Supply Corps enlisted community manager.

The rating’s progression from cook to commissary man, to mess management specialist, and finally to culinary specialist, is a natural one and in keeping with the Navy’s tradition of defining a Sailor’s occupation in modern terms.

CS2 Matthew Myers, aboard **USS Bataan (LHD 5)**, believes the name change will have a positive effect when Sailors transition back to civilian life.

“We’ll finally be able to compare our knowledge and training to the civilian world, which will allow an easier transition into the culinary field,” he said. “I really like it.”



**CS1 John Myers** checks the temperature of lobsters in the enlisted galley aboard the guided missile cruiser **USS Princeton (CG 59)**. **Princeton** is deployed as part of **USS Nimitz’s Strike Group** conducting missions in support of **Operation Iraqi Freedom**.

Aboard **USNS Comfort (T-AH 20)** CSCS(SW) Jack Slattery said he felt the change will “definitely help in enabling our civilian counterparts to better identify with our job as opposed to the term “mess,” which is a contradiction in terms when you think about the sanitation standards we’re expected to maintain.”

Personnel in the MS rating will be automatically converted to the CS rating effective immediately with the release of NAVADMIN 012/04. Request for conversion from Sailors or commands is not required.

The rating badge of crossed keys and quill superimposed upon an open ledger is being retained for Culinary Specialists. ❧

Article courtesy of the public affairs office, Chief of Naval Personnel.

## Virginia-Class Submarine Program Reaches Another Milestone

**N**orthrop Grumman Newport News (NGNN) celebrated a key milestone Nov. 7, 2003, on **PCU Texas (SSN 775)**, with a ceremony marking the pressure hull being welded completely closed. This event, referred to as Pressure Hull Complete, is a significant step toward the completion and commissioning of the ship.

The second ship of the **Virginia-class, Texas** is another step closer to “getting wet.”

With 81 percent of the construction work complete, CAPT John Heffron, the **Virginia-class** program manager, said, “The high percentage of work accomplished at Pressure Hull Complete gives me confidence that future key events will be met

Photo by PHZ class Tihini M. Jones

on time.”

NGNN is teamed with General Dynamics Electric Boat to build **Virginia-class** submarines. Each shipbuilder constructs sections of the ship, while final assembly, outfitting, test and delivery are alternated between them. **Texas** is the lead ship for NGNN under the co-production plan, and will be assembled and delivered at its facility in Newport News, Va., in 2005.

The **Virginia-class**, the Navy’s next-generation attack submarine, will provide capabilities which are required to maintain the nation’s undersea supremacy well into the 21st century.

As one of the class, **Texas** will have state-of-the-art stealth characteristics, sophisticated surveillance capabilities and Special Operations Forces delivery and support capability. **Texas** will be capable of conducting covert, long-term surveillance of land areas, littoral waters or other naval forces. Other capabilities include cruise missile strike and enhanced communications connectivity that will enable **Texas** to provide important battle group and joint forces support, and meet the Navy’s multi-mission requirements. ❧

Article courtesy of Team Submarine Public Affairs.

## AIP Program Expands With New Jobs, New Bid Levels

**T**he Navy has expanded the Assignment Incentive Pay (AIP) pilot program to include billets in two new overseas locations and increases to the bid levels in some existing billets.

New jobs posted on Super Job Advertising and Selection System

# Around the Fleet



**MR3 Mark Lindsey** utilizes a lathe to manufacture a repair part for a sewing machine aboard **USS Essex (LHD 2)**. Machinery Repairmen are the ship's skilled machine-tool operators primarily responsible for making replacement parts and repair or overhaul of a ship's engine or auxiliary equipment.

(Super JASS) include repair units aboard **USS Emory S. Land (AS 39)** and **USS Frank Cable (AS 40)**, based in La Maddalena, Italy, and Guam, respectively.

The billets aboard these ships range from E-4 to E-9 and involve several ratings, to include: sonar technician (submarines), electronics technician, machinist's mate (submarines), electrician's mate, engineman, machinery repairman and hull technician. The associated maxi-

mum AIP award for each billet varies from \$500 to \$700 per month, depending on rank, with billets at the E-7 to E-9 level awarding the higher amount.

The Navy is also increasing award amounts for some existing AIP billets in Naples, Italy; Sigonella, Sicily (IT [information systems technician] billets); and Misawa, Japan (ET and IT billets). IT and ET billets in these locations will see increases in maximum bid amounts up to

\$450, with some awarding a total of between \$850 and \$900 per month.

"We are very excited about this opportunity to expand the AIP pilot program," said Chief of Naval Personnel VADM Gerry Hoewing. "The data showed we needed more of a financial incentive for some jobs, and we saw an opportunity to add some new billets. That's one of the great things about a program like this. You can change it to meet the needs of both the Navy and our Sailors. It's all about being flexible and responding to the marketplace."

AIP has been very successful since being introduced to the fleet in June for billets in Naples, Sigonella and Misawa. During the last 10 requisition cycles, more than 1,100 AIP bids have been received, resulting in 238 accepted applications.

Applying for AIP is easy. Simply log on to Super JASS at about the nine-month window before your scheduled permanent change of station (PCS) move to view current jobs, hot jobs and fill dates. The newest addition to this screen is the incentive column, which will indicate whether or not a job

comes with AIP. Simply select the amount of AIP you would be willing to accept from the pull down menu.

The detailee will make the final selection based on the range of qualified bids, relocation costs and additional factors pertaining to each job. Sailors rotating to sea duty must bid for sea billets and follow their proper sea/shore rotation.

"AIP is truly a transformational way of doing business," added Hoewing. "What we are doing is creating a dynamic incentive - one the Sailor has a hand in determining - while getting talented people assigned to places we really need them. It's good for the Sailor and good for the Navy, too. We're giving Sailors the power of choice, and it is working extremely well."

To be eligible for AIP, Sailors must:

- **Be U.S. Navy or U.S. Naval Reserve active-duty Sailors.** Reserve SELRES (Selective Reserve), FTS (Full-Time Support/TAR), IRR (Individual Ready Reserve) and ADSW (Active Duty for Special Work) Sailors are not eligible for AIP at this time.
- **Be fully qualified for the job**

**requested** - proper rating, pay grade, Navy Enlisted Classification (NEC), etc.

• **Be in a sea/shore rotation rating.** Sailors under CONUS/OCONUS rotation are not eligible.

• **Apply for the job via JASS.**  
• **Be eligible for assignment in a "FOR DUTY" status.**

For additional information on the AIP program, see NAVADMIN 161/03 on the Web at [www.bupers.navy.mil](http://www.bupers.navy.mil).

*Story courtesy of the public affairs office, Chief of Naval Personnel.*

## New Gas Mask Testing Makes Stennis CBR Defense Stronger

Sailors aboard **USS John C. Stennis (CVN 74)** who went for gas mask testing in November were in for a surprise: a more detailed and strin-

gent testing process.

"This is Naval Sea System's attempt to rectify some deficiencies with the CBR defense equipment," said Marine Corps Gunnery Sgt. Thomas Dever from the Equipment Assessment Unit, Joint Service Assessment Program (JSAP). Dever says these deficiencies are a problem throughout the Navy.

Dever said the JSAP has been using Navywide CBR Defense Readiness Improvement Program (RIP) on ships for the past 15 months.

"We're ensuring that every Sailor on this ship and on other ships is fitted with the proper CBR equipment," said Dever. "We're also going to baseline and inventory all CBR equipment aboard **Stennis** and ensure that every boot, gas mask and pair of gloves is accounted for."

Dever said every Sailor on **Stennis** will leave the gas mask



**James Keck, a contracted civilian technician with Naval Sea Systems Command,** assesses the fit on an **MCU-2P** gas mask worn by a Sailor using a **TDA 99M** respirator functional testing system. The assessment conducted aboard **USS John C. Stennis (CVN 74)** is a joint service project to ensure that all military personnel are properly fitted with nuclear, biological, chemical defense. The San Diego-based aircraft carrier is at sea conducting training exercises in the Southern California operating area.

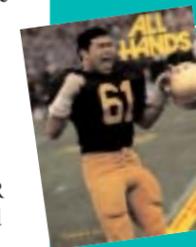
# Time Capsule

This month we look back in the *All Hands* archive to see what was going on in the month of February. To view these issues in more detail on the Web, go to [www.news.navy.mil/allhands.asp?x=search](http://www.news.navy.mil/allhands.asp?x=search)



### 1956 - 48 Years Ago

On the cover, Navy pilot CDR R.L. Cormier and AO2 J.D. Carr check ordnance being loaded onto a plane while at sea aboard the aircraft carrier **USS Shangri-La (CVA 38)**. We also featured **USS Steuben's (LST 1138)** crew and their family members, who had the opportunity to come aboard and experience life at sea.



### 1977 - 27 Years Ago

This cover tells it all - Navy beats Army! The Army/Navy games hold a deep sense of tradition for both teams. In 1969, after Navy beat Army, a 4,500-man brigade of midshipmen shouted to Army's coach that they intended to demolish his car - and did so. The brigade commander then presented the Army coach with a \$4,000 check to pay for the car. This was and is still considered to be one of the grandest of the pranks that take place each year between the teams.



### 1984 - 20 Years Ago

In this issue, *All Hands* features Fleet Week in San Francisco. We also featured the story of LT Mark A. Lange and LT Robert Goodman, a pilot and bombardier shot down and later captured while on a mission over Syrian-controlled territory in Lebanon. Lange died in captivity, while Goodman was released after two weeks.

## Ricky's Tour

By J02 Mike Jones

[www.rickystour.com](http://www.rickystour.com)



machine called the TDA 99M, a respirator function tester.

"We put a mask on the individual, along with a regular canister," said Eric Ryle, Equipment Assessment Unit supervisor. "We [then] hook an aerosol sampling tube [from the TDA] to the drinking tube of the mask."

The Sailor performs a series of exercises, testing the seal of the mask. The tests include moving the head side-to-side and up-and-down, and rotating the jaw to simulate talking while wearing the mask.

"The machine draws a sample from inside and outside of the mask," said Ryle. "If the vapor outside is 3,000 times more than inside the mask, you pass."

With the new gear and a better inventory system, *Stennis* should be better equipped and more prepared for any CBR environment that it might encounter by the time of its next deployment.

For related news, visit **USS John C. Stennis' (CVN 74)** Navy NewsStand page at [www.news.navy.mil/local/cvn74](http://www.news.navy.mil/local/cvn74). 

**Story by JO3 Gabriel Owens, who is assigned to the public affairs office, USS John C. Stennis (CVN 74).**

## CONSEP Offers Sailors Mid-Career Guidance

There comes a time for every Sailor to make the decision on whether or not to stay Navy. That decision may not always be an easy one to make, but fortunately, there is a program that can help service members determine which path is right for them.

The Career Options and Navy Skills Evaluation Program

(CONSEP) is a four-day, mid-career course specifically designed for military personnel with four-to-12 years of service and who are within 18-to-24 months from their end of active obligated service.

According to CONSEP Program Manager Conley White, "Although the program has been implemented Navywide for more than two years, the concept of the workshop was formed in 1996, when the Chief of Naval Personnel approved an initiative to incorporate elements of the Transition Assistance Program into a workshop for our mid-term Sailors."

CONSEP provides substantial information on professional career development throughout the Sailor's career. Each day is broken down into four main topics, which include personal planning, methods to enhance financial stability, civilian and career planning. The class provides a Sailor an overall look at the pros and cons of staying in the service or stepping out.

"Although the program is geared to highlight the advantages of staying in, it does offer training to help you make a smooth transition into the civilian sector," said White.

Participants are taught resumé writing, interview techniques and marketing and networking just to name a few. Navy career counselors along with Navy College experts are brought in on the last day to address the Sailors' career concerns. Participants who successfully complete CONSEP are eligible for two college credits through the University of Colorado.

The CONSEP workshops are taught at several of the Fleet and Family Support Centers in the Hampton Roads, Va., area, including Naval Station

Norfolk, Naval Amphibious Base Little Creek and Naval Air Station Oceana.

"This is great training for those who may be at the crossroads in their military careers and need to make an informed decision. I also firmly believe that at this level of training, we are 'developing' our Sailors and whether they choose to stay or leave the military, they will be much more successful. It is a win-win situation," White said.

Culinary Specialist 1st Class Renita Inmon, who attended the class, was very impressed by CONSEP.

"The class provides powerful tools and resources that Sailors can use to make sound career decisions in either the Navy or the civilian world. And the information can be passed down to others who may be approaching their EAOS date, as well."

Storekeeper 1st Class (SW) Stanley Murray, who recently completed the class at Little Creek's Fleet and Family Support Center said, "It's a great class and one that should be required annual training for all mid-level Sailors. I feel it will help them be more successful in and out of the military. It will prepare the younger Sailors and the seasoned leaders by providing them the necessary tools they need."

After the completion of the workshop, each participant receives a certificate of completion.

"Although the program is a retention tool, an individual that chooses not to 'Stay Navy' will still have the resources to secure a successful place in the civilian world," added Navy Counselor 1st Class (SW) Kathy Grant from Little Creek.

For more information on CONSEP, call your local Fleet and Family Support Center or Conley White at (757) 445-7822.

For related news, visit the

Naval Amphibious Base Little Creek Navy NewsStand page at [www.news.navy.mil/local/nablcr](http://www.news.navy.mil/local/nablcr). 

**Story by JO3(SW) Melissa Pinsonneault, who is assigned to the public affairs office, Naval Amphibious Base Little Creek, Va.**

## Rota Rescue Team Receives High Marks During NASA Shuttle Training

After three days of intense training provided by the DOD Manned Space Flight Support Office to the Rota Space Shuttle Medical Support Team, an emergency NASA space shuttle landing drill recently took place on the tarmac at Naval Station Rota.

The hand-picked support team, consisting of 40 members from U.S. Naval Hospital Rota, along with 20 other team members from the Fire Department, Air Terminal and Emergency Medical Team, worked together to provide assessment and rescue of the space shuttle crew.

In this simulation, a main gear collapse forced an emergency landing on the Rota flight line. A small C-12 propeller plane, representing the space shuttle *Atlantis*, taxied down the runway and parked on the tarmac with its pseudo astronaut and flight crew suffering from various simulated injuries.

The situation was set up to provide conditions that might closely resemble an actual NASA emergency abort landing.

Before any medical interactions with the simulated victims could occur, they had to be carefully extracted from the "space shuttle." The narrow confines of the C-12 plane made the effort cumbersome.

The value of practical experience along with classroom training became more apparent.

Aviation Boatswain's Mate (Handling) 3rd Class (AW) James O. Quinn, Rota Fire Department, took charge of the extrication of the shuttle crew. When his team slowed just momentarily, he encouraged more urgent action.

"Let's go! Let's move!" he shouted. "We need to get this guy out of here!"

The entire crew used their training, working quickly and confidently. Important details had been covered prior to the drill — such as how to properly remove the astronaut's helmet while supporting their head and spine, and methods of dealing with chemical exposure from toxic gases and other elements.

"We have a lot of different people and a lot of new people," said LT Helen Thomas, emergency room staff nurse. "Even though you can tell them and explain in the classroom what you have to do, it doesn't really hit you until you are out there and have to do it. Hands-on experience puts things in better perspective. Preparation is key. It is all about being ready, but you have to practice."

Logistical challenges, injured crew members and the threat of possible chemical contaminants gave team members realistic real-world emergency scenarios. Although this exercise was conducted during the day, an actual shuttle emergency might occur under conditions of darkness, where limited visibility could also hamper a rescue.

NASA provided the bright orange space suit to be worn by Hospital Corpsman 3rd Class (FMF) Johnny Stewart of the Rota Hospital Operations and Administration Department. NASA astronauts had actually worn the suit, valued at



Members of the Space Shuttle Medical Support Team transport HM3 Class Johnny Stewart to the treatment area after pulling from from a C-12 *Huron* representing the space shuttle *Atlantis* during a NASA drill held aboard Naval Station Rota, Spain.

\$200,000, on four previous space missions.

"I was the astronaut for this drill," said Stewart. "I thought it was a really good training experience, because the people who came from NASA are actual crew on the real space shuttle launches. We got the best of NASA and DOD space training."

During the exercise debriefing, in-depth knowledge of equipment and knowing the exact location of items in rescue supply bags were stressed among top considerations for success, as were clear and thorough communications throughout the rescue process.

Considering the many departments on base that make up the team, the ability to work together effectively is paramount to an efficient rescue effort.

"We had a lot of didactic training, including space shuttle technology information," said

LTJG Ruby Williams, a maternal newborn nurse. "My training was enhanced by being aware of working with the different departments, like fire and safety. It's important to realize our mission out here and its level of importance, and that you're a vital part of the whole process."

Since space shuttle *Atlantis* is scheduled to launch in just nine months, the drill provides relevant training for the Rota team. The team also plans to do some follow-up training to keep skills sharp. The *Atlantis* launch will mark the first space mission since the *Columbia* disaster nearly one year ago.

Don Shelton, NASA's space medical contingency specialist, and a member of the space program since 1972, gave high praise to Rota's Space Shuttle Medical Support Team.

"We try to end the training with an overall exercise like this

out on the flight line," said Shelton. "It adds a little realism. It allows people to actually go out and practice what we taught them in the classroom. The Rota team did really well. On a scale of one to 10, they were probably about a nine-point-five. They were way up there."

"They're a very, very motivated group — that's the thing about Rota," Shelton added. "We have a lot of folks attend our training, and you see a lot of different approaches to it. But the team at Rota is probably one of the most motivated groups I have ever had the privilege to present this material to. They are just outstanding in all aspects!"

For related news, visit the Naval Station Rota, Spain, Navy NewsStand page at [www.news.navy.mil/local/rota](http://www.news.navy.mil/local/rota). 

**Article by JO2 Tina Villalobos, Naval Station Rota Public Affairs**



Naval medical  
researchers take  
on the world's  
deadliest diseases

Story and photos by  
JO1(SCW/SS) James Pinsky

◀ **For most people,** Egypt brings to mind pyramids, camels and pharaohs. But, with **NAMRU-3** as a tour guide, a completely different country is revealed. Cairo, a city bursting at the seams with more than 18 million people, is a haven for diseases that were eradicated long ago in the United States.

# Battling the

# UNSEEN Enemy

Less than 1,000 miles from Baghdad, along the fertile Nile River in Egypt, there's a war being waged against an enemy that has swayed the outcome of more battles than any bullet, bomb, aircraft or ship since the dawn of mankind. That enemy carries no weapon, knows no allegiance and mercilessly attacks the likes of Soldiers, Sailors, civilians—even children—regardless of their nationality. The enemy is disease, and Sailors of **National Medical Research Unit (NAMRU) 3** are DOD's front line troops.

# Battling the **UNSEEN** Enemy

Easily the largest, most advanced military laboratory outside of the United States, **NAMRU-3** grew out of a research laboratory placed in Cairo by the U.S. Typhus Commission formed by then-**President Franklin D. Roosevelt** in 1942. Because the Navy was so successful in corralling typhus, the Egyptian government invited them to stay in Cairo, and **NAMRU-3** was formally established in 1946. Once commissioned, they broadened the scope of their medical research beyond typhus to include other known killers such

**Sanders**, deputy director for **NAMRU-3**'s enteric program. "Keeping Sailors, Soldiers, Airmen and Marines out of the hospital because of diseases is our primary mission. America has earned a reputation for being able to go anywhere in the world to defend her interests. But, for us to be effective war fighters, we have to make sure our troops can thrive anywhere in the world, regardless of the disease situation."

Indeed, disease has played a significant factor in many armies—once thought invincible—being defeated. Napoleon's

healthy is paramount to winning any war," said **NAMRU-3 Commanding Officer, CAPT Trueman W. Sharp**.

Like any enemy, defeating a disease begins by understanding where it lives, how it survives and why it attacks before any vaccines, medicines or preventive measures can be produced and perfected.

Building this foundation of knowledge about diseases is precisely what **NAMRU-3** does. It accomplishes its mission by doing exactly what most Americans spend their entire lives trying to avoid – **NAMRU-3** finds the nastiest, most disease-ridden places on earth. Teams go to these areas armed only with blood vials, microscopes, insect traps and the most advanced medical research methods on earth to wrestle with microbiology's killers

"We find out what diseases are out there, how they are transmitted and what the best ways are to prevent, diagnose and treat them," said **Sanders**.

If working with diseases with no known cure and with the capability of wiping out entire villages sounds dangerous, it is. Diseases like West Nile Virus and Rift Valley Fever, a disease that can leave its survivors blind, have killed countless people, according to **Sanders**. But these killers don't discriminate, and have a history of killing the very people who have tried to help save victims.

"Missionaries have been working with epidemic-sized killer diseases for years," said **Sanders**. "And they get sick—they die trying to save lives, and just like missionaries, even with all of our knowledge and preventive measures, we can get sick, too." **Sanders**, who stressed that his role as a diarrhea researcher (diarrhea is the one of the leading causes of death of children in the world) hardly puts him at risk of contracting a terminal illness, noted that other military medical researchers perform much riskier research.) "For many researchers, the only thing keeping them safe is prayer," said **Sanders**.

While most **NAMRU-3** researchers try to avoid catching the "bugs" that make people sick, **LCDR Daniel Szumlas**, a vector biologist with **NAMRU-3**, is busy



▲ **Neighboring NAMRU-3 is Abbassia Fever Hospital**, one of several places throughout Egypt where Navy doctors work with ill Egyptian children. Here, **LCDR John Sanders** makes friends with an Egyptian child who has tuberculosis.

as diarrhea, Rift Valley Fever, West Nile Virus and malaria. They also took on any other disease that posed a threat to the U.S. military within their coverage area, which includes Africa, the Middle East and Southwest Asia.

"Diseases are the No. 1 troop-stopper in the history of warfare," said **LCDR John**

army was ravaged by yellow fever in Haiti; diarrhea claimed more lives during the American Civil War than combat; and hepatitis rendered the Soviet Union's entire 5th Motorized Infantry Division combat ineffective during their Afghanistan campaign in the 1980s.

"Keeping a nation's fighting force



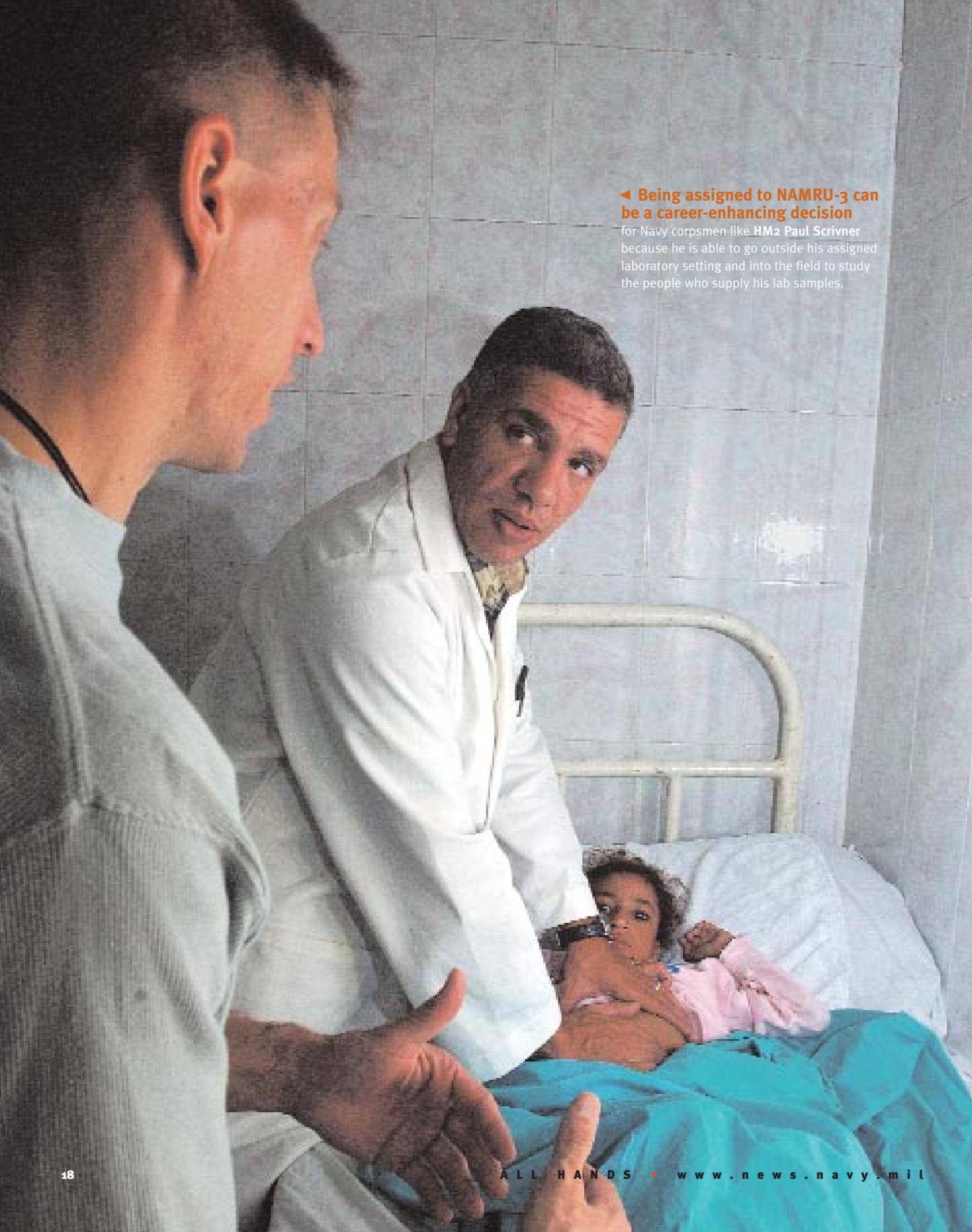
▲ **Areas like Mokattam Hills**, where Egyptians live and sort through Cairo's trash, are infectious hot spots for Hepatitis E, C and several different forms of diarrhea.



◀ **Typhoid and Rift Valley Fever** may sound scary, but more Americans overseas are affected by diarrhea than any other illness and **NAMRU-3** is leading the military in diarrhea-related research.

▼ **Crystal Gremling**, an Air Force family member, has her blood drawn by **NAMRU-3** Incirlik project coordinator, **Jim Johnston**, as part of a diarrhea study at Incirlik Air Force Base, Turkey. **NAMRU-3** was involved medically with **Operation Northern Watch**, **Operation Enduring Freedom** and **Operation Iraqi Freedom** through their project site at Incirlik Air Force Base.





◀ **Being assigned to NAMRU-3 can be a career-enhancing decision**

for Navy corpsmen like **HM2 Paul Scrivner** because he is able to go outside his assigned laboratory setting and into the field to study the people who supply his lab samples.



▲ **The “Zebaleen,” or literally “people of the trash,”** in Mokattam Hills are the subjects of one of several research studies **NAMRU-3** is conducting to help identify, diagnose, prevent and treat disease.

thinking of new ways to catch bugs— insects to be more precise. Szumlas is an etymologist who studies insecticides and repellants for sand flies, mosquitoes, ants, cockroaches, the dreaded “no-see-ums” and any other bug, bird, insect or animal carrying diseases that infect our troops.

Whether it’s blood vials full of hepatitis, stool samples containing diarrhea bacteria or a vial full of malaria-infected mosquitoes, **NAMRU-3** succeeds in collecting vital medical data. Once the data is collected from the disease battlefields, it is shared with medical professionals within the military, where fellow researchers use the research data to help find vaccines, diagnostic methods, treatments and preventive methods. **NAMRU-3’s** findings also make it to the theater commanders where they can properly educate troops about these diseases.

After thousands of blood draws, countless hours spent luring sand flies and

mosquitoes to their “in-the-name-of-medical-research” deaths and using some of the most talented medical research minds in the military, the only question left to answer is, “Does medical research help save American troop lives?” The answer is a resounding, “Yes.”

Since the U.S.-Mexican War (1846-1848), where disease-related deaths outnumbered battlefield deaths by a massive 6:1 ratio, American military medical researchers have tried to conquer disease as the leading cause of battlefield deaths. By the end of World War II, the United States showed success when American troop deaths by disease dropped below that of combat-related injuries at a ratio of .07:1. It has never risen above post-World War II levels since.

## Battling the **UNSEEN** Enemy

But, once-vanquished diseases such as dengue fever, malaria, cholera and tuberculosis began to show up in places like Mokattam Hills, an inner-city section of Cairo, where all of Cairo’s 18 million inhabitants send their refuse. Living in Mokattam Hills are 27,000 “Zebaleens,” or the “people of the trash”—Egyptians who live in a massive dumping facility and process all of the city’s trash.

“Mokattam Hills is one of the five worst places to live on earth,” said **Sanders**. Living is a relative term there, as the average life expectancy is a meager 46 years.

“If you don’t die as a child from diarrhea, typhoid, tuberculosis or get hit by a car, then you’re in for a hard, hard life,” said **Sanders**, who is currently conducting hepatitis surveillance in Mokattam Hills.

# Battling the **UNSEEN** Enemy

According to **CAPT Robert W. Frenck, Jr.**, a pediatrician and director of enteric disease research with **NAMRU-3**, children are a favorite subject for American medical researchers, who conduct all research with the blessing of both **DOD** and the **Egyptian Ministry of Health for Disease Research**, because their immune systems are seeing the diseases for the first time, just as Americans who deployed to the region.

“We are most interested in how Egyptian children react to diseases, because, like a deployed American Sailor, they are seeing the region’s diseases for the first time,” said **Frenck**. “Human body immune systems have memories, and children’s systems aren’t fully developed to their habitat, just like a Sailor’s or Soldier’s immune system would be here. By studying Egyptian children, we are able to gain the knowledge necessary to give our troops the best chance to survive the diseases they would encounter.”

Helping save the lives of children anywhere in the world is a collateral benefit any American would be proud to claim, but **NAMRU-3** knows the main reason they’re working in Egypt is to conduct the research necessary to keep troops healthy and capable of conducting military operations anywhere in the world.

“Our research is certainly good for Egypt,” said **Sharp**. “It’s definitely a mutually-beneficial situation for both countries, but our primary mission is and will continue to be protecting the health of **DOD** personnel.”

While it is doubtful American troops will find themselves in Mokattam Hills any time soon, the environment serves as an excellent resource for **NAMRU-3** to perform research that gives Americans an upper hand in the medical arena.

“We conduct research where diseases are the most prevalent,” said **Frenck**. “That means we’re in places like Mokattam Hills; Abu Homas; Aswan; and Abbassia Fever Hospital in Egypt because the kinds of diseases American troops will encounter

in this part of the world can’t be studied effectively in America. We have to be where the diseases are in the greatest numbers.”

By being where the diseases are, **NAMRU-3** has been able to produce significant medical research material. Specifically, **NAMRU-3** has succeeded in documenting *Haemophilus influenzae* serotype b (Hib) as the major cause of childhood meningitis; discovering the emergence of brucellosis as a cause of acute fever in Egypt; identifying and mapping areas of risk for Rift Valley Fever (RVF) in Saudi Arabia; and rapidly responding to several infectious disease outbreaks, including RVF in Yemen and Saudi Arabia; eliminating waterborne salmonellosis in the Nile Delta; and

preventing newborn sepsis in a hospital in Egypt.

**NAMRU-3** research scientists were the first in Egypt to isolate Hepatitis E, a significant step to establishing a vaccine. **NAMRU-3** also helped vindicate American Soldiers who were thought to have brought back West Nile virus after conducting exercises in the Sinai Peninsula. “West Nile virus came from the Western Nile region of Africa,” said Sanders.

There’s no doubt that being in the American military is a dangerous job. Freedom has always come at a price, and the doctors, hospital corpsmen, nurses and other medical professionals at **NAMRU-3** have been doing their part for more than 50 years to make sure that disease will never again be a deciding factor on the battlefield.

*Pinsky is a photojournalist assigned to All Hands.*

▼ **Meredith Welsh, a NAMRU-3 employee in Incirlik, Turkey**, helped raise the overall level of knowledge for the hospitals main lab with her expertise in microbiology. “Having Meredith here has really helped our lab because most Air Force labs don’t study E-coli or campylobacter to the degree **NAMRU-3** does so we learn from her,” said **Tech Sgt. Mary Freeman**, NCOIC Lab Service, **39th Medical Squadron**. “Having **NAMRU-3** here has definitely helped us combat diarrhea more effectively.” Welsh is also the wife of **Air Force Tech Sgt. William Welsh**, assigned to the **39th Operations Support**, Incirlik.



▲ For many citizens of Egypt, making it to middle age can be a challenge due to diseases that most of the world has forgotten about — like typhoid fever and malaria.



◀ **NAMRU-3 vector biologist, LCDR Daniel Szumlas**, examines sand fly traps in Bahrif, Egypt. Sand flies carry leishmaniasis, a disease that causes skin lesions, sore throat, sinus infections and internal organ damage. By catching sand flies, Szumlas hopes to discover better ways to repel insects that carry diseases.

Story and photos by  
PH1 Shane T. McCoy



Time Wasted  
never regains

16<sup>th</sup> September 2003

# Gifts for Ghana

“Pennies a day can feed and give medical attention to these poor children.” We hear it said on television, we see it in ads and hear it on the radio. Some people send money, some change the channel, and some even get angry they have to see it at all.

## Navy Brings Medical Aid To The Ghanaian People

Everyone knows there are non-profit aid organizations that go to foreign countries to help those in need, but few people have any idea the amount of aid the Navy provides. Every year, at any given time, you can find U.S. Sailors helping needy people in several countries.



◀ **The scorching sun** is uncomfortable for most people in Ghana, but for these albino sisters, it's dangerous. At the clinic, the sisters received glasses, sunglasses and sunblock.



▲ Many of the people examined for eye problems were unable to be treated because of cataracts, advanced glaucoma or tumors.

CAPT (Dr.) John Williams Sr., an obstetrician from Fleet Hospital Great Lakes, Ill., was in his living room packing for a two-week **Medical Outreach Program (MOP)** in Ghana, as part of the **West African Training Cruise (WATC)**. Williams' 12-year-old daughter, Alyssa, came down into the living room. "Could you give these to an African girl who needs them?" she asked, handing him her old pair of prescription sunglasses. "And, when you give them to her, could you take a picture and tell her they're from me?"

Williams was impressed his daughter had held onto the glasses for so long to pass them down. "I tucked the glasses away in my suitcase," said Williams. "My daughter's glasses were pretty small, so not only did I have to match the lens power but also the size of the frame. I hoped I would find a good match."

Williams made the long trip to Ghana's capital, Accra, the entry and exit point for the two-week medical training and treatment

mission. The villages that would receive aid were five hours west and had been selected by the Ghanaian Ministry of Health as the villages that could receive the most benefit in the time allowed.

The team of Reservists was composed of personnel from three different fleet hospitals headed by Fleet Hospital Minneapolis. While a few had been to the West African country of Togo the year before, for many, this was a new experience.

"I was very excited to see the country from a standpoint other than as a tourist," said CDR (Dr.) Richard Hamilton, an emergency room physician, from Fleet Hospital Fort Dix, N.J. "When you come to a country as a tourist you end up in hotels and tourist traps which only bring out the worst the country has to offer. I was excited about being away from that. I wanted to get out into the countryside and help people."

These Sailors were anything but tourists, working each day from sunup to



▲ In most villages, the Navy set up clinics in the local school, usually the only place with electricity.



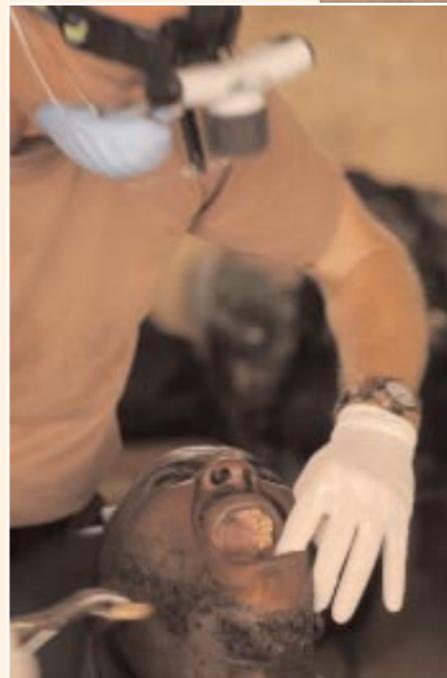
► HM3 Todd Podgorney uses technology to quickly get prescriptions for Ghanaians to receive new glasses.

## Gifts for Ghana

# Gifts for Ghana

► **No cleanings were done** on this trip to Ghana. The only way to get through the number of people to be seen was to give information on proper care and to alleviate pain by pulling rotten teeth.

▼ **In some cases,** minor surgery was needed to drain an infection or reduce swelling.



sundown in Ghana's villages. Some villages had mud and grass huts and others were urban, but the people in all were extremely poor and in need of medical attention. A majority of the patients had never seen a doctor. "Most of these people are poor and cannot go to a hospital or get any type of medical care," said **Ghanaian Flying Officer Harold Manu**. "They don't even have the means to get to a hospital in the city, so we are grateful to the Americans for thinking of this kind of program."

The Sailors spent each night on cots at a Ghanaian supply depot and each morning were bused to villages anywhere from 20 minutes to two hours away. Arriving early was vital to the mission, to see as many patients as possible. While the Sailors arrived early, the patients arrived earlier, lining up at 4 a.m. By the time the Navy team arrived, each village already had a line of thousands.

"One thing that bothered me," said **Culinary Specialist 3rd Class Norbert Leitch**, "was to sometimes see people in the front of a line who did not need treatment or who had already received care, when there were hundreds waiting in the back who were worse off. Due to time



▲ **Because supplies were scarce,** Doctors did not have anesthetic to numb this patient before lancing a boil that had been causing him problems for more than a year.

restrictions, those most in need might not have been seen by our staff."

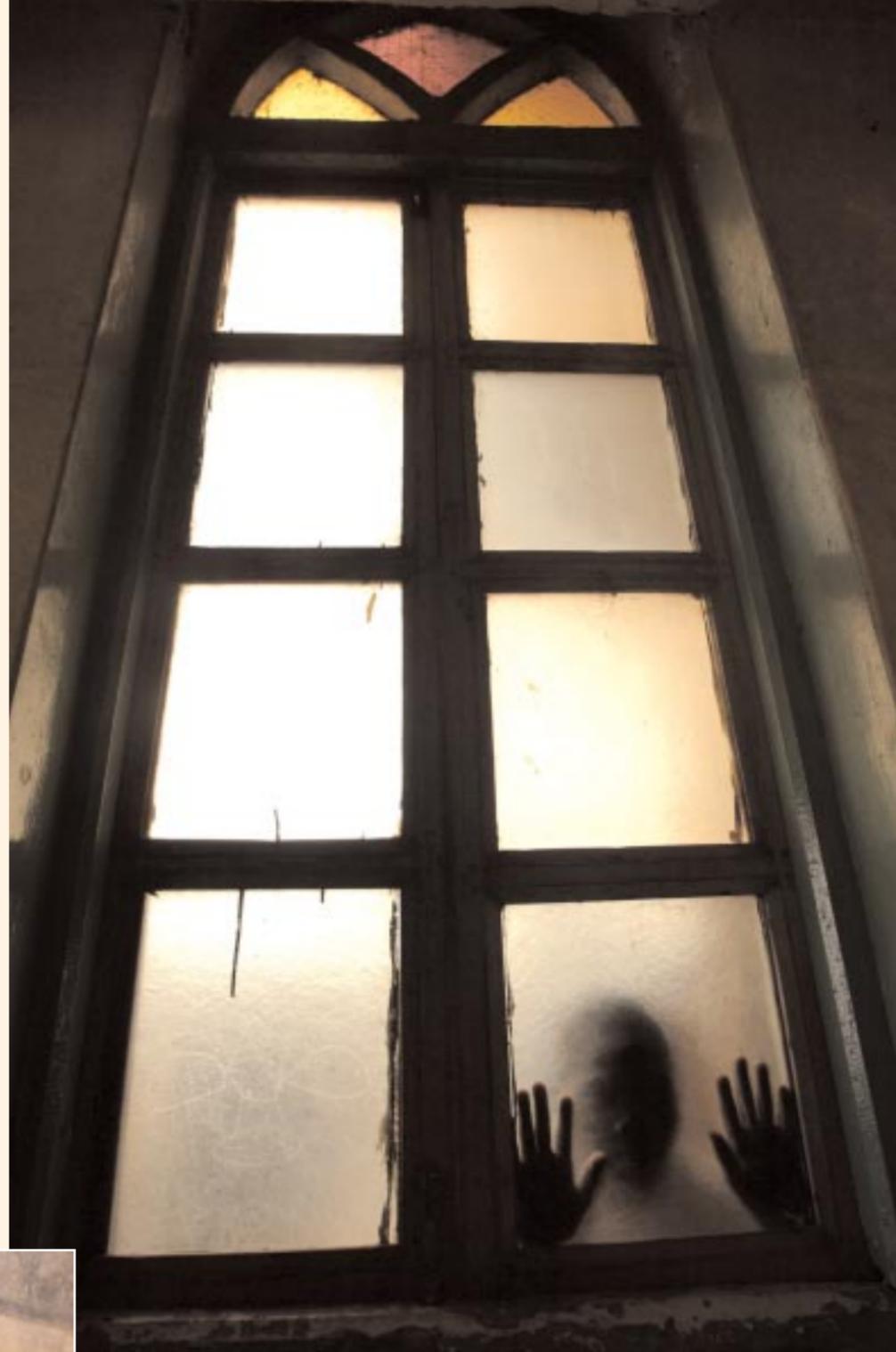
While not getting to some patients in need was difficult, it was even harder for doctors when they did see a patient they couldn't help. "When I saw illnesses so easily treated at home but not here, it brought on two emotions," said **Hamilton**. "First, there was frustration at the situation and then regret that we could not have brought more supplies with us. I would just sit here and think, 'If I could only go back in time, I would pack more of this or twice as much of that.' Once you realize the situation is what it

◀ **When people come** to see the doctors, they wear their Sunday best.

▼ **In every village,** the number of people in line for care would drastically outnumber those able to be seen by doctors.



# Gifts for Ghana



▼ **HM2 Joyce Riker** takes time to make small children more comfortable. Most of the children had never had medical attention before.



▲ **The line for treatment** was in a different place in each village: a soccer field, the beach, a church. Here, a boy tries to see the line that filled nearly 50 pews, before heading out into the afternoon sun.

is, and you're doing the best you can with what you have to work with, you get beyond that and find a respect for the durability of the Ghanaian people. It's wonderful to see the cheerfulness in spite of the disease and poverty they have to deal with."

The Ghanaian people took bad news better than the doctors did. In most cases, even if the doctors had to let a person know that they would never again see due to advanced cataracts, the patient thanked the doctor and smiled as if they had just received good news. One woman commented, "At least now that I hear it from you, I can be sure of it, and I can stop thinking there might be a chance I can see again."

Several patients had illnesses far too advanced to be treated, even in the United States. A few were even close to death. Most people have a hard time seeing people near death, and the **WATC** doctors saw people in this condition several times a day.



▲ **CAPT David Oppenheim** was in charge of troop security and took his job very seriously. This was the first of many security briefs on areas to be visited.

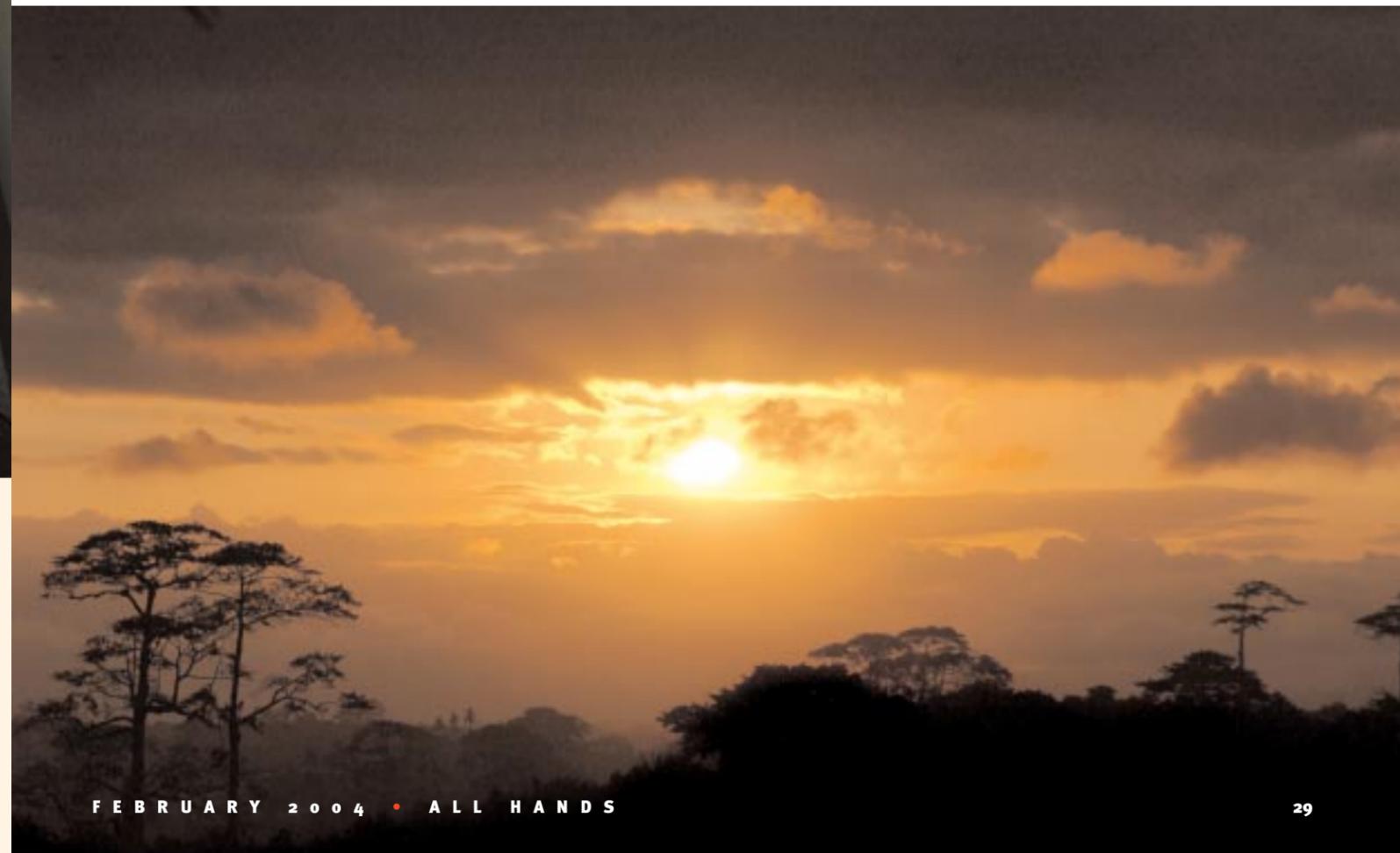
"In the medical field, when you have to turn one person away knowing that you can't help them and they may even die," said **Hamilton**, "you learn to look to the next person the nurse brings in and hope that you will have something for this patient. That's what gets you on to the next, and the

next. Only at the end of the day, when I sit down and reflect, does the regret for those I couldn't help hit me."

The majority of those seen were helped. Many received glasses and were able to read for the first time in years. Close to 1,000 teeth were pulled during the two weeks. "Some of the infections we have seen in their mouths were leading to their deaths," said **Dental Technician 2nd Class Steven Golab**. "But when we pulled the teeth and drained the infection, you could see the relief on their faces. One kid we saw was two years old and had 11 teeth completely rotten, so we pulled almost every baby tooth from his mouth. We saved lives by pulling teeth; it's surprising but true."

The **WATC MOP** personnel saw thousands of people in many villages, but as the end of the trip neared, **Williams** still had the prescription sunglasses his daughter had given him.

▼ **Every sunset in Ghana** is postcard-worthy, and in some cases, the **WATC Sailors** helped Ghanaians see them once again.



# Gifts for Ghana

“We worked with many children, but none who really could have used the glasses,” said **Williams**. “Then, in one of our last villages, a woman came to the clinic with two albino girls. One was seven, the other 11. They had no pigment in their skin or in their eyes, and when they walked in the clinic they were squinting. This is not only extremely rare in Africa, but also dangerous. The harsh sun had damaged the girls’ skin and you could tell they were photophobic. The younger girl’s prescription was a close match to my daughter’s old glasses. She, too, was near-sighted and in need of protective sunglasses. As soon as I put the glasses on her a huge smile broke out across her face.”

In many cases, the help given to the Ghanaian people was temporary, but for some it was life-changing. However, the people whose lives changed the most may not have been the Ghanaians.

“I loved meeting the people,” said **Golab**. “They were all so happy and appreciated every little thing they had, even though it wasn’t much. I’m going to take that back and apply it to my life. I’m a rich man, and I just didn’t realize it.”

The Ghanaian people understand they are rich with family and friends. In the end, the patients taught their American friends as much about life as they themselves learned about health. ❧

*McCoy is a photojournalist assigned to All Hands.*

► **On the final day**, in the last village, **CDR (Dr.) Michael McGowan** was exhausted after working all day as the only dentist. In every other village, there had been two dentists to share the workload, but due to illness **CAPT (Dr.) Mark Rongone** stayed behind.





# IN THE ZONE

Story and photos by JO1(SW) Monica Darby

**E**jecting from an aircraft traveling at a not-so-smooth MACH-whatever, the last thing a pilot needs to worry about is how to survive an emergency egress system landing while drifting away from the former safety of the cockpit. However, drifting away from a damaged fuselage, high winds can quickly and violently hurl an uncontrolled escape chute into any number of objects rushing up to meet the pilot dangling beneath.

◀ **PR1(AW/FP) Matt Tubolino**

records his candidate's jump using a 35mm camera and digital video recorder mounted on his helmet. Visual documentation of each jump is necessary to keep track of the qualification progress and discuss any mistakes made at the briefing following each jump day. While monitoring his candidate, Tubolino must remain mindful of his own descent and not become distracted by the extra duties of filming.

▶ **The names and images of fellow**

Test Parachutists who have died in the line of duty line the passageway of the Test Parachute Operations building. Following a day at the drop zone, today's PJs walk past the memorial board on their way to a post-brief. During the brief, the team critiques one another's jumps and landings in an effort to circumvent future accidents among their ranks.





▼ **PR<sub>1</sub>(AW/FPJ) Justin Hodges** listens intently as jumpmaster **PR<sub>1</sub>(FPJ) Thomas Henderson** goes over last minute instructions for his exit. As their time and qualifications within the group increase, each member strives to take on new positions such as drop zone safety officer and photographer/videographer.



▼ **During one of the more difficult** parts of his training, **PR<sub>1</sub>(AW/FPJ) Mike Roll** spends the afternoon qualifying on proper landing techniques. Slightly padded in a jumpsuit and helmet, Roll repeatedly hurls himself down onto the baking gravel hoping his qualifier, **PR<sub>1</sub>(FPJ) Thomas Henderson** will soon say he's fallen correctly.



▲ **Jumpmaster for the day, PR<sub>1</sub>(FPJ) Thomas Henderson** is the last team member to reach the ground. From his vantage point in the aircraft, and by keeping constant radio contact with the drop zone safety officer, **Henderson** monitored winds and the condition of each jumper before allowing them to exit the plane.

Upon impact, the pain of fractures—or perhaps even being rendered unconscious—have caused pilots not to disengage themselves from the billowing fabric before other gusts of wind drag them into further harm, or perhaps even death.

Investigations into similar crash-related accidents and casualties quickly determined that it was vital that those using egress chute systems have the ability to maneuver their chutes into the wind to reduce their rate of descent and deliver them safely to the ground.

It is for these pilots, who at the moment they eject are officially having the single worst day of their lives, that the U.S. Navy's **Test Parachutists (PJs)** at **Naval Air Systems Command (NAVAIR)** China Lake, Calif., strap on prototype parachutes and

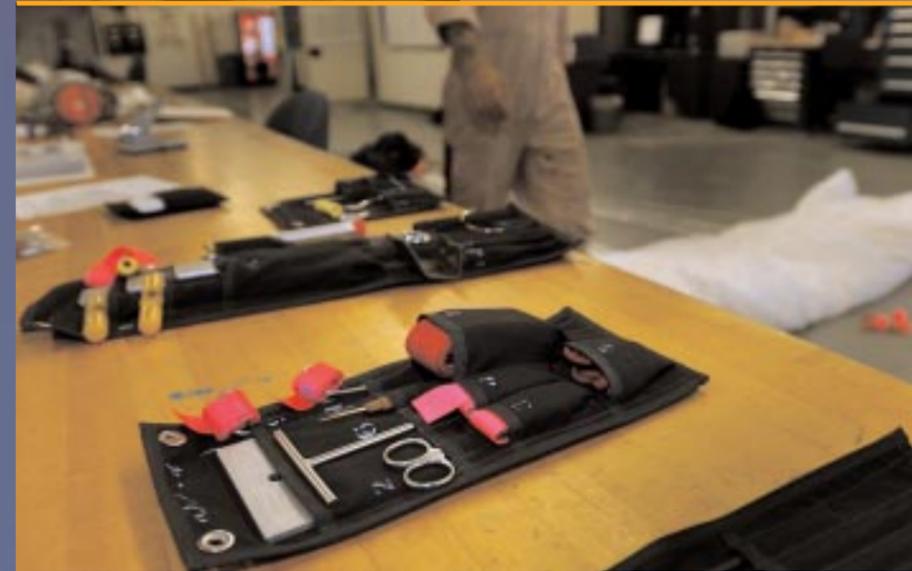
jump. Despite all the statistics, designing, engineering, testing and re-testing, assurances can't be made of any chute's performance without someone actually trying it out operationally.

But what type of Sailor voluntarily accepts orders to such inherently dangerous duty? Adrenaline junkies? Hell-on-wheels (or -wings, rather)? The simple-minded?

While the gravity of their position suggests complete recklessness, nothing could be further from the truth. These **Aircrew Survival Equipmentmen (PRs)** are the elite of their rating. They are reliable, dependable Sailors who take every nuance of their program very seriously. Each member fully recognizes that not only their own, but their teammate's lives and limbs depend



◀ **Suspended by his harness** in the paraloft of the Parachute Test Operations Branch, **PR<sub>1</sub>(AW/FPJ) Mike Roll**, the newest candidate on the PJ team, tests out the fit of his gear while running through emergency procedures he may need to use during a drop.



◀ **One misplaced or forgotten clamp** can mean the difference between life and death if packed in a chute, so tool control is closely monitored at the Test Parachute Operations Branch. As **PR<sub>1</sub>(AW/FPJ) Justin Hodge** inspects and repacks his chute, he ensures each tool is accounted for immediately after use.

▼ **The PRs of the test parachutist's** team are capable of not only repacking, but also repairing the parachutes they work with. Each member is qualified to perform O-, I- and D-level maintenance. Here, **PR<sub>2</sub>(AW/PJ) Mark Cusimano**, one of the newest candidates to the team, repacks as his qualifiers monitor the progress.

upon every minuscule detail being performed correctly and then double-checked.

At their paraloft, located within a secured-access area of the base, the PJs check the fittings on harnesses, keep an open packing manual onhand and refer to it constantly as they repack chutes. No matter how many times a Sailor may have packed a similar chute before, the technical step-by-step manuals are within eyesight, and each step is verified by quality assurance checks. Yet while determinedly focused on tool control, training, qualifications and safety, it may take some time or a key moment before a PJ fully comprehends the service they willingly provide for the men and women who need it most.





“I’ve always taken my role as a test jumper very seriously,” said **PR1(FJP) Thomas Henderson**, “but I guess I never really thought that much about how others saw it until I went down to **NASA** in Houston to get fitted for my space suit.

“When we test an emergency egress system, we have to test it in the same equipment and at as close to the same environment as the people who will be using it,” explains **Henderson**. “With the **NASA** egress system, we have to wear the same suit and helmet the astronauts would wear if they needed to make a high-altitude emergency egress from the shuttle.

“So, as I’m getting fitted, an astronaut walked over and thanked me for doing my job! He told me, ‘I want you to know that you guys are our heroes. It’s hard to believe that you would volunteer to test our systems just

to make sure it works for us in the remote possibility that we might need to use them.’ That blew me away,” **Henderson** continued. “I mean, here I am, just this enlisted guy who gets to parachute for a living. And, an astronaut tells me I’m his hero.”

Even with all the checks and balances, testing, calibrations, trials and re-testing, the job of the PJ is still a dangerous one. Most recently, **PRAA(PJ) Misty Warren** died in the summer of 1998 when both her main and reserve chutes failed to deploy. Pictures of **Warren** from her PJ training line the passageway into the paraloft, along with a plaque of names listing other fallen comrades, quietly reminding these Sailors of what can happen.

As one might imagine, the job seems to take the hardest toll on the spouses of these Sailors.

“I knew **Misty (Warren)**,” said **Catrina Karnes**, wife of **PR1(AW/FPJ) Seth Karnes**, who was once enlisted in the “Airedale” community herself. “We went through basic and A-school together.” “It made supporting **Seth’s** decision to accept these orders really difficult for me, because the only person I knew who had orders to this program before had died.”

As the newest member of the group, **PR1(AW) Mike Roll’s** wife, **Jennifer** shares **Catrina’s** anxiety. Her acceptance of **Mike’s** tour here seems even more incredible considering an event she witnessed at the drop zone of his previous command with **SEAL Delivery Team 1**.

As her camcorder taped the scene, **Jennifer** watched in horror as another jumper collided with her husband. “I just knew it was **Mike**, even from way up there. I

▲ The first out the door, **LT Kevin Childre** from **NAVAIR China Lake’s** Explosive Ordnance Disposal unit accompanies **PR1(FPJ) Thomas Hodge** and **PR1(AW/FPJ) Matt Tubolino** for a jump to keep his qualifications current.

Photo by JO1(SW) Monica Darby



▲ **Karnes' wife, Catrina watches as** her husband and son spend a Saturday morning on the trampoline. "One of the things that bothers me most about his job is the influence it has over little Seth. He likes to pretend he's a test parachutist too, by putting on goggles and jumping off his bed," she said.



▲ **Before the test parachutist ever** receives a parachute for final analysis, the egress systems go through a series of trials and tests by NAVAIR engineers at China Lake, Calif. Fuselage remains of various aircraft litter the surrounding fields at the Supersonic Naval Ordnance Research Track (SNORT) facility. During one of the last stages of testing a new egress system, mannequins are strapped in with sensor chutes and ejected from the cockpit as the fuselage nears the 600-ft. drop-off end of the 3,000 foot-long track.

just knew," she recalled. The jumpers' lines became dangerously tangled, anchoring the men back-to-back. Only at the last moment did the two become unentwined. Miraculously, **Mike** walked away from the incident; unfortunately his counterpart did not — breaking his back and both legs.

**Jennifer** admits it's harder for her to deal with his chosen profession since the accident. "It's difficult to understand why someone with a family would risk so much," she says. "But, it's what he does. I think that if he had to take a desk job, it would probably kill him."

Due to similar stories, **Catrina** admits to being somewhat superstitious about going to the drop zone herself.

"I constantly fight the urge to go watch **Seth** jump," she says. "It seems as if every time one of the wives goes out to take pictures or just watch, that's when the bad stuff happens. I never owned a cell phone before **Seth** took this assignment, but I do now. And, everyone knows that on jump days I have to be near a phone."

Hovering by the phone is a trait found in all the PJ's spouses. "I can't completely focus or relax on Tuesdays and Thursdays until I get that call saying everything's OK,"

**Catrina** continued. "If for some reason he forgets to call by the time he's supposed to, it makes me nuts!"

Even with constant feelings of foreboding for her husband, **Catrina** casts a positive light on their circumstances. "Despite everything, this assignment has been really good for our relationship," she affirms. "We never leave an argument unresolved, and he never walks out of this house without me letting him know how much he means to us and that I love him."

Each test parachutist realizes the strain their operational commitments place on their families, yet they continue to strap on a chute, step up to the door and jump because they believe that what they do today is not only saving lives, but going beyond. **Kathy Seals**, deputy Crew Systems department head, agrees.

"First, it's important that **every** aspect of these systems, from visor, to harness, to canopy, is thoroughly and repeatedly tested beyond capability before the test parachutists ever receive the product," said **Seals**. "But you can't get that vital human feedback on how a system ultimately works from a mannequin."



◀ **From his vantage point** in the helicopter, jumpmaster **PR1(FPJ) Thomas Henderson** keeps an eye on parachutists over the drop zone. At 10,000 feet, only the colorful fabric of their chutes keep jumpers visible against the panoramic landscape.



▲ **Suited in gear** similar to that of an egressing pilot, test parachutist candidate **PR2(AW/PJ) Mark Cusimano** attempts to defog his protective goggles before his jump.

"Right now, if a pilot or a jumper crawls away from an emergency egress with minimal injuries, the line of thinking is, 'Well, he might have broken his ankle, but at least he survived,'" said **PRC(FPJ) Bart Dobbs**, leading chief petty officer for the **Parachute Operations and Fleet Systems Evaluations Branch**. "We're working hard to get people away from this sort of thinking."

**Dobbs** believes that with continued improvements to existing systems, there's

no reason a pilot could not only walk away from an emergency landing, but be fit enough to return to work immediately afterwards. "Well, he might want a few days off - he did just crash a multi-million dollar aircraft," **Dobbs** added, "but the pilot should be making that decision, not a medical board." ■

*Darby is a photojournalist assigned to All Hands.*



◀ **The wind catches candidate** **PR2(AW/PJ) Mark Cusimano's** parachute as he attempts to gather it in at the drop zone. This particular chute is one of many egress systems the candidates must deploy successfully in their training period. At the post-jump day brief, tapes of **Cusimano's** descent revealed that he failed to deploy the chute within the designated timeframe. A mere two-second delay mandates **Cusimano** must re-jump the system at a later date.

## It's Almost a Miracle

“Once I saw the head come out, I suddenly felt overwhelmed. It was like I just witnessed a miracle,” said **Hospital Corpsman Luz Maldonado** as she describes the first time she saw a baby being delivered.

“I am still impressed every time I am in the delivery room. To see a human being enter this world, I don’t think that feeling will ever change.” **Maldonado** has been working at **Naval Hospital Portsmouth, Va.**, since January 2003. According to her, about 380 babies are born there a month—more than 400 just last September.

No matter how busy she gets during her 12-hour-shift, she prides herself on being as courteous and professional as possible. She knows that she is there for her patients, and she believes that patients should be treated from the heart.

“When I take care of a patient, I try to put myself in their situation, but I don’t have any kids yet, so I try to listen to them very carefully and make them as comfortable as I can,” she added.

**Alyson Parker**, who had a 7.28 lbs., 20-inch long beautiful

baby named **Ashlyn Virginia Parker**, had only good things to say about **Maldonado**. “She has been great to me. What I appreciate most of all is that she ensured the health of my baby. It has just been amazing how much more comfortable she made it for me and how attentive she was to whatever I needed.”

“There has to be somebody here every day of the year, and 24 hours a day,” said **Maldonado**. “When most people have days off on holidays, we are working. There are people coming in and out constantly. Somebody has to be there to welcome them, and then do all the necessary monitors.”

In an area like Norfolk, the maternity ward at the **Naval Hospital** is a never a dull place. As most parents know, babies have their own schedules, and it never fits into yours. You never know what day or what time that little someone will decide to make his or her arrival, but it’s always nice to know that there are people like **Luz Maldonado** standing by to welcome your baby into this world. **SS**

Story and photo by PHC Chris Desmond

# Eye on the Fleet

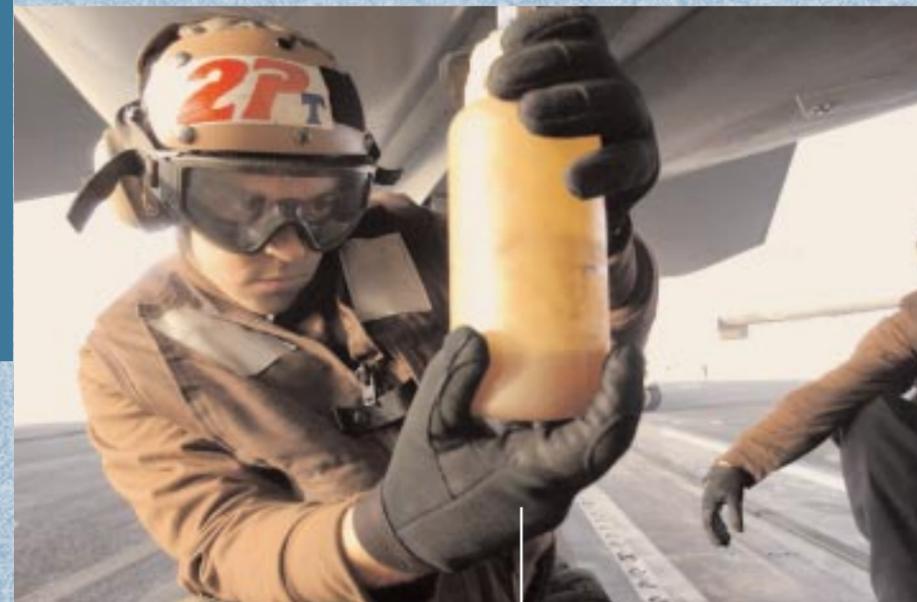
**Eye on the Fleet** is a monthly photo feature sponsored by the Chief of Information Navy Visual News Service. We are looking for **high impact**, quality photography from **Sailors** in the fleet to showcase the American Sailor in **action**.



## ◀ AFFF Washdown

HM3 Jonathan Baker collects aqueous film forming foam samples from the flight deck of **USS Kearsarge (LHD 3)** during a test activation for the amphibious assault ship's Board of Inspection and Survey inspection.

Photo by PH2 Alicia Tasz



## Inspection ▲

AEAN Cole Bailey inspects an **F/A-18 Super Hornet's** engine oil on the flight deck of **USS John C. Stennis (CVN 74)**.

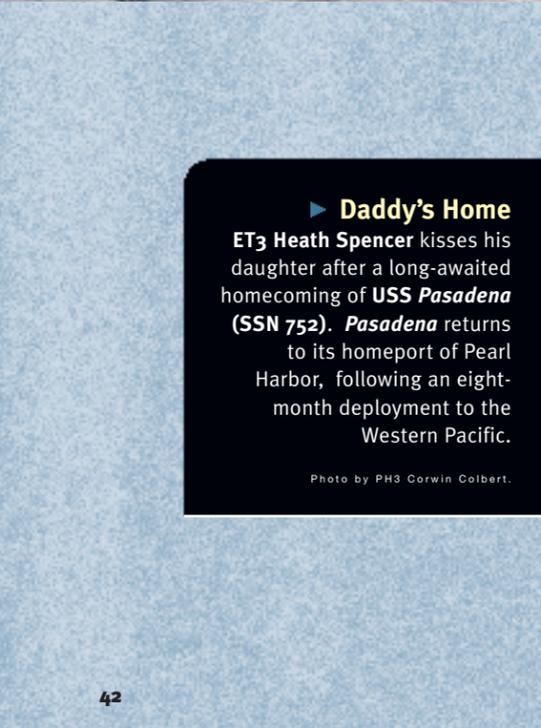
Photo by PH3 Joshua Word



## Rendezvous ▲

The fleet combat support ship **USS Detroit (AOE 6)** conducts a replenishment at sea with the guided-missile cruiser **USS Gettysburg (CG 64)** and the aircraft carrier **USS Enterprise (CVN 65)**.

Photo by PH2 Douglas M. Pearlman



## ▶ Daddy's Home

ET3 Heath Spencer kisses his daughter after a long-awaited homecoming of **USS Pasadena (SSN 752)**. *Pasadena* returns to its homeport of Pearl Harbor, following an eight-month deployment to the Western Pacific.

Photo by PH3 Corwin Colbert



## ▶ Strong Spirit

Aboard **USS Ronald Reagan (CVN 76)**, Rabbi Michael A. Oppenheimer carries a 300-year-old Torah that was presented to the Navy's newest nuclear-powered aircraft carrier by the **Oppenheimer** family.

Photo by PH2 Anthony Walker



**To be considered**, forward your high resolution (5" x 7" at 300 dpi) images with full credit and cutline information, including **full name, rank and duty station**. Name all identifiable people within the photo and include important information about what is happening, where the photo was taken and the date. Commands with digital photo capability can send attached .jpg files to: [navynewsphoto@hq.navy.mil](mailto:navynewsphoto@hq.navy.mil)

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# Eye on the Fleet

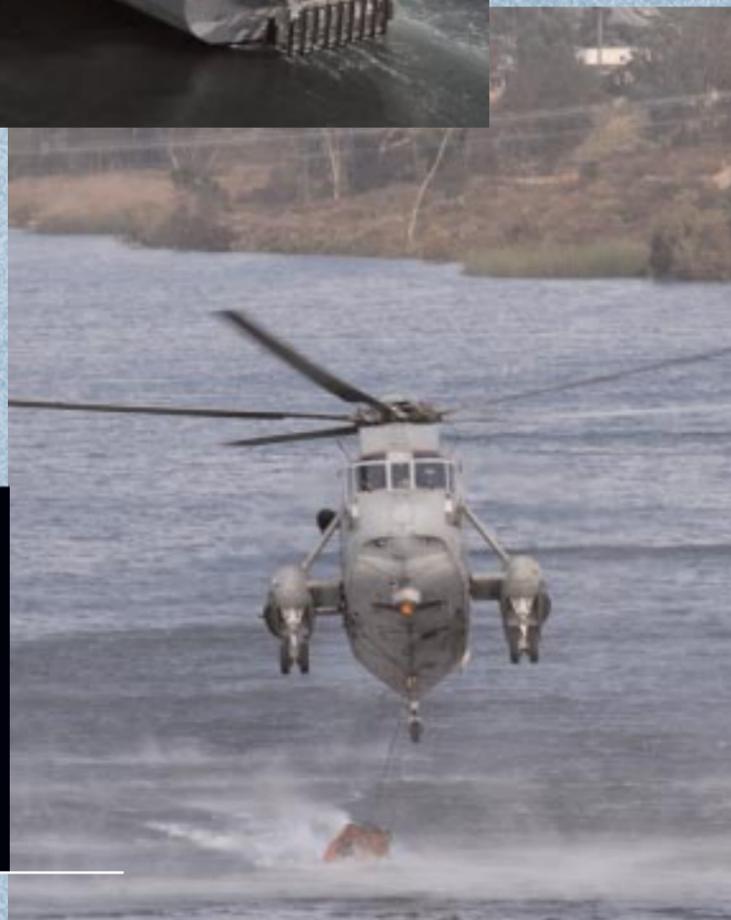


**Anticipation** ▲  
**USS Nimitz (CVN 68)** arrives in her homeport at Naval Air Station North Island, Coronado, Calif., while friends and family line up to greet their Sailors and Marines.

Photo by PHAN Rebecca J. Moat.

▶ **Helping Hand**  
 A **UH-3H Sea King** helicopter, assigned to **Helicopter Combat Support Squadron (HC) 85**, loads its "Bambi bucket" at Lake Miramar, Calif., during certification flights which will allow the aircraft to assist in civilian efforts to fight wild fires raging throughout Southern California.

Photo by PH1 Michael D. Kennedy.



◀ **The Fight**  
 A Sailor assigned to **Repair Locker 1F**, aboard **USS Enterprise (CVN 65)**, moves an aqueous film-forming foam hose through a passageway toward the ship's fantail.

Photo by PHAN Milosz Reterski



▲ **Future Sailor**  
**MM3 Ray Garcia** talks about the role of submarines with a Boy Scout during a tour of the **Los Angeles-class submarine USS Columbia (SSN 771)**.

Photo by JOC David Rush



◀ **Serenity**  
 The guided-missile cruiser **USS Vella Gulf (CG 72)** is on maneuvers in the Atlantic Ocean.

Photo by PHAN Konstandinos Goumenidis

# Eye on History

**Eye on History** is a monthly photo feature sponsored by the Naval Historical Center.

For more photos pertaining to naval history, go to [www.history.navy.mil](http://www.history.navy.mil).



◀ **1943**

Using ropes and net, U.S. Soldiers and Sailors clambered down the sides of **U.S. Army Transport ship President Coolidge** after the 22,000 ton troop transport struck a mine off a small South Pacific island.



▲ **1952**

Officers of **Fighter Squadron (VF) 112** are briefed for a recon flight over Korea.

▼ **1956**

Assistant Secretary of the Navy for Air **Garrison Norton** receives full military honors upon his arrival aboard the heavy cruiser **USS Salem (CA 139)**.



**1968** ▶

**Richard Arnold**, one of 82 returning **USS Pueblo (AGER 2)** crewmen, is shown visiting with members of his family in the RX Club at Balboa Naval Hospital, San Diego.



◀ **1959**

Clergymen of three faiths bless the ships of **Destroyer Division 212** in San Diego.

*U.S. Navy Photos Courtesy of the Naval Historical Center*

# Saving a Life Without 9-1-1

Story by JO2 Charles L. Ludwig

**W**hen someone is violently sick or injured, we are all taught one basic precept from the time we are children. The most important thing we can do for someone in distress is quickly dial 9-1-1, report the problem and wait for a medical response team. It's a lesson that has been drilled into the heads of Americans young and old from the time we first learn how to use a telephone.

But what happens if someone passed out inside an overcrowded tent where there is no phone to make that call? Would you be able to act rapidly enough to save a life?

**LCDR Thomas Craig** can count himself among those who could carry out that life-saving mission. **Craig**, an emergency room doctor at U.S. Naval Station Rota, Spain, demonstrated his lightning-quick reflexes and brain power while serving as part of *MEDFLAG 2003*, a U.S. joint-military service medical humanitarian and training exercise on the African continent.

While treating patients in the remote Moroccan town of Tadihoust, a local teenager blacked out. That's when **Craig's** emergency medical training came to the fore. After scurrying to the scene, the doc quickly diagnosed the patient as a diabetic who had gone into hypoglycemic shock.

Hypoglycemic shock occurs when a diabetic has either too much insulin or not enough glucose in their blood. If the condition goes untreated, coma or seizure could rapidly follow.

Fortunately for the young teen, **Craig** had just the tools he needed to treat the problem: the leftovers of a usually much-disdained part of life in the field – a Navy-issue MRE.

Knowing that it takes a quick jolt of sugar, the likes of which can come from a soda or candies, to help a victim start recovery,

**Craig** immediately looked to the pocket of his camouflage blouse for a packet of blackberry jam, the remnants of his recently-eaten lunch. In seemingly one motion, he ripped open the jam and squirted the jam down the teenager's throat, saving the boy's life in the process.

Despite the life-saving measure, **Craig** maintained a high level of modesty after the incident, claiming his actions were "just my job." Not everyone else was so complacent about the event.

"That amazing feat of healing is just the sort of thing we're here to do and displays the talent we've brought to Morocco," **Craig's** commanding officer, **CAPT Elizabeth Niemyer**, said of the commander's quick thinking. "And I think our MREs went up a notch in everyone's estimation, as well."

Indeed, you would think most people would develop a different opinion of the ready-to-eat meals after hearing a story like that. But, the participants of *MEDFLAG 2003*, who live in high winds and temperatures as high as 110 degrees on the edge of the Sahara Desert, already have a high opinion of the meals. It sustains them during their normal 16-hour workdays.

And the participants all eventually develop their own favorites among the wide variety of MRE selections. For **Craig**, ironically, the rave item is the 70-calorie, seemingly hard-to-find packets of (what else?) blackberry jam. His fellow *MEDFLAG 2003* participants have even made a habit of donating the sugary snack from their rations to him.

It seems on that day **Craig** was saving the jam in his pocket to use at a better time – and he found one. **S**

*Ludwig is a photojournalist assigned to All Hands*



his  
Recruiter  
warned him  
it would be **Tough.**

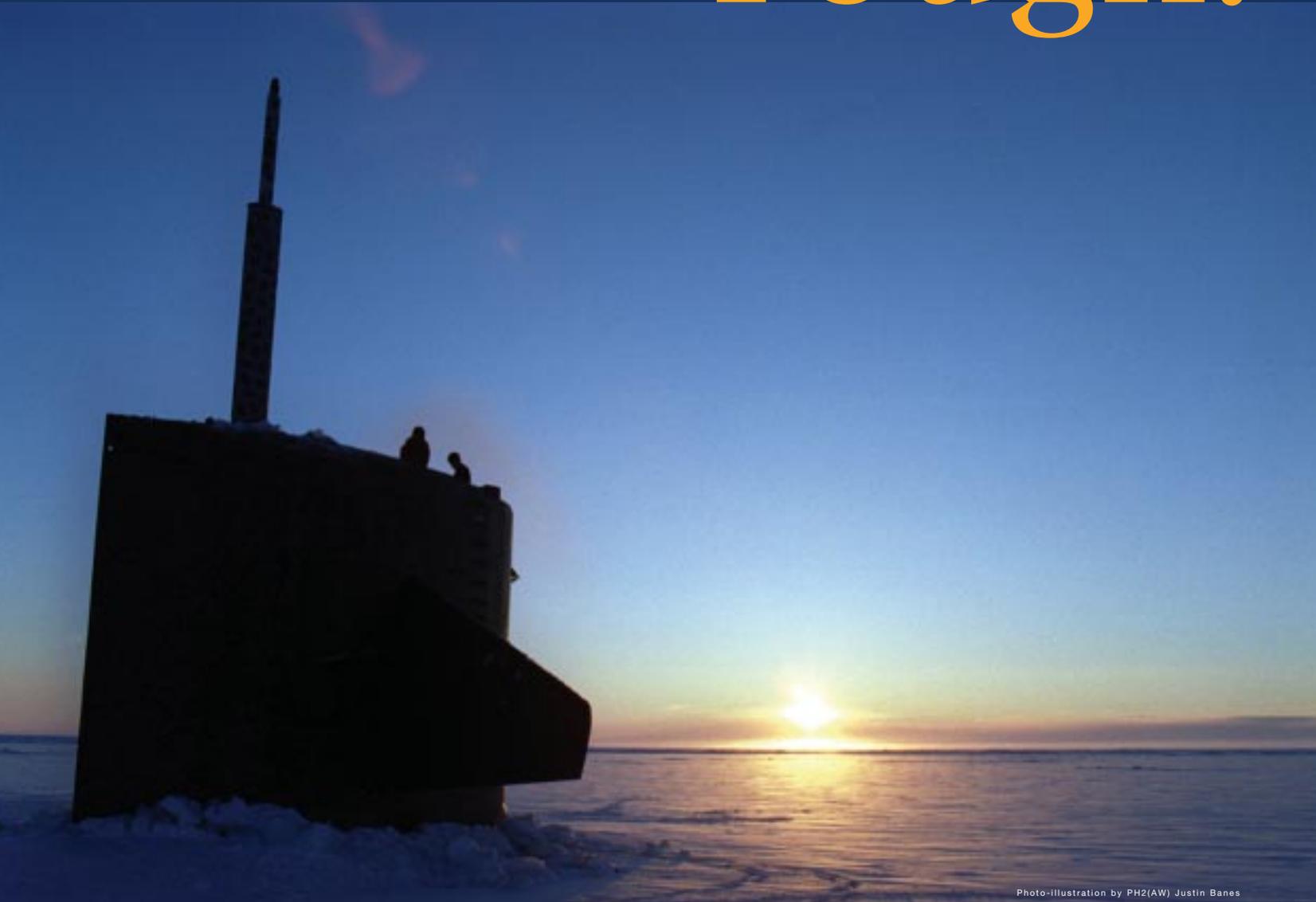


Photo-illustration by PH2(AW) Justin Banes

But, he's up to the challenge of being a...



... are you?