



NAVAL AVIATION NEWS

FIFTY-SIXTH YEAR OF PUBLICATION

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COVER — *PH1 Milt Putnam caught the flight deck silhouette of a lone sailor awaiting the return of aircraft, left.*

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EDITOR'S CORNER

He is an alert and articulate Navy commander, a wearer of gold wings over four Distinguished Flying Crosses, 26 Air Medals, two single-action Air Medals and, among some other decorations, a Purple Heart. Throughout his career, his fitness reports have been consistently scored outstanding with one exception in later years. He is currently serving in an important administrative billet in Washington, D.C. He has a wife and family and exudes a bright outlook on life.

He is also an alcoholic.

His past three Christmas seasons have been the only truly sober ones in nearly 15 years. "I'll always be an alcoholic," he admits, "but I'm now considered a recovered alcoholic — 'recovering' is a better word — thanks to Alcoholics Anonymous and the Navy's alcoholism prevention program."

This month's feature article on alcoholism and the related degrees of alcohol abuse is in no way intended to be a sermon-like dissertation on the evils of Bacchanalia. Rather, we hope it will be accepted as an enlightening commentary aimed at those of us who consume spirits. That alcoholism in our society and in the Navy community constitutes a problem of growing proportions is elementary knowledge. What is startling — what brings the truth home with some measure of fright — is the knowledge, though not totally proven, that one in every ten of us, officer and enlisted alike, in the Naval Aviation community is an alcoholic.

"I am convinced that figure is true," says the commander. "I am equally convinced that the Navy's program for correcting this, without the chastisement associated with rehabilitation measures from earlier years, is sound and productive. My case is not an exception. About 4,000 Navy people have undergone treatment to date and more than 70 percent have been returned to duty and are performing well.

"I came into the Navy as a non-drinker," he relates. "Indeed, I was a social drinker until I became a lieutenant commander. At that point I suffered a personal tragedy in my life and my pace and consumption of booze increased. This tragedy provided me with a creditable excuse for drinking. The truth is that even if the tragedy had not occurred I was well set on an unrelenting course toward alcoholism.

"It wasn't long before I found myself wanting to remain at the cocktail bar, disdaining dinner. At the same time, my behavior seemed little different from most of my peers. I never had hangovers and, throughout my drinking career, got sick only once — a host served a fancy mixed drink and it was the only selection available.

"In the peak years of my drinking, I had several

scrapes with the civil authorities, spent time in seven jails and was particularly inept at driving while under the influence. The beginning of the end for me, so to speak, evolved from two drunk driving charges. I was a squadron X.O. then, expecting to fleet up to C.O. I falsified the shore patrol report which passed my desk regarding the first charge. Eventually, I was caught up on the second one, received an unsat fitness report and was consequently relieved for cause in addition to the serious charge of falsifying an official report. I never got the command, of course.

"Thinking back, had the Navy had a program in my early years, similar to what now exists, I might have licked the problem before it licked me temporarily. I certainly don't blame the Navy for my prolonged dip into a barrel of John Barleycorn. But think of this: I cannot recall a social occasion in the Navy wherein alcohol wasn't the primary beverage served. Granted, one might consume more at a wetting-down party than at a change-of-command reception, but the sauce was always there.

"I flew combat missions with enough blood alcohol in my system to qualify for a DWI charge had I been in an automobile. In my first combat tour as a helo rescue pilot in North Vietnam, I received numerous commendations. But I started that tour by carrying aboard a bottle of whiskey. It was consumed in a matter of a day or two and my drinking was limited thereafter for periods of time. However, we were rewarded with medicinal bottles of brandy after hairy missions. I became very fond of those rewards.

"I volunteered for a second combat tour and was assigned as OinC of an attack helo unit in South Vietnam. I kept a jug of vodka in a locker behind my desk. For example, frequently when I was scheduled for night flying I might drink six to eight ounces of the stuff during the day, while doing paper work. I believed the myth that vodka wouldn't taint one's breath. I'd have dinner, then go out and fly two or three hops. Luckily, I didn't have an inflight emergency after drinking prior to a flight.

"The insidious thing about alcoholism is the way it creeps up on you over the years. For myself, this horrible disease culminated one morning after I'd been relieved as X.O. and ordered to a billet in California. I went to work and discovered that I simply could not cope with daily life. My hands were shaking and I couldn't talk without my lips quivering. I should add that you don't have to reach this point to be considered an alcoholic.

"The sphere of protection which had built up around me, like it does for most alcoholics, finally broke down. Over the years, my wife tried to cover for me. She became adept at explaining to the next-door neighbor how I had accidentally driven over his

(Continued on page 40)

An Orion IMP

Patrol Squadron 40, NAS Moffett Field, Calif., is evaluating a P-3 improved maintenance program (IMP) designed to reduce maintenance tasks for the *Orion*. Under established procedures, P-3s receive maintenance inspections every six months. These inspections last an average of 355 hours, causing an average downtime of 15 days per aircraft. IMP is based on an 800-hour maintenance cycle. Inspections are done in four phases performed at 200-hour intervals. Each phase is designed so inspection time is no more than eight hours. An analysis revealed that some aircraft components are calendar or event-sensitive rather than flight-hour sensitive and the required inspections have been adjusted accordingly. Since beginning the evaluation, there has been a 31.2 percent reduction in maintenance man-hours and a 63.4 percent decrease in aircraft downtime for the squadron's P-3s.

Women Flight Surgeons

On December 20, Lieutenants Victoria M. Voge (left) and Jane D. McWilliams became the first women physicians to be graduated from the Naval Flight Surgeon Training Program at Pensacola, Fla. The women flight surgeons received their wings with 21 male graduates. Lt. Voge received orders to NADC Warminster, Pa., where she will work in medical research. Lt. McWilliams will be flight surgeon for visiting patrol squadrons at NS Keflavik, Iceland. During their studies at the Naval Aerospace Medical Institute, Pensacola, Fla., they received clinical instruction from Captain F. S. Evans, Chief of Ophthalmology.



Delivery Service

LC-130 *Hercules* are being used to transport large, crated, portable vans from McMurdo Station to South Pole stations. The vans become workshops for Seabees and scientists working in the Antarctic. VXE-6 delivered 50 of the vans, totaling over a million pounds, in November and December.





Mail Drop A Sea King of HS-74 hovering over USS Skate (SSN-578) in the Caribbean Sea lowers mail to the surfaced submarine. (Photograph by PH1 J. E. Hudson)

Floating Trainer USS *Lexington* (CVT-16), which has provided a carrier deck for fleet, reserve and student pilots for 30 years, is now serving as a training center for surface reservists. *Lexington* is presently in a Mobile, Ala., shipyard. On weekends, Naval Reserve Surface Divisions 6-2(M), Pensacola, Fla., and 6-62(M), Mobile, are drilling aboard the carrier. Other surface reservists from around the country are reporting aboard *Lexington* for their two weeks' active duty for training. The Pensacola reservists began drilling aboard CVT-16 last August. When the carrier was in her home port on weekends, reservists worked with their active-duty counterparts. The training program was so successful, it was decided to expand it during *Lexington's* December 3 to April 30 yard period.

Aviation Greats Winners of the 1973 Kitty Hawk Memorial Sands of Time Awards are Clarence L. Johnson (left), senior vice president of Lockheed Aircraft Corporation; Commander Paul J. Weitz (second from left); Captain Charles "Pete" Conrad, Jr., (right); and Commander Joseph P. Kerwin (not shown). Robert F. Six (second from right), President of Continental Airlines, presented the awards during the recent Los Angeles Area Chamber of Commerce 11th annual Wright Brothers Memorial Banquet. The awards are a tribute to those in military and civilian life who have contributed significantly to U.S. progress in aviation. Astronauts Conrad, Kerwin and Weitz, the *Skylab II* crew, were credited with saving the first manned *Skylab* mission. Johnson was honored for his part in designing and developing many famous aircraft.



Hawkeye Has Hawk's Eye

A Grumman E-2C *Hawkeye* on a Navy acceptance flight performed as advertised recently and was instrumental in saving an Air National Guard pilot who had ejected from his F-102 off the coast of Long Island, N.Y. The *Hawkeye* was 50 miles from the scene when combat information center officer LCdr. Mike Ungerman noted the emergency IFF symbol on the radar scope. The signal was then lost, but the aircraft's computer is programmed so that when an emergency IFF symbol is lost, the symbol that is five sweeps or 50 seconds back down the track changes to a "downed aircraft" symbol. This symbol remains on the scope until it is manually removed. Ungerman was immediately able to provide the exact location of the downed pilot and a SAR helo was dispatched from Grumman's airfield at Calverton. Other aircraft had not been able to spot the downed pilot in the rough seas but the helo, according to its pilot, arrived exactly at the downed flyer's location because of the accurate vectors from the E-2C. Moments later a cold but happy Air National Guardsman was safely on dry land. Other crewmen aboard the *Hawkeye* were Grumman pilot Al Hendershot, copilot Commander Les Berylund and flight technician AT1 Dale Barham.



No Flights at Ellyson

NAS Ellyson Field, Pensacola, Fla., ceased flight operations December 28 after more than 33 years as a site for Naval Aviation. The station commanding officer, Captain David Hughes, flew the last flight from Ellyson to the new home for Helicopter Training Squadrons 8 and 18 at NAS Whiting Field, Fla. New facilities, including fuel pits and parking aprons, have been constructed at Whiting to support the squadrons. Ellyson became a non-aviation station after the first of the year. The new major tenant will be the Naval Education and Training Program Development Center. Four commands are moving to Ellyson and will be merged to form the center. They are the Naval Examining Center, Great Lakes, Ill., the Naval Correspondence Course Center, Scotia, N.Y., and training publications units at Memphis, Tenn., and Washington, D.C. The center is expected to be in place, including its specialized computer equipment, by the end of March. Ellyson is now under the command of Captain Robert L. Scott, Chief of Naval Training Support.

Forrestal Memorial Award

The National Security Industrial Association has announced that Admiral Thomas H. Moorer, Chairman, Joint Chiefs of Staff, has been selected to receive the James Forrestal Memorial Award for 1973. The award will be presented to Adm. Moorer at a formal dinner at the Sheraton-Park Hotel in Washington, D.C., March 21. The James Forrestal Memorial Award has been given annually since 1954 to distinguished Americans who have most effectively applied Mr. Forrestal's ideals of close working partnership between industry and government in meeting the needs of American national security.





GRAMPAW PETTIBONE

Loose Stick

The flight was briefed as a two-plane practice close air support mission in A-4M *Skyhawks*. The briefing was conducted using the NATOPS briefing guide. The *Skyhawks* were manned and made an uneventful departure.

The A-4s arrived at the target about ten minutes later and began to orbit while waiting for other aircraft to clear the range. The weather in the area was clear with visibility seven miles in haze. The other aircraft cleared the range and the *Skyhawks* commenced their runs.

One of the aircraft, which had just rolled into its fifth Zuni run, stabilized in a 20-degree dive and accelerated to 430 kias when the pilot noticed the right wing begin to drop. He moved the stick to the left to correct and felt the stick bind momentarily. Then the stick felt like it was free in his hand. The aircraft continued to roll right and the pilot attempted using left rudder, which only slowed the roll to the right.

As the aircraft was passing approximately 55 degrees of bank with no response from the stick, the pilot decided to eject. He ejected with his right hand holding the stick to the left and aft, and his left hand actuating the ejection handle. The ejection sequence was normal.

The pilot was picked up in rocky terrain about 20 minutes later by a helicopter in the area. He was taken to a nearby hospital with major injuries. His poor body position contributed to the injuries he incurred during the high speed ejection.

Following ejection by the pilot, the aircraft continued to roll and impacted into a hillside in a wings-level inverted attitude. Investigation revealed that the bolt and nut which secures the control column to the pivot crank shaft was not installed. The aircraft had just completed a modification program which required stick removal. The stick was apparently "placed" on the pivot crankshaft with *no retaining nut and bolt installed!*



Grampaw Pettibone says:

Great balls of fire!! A lot of people worked at trying to get this

driver kilt!! There is a tendency for the pilot to get extremely aggravated when the steering stick comes out in his hand — in a dive yet!

Like a lot of things, people scrambled around claiming who was responsible for not replacing the stick properly. When everything was said and done, looks like the squadron liaison officer never told his maintenance people about various decisions made at the get-together before the aircraft was worked on by the modification team. I most certainly hope this fella has another job now — not involving aircraft.

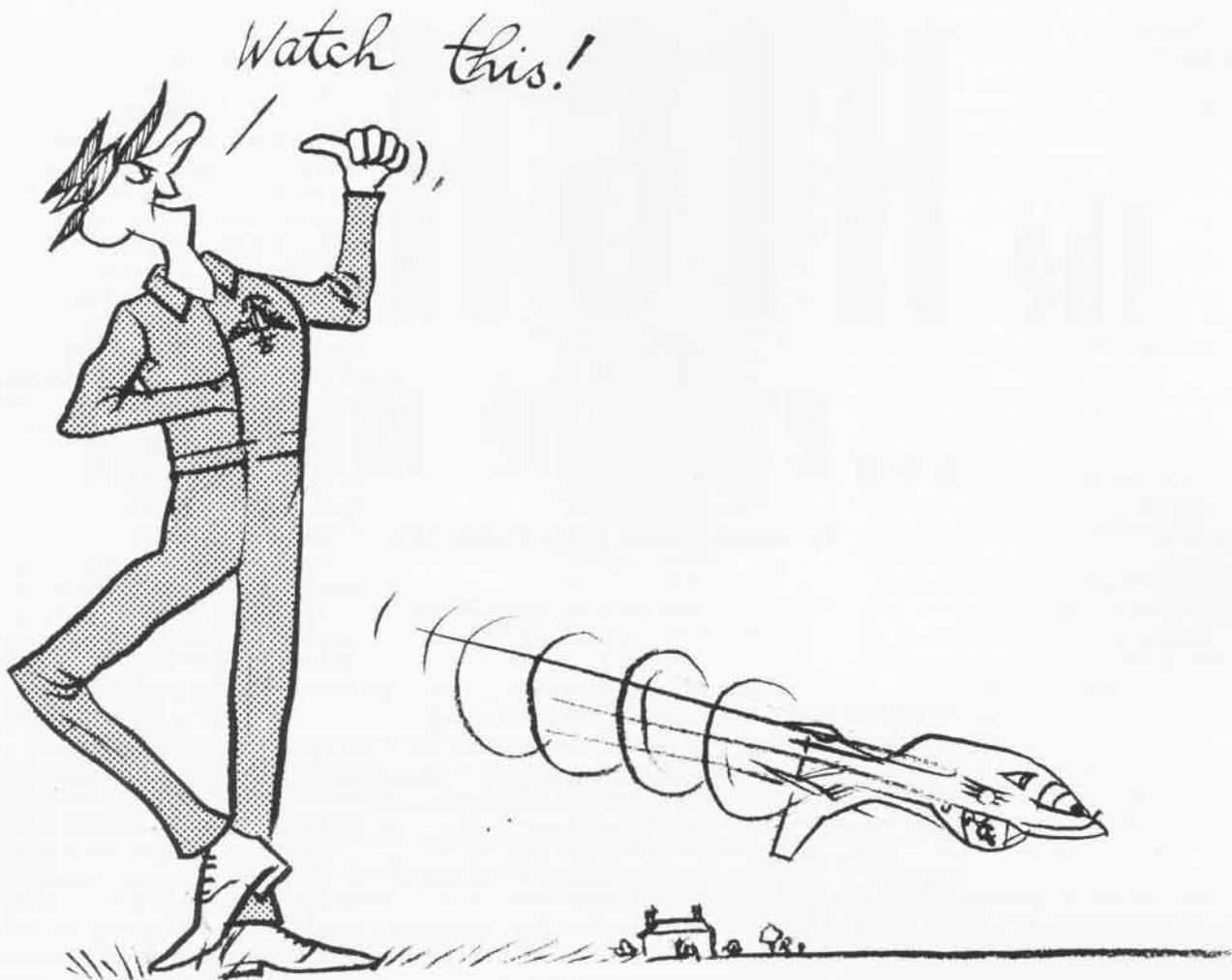
The Big Show

A student pilot was scheduled for a 1.5-hour VFR acrobatic training flight in a T-2 *Buckeye*. The pilot was briefed on the proposed conduct of the flight by the unit duty officer. Preflight, taxi and takeoff were uneventful. Radar advisory service was utilized for climb-out as required by the local course rules and squadron directives.

As the pilot was passing 10,000 feet, he terminated his radar service with no indication of distress. Approximately 15 minutes after takeoff, a witness on the ground observed the *Buckeye* making a low-level pass and dipping his left wing. The aircraft



ILLUSTRATED BY *Opblom*



continued on a northerly heading with wings straight and level. The aircraft was then observed starting a low-level rolling maneuver while maintaining heading. With the aircraft in an inverted position, the nose dipped toward the ground. As the aircraft approached the ground, witnesses observed an ejection attempt.

As the aircraft impacted the ground, a flash and fireball with smoke were seen. Another aircraft in the area also reported the crash. This was reported to the home-field control tower on VHF radio. Shortly afterward, home-field operations received several phone calls from ground witnesses reporting the crash.

The mishap occurred in a rural area very near the residence of the pilot's relatives. The aircraft was generally described as flying low and fast and rolling just before ground collision.

The pilot, just prior to impact, attempted ejection at a low altitude outside the seat capability. He sustained fatal injuries.



Grampaw Pettibone says:

Holy Hannah, I feel very sad about this. For all the years I have been writing about flatthating, there are still some pilots around who refuse to believe the inherent dangers of "unscheduled airshows." It was no surprise to me that a close investigation by the accident board revealed that this was not the first unscheduled airshow by this lad.

For you drivers who have had one or more successful airshows, keep this in mind: this lad had survived at least one previous show before he did himself in!

For you who are thinking about puttin' on a show and will not reconsider, complete the following checklist:

Ensure that you have sufficient insurance.

Write the "notification letter of your death" to your next of kin. (This will expedite things for your C.O. in addition to adding a personal touch to a letter which most C.O.s have difficulty writing.)

Make your burial requirements and desires known to your next of kin.

Invite your friends and relatives to drive out to an unpopulated area. (You have no right to risk the lives of other people. Your relatives will have to take their chances.)

Make sure you disappear from view immediately following rolls, etc., so that friends and relatives will not actually see the impact. (This will make it easy to believe that you were really a hot pilot and that you had a control problem. As you well know, the accident board will know better.)

In spite of all these unpleasant thoughts, some idiot will try it again!! I hope I'm wrong.

the HIGH ...and the mighty?

By Commander Joseph A. Pursch, MC

Illustrations by Robert Osborn and Cdr. Neil O'Connor

'Upon the first goblet he read this inscription: monkey wine; upon the second, lion wine; upon the third, sheep wine; upon the fourth, swine wine. These four inscriptions expressed the four descending degrees of drunkenness: the first, that which enlivens; the second, that which irritates; the third, that which stupefies; finally the last, that which brutalizes.'

*Cosette, Book 1, Chapter 13
Victor Hugo - 1802-1885*

For a decade, the news media has dubbed us a nation of lotus eaters in search of a painless world. Our youth, with their much touted use of mind-altering drugs, provided enough copy to flood the country with rivers of sheeted print. The message was obvious. We older fuds had known all along that the young are basically escape oriented. We were fairly amused and irritated by the whole thing until recently when the same news media switched to pointing an accusing finger at alcohol as the grand-daddy of all mind-altering drugs.

We are now being told that the nation's number one drug problem is alcohol; that there are nine million alcoholics in the U.S.; that, according to a recent survey, 38 percent of the Navy's officers and enlisted men are heavy drinkers and have serious problems as a result; that, according to the Surgeon General of the Navy, 40 per-



FOR A DECADE NOW THE NEWS MEDIA HAVE DUBBED US A NATION OF LOTUS EATERS.

cent of the heavy drinkers ultimately develop alcoholism; that every alcoholic harmfully affects the lives of four other people; that 50 percent of fatal accident victims were drunk at the time of their deaths; and that 20 percent of all hospital admissions for adult males in the U.S. are alcohol related.

It should come as no surprise that aviation has not been left out. American Airlines, since January 1972, has had an active alcoholism prevention program covering everybody from pilots to porters because it considers "alcohol the main drug problem of all industry." According to the Federal Aviation Administration, 20 percent of the fatal aircraft accidents in general aviation in 1971 involved alcohol. A study of all Naval Aviators hospitalized at Bethesda Naval Hospital's neuropsychiatric service between 1960-1970 indicates that 22 percent were

diagnosed as having chronic alcoholism and that 54 percent were heavy drinkers. In December 1972, the Bureau of Medicine and Surgery issued an instruction which details procedures for returning successfully rehabilitated alcoholics to flight duty.

If all this doesn't make you mad, it certainly makes you wonder. Is LCdr. I. M. Dilbert really a chronic tippler? Are some boomers also boozers? Are we sometimes flying high while we are dogfighting at the bar? Does ADJ1 Spoiler sometimes have the "flu" on Monday because he flew too high on Sunday?

"Great balls of fire!" I can hear Grampaw Pettibone fuming, "If any of this is true, then a pilot could get hisself kilt. I've heard of guys endin' up in the local pea patch because of failure to tank up, but this is tankin' up too much, in the wrong way. I better read on and see if this flight surgeon is a ghost writer for Carrie Nation, or if there is really fire behind all this smoke."

Just as most of you, I am known as a social drinker. I am also a flight surgeon who has learned a few things about alcohol. I can assure you that none of the successfully recovered alcoholics I know are advocating a return to prohibition. But they do feel that we have unwisely glorified excessive drinking; that we have lost many of our best people to alcoholism; that we should educate the public not only about the pleasures of drinking, but also about its dangers; that we should de-emphasize drinking so that a non-drinker can be socially accepted and live comfortably among us. I agree with them.

What, then, is alcoholism? It is a *chronic, relapsing, progressive disease* characterized by the *loss of control* over drinking alcoholic beverages. Chronic because it goes on and on as long as the patient lives. Relapsing, because intermittently the alcoholic slows down or quits drinking altogether (on the wagon) only to have a relapse when he starts drinking again. Progressive, because its severity in an affected individual picks right up where he left off when he went on the wagon last time. (The situation is the same as for other addictions, e.g., the heavy cigarette smoker who quits and later tries to smoke again at a reduced rate is usually back to two or three packs a day in several weeks —



WHAT IS ALCOHOLISM ?

even though it took him ten years to get to that amount of smoking in the first place.)

If alcoholism remains unchecked, the affected person gradually experiences severe deterioration in his ability to get along with his family and other people, in his ability to work, in his physical and mental health and eventually death comes because of his alcoholism.

There is no satisfactory explanation as to why one man becomes alcoholic and another doesn't. It has been postulated that a constitutional liability factor for alcoholism exists in certain drinkers. This propensity leads to the full-blown disease after one to fifteen years of heavy drinking. If this be so, then it follows that the drinking practices and drinking attitudes of society might have something to do

with whether or not a predisposed individual will develop the full-blown disease and how difficult it will be for him to stop drinking once he has developed alcoholism. A look at the role which alcohol plays in the life style of middle class America throws some light on this problem.

Alcohol has become a staple of life, something most of us use daily. From a psychological standpoint, we use it to control almost any shift in our emotions. We also use it to assuage psychic pain, loneliness, ill-at-easeness, to celebrate and to mourn. In terms of its intended chemical effect, we tend to use alcohol as a stimulant, antidepressant, sedative, analgesic, tranquilizer, aphrodisiac and soporific.

Socially we use it when we feel good, when we feel bad, as a pick-me-up, to calm down, as an eye-opener and as a nightcap. At cocktail parties we use it to say hello, to get in step, to unwind and to break the ice. We use it as a socializer, a friendship-maker and, finally, as one for the road. At dinner parties we use it as an appetizer, as a main beverage (beer or wine), as an after-dinner drink and as "more of the same" during late evening socializing. Before we drive home, we have one for the road toward the nightcap before bedtime. All followed, in the morning, by a Bloody Mary or "some hair of the dog that bit us."

Executives discuss business while having cocktails. The salesman buys another round when he lands the contract. If his sales pitch falls through and the customers leave, he is apt to buy a double to control his frustration.

In sports, we drink at the clubhouse, at the golf shack, on the beach, during

Dr. Pursch, a flight surgeon (with a multi-engine and glider rating) and a psychiatrist, has been a frequent contributor to Naval Aviation News over the years.

In 1966, he was Head, Division of Psychiatry at the Naval Aerospace Medical Center, Pensacola, Fla., and a member of the Special Board of Flight Surgeons. A tour in Washington, D.C., followed. There he was Chief, Neuropsychiatry Clinic, Naval Dispensary and served as the medical member on the Chief of Naval Operations Drug Abuse Team. After the Washington tour, he was Chief, Neuropsychiatry Department, Naples Naval Hospital and Aviation Psychiatry Consultant in the Mediterranean.

At present he is Director of the Navy Alcoholic Rehabilitation Center, Long Beach, Calif.

He has been involved in the treatment of Naval Aviators with alcohol and other drug problems for about ten years.

*'Miniver Cheevey, born too late,
Scratched his head and kept on thinking;
Miniver coughed and called it fate,
And kept on drinking.'*

*Miniver Cheevey, Stanza 8 - 1910
Edwin Arlington Robinson - 1869-1935*



**"... AND THE LOSERS
DRINK HEAVILY, SILENTLY
AND ALONE."**

the hunt and at the races. We drink cold beer at baseball games because it is hot in the bleachers and Irish coffee at football games because it is cold in those bleachers. Winners drink to celebrate; losers to dim the agony of defeat.

We drink when we hear good news, when we get bad news, when we go off to war, to celebrate peace, to commemorate a birth or mourn a death. We drink at birthdays, reunions, Christmas, Halloween and the New Year. Drinking goes with courting ("Candy is dandy but liquor is quicker," said Ogden Nash.), with engagements, marriages, anniversaries and, nowadays, with divorces.

If you now feel happy that you are in the Navy instead of out there with all those hard-drinking civilians — read on.

In Naval Aviation we drink at happy hours, after a good flight, after a bad flight and after a near mid-air collision (to calm our nerves). To celebrate our first solo flight, we traditionally present

our instructor with a bottle of his favorite liquor and, if we successfully bail out of a crippled airplane, we express our thanks to the lifesaving parachute rigger with a bottle of his preferred spirits. We drink when we get our wings, when we get promoted (wetting-down party), when we get passed over (to alleviate our depression), at formal dining-ins, change-of-command ceremonies, chiefs' initiations and at "beef and burgundy night." At birthday balls, we drink our door prize if we have the lucky ticket.

When a diver inspects the hull of the ship, we give him medicinal brandy and we prescribe the same treatment for exposure to the elements if a man falls overboard and is fished out of the Caribbean on a hot day in July.

A night carrier landing sometimes rates medicinal brandy dispensed by the well-meaning flight surgeon. We "hail and farewell" frequently, and the first liquid that wets the bow of a

'You are not the all-American Navy

Mary Ellen, you are *not* the all-American Navy wife and mother on a temporary sabbatical. You're a drunk!" On that morning, 11 years ago, as I sat alone, bleary-eyed and disheveled, staring at my second (or was it my third) large brandy snifter of gin, I finally admitted to myself the truth of what had happened to me. I was an alcoholic.

How had it happened? How had I changed from an active, capable human being into a nonfunctional, withdrawn, slovenly creature who lived all day within the four walls of my room creating my own private hell for myself and my family?

Looking back now, I realize it didn't happen overnight. It was progressive over a period of 24 years. With my first drink at 16, I discovered the magic potion that transformed the shy, self-conscious, ugly

duckling into a beautiful swan. I had tremendous feelings of inadequacy in all areas of my life but particularly so in socializing and relating to people. Alcohol made it all so much easier.

I became engaged to my husband while he was at the Naval Academy. We were married and, when he entered flight training, we were launched into the frantic existence of wartime Navy life. I loved being a Navy wife. I loved the excitement, the travel, the parties, the people. But I also was afraid.

Afraid of my husband's flying, afraid of being left alone, afraid of constantly meeting new people: women who seemed so much more self-assured, capable and attractive than I, and men who were important to my husband's career. But after a few martinis I felt I could hold my own

with the best of them. The fear vanished.

As the years passed, we built a life-style around alcohol. It became a part of every activity. The drinks before dinner, the cocktail parties, the happy hours at the club. During this time I was constantly attempting to fit my self-conceived image of what a Navy wife should be. I was a Gray Lady and a golfer in Jacksonville; "the hostess with the mostest," a room mother and PTA leader in Coronado; Chairman of Navy Relief and a den mother in Corpus Christi; member of the wives club in Patuxent River — all of the "right things."

Then I started "goofing up." I started getting drunk when I didn't intend to. I was drunk at the admiral's party, had too many martinis at the wives' luncheon, passed out at a party given in my honor,

newborn ship at its christening is champagne. We drink from enlistment to retirement and from teenhood to old age.

"Egad, lads," Grampaw Pettibone says, "I can't believe what I just read. And yet it sounds awfully familiar. I shudder when I think that we could all add a few more items to the list."

And those who want to abstain because they are trying to recover from alcoholism find it difficult to live with the ridicule, disbelief and contempt which come from such national myths as the hard-drinking, two-fisted pioneering frontiersman, the hard-charging tiger of an aviator who can drink with the best of them, the ruggedness of the guy who can hold his liquor like a man, and the notion that you can't trust a man who doesn't drink.

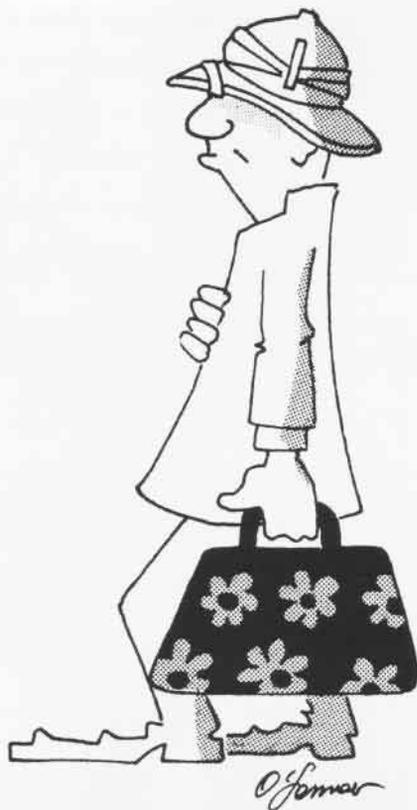
If our drinking attitudes are anything like the foregoing observations suggest, then it is likely that we have been handling the problem drinker with our heads down and locked. To improve this situation, we can adopt some of the practices of industry. Over 300 of our nation's industrial concerns (among them American Airlines, American Motors, Eastman Kodak, the Bell System, General Telephone, DuPont, Edison, IBM and General Electric) have alcoholism prevention programs because they call alcoholism the nation's \$32-million-a-day hang-

over. These companies train the supervisor not to play doctor but to play detective, finding the employee whose personality functioning or work performance is deteriorating. The employee is then referred to the medical department or the employee assistance program where, in a high percentage of cases, an alcohol problem surfaces.

Judging from many of the patients we have seen at the Alcoholic Rehabilitation Center (ARC), Long Beach, the average problem drinker presented the following picture while he was still on active duty.

ADJI Spoiler begins drinking for the usual reasons. Soon he is admired for his prodigious drinking capacity. He is the squadron's pride for being the last one standing up at happy hour, and he is envied because he can "sleep an hour, take a shower and work all day." As alcohol begins to take its toll, he develops the Monday-Friday syndrome.

His work suffers because he is out of commission on Mondays and the leading chief covers for him by assigning him to the warehouse for the afternoon so he can sleep it off. Around mid-morning he takes care of some "personal errand" but he really makes a quick stop at his car where he has a bottle stashed. He comes back with aftershave lotion on his shirt



HE RATIONALIZES THAT HIS IMPENDING TRANSFER TO THE WEST COAST WILL SOLVE HIS PROBLEM.

wife and mother. You're a drunk!'

was drunk and disorderly at the club in Argentina, and drunk and staggering at a party for my son's sixth grade class. I was embarrassing my husband, my sons, and myself, more and more frequently.

I, naturally, had elaborate excuses and alibis for this. I was overtired. I had been under too much pressure because I was trying to do too much. He was leaving on a six-month deployment. And so on — ad nauseam.

Amazingly, I was helped in this self-deception by family and friends. They made excuses for me. Even doctors didn't recognize my problem. When I described my symptoms — anxiety, fatigue, depression (the tired housewife syndrome) — not one doctor ever recognized them as symptoms of alcoholism. "You're trying to do too much. Have a couple of drinks

and relax," I was told. Since it never occurred to me to stop drinking ("it was the only thing that kept me going"), my solution was to stop "doing so much." Thus began the final stage of withdrawal from an active life with family and friends to the solitary drinking that led to the pathetic, sick woman staring into her glass of gin and wondering what happened.

I had lost so much, including my self-respect. My family had not left me but, as my husband said, I had left them — emotionally and spiritually. He and our children had stopped allowing my drunkenness to interfere with their lives. They lived around me and left me alone.

That day, 11 years ago, I asked for help from Alcoholics Anonymous and began the long but beautiful road to recovery. I have been learning how to live and

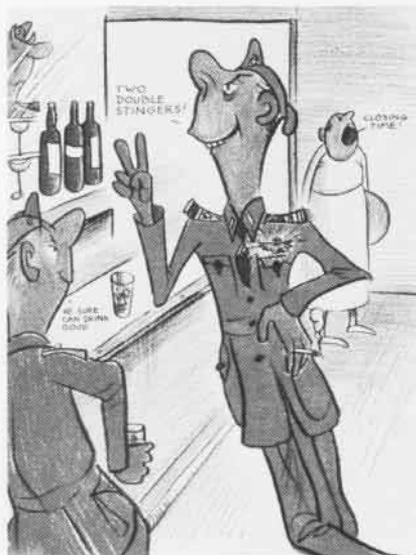
cope with all the problems and fears I tried to solve with alcohol. I have found in sobriety what I was looking for in that glass of gin. I realize now that I was alcoholic for years but "it didn't show" because of the social group in which I lived. Heavy social drinking can disguise alcoholic drinking for a long time.

Ignorance of the nature of the disease and its symptoms, and a preconceived, stereotyped image of the alcoholic as a skid-row bum was what kept me (and thousands of others) from recognizing and accepting the truth of my condition.

With public acceptance and recognition of the symptoms of this insidious disease, it isn't necessary for anyone of you who may read this and need help to go as far down as I did. Help is there. May you find it now.

*'If all be true that I do think,
There are five reasons we should drink:
Good wine - a friend - or being dry -
Or lest we should be by and by -
Or any other reason why.'*

*Five Reasons for Drinking
Henry Aldrich - 1647-1710*



front, chewing breath mints and avoids facing his superior in an attempt to hide the smell of alcohol. He is reprimanded because his lunch breaks are getting longer. On Friday afternoons he usually doesn't come back at all. Formerly he was getting letters of commendation but, at his next duty station, he starts getting letters of indebtedness which have to be explained away with hard luck stories.

If the X.O. raises the possibility of sending him to the doctor because of a possible drinking problem, the flight deck CPO may advise against it because "when he's sober he's the best man I've got," or because Spoiler and his chief, who is at a different stage of the disease, are drinking buddies.

If, in desperation, ADJ1 Spoiler confides in a trusted friend, he is apt to be told "You can't be an alcoholic — you don't drink any more than I do." This is so, because by now he has narrowed his circle of friends down to heavy drinkers only. He would be as

comfortable among near teetotalers as a Hell's Angel among missionaries.

Spoiler may unexpectedly go AWOL without knowing why, since he had too much to drink and can't remember what he did. An assault and battery charge is dropped because he was really defending the honor of the Navy by beating up an "obnoxious Marine." Because of his good record, a drunk driving charge is reduced to reckless driving. His CPO is getting more reluctant to cover for him because last week he left a screwdriver in the vicinity of a wing lock pin and will need more supervision from now on.

He may have an inkling that he is getting in over his head (he is actually becoming addicted to alcohol) but denies it to himself and others. At the squadron party, he secretly resolves that this time he won't get drunk because he is aware that his reputation is beginning to slip, but he somehow ends up doing a floor show dance with a lampshade on his head and everybody thinks he is a riot — until he falls in the punch bowl. The next morning his wife's anger changes to panic when she realizes that he has no recollection of what he did. She is now so worried that she starts reading about alcoholism in an effort to find out what is happening to his brain.

He rationalizes that his impending transfer to the West Coast will solve his problem. Under the stress of house hunting, his drinking increases again and he starts going on sick call frequently with flu, nausea, vertigo and gastroenteritis (dry heaves and hangovers). The flight surgeon may not recognize the disease because he learned in medical school that alcoholics are skid-row bums with brain damage, and that "you can't help an alcoholic until he asks for help." He is not aware that only three percent of America's alcoholics are

on skid row and that the others are martini-lunching professional men, weekend-binge blue collar workers and chronically fatigued gin-and-tonic housewives.

On deployment LCdr. Dilbert drinks heavily and needs two or three days out of port before he can fly safely, but, since he is still a good performer between binges, this is overlooked. At parties he eagerly helps with bartending and finishes his wife's drinks "so they won't go to waste." He does this because his tolerance is increasing and he needs more alcohol than he previously did in order to feel it. Also, he is becoming aware that he drinks differently than others and he wants to conceal it.

Deep down, LCdr. Dilbert is getting scared and, at his next duty station, he goes on the wagon for a month to prove to himself that he can still take it or leave it (like a social drinker). After considerable discomfort and a few of his wife's tranquilizers, he feels more confident and goes back to "moderate" drinking, but soon he sneaks drinks and gulps drinks like he did before. He becomes depressed, plagued with secret doubts about his drinking, irritable, hard to get along with, wears sunglasses much of the time and avoids the C.O. and the flight surgeon.

The X.O. is planning to have a talk with LCdr. Dilbert because he is taking himself off the flight schedule too often lately and squadron morale is being affected — the other pilots are grumbling about having to pitch in unexpectedly. His daughter no longer brings her friends to the house because she never knows what shape he'll be in by evening. His wife talks confidentially to the chaplain about the beatings she gets.

There follow sincere promises to cut down. But one month later, the police are called to the house because he has become violent. His wife is leaving him because, like his first wife, she has come to the conclusion that he can't stop drinking because he is an alcoholic.

He moves on base where he has more time and opportunity for undisturbed drinking. He is getting much sicker and, if he does something that disgraces the command, he gets

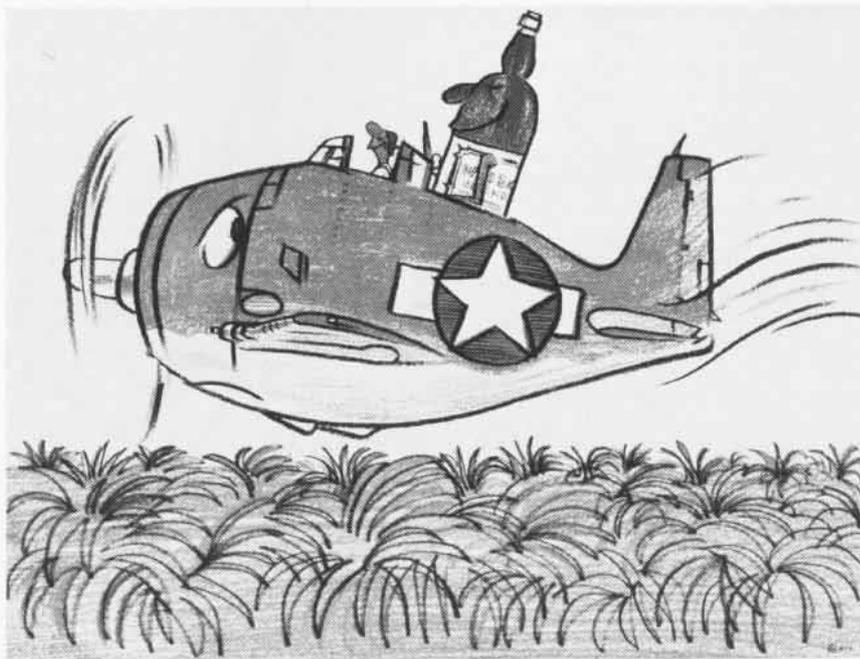
busted, receives a bad fitness report or loses his wings.

Instead of getting proper treatment for his sickness, he has become the object of a silent, watchful conspiracy. Everybody knows there is something wrong with the way he drinks but nobody seems to know what to do as long as he somehow continues to function.

To get him away from the pressure for awhile, his C.O. temporarily assigns him as officer in charge of fly swatting. As for Spoiler, he suddenly finds himself assigned to counting gulls during inport periods.

Although their commands are really trying to help the Dilberts and the Spoilers, the alcoholic senses the implication that there is something wrong with him and withdraws even farther. Stripped of his primary duty, his sense of isolation increases. He now has even more reason and opportunity to increase his drinking. The conspiracy continues. Brief hospitalizations, physical deterioration, etc., are covered up with a harmless-sounding diagnosis to help him conceal his illness and avoid harming his career. When he finally receives orders again or retires, everybody heaves a sigh of relief.

A year later he can be seen at the club where he looks glazed, red-faced and ossified after only one drink because he already had six before he got to the club. (Actually his brain has not been alcohol-free since the day he retired.) He talks vaguely about planning to send out his resumé to get a job. He lights his cigarette with cupped hands to conceal his tremor. He has learned to walk slowly with a broad-based gait, his hand casually patting the wall so as to look more or less steady. Soon he is back in the hospital "for tests because of stomach trouble." He is treated for ulcers but is not diagnosed alcoholic because he and his friends feel better if the word is not mentioned and because the doctor usually considers alcoholism a hopeless disease of a second rate person and doesn't want to get involved in treating that kind of illness. Incidentally, the higher the alcoholic's rank or prestige, the less likely it is that he will ever get the proper diagnosis, let alone appropriate treatment.



Robert Osborn drawings from "Sense Pamphlets" of the Fifties

The following figures are the results of an ongoing study based on a survey of a group of 231 males and eight females—all officers, all ranks.

- 37.7% drink three to five times a week or more often.
- 32.9% get drunk frequently enough to manifest a potential drink problem (every weekend or more often).
- 16.7% had to cut down or change drinking patterns after being in port six months; 77.5% still drink.
- 28.9% had something happen while drinking which made them experience an uneasy feeling. All still drink and gave other red flag answers (problems, traffic, lost spouse).
- 7.9% couldn't remember going home even though they hadn't passed out (blackout). This happened on an average of 2.9 times per person in the past six months. All are still drinking.
- 6.3% have passed out while drinking; average of 1.8 times per person in six months. Still drinking.
- 7.1% have been stopped an average of 1.7 times for drunk driving, reckless driving or motor vehicle accident while drinking. All still drink.
- 3.3% have had disciplinary action an average of two times because of incidents which happened while drinking. All still drink.
- 5.0% have had an average of 1.2 auto accidents each while drinking which resulted in need for medical attention to one of occupants. All are still drinking.
- 10.9% drank during lunch or prior to reporting to work morning or evening, 5.1 times per person in last six months. One has stopped drinking.
- 15.5% have been advised by a doctor, chaplain, member of family or close friend to stop or cut down. None have stopped. Only 18 cut down.
- 7.1% were drunk on watch or at sea.

It is clear that officers (or anyone else) with drinking problems do not "get hold of themselves" even when advised to. Consistent with other studies, this demonstrates a need for Navy's policy of forced referral of problem drinkers into a treatment program.

Contrary to popular opinion, but consistent with other published studies, 78.9% are in younger age groups. This is not a new trend. In a recent study of civilian alcoholics over 40 years old, it was found that in almost every case, they developed their asocial drinking pattern while in their early 20s.



Osborne

Sufferin' succotash! Have we really been lettin' some of our best people go to John Barleycorn?" Let's see for ourselves by looking at two case histories of pilots who were on that downward glide slope in the 1960s.

This Naval Aviator was admitted to the hospital because he was unable to get into his airplane for a scheduled flight. He had always considered himself a social drinker, but, because of his wife's drinking problem, he began drinking heavily to control his anger, depression and inability to sleep. This led to deterioration in his work, frequent absences from home and an unsatisfactory fitness report. He joined Alcoholics Anonymous secretly and became almost totally abstinent, but relapsed a short time later to uncontrolled drinking. When he was finally unable to get into his airplane because of depression, nausea and dry heaves, he was sent to the hospital with a face-saving diagnosis so as not to harm his career.

While he was in the hospital he and his wife began attending AA meetings again. After two months of hospitalization, he was discharged to

return to full duty not as an alcoholic but with another face-saving diagnosis even though he was clearly alcoholic.

For the first four days after discharge from the hospital, he drank no alcohol. On the fifth day he took a few drinks, then realized that his drinking had become uncontrollable. He could no longer drink like other people and couldn't stop even though he wanted to. He was unable to care for himself and after several days was brought back to the hospital by a friend.

During his second hospitalization, he was more honest with himself and with his therapist. Eventually he came to the conclusion that he was an alcoholic because he had lost control over his drinking. He attended Alcoholics Anonymous meetings regularly and was eventually referred to a physical evaluation board and discharged from the Navy.

In retrospect, the signs of alcoholism — symptomatic drinking (drinking to control depression, rage and insomnia), deteriorating work performance, crumbling marriage, going on the wagon frequently,

alcoholic gastritis and, finally, uncontrolled drinking — although obvious for quite some time, were not dealt with appropriately by his superiors or his doctors. As it was, he had to get much sicker and precipitate another hospitalization before the proper diagnosis was finally made.

Another Naval Aviator began drinking heavily and was hospitalized when his first marriage ended. He continued drinking and his work, his reputation and his second marriage deteriorated. Although his wife and his superiors were aware of his excessive drinking, they said nothing to him about it.

On his next tour of duty, he flew in combat although his drinking had become so excessive that he was repeatedly cautioned about it. At the next duty station, he began drinking every morning before going to work, got an unsatisfactory fitness report, was rehospitalized with a face-saving diagnosis, then transferred to another hospital for unknown reasons.

In this hospital, he was tremulous, had blood pressure problems and liver disease. He denied using alcohol to excess and felt that a change of duty

station would solve his problems.

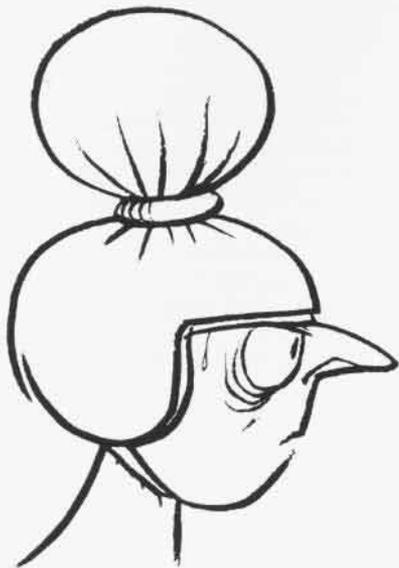
He made a superficial adjustment to the hospital routine, then suddenly went AWOL and telephoned several of his previous commanding officers in order to learn whether they had considered his drinking excessive. They confirmed his fear that they had secretly considered him an alcoholic. After two weeks of heavy drinking, he voluntarily returned to the hospital. For the first time, he seriously considered himself to be alcoholic, began to cooperate with his therapist, worked with Alcoholics Anonymous and willingly took antabuse. After three months he was discharged and returned to duty with the diagnosis of chronic alcoholism.

This patient's alcoholism was manifested by a long history of heavy drinking, deterioration of his work, dissolution of two marriages, morning drinking, three hospitalizations for alcohol-related problems, liver disease and breaking through of antisocial behavior in an effort to maintain his heavy denial of his drinking problem.

For a long time we have contributed to the career demise of the alcoholic because of our own traditional involvement in alcohol use; by our refusal to accept the unequivocal evidence that alcohol, although legal, is a drug, and that some people just can't handle it; with the ignorance of the medical profession which stems from the medical school teaching that an alcoholic is a skid-row bum who has one foot on a brass rail and the other on a banana peel in the morgue; and, because, until recently, alcoholism was considered a disciplinary or administrative problem which could only lead to a discharge from the Navy.

The Navy's age-old problem with the alcoholic is best epitomized by the line from an old drinking song "What do you do with a drunken sailor?" The answer so far has been, "You let him go down the hatch or down the tubes."

Although it will take a long time to change our attitudes, new instructions and policy changes have begun to pave the way for more humane and efficient approaches to the problem drinker. Among the milestones are Public Law 92-129 passed by Congress in 1971, DoD Directive 1010.2, SecNavInst 5300.20, Z-gram 115 and BuMedInst 5300.4. The new philosophy is that



alcoholism is a disease, that patients who are thought to have the disease should be admitted for treatment and, that after successful treatment and rehabilitation, they will be returned to duty (including duty involving flying), usually to their previous commands. The Navy now has five ARCs (Long Beach, Norfolk, Great Lakes, San Diego and Jacksonville) with 70 in-patients each; 14 ARUs with 10-25 in-patients each in naval hospitals throughout the world (Bethesda, Md., Bremerton, Wash., Charleston, S.C., Camp Lejeune, N.C., Camp Pendleton, Calif., Guantanamo Bay, Cuba, Jacksonville, Fla., Naples, Italy, Newport, R.I., Oakland, Calif., Philadelphia, Pa., Subic Bay, R.P., San Diego, Calif., and Yokosuka, Japan) and four Alcoholic Rehabilitation Dry Docks (Roosevelt Roads, P.R., Rota, Spain, Pensacola and Pearl Harbor).

To wait for an alcoholic to recognize his own illness is to wait for his illness to become far advanced. Nobody goes to the doctor saying, "Hey, my life is going great, I am happy, I got money in the bank, I was just picked

up early for commander, but I think I am an alcoholic. Can you help me?"

If a man's performance or health indicates that he has become a problem drinker, he should be examined by the unit flight surgeon and, after drying out in a hospital, if necessary, be admitted through an Armed Services Medical Regulating Office to a rehabilitation facility. On arrival at a rehab facility, he receives a thorough medical and psychiatric evaluation. If the diagnosis of alcoholism is not substantiated, the patient is returned to duty with an appropriate consultation or transferred to another service of the hospital for whatever treatment is indicated.

If the patient is diagnosed as an alcoholic, he remains in the rehab facility and receives six to eight weeks of rehabilitation involving medical, psychiatric and psychological approaches, introduction to the principles of Alcoholics Anonymous and Al-Anon, and education about alcohol, alcoholism and substance abuse (all other drugs) in general. Lectures, films, group therapy and individual counselling are used. The therapy is conducted by physicians, psychologists, counselors (recovered alcoholics), chaplains, nurses and corpsmen. The patient is treated with respect and dignity in an environment which is run like any other command (veille, uniform of the day, chain of command, etc.). There are no barred windows, locked doors or any restraints other than military regulations. In the forefront of all therapy is the attitude that alcoholism is a disease which, although it cannot be cured, can be arrested, like diabetes; that the alcoholic is not a helpless victim of his disease but that he must begin to accept responsibility for his drinking much as the diabetic must assume responsibility for his diet; and that, although he will have help, he bears the major responsibility for his recovery. Wives are involved in the

***'We were to do more business
after dinner, but after dinner is
after dinner - an old saying and true;
'much drinking, little thinking.''***

*Journal to Stella, Feb. 26, 1712
Jonathan Swift - 1667-1745*

rehabilitation process wherever practical in order for them to understand how the disease has affected the family and how to cope with the problems. We do very little theorizing, moralizing, preaching, condemning or condoning. Even though the patient's past experiences are explored with him to some extent, the major emphasis is on current functioning and future behavior patterns which will enable him to function on duty and live happily and productively without alcohol.

Although some of our patients come to ARC Long Beach voluntarily, many are here against their own wishes. Initially they rationalize and try very hard to maintain their own belief that others have caused their drinking problem. After about two weeks they have usually gained a better understanding of alcoholism and are soon totally involved. The swagger, the aggressive cocksure glint in their eyes and the resentful and bristling chip-on-the-shoulder slowly give way to a subdued, sober attitude of cautious listening and inquiry. They learn to solve their own problems, to organize their lives more effectively, to deal with day-to-day frustrations without the use of alcohol, and how not to drink, one day at a time. Because they are in a learning, helping, problem-solving environment, they run an organization which completely belies the stereotyped picture of the alcoholic.

In the nine-year history of the Long Beach Center, there has never been a single fist fight, willful destruction of property, theft, suicide, homicide or any graffiti on the walls. The alcoholic conducts himself in this way because he is in daily contact with the counselors who are recovered alcoholics, who have had all of the troubles he has had and who have been sober for three to nine years. The counselors stand tall with easy, confident smiles. Their cars are

paid for, they have happy families, money in the bank and many things they could only dream about during their years of destructive drinking. The patient can see that the system has worked for the counselors and so he tries harder.

Most of the patients form lasting friendships and when it comes time to leave, they feel profoundly sad for the first time in their lives because formerly they drowned these painful emotions in alcohol.

If the patient was on flight status before he came here, he will be returned to flight duty by his flight surgeon in accordance with BuMedInst 5300.4. He then encounters a crucial phase of his recovery process. Time and time again he may have to deal with the cruel or belittling invitation "Come on, one drink never hurt anybody," which is often a reflection of the shipmate's own dependence on alcohol and the concomitant guilt or discomfort he experiences when he is around a non-drinker. (It is similar to what the obese pilot feels when he overeats in the presence of a dieting flight surgeon.) The troubled drinker will often try to convert the recovering alcoholic back to social drinking because he doesn't know much about alcoholism and will not accept the fact that some people cannot drink at all. Thus the recovering alcoholic is not only in danger of falling off the wagon, but also has to guard against being pulled off the wagon by uninformed shipmates.

As of December 31, 1973, the Navy Alcoholic Rehabilitation facilities had treated 4,350 Navy, Marine Corps and Coast Guard personnel. Seventy percent have been effectively restored to duty as indicated by questionnaires which are returned by the patients' commands every six months. Thus far eight Naval Aviators are back on flying duty as recovered alcoholics. There is

also an indeterminate number of recovered alcoholic medical officers, dentists, chaplains, submariners, divers, etc., back on duty. Letters and telephone calls from commands indicate that the recovered alcoholic is invariably a better performer than he was before.

This is in no small part due to the efforts of some 100 collateral active duty alcohol counselors (CODACs). They are recovered alcoholic active duty personnel who have shed their anonymity and have subsequently been designated CODACs by BuPers. In addition to their regular duties, they serve other alcoholics with fellowship, help and support, and their commands with advice, ideas and service when asked. They can be called on to visit problem drinkers, procure literature and movies, give talks, serve on panels or represent the command at local alcoholism meetings.

An additional 1,000 non-alcoholic and recovered alcoholic medical officers, chaplains, lawyers, etc., serve as a volunteer referral network throughout the Navy and are available for these kinds of services. They should always be called on to immediately contact the recovering alcoholic who has begun to slide back to drinking.

It should be no surprise that a chronic illness cannot always be stopped on the first try, and hope for recovery should not be abandoned easily. A number of our "failures" are doing well in the fleet after a brief second admission to a rehab facility because they had need for one more "final" time to convince themselves that they cannot drink without serious problems.

Since every alcoholic affects the life of four to six others, alcoholism has been defined as the nation's number one public health problem.

In addition to the human elements, we should consider the staggering toll of inefficiency, property damage,

*'We can pass the buck and we can pass the bottle,
but we can't pass the drunk.'*

accidents, legal and administrative expenses, medical problems, dead-end careers and deaths that result from this disease. The average patient in our centers is a 30-year-old, career-oriented E-6 or an officer with 17 years of active duty.

In the past, the Navy has encouraged him to take his poison like a man until he could no longer function. He was then discharged one way or another. As a result, the alcohol-related disorders treated in VA hospitals doubled between 1965 and 1969. We can pass the buck and we can pass the bottle, but we can't pass the drunk. Sooner or later we all pay for his rehabilitation, but often the disease is so far advanced that the cost of treatment is staggering and results poor.

We started this painful analysis of our "spiritual" way of life by criticizing the psychedelic escapism of the young. To bring you up to date, I should tell you that the patients being admitted to our center are getting younger all the time. The "heads" are abandoning pot and opting for the safer (legally speaking) virtues of the hop, the grape and the euphoric heights and crashing hangovers of John Barleycorn. Ever mindful of the need to advance the human condition and in order to make their own mark in the world, they are inventing new combinations such as the mixture of bourbon, anisette and grapefruit juice. It's called the Frazier, after a stud lion who sired 34 cubs while grinning in advanced senility. Allegedly one Frazier will make you purr, two will make you growl, and three will make you into a toothless tiger.

But their latest rage is a drink which suggests that they are going to have to learn our painful lessons all over again. It's called the Godfather. What is it? Six shots of anything! My hunch is that after you're hooked on Godfathers, they get to be an offer you can't refuse, like chronic alcoholism.

GLOSSARY

Antabuse: *disulfuram* (facetiously known as anti-booze), a chemical which causes no detectable effects when taken in prescribed doses. But if alcohol in any form is also taken, nausea, flushing, palpitation, chest pain, vomiting, headache, fear of dying and prostration result. Used as an aid to help a patient abstain from alcohol.

Alcoholics Anonymous (AA): a worldwide, self-help organization of 700,000. Only requirement for membership is a desire to stop drinking.

Al-Anon: outgrowth of AA where spouses of alcoholics learn about the disease and how to cope with the problems it generates.

Al-Ateen: program for the teenagers of alcoholic parents.

Blackout: inability to recall what you did and said even though you were maneuvering under your own power. An early symptom of alcoholism.

Bore: a guy who doesn't drink.

Bartender: unlicensed psychiatrist, also known as a pusher.

Drunks: alcoholics who don't have to go to those silly AA meetings.

Hangover pills: any substance which helps you ignore the fact that you drink too much. There is no scientifically valid reason for using any of them.

Heavy drinker: a chronic alcoholic who still makes \$20,000 a year.

Kick the tires: what you let your copilot do during the preflight on the morning-after because you can't balance yourself on one foot long enough to do it yourself.

Test for alcoholism: decide what your favorite drink is, have two each day, every day, for 60 days — never more, never less, regardless of how you feel and no matter what happens or doesn't happen. (To quit altogether is no test. Every alcoholic has done that many times.) If you can do that for 60 days without cheating, then you are not an alcoholic. This test will also make you aware of your dependence on alcohol, e.g., that you can't watch baseball or talk to friends without drinking, that after an argument you always head for the liquor closet, that you have trouble falling asleep without alcohol, etc. You may also find that you are saving a lot of money and that some of your friends are very irritated by your new habit.

MYTHS ABOUT ALCOHOLISM

(disproved by treatment programs in the Navy and in industry)

1. The skid-row bum is a typical alcoholic.
2. The alcoholic must hit rock bottom before he can be helped.
3. The alcoholic cannot be helped until he wants help.
4. A relapse in the sober patient proves the hopelessness of alcoholism.
5. Beer is less liable to produce alcoholism than whiskey.
6. If one does not need a drink in the morning, one is probably not an alcoholic.
7. The alcoholic's behavior indicates that he needs psychiatric treatment.
8. Alcoholics make poor patients and are not worth salvaging.

Since you cannot refrain from drinking, why not start a saloon in your own home. Be the only customer and you will not have to buy a license. Give your wife \$55 to buy a case of whiskey. There are about 240 snorts in a case. Buy all your drinks from your wife at 60¢ a snort and in 12 days, when the case is gone, your wife will have \$89 to put in the bank and \$55 to start in business again.

If you live ten years and continue to buy all your booze from your wife and then die in your boots from the snakes, your widow will have over \$25,000 on deposit, enough to bury you respectfully, bring up your children, pay off the mortgage on the house, marry a decent man and forget she knew you. — from *The Mayport Mirror*.

I had my first adverse encounter with alcohol while I was still in the 11th grade. I had a part-time job as a clerk for a wholesaler. One day another clerk and I purchased a bottle of wine, drank it and reported for work two hours late. I was fired.

Because of my almost total "dedication" to NROTC in college, I was the Navy's golden boy and enjoyed privileges denied to most students, such as drinking with the instructors with them footing the bill.

During the summer following my freshman year, I went on eight weeks' active duty as a midshipman 3/c and sailed to Northern Europe aboard a destroyer. During this cruise, I saw the inside of many "interesting" bars in Germany, Norway, Netherlands and Belgium. I also managed to snow my seniors so that I finished the cruise with the top performance evaluation for an NROTC midshipman.

My sophomore year was uneventful except for the military ball. I was supposed to give it complete photographic coverage, but I never left the cocktail party which preceded it. The NROTC monthly newspaper's faculty advisor wondered why Army and Air Force uniforms predominated in the pictures submitted to him for approval. They were from negatives borrowed from these services.

When I explained what had happened, he suggested that I should stay away from hard liquor but that my capacity for beer was good. (He knew that because we frequented the same tavern.) I became very indignant and resentful and felt that as a lieutenant it was easy for him to talk. I knew I could learn to drink mixed drinks like a gentleman some day.

The next summer was spent at NAS Corpus Christi, Texas, where I was introduced to happy hours, martinis (the real aviator's drink, according to my tutors), and Naval Aviation — in that order. I had found home. I enjoyed the easygoing camaraderie of the brownshoe Navy compared to what I felt was the stiff, dull, unimaginative life of a blackshoe.

During my junior year I drank every night in a tavern where a CPO was working as a part-time bartender and I got most of my beer free. I started skipping morning classes.

The next summer I spent with the Sixth Fleet. During this cruise, I was able to savor the waterfront delights of various Mediterranean ports and almost got rolled in Naples. My performance aboard ship was good and I continued to receive outstanding evaluations.

On that cruise, I learned how to sneak

liquor aboard ship and brought a bottle aboard without getting caught.

In my senior year, my grades dropped because I failed to attend the required number of classes. I also met my wife-to-be who came from a nearly dry family.

After awhile she began to suspect that something was wrong — probably because our social life centered around the tavern and because of the empty bottles littering my apartment.

At her suggestion, we decided that she would help manage my financial affairs. I was to turn my monthly check over to her and she would give me only enough for essentials. I quickly became adept at borrowing from friends and she had to give me sufficient funds to cover the debts.

Our honeymoon was the drive to Pensacola for flight training. My new wife became concerned because somewhere in the Carolinas I started to develop a "cold" (one of many in the years to come) and purchased a bottle of whiskey as a cure. Apparently I paid more attention to my "southern comfort" than to my new bride.

In Pensacola my drinking subsided considerably because flying was important to me. I did, however, develop colds on most weekends and "cured" them with ale (32¢ a quart) because I couldn't afford hard liquor.

In advanced multi-engine training I had more drinking time. We became good friends with several flight instructors living in the same neighborhood and the weekends when I wasn't flying were spent partying.

During this period, a newly married friend came over to introduce his wife who appeared quite shocked to see me drink straight vodka relatively early on a Sunday morning.

On another occasion, after happy hour, I demonstrated to my flight instructor how to drive his new sports car — it wasn't capable of taking a right angle turn at 65 mph — \$500 damage.

While in RAG training, I received a traffic summons for speeding and following too close for conditions. We were "flying" in formation down a city street after my wetting down party for lieutenant junior grade.

The lead driver was charged with driving while intoxicated, but I wasn't because I always had the ability to achieve "instant sobriety" and act normally in a tight situation. This talent kept me out of trouble on numerous occasions in the years to follow.

Next I was stationed overseas. We worked hard and we played hard. Almost

all social life centered around the club and squadron drinking parties. A non or light drinker was an oddball. One of our lieutenant commanders received an administrative discharge for alcoholism. I, together with many others, was quite shocked that a commissioned officer could be so lacking in moral courage, etc., as to get himself into such straits. At the same time, I managed to roll my sports car while I was completely intoxicated. I was charged with "driving while fatigued resulting in an accident."

During the same tour, I created a scene with a host-country bartender which came close to causing an international incident. For this act of goodwill, I did a rug dance in my C.O.'s office the following day and was banned from the club for 30 days. On my next fitness report, "social behavior" was marked in the outstanding column.

My next deployment to WestPac was a long drunk punctuated by periods of sobriety for the purpose of aerial flight. During this time, I decided to go on the wagon for a month. I spent 28 days at the BOQ bar lecturing whoever would listen as to what being on the wagon does for one's health and well-being. After awhile I was the only one at my end of the bar.

On this deployment I also experienced gastric disturbances and sought help from a drinking buddy, the flight surgeon, but he couldn't figure out my problem.

My next tour was in a training squadron as a transition, precision and acrobatic instructor in the T-28. The first year I had a C.O. who was a moderate drinker and disapproved of certain forms of behavior by naval officers.

On one occasion, during an all-night party a friend fractured three ribs and punctured his lung while attempting a carrier landing from a tree onto a raft floating in the lake which adjoined the house. Our C.O. felt that perhaps this was carrying youthful exuberance too far, but the executive officer, one of "the boys," accepted full responsibility and my record remained clear.

The weekly pattern consisted of three or four flights a day — Monday through Friday — with a few cold ones almost every night followed by almost continuous partying starting with happy hour on Friday and continuing until Saturday night. Approximately 20 out of 150 instructors in the squadron did this on a continuing basis. What the others did, we cared less. We were the "in" group and could do no wrong. I used to average approximately three free bottles of liquor every two

Social Behavior . . . Outstanding

weeks from students that I had soloed; yet during this period I cannot ever recall a month when my club bill was less than \$100.00.

My progress in jet transition training was above average and I drank very little, concentrating on doing a good job in a new field. Approximately two thirds of the way through jet transition, I started drinking heavily again.

During my next tour as a member of ship's company on a CVA, I managed to stay dry while at sea but later began to sneak booze aboard and stock my stateroom.

Up to this point, neither I nor my wife nor our friends felt that there was anything unusual about my drinking. We realized that I was a heavy drinker, but this was part of being a "real Naval Aviator." Also, the few friends we had by this time were generally heavy drinkers. My behavior at parties and other gatherings was quite correct, and my serious drinking was done in the privacy of our home. During the next deployment to the Med, when my family followed the ship, it became apparent that my behavior was different from others. While other families toured the nearby attractions during in-port periods, I spent my time drinking in hotel rooms.

I blamed my drinking on shipboard life in general and on my department head in particular. Near the end of the cruise, the only way I could force myself to return to the ship on the last day in port was to consume a fifth or more of hard liquor. I also felt things would be better upon returning to CONUS.

After our arrival in CONUS, we entered the shipyard for two months. My drinking got worse and my new excuse was the boredom of yard work.

My daily routine consisted of leaving the ship at 1600, picking up a bottle, driving home, sneaking it into the house, consuming it by 2100, passing out, getting up at 0600 and driving to work with a terrible hangover.

I did not go to the club for lunch because I didn't want to smell of alcohol during working hours and it wasn't worthwhile having a couple of drinks if I couldn't have the remainder of the day off to continue drinking.

I took two weeks' leave and we drove south for a Florida vacation hoping that a geographical change would help. I stayed sober the first day and consumed at least a fifth a day during the rest of the trip.

While aboard ship, the only thing that kept me sober was flying. I would not

drink for a day or two before a flight. On the beach, on one occasion my wife drove me to a civilian clinic in the middle of the night because I had become violent and started breaking up furniture. The doctor gave me some injections and I returned home. In the morning I could not remember any of it.

I reported to the flight surgeon and told him what had happened. He gave me tranquilizers and told me not to take them one day prior to flying and not to drink while on tranquilizers. I remained dry for five weeks, and then went back to the package store.

I did tell the doctor when I was or wasn't drinking. After a few weeks of this, he informed me that there was nothing that he could do but that he would see if someone could. He found an AA meeting for me and I attended several times. I could readily identify with most members present, but I had not experienced all of the financial, family, legal or job-related problems, so I denied to myself that I was an alcoholic. I felt that someday I would become an alcoholic but at the present rate I had more than five years of "good" drinking ahead of me. I had approximately one month.

In the meantime my wife had sent the children to her relatives and shortly thereafter she left. I told the ship's medical officer that I just could not stop drinking and would he please do something. I was transferred to the hospital with a diagnosis of anxiety reaction. Up to that point, there had been no entries in my medical record.

I remained in the internal medicine ward for one month (enlisted drunks went to the psychiatric ward) and received heavy doses of tranquilizers. (On several occasions, a recovered alcoholic naval officer picked me up and took me to an AA meeting.) I spent one hour with a psychiatrist, after which it was determined that psychiatric treatment was not required. While in the hospital, I received orders for postgraduate training. I remained sober and attended several AA

meetings weekly. After seven weeks I decided to have "a" beer. After two beers, I decided to have my "last" drunk.

It lasted four days before I called someone from AA. For the next month or so I was on and off booze, the longest period without alcohol being two or three days.

As I was celebrating my birthday in the BOQ at school, my AA sponsor called to inquire about my welfare. While waiting for him to pick me up at the BOQ, I downed several glasses of vodka and looked up the telephone number of the American Civil Liberties Union (I was paranoid and angry) because I intended to sue him for invasion of privacy. Realizing my condition, he notified the hospital and personally took me back there where I remained for ten days before being airlifted to the Alcoholic Rehabilitation Center, Long Beach, Calif.

I was admitted to Long Beach and underwent rehabilitation for eight weeks. At first I was a very bitter and resentful individual, but as time progressed I began to accept treatment and looked forward to a new life style. My wife agreed to join me at the ARC, and we finally decided to give our marriage another try.

Upon reporting to my new duty station, I informed my C.O. of my past and stated that all I wanted was a chance to prove myself. I was returned to flying status, assigned primary duty as maintenance training officer and started training as copilot in another aircraft.

My present assignment is NATOPS officer with collateral duty as the squadron's alcohol abuse control officer. I am also qualified as aircraft commander and maintenance functional check pilot and should be designated as instructor pilot in the near future.

In my last fitness report, my C.O. recommended me for accelerated promotion to commander.

I have not consumed any alcoholic beverages for the past 2½ years. I continue attending AA on a regular basis and have been instrumental in setting up an AA group for commissioned officers in our area.

One might wonder why, during the course of my progressive decline, I didn't perceive that alcoholism was causing my personal and other problems. I feel there are several reasons for this, among them the acceptability and even encouragement of heavy drinking as a manly way of life in certain segments of society, including Naval Aviation; the gradual, rather than sudden, progression toward uncontrollable drinking patterns; and my inability to look at myself with self-honesty.



NAVAL AIRCRAFT

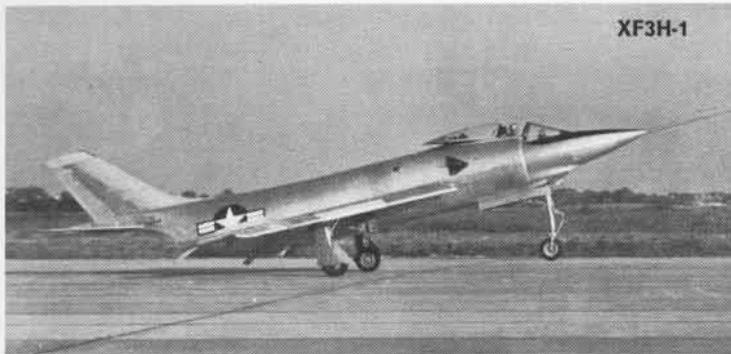
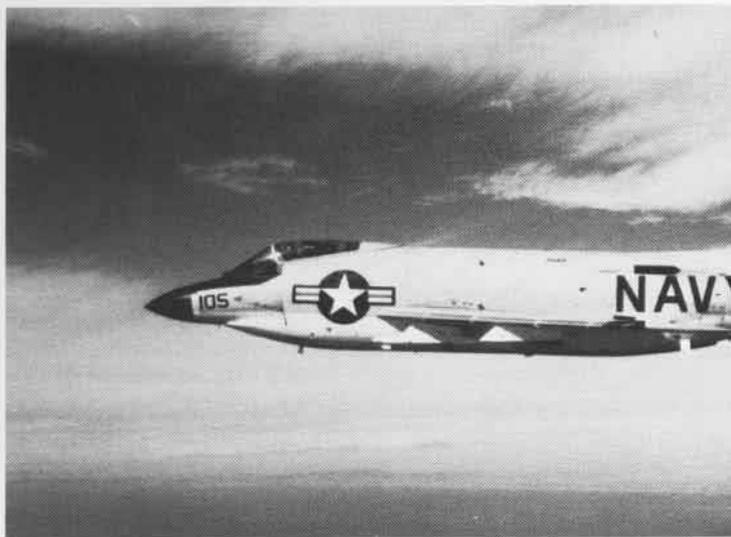
DE

"Big, rugged, and our first real missile fighter" is the way the McDonnell F3H (later F-3) *Demon* is remembered. The only single-engine McDonnell fighter to see operational service, the *Demon* is remembered as being somewhat underpowered.

The latter characteristic was not part of the original plan. The two XF3H-1s ordered in January 1949 were to have been very high performance, short-range interceptors, powered by the Navy's newest, highest thrust jet engine, the Westinghouse J40. With afterburner, the J40 was expected to provide nearly 11,000 pounds' thrust. However, before the XF3H-1s first flew, the mission of the F3H was changed to general purpose, all-weather fighter and the weight increased greatly.

With the Korean conflict under way, production F3H-1Ns were ordered early in 1951, the first XF3H-1 subsequently making its initial flight in August. Initial flying was plagued by problems with the J40: in fact, the entire J40 development program was experiencing major problems. By the time the F3H-1N first flew in December 1953, the decision had been made to change the engine to the new 14,400-pound thrust Allison J71, along with a modified wing having increased area. These changes were to take effect with the 61st airplane, to be redesignated the F3H-2N, with the -1Ns being used for flight testing and, subsequently, operational training. Finally, the J40 problems became so severe that the -1Ns were grounded, leaving the -2 series as the only *Demons* to see service use. Even with the J71, engine discrepancies were to continue to have an effect on F3H operations, ultimately resulting in some thrust reductions.

The -2Ns were first introduced into the fleet with VF-41 in March 1956. Along with the basic -2N, a version carrying *Sparrow IIs* as armament (F3H-2M) followed and these were succeeded on the production line by the final F3H-2 version which introduced the *Sparrow III* to carrier fighter operations. Production was completed in November 1959 after 519 *Demons* had been built. Earlier aircraft were later converted to the *Sparrow III* configuration. Interesting, in view of the current reintroduction of guns in fighter aircraft, is the fact that the guns originally installed in the production *Demons* were later removed from the aircraft. Until finally replaced by F-4 *Phantom IIs*, the *Demons* saw wide service with the fleet, providing carrier fighter forces their long-range missile capability and paving the way for the introduction of their far superior successor in the missile-fighter role. The last *Demons* were retired in August 1964.



M O N

F3H-2



F3H-2N



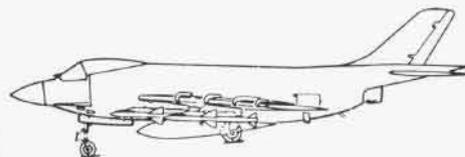
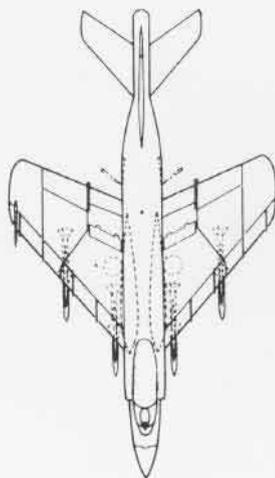
F3H (F-3)

Wing span	35'4"
Length (F3H-2)	58'11"
Power plant	thrust (incl/AB)
XF3H-1	
J40-WE-8	7,250/10,900 lbs.
F3H-1N	
J40-WE-22	7,250/10,900 lbs.
F3H-2	
J71-A-2B	10,000/14,400 lbs.
Maximum speed (F3H-2)	
clean, AB	.96 MN at 35,000'
Cruise speed (F3H-2)	
clean	.76 MN at 35,000'
Service ceiling (F3H-2)	
clean, AB	44,000'
Combat radius/mission time (F3H-2)	
(two 282 gal. tanks)	500 nm/3.0 hrs.
Armament (F3H-2)	
	four Sparrow IIIs or four Sidewinders, four 20mm MK12s



F3H-2M

F3H-2





Together

This Grumman photo poses three generations of Grumman planes: an F-14, an A-6 and an F-11.



Ho Hum

Long hours in the fuel pit at NAS Miramar make a nap seem right whenever and wherever possible.



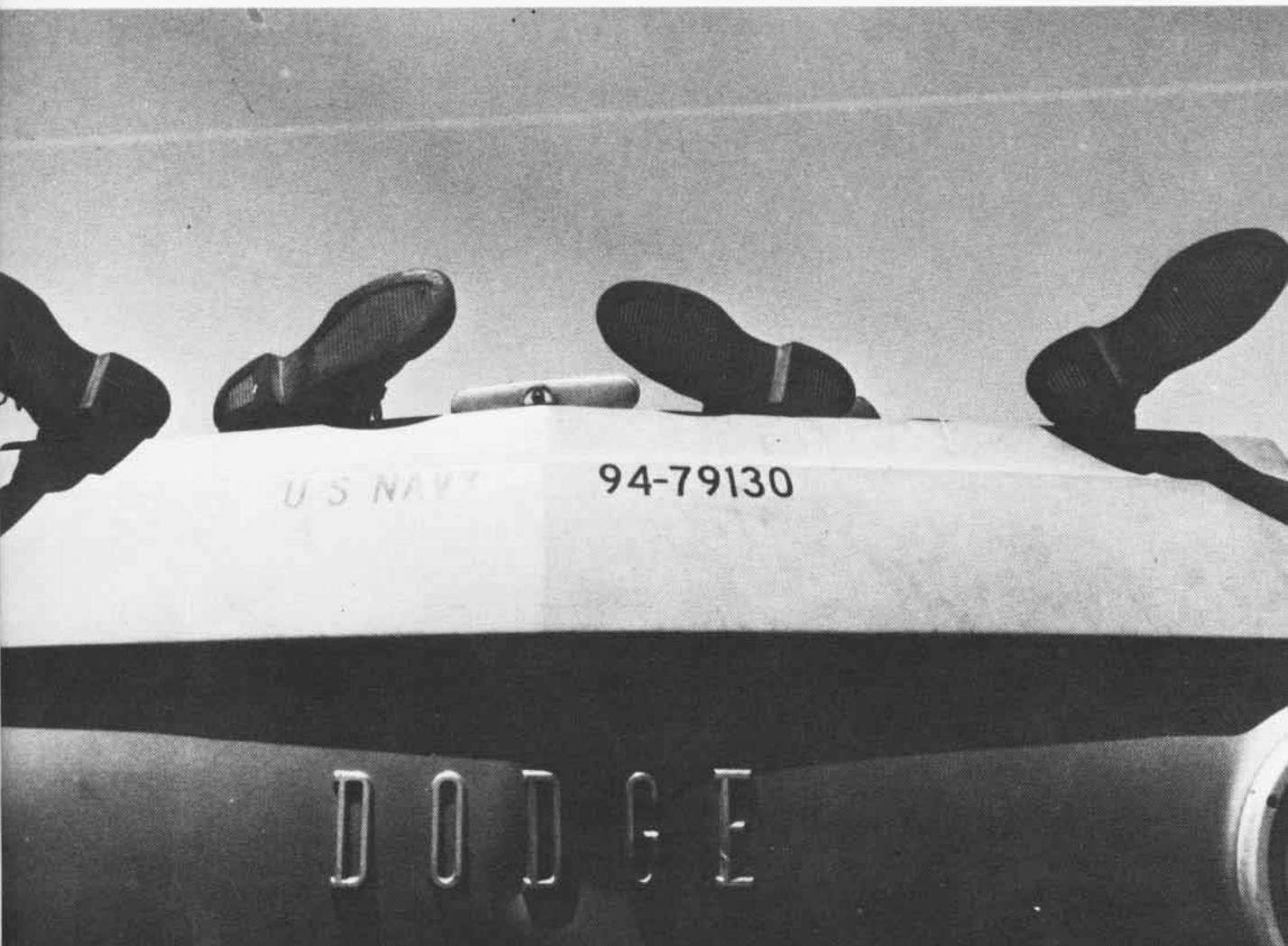
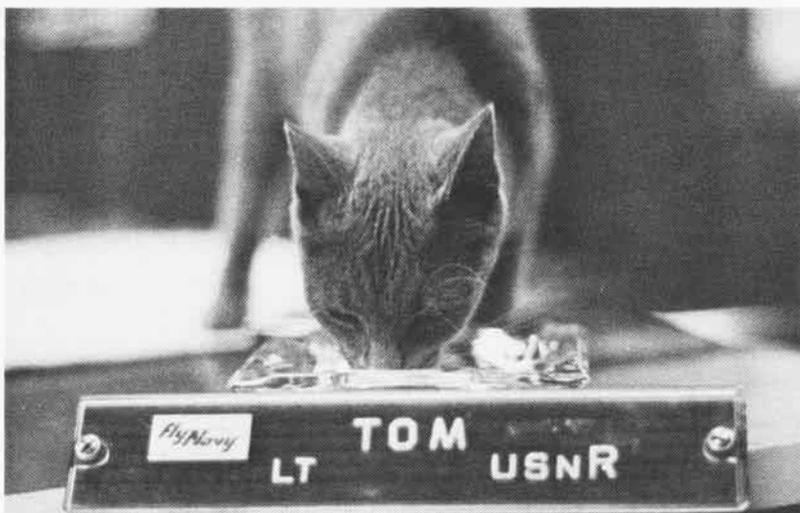


Scrap Heap

LCdr. C. R. Carpenter, NARU North Island, captioned this photo, "Keep your men off the inactive scrap heap by providing proper leadership."

'Tom' Cat

From Navy Recruiting District, Omaha comes JO1 Paul R. Muriillo's photo of a new recruit.



PEOPLE



PLANES



AND

A **VP-40 P-3 Orion** located three survivors adrift in a small boat for three days after their ocean-going tug sank midway between California and Hawaii. The Moffett Field plane, part of a joint Navy/Coast Guard/Air Force search effort, directed USS *Hull* (DD-945) to the location of the boat. The survivors were taken aboard and reported to be in good condition.

On Monday, December 24, during a training exercise in Antarctica, a **VXE-6** pararescue team boarded a squadron *Hercules* to make the first parachute-team jump at the South Pole. When the men jumped, the plane was circling the geographic South Pole at 13,800 feet. Falling at speeds of 150 miles an hour, they drifted to another side of the Pole and went back in time, landing on Sunday instead of Monday. They rapidly returned to the present, however, by walking a few hundred yards. They stepped around the South Pole flag and reentered December 24, the date they had just left minutes before.



When LCdr. D. E. Beck of the **VF-102 Fighting Diamondbacks** made his 500th arrested landing aboard *Independence* (CV-62), he also marked his 516th carrier landing.

In a change-of-command ceremony over closed circuit television, *Ranger*, in port at Alameda, welcomed aboard the new commanding officer of **Carrier Group Three**, Rear Admiral Robert P. Coogan. RAdm. Coogan, who replaced Rear

Admiral Wesley L. McDonald, had been Assistant Deputy Chief of Naval Operations (Air Warfare).

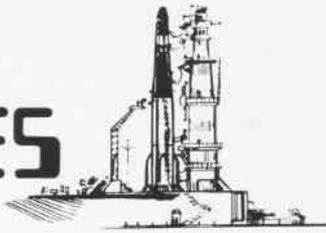
All "A's" appeared on VP-23's November ASW readiness **report card** for her nine aircrews, symbolizing the highest achievement in ASW expertise.



The only operating nuclear-powered carrier, **Enterprise** (CVAN-65), is back at Alameda, Calif., after a six-month yard period. In order to provide full support to her new fighter aircraft, the F-14A *Tomcat*, the carrier underwent extensive modifications including the installation of a versatile avionics test shop (VAST), changes in the jet blast deflectors, and installation of the carrier aircraft inertial navigation system. *Enterprise* is now 12 years old.

Scrapbooks became historical documents when Mrs. Myra Spencer and her ex-**POW** son, LCdr. Larry Spencer, presented to the Director of the Center for Prisoner of War Studies, Dr. John A. Plag, at San Diego, Calif., nine volumes of photos, newspaper and magazine articles and official government correspondence compiled during LCdr. Spencer's confinement from February 1966 to February 1973. The volumes represent contributions from hundreds of individuals all over the U.S. and provide an in-depth history of the plight of the POWs and their families, and the families of the missing in action. They will become part of an ongoing project through which the Center is able to compile data for use in medical and counseling services for POW/MIA families.

PLACES



Navy's first multipurpose aircraft carrier in the Pacific Fleet, **Kitty Hawk** (CV-63), is on her ninth WestPac deployment, engaged in carrier qualifications and various exercises in the South China Sea under the command of Captain Robert E. Kirksey. Her mission is to establish and test doctrines of the CV concept.

She has also been refitted to accommodate the F-14 and is capable of launching air strikes against land targets and at the same time controlling the seas in a triple-threat environment of aerial, surface and antisubmarine warfare.

The carrier recorded her 147,000th arrested landing New Year's Eve when a VS-38 *Tracker*, piloted by Lt. Dan George and Ltjg. Gary Timmerman, caught the wire about two hours before midnight. The ASW men are the newest members of CV-63's current mix of attack, antisubmarine and supporting aircraft.

Many of Navy's most practical and ingenious devices are conceived by sailors themselves. Aboard *America* (CVA-66) MM1 Thomas P. Failla of the A division recently rolled a \$2.19 **toy auto** into a \$3,000 saving for his ship.

When the running tracks for the carrier's No. 3 aircraft elevator door broke, the section of broken track lay within the huge steel door. Repairs ordinarily are complex and involve cutting a section

of the door and using chain falls, cables and pipes. PO Failla shopped around for a battery-powered toy auto of the right size and rigged it for active naval duty.

He taped the front end steering to keep the wheels straight on the elevator track. He removed the toy driver's head and the mock rear engine to achieve clearance and towing capability. He then tied a standard shot line to the car and sent it along the elevator track — to the cheers of the watching sailors. After the auto traveled 39½ feet in the door's dark interior, all Failla had to do was tie the shot line delivered by the car to a one-half-inch line, pull it through the door's other end and attach it to the door track. Then he used crowbars to lift the door's rollers so that the old track could be pulled through the door and under the rollers, followed by the replacement track. The \$2.19 repair vehicle is now safely locked in the shop's special tool locker.

America and her embarked Carrier Air Wing Eight have been awarded the Meritorious Unit Commendation for outstanding performance during their 1973 WestPac deployment, the third commendation for the carrier during the Vietnamese conflict.

The Anoka County Airport control tower in Blaine, Minn., has become a **tri-service** tower with the addition of Naval Air Reservists to the Air Guard and Army Guard air traffic controllers. The first naval air reservist to earn his facility rating is AC2 Michael J. O'Brien.

When Commander Noel L. Ruppert relieved Commander John S. Daly as C.O. of **HS-6**, the squadron simultaneously came under the operational and administrative control of Commander Attack Carrier Air Wing Nine as the first ASW helo unit to embark in *Constellation*. On the carrier's cruise next summer, HS-6 will exercise its primary function as an ASW squadron while still maintaining its search and rescue and logistic support missions. This will expand *Connie's* operational capabilities and is her first step toward the CV concept.

Five SH-3G **Big Mothers** of **HS-74** flew from South Weymouth, Mass., to Roosevelt Roads, P.R., where the reserve helicopter squadron participated in an ASW exercise with units of the regular Navy. The helos made the trip by way of NAS Oceana, Va., NAS Jacksonville, Fla., Nassau, Bahamas, and Grand Turk Island, British West Indies.



NAVY'S NEWEST SHIP

A ship designed to give Navy and Marine Corps amphibious forces the greatest versatility in their history was launched December 1 at the Ingalls Shipbuilding Company, Pascagoula, Miss.

Tarawa (LHA-1), first of her class, is a helicopter assault landing ship that can launch nine Marine-laden helicopters simultaneously from its 820-foot flight deck and discharge loaded amphibious craft from the well deck in the stern.

The LHA can be ballasted with over 12,000 tons of seawater to trim the ship to take aboard or discharge any size craft, including the 134-foot utility landing craft (LCU) which can transport three 60-ton tanks. The well deck measures 78 feet wide and 268 feet long and is partially split by a guiding slip to launch and recover the craft.

With a full load displacement of

39,300 tons, the LHA will be the second largest Navy combat-type ship in commission, ranking behind aircraft carriers. It is 778 feet long at the waterline, has a beam of 106 feet and stands 20 stories high.

Combined in the LHA are the features and capabilities of four other ships: the amphibious assault ship (LPH) which carries a Marine battalion landing team and helicopters; dock landing ship (LSD), amphibious landing craft; amphibious cargo ship (LKA), supplies; and amphibious transport dock (LPD), troops and landing craft.

The ship has a large hangar deck; vehicle storage and maintenance facilities for tanks, trucks and jeeps; sophisticated internal and external communications systems; and extensive medical facilities. It is powered by four steam turbines, connected to twin screws, which will drive the ship at speeds in excess of 20 knots. Steam for the turbines is generated by two boilers which can generate 400 tons of steam per hour and develop 140,000 horsepower. A 900-horsepower bow thruster, for maneuvering at low speeds, will move the bow with 20,000 pounds of force.

The LHA has an extensive mechanical system that is used to transport containerized supplies from the cargo holds to amphibious craft in the well deck or helicopters on the flight deck.

Most cargo will move with ease automatically via conveyors, transporters and elevators. Trucks can drive on ramps from one deck level to another. Under operational conditions, the ship uses a sophisticated and integrated cargo and personnel flow procedure to load and offload men, supplies and equipment in the fastest possible time.

Two key factors in this plan are a monorail cargo-carrying system operating from the overhead in the well deck, and a deliberately redundant system of nine elevators, five for freight and cargo, two for helicopters and two for personnel and patients.

Helicopters are moved to the flight

deck by the aft and deck-edge elevators. Both elevators can handle helicopters the size of the CH-53 *Sea Stallion*.

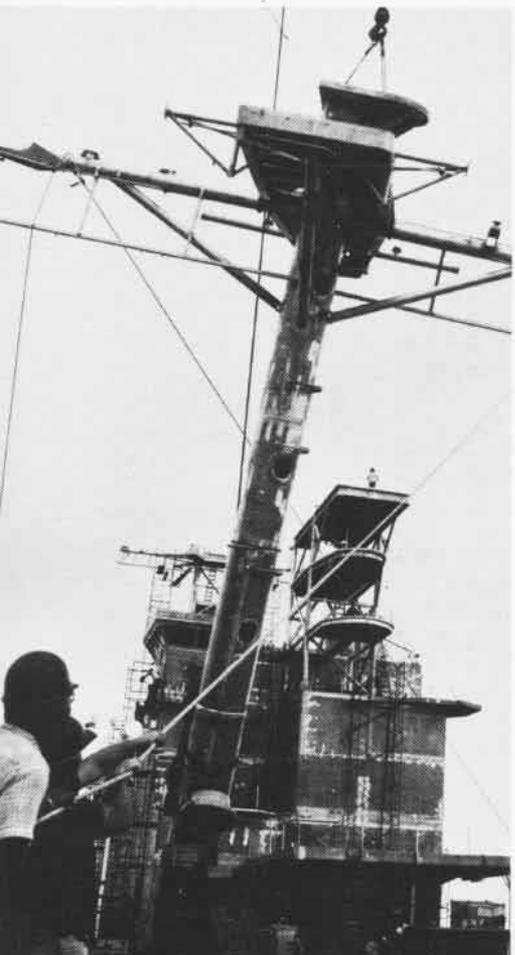
Supplies to accompany and support the landing team are palletized in one-ton units and stored in cargo holds. The pallets are transported to the proper deck by one of the five cargo elevators. A forklift operator working in a hold carries the pallets to a transfer bed at the elevators. From this point, the process is practically automatic. When the transfer bed is loaded, the cargo is automatically transferred to an elevator which takes it to the well deck and transfers it to one of four pallets on a conveyor system that runs almost half the length of the ship.

Eleven monorail cars, each with an operator, work from the overhead in the well deck. The cars pick up two pallets at a time for delivery to and off-loading into the proper landing craft. A central dispatcher, located in a control tower atop the massive pier that bisects the well deck, routes rail traffic to and from the landing craft. Cargo destined for airlift moves directly to the hangar deck for transfer via pallet transporter into the helicopters on the flight deck.

To keep things moving and prevent traffic jams, the LHA has a computer-operated interior communications system and closed-circuit TV. One element is called man-on-the-move (MOM). It consists of short-range radio sets built into helmets that free a man's hands for working around the ship, yet allow him to keep in touch with up to 65 others through six base stations.

External communications systems, also run by computers, allow the ship to receive, process and record up to 2,000 messages a day. Other systems keep track of the positions of troops, helicopters, vehicles, cargo and landing craft after they leave the ship. They also keep tabs on the position of designated targets ashore, determine whether potential targets approaching the ship are friend or foe, and aim and fire the ship's guns and missiles.

An entire landing operation can be

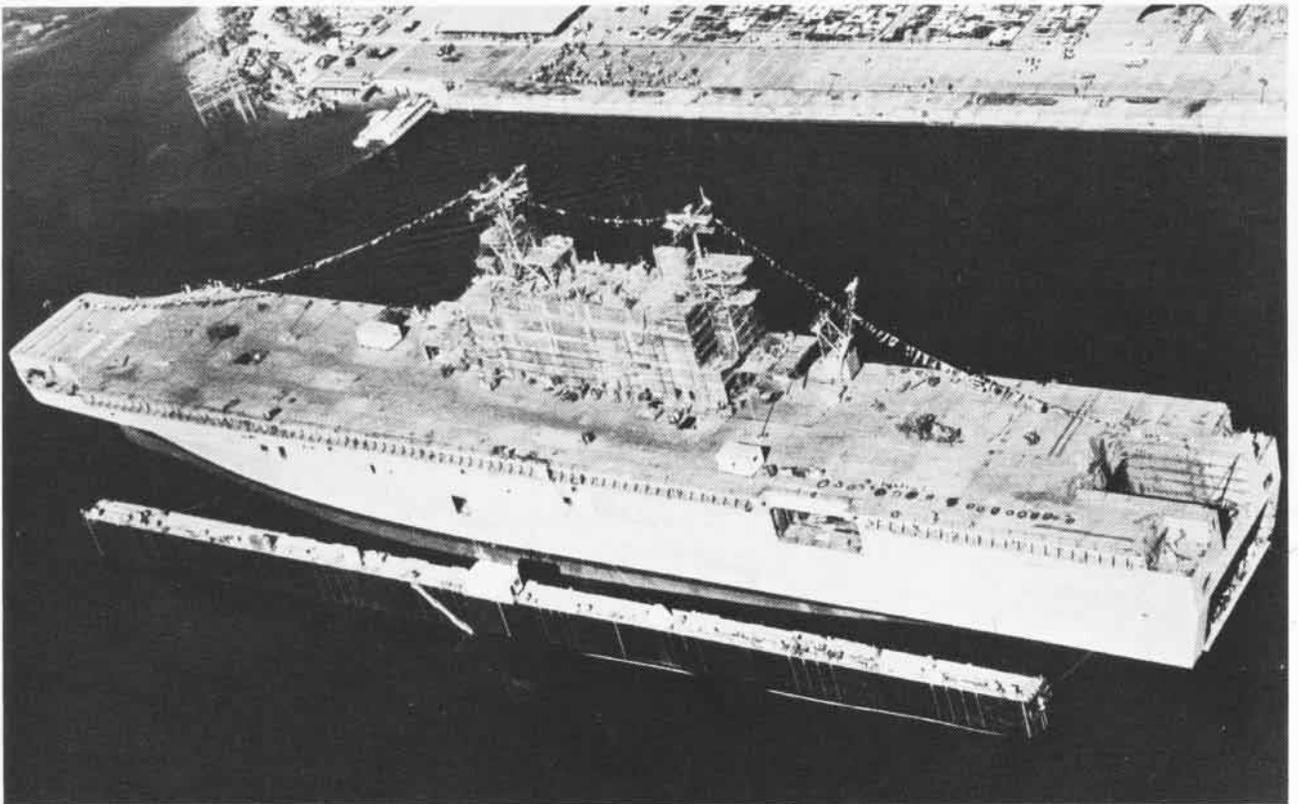


A mast is hoisted aboard Tarawa, opposite; the ship's tallest mast, erected atop the superstructure, towers 221 feet above the keel. The LHA's huge screws, below, will be driven by a propulsion system that includes the two largest boilers ever used aboard ship. Tarawa rests at her mooring in Pascagoula after being launched, bottom. (Photos by Litton Industries)

directed from the LHA's flag bridge, including the firing of large guns and missiles from support ships, and maintaining air traffic and surface control in the entire landing area. This includes control of its own helicopters and assault craft as well as close air support, combat air patrol aircraft and other task force ships.

Medical and dental facilities are capable of providing assistance to 300 casualties. Included are two main operating rooms, two emergency operating rooms, two x-ray rooms, three dental operating rooms, a pharmacy, a physiotherapy room, sterilizer room, blood bank, laboratories and post-operative, recuperation and isolation wards.

Five LHAs are under construction at Ingalls. Keels for *Tarawa's* next three sister ships have already been laid and the keel for the final ship is scheduled to be laid in the near future.



TACRONS

Yesterday

Three officers and a radioman with some charts, maps, phones and a card table were the ingredients of the first Air Support Control unit afloat. The time was 1943 during the Aleutian campaign. In spite of inclement weather, ten close air support missions were flown and controlled by the unit during the amphibious phase of the operation. From this tiny group evolved today's Tactical Air Control Squadron (TACRon).

The invasion of the Marshall Islands in 1944 saw the first use in the Pacific of the amphibious force flagship (AGC), followed by continuing expansion of the tactical air control program. The battle for Iwo Jima brought about the final development of the techniques used throughout the remainder of the war. The control units were not commissioned. They drew their personnel for each campaign from the amphibious staffs. By the end of the war in the Pacific, the air support organization had grown to 24 units comprising 2,329 officers and men, commanded by a rear admiral. In late 1946, the units were commissioned and became Tactical Air Control Squadrons.



From a humble beginning . . .

Today

A new command and control system introduced in the amphibious force — the amphibious flagship data system (AFDS) — has launched TACRons into an era of computer-aided operations, enabling them to provide positive control of all aircraft in the amphibious objective area and to maintain complete and up-to-the-minute information on each aircraft. AFDS combines the naval tactical data system and the amphibious support information system.

Operating from tactical air control centers aboard two ships presently equipped with AFDS, USS *Blue Ridge* (LCC-19) on the West Coast and USS *Mount Whitney* (LCC-20) on the East Coast, TACRons provide command and control facilities for amphibious and landing force commanders.



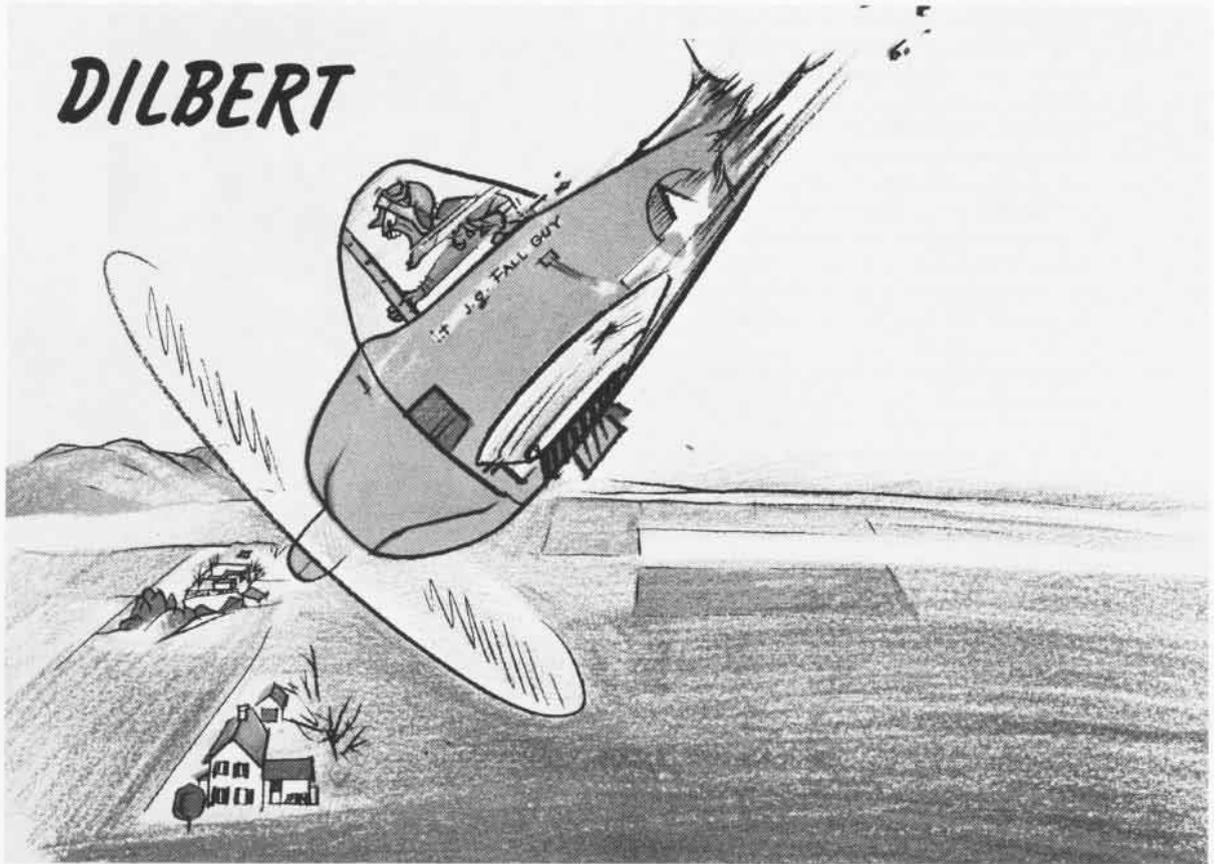
to computer-aided operations . . .

Tomorrow



to the sophisticated system aboard the new LHA.

Prominent in the future of tactical air control is the Navy's new multi-purpose amphibious warfare ship, the helicopter assault landing ship (LHA). The LHA is a complex system incorporating the best design features and operational capabilities of the LPH, LPD, LKA and LSD. Operational capabilities will be enhanced by the integrated tactical amphibious warfare data system which will integrate the tactical data system with intelligence, logistics, targeting, supply and ships material management functions. The data gathering subsystem will continue to provide radar video on air and surface targets and will add automatic tracking capabilities. Combined with an extensive electronic warfare subsystem providing passive analysis of signals received, these improvements will increase efficiency and afford greater versatility to the tactical air control center.



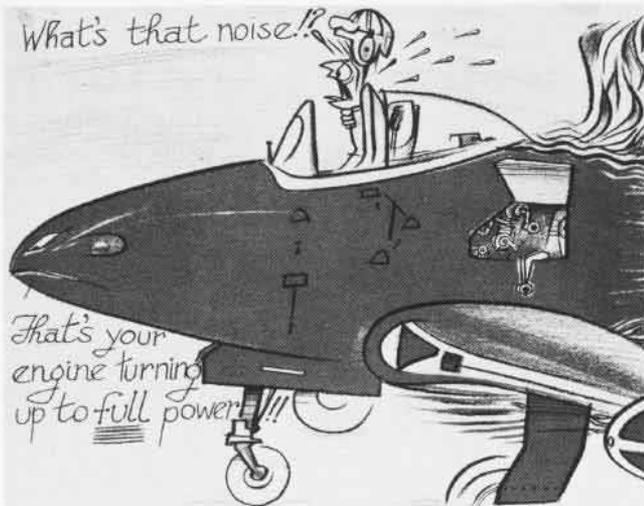
Dilbert didn't report the 10½ G pullout he made on the previous flight.



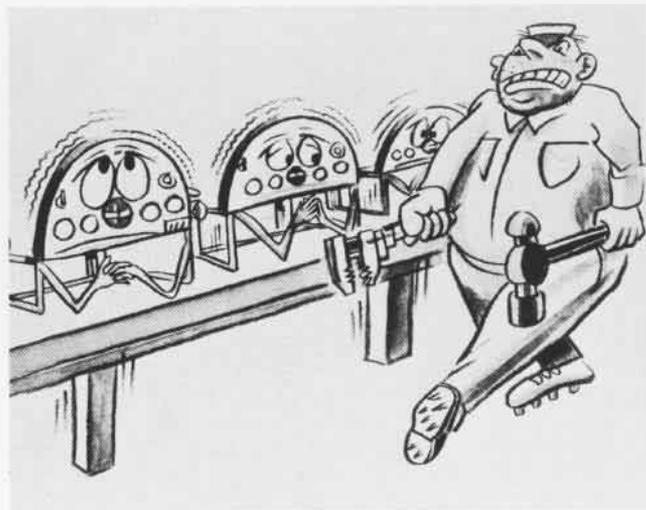
Dilbert's approach looks like a strafing run on the fantail.



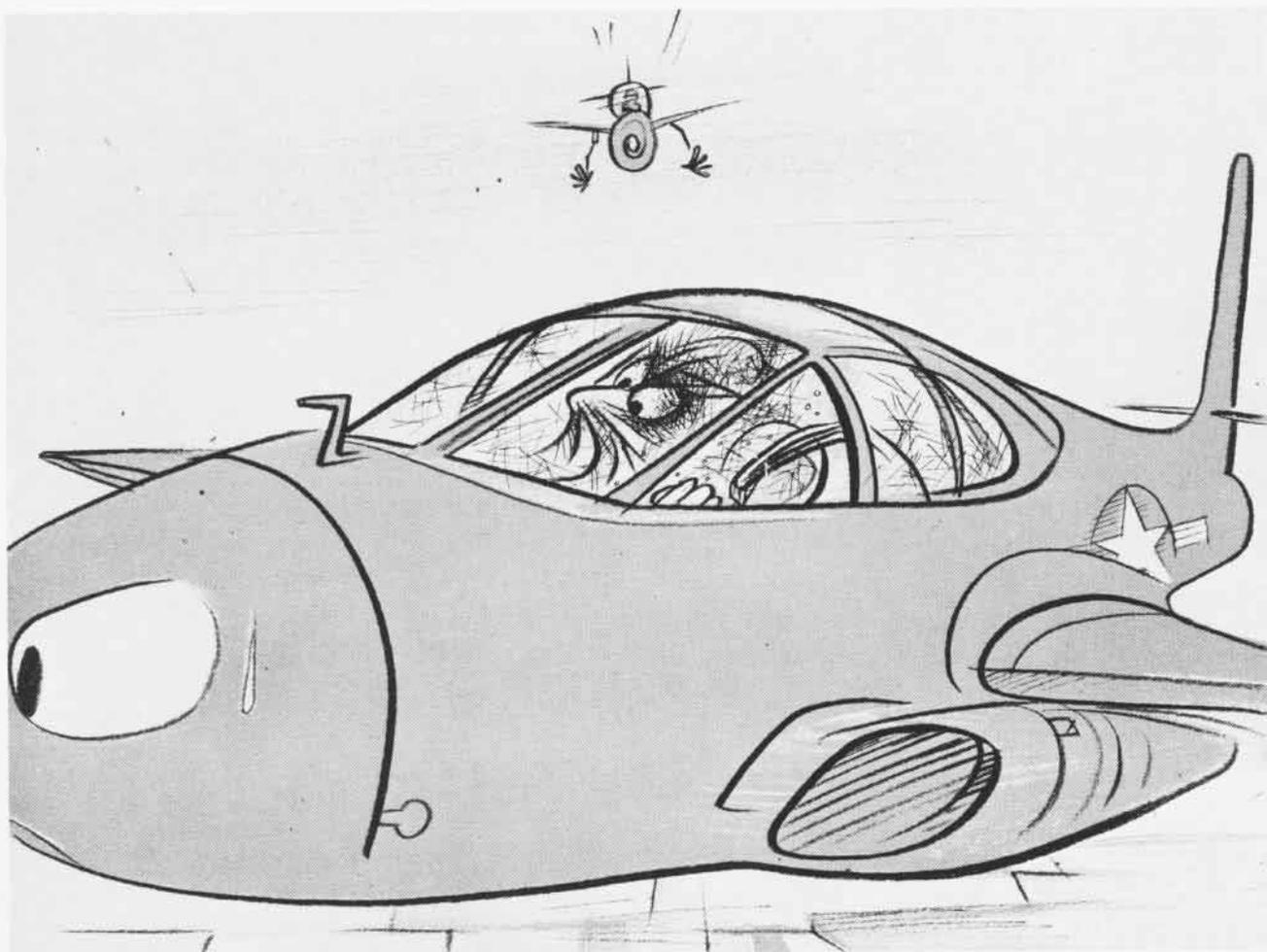
Dilbert doesn't know that shirt sleeves, goggles and gloves will protect you from serious burns.



Count on Spoiler to leave the throttle linkage disconnected after oxygen bottle removal, so on first turnup the engine goes to full power and burns up.



Spoiler is hard on instruments.



Keep those windshields and canopies clean!

SPOILER

AED - A Special



Vice Admiral Kent L. Lee is Commander of the Naval Air Systems Command. He is also the Officer Designator Advisor to the Chief of Naval Operations for the Aeronautical Engineering Duty Restricted Line of the Navy and is the primary consultant to the Chief of Naval Operations on the Aeronautical Engineering Subspecialty.

NANews: Admiral, although statistics aren't available to prove it, it might be estimated that only 50 percent or so of the people in Naval Aviation know that the AED program is a going thing. Do you have any idea why this is so?

Admiral Lee: I don't necessarily agree with your estimate. I suppose if you took the entire Naval Aviation population that figure might be true. Among the aviators, NFOs and ground officers, however, I believe a much higher percentage are well informed. Having been officially established in 1935, and unofficially many years before that, I believe that the AED program and its accomplishments are very well known.

Considering the reduction in manpower and hardware assets in the Navy as we approach the middle 1970s, do you see the role of the AED officer becoming more demanding?

Yes. In the last several years, total active fleet ships have decreased from about 900 to approximately 500 and there has been a commensurate reduction in aircraft and in the overall size of the Naval Aviation community. At the same time, however, our aircraft and associated weapons systems have become more sophisticated, more complicated and consequently more costly. It follows

that we need the very best management we can get, not only in research and development but in production and support. Hence the demands on our AED corps have never been greater.

Are there any officers who, in your view, stand apart from others for their extraordinary achievement in the AED field?

There are many men who have distinguished themselves as AED officers. By any measure, their achievements have been remarkable.

Perhaps the best known is Captain Jerome Hunsaker. A brilliant man, he was a Naval Constructor who supervised the design of every naval aircraft from 1916 to 1923. He also made vital contributions outside of the Navy. He established aeronautical engineering courses at MIT, taught there and is now a professor emeritus of that institution.

Another trail blazer, Captain Holden C. Richardson, a Naval Constructor of the early 1900s, is considered the Navy's first test pilot.

Admiral Emerson E. Fawkes is an eminent AED officer who, as Director of Ship Installations Division of the Bureau of Aeronautics in the mid-1950s, was a guiding force in development of angled decks and steam catapults for our aircraft carriers.

The first four-star AED was Chief

Challenge

of Naval Material Admiral Jackson D. Arnold, a highly decorated officer. He headed that major command from 1970 to 1971.

Today we have a number of AEDs who are making their mark. Admiral Raymond J. Schneider is Commander of the Naval Electronics Systems Command. Admiral Narvin O. Wittmann is Vice Commander here in the Naval Air Systems Command.

We also have others, such as Admiral Fred H. Baugham, Force Material Officer for ComNavAirPac, who was program manager for the S-3 *Viking*. Captain Claude P. Ekas, *Harpoon* program manager, and Captain George E. Jessen, the current S-3 program manager, are two others who are certainly on the firing line.

What do you consider the most salient opportunities available to an officer inclined toward the AED field?

There are many exciting and attractive opportunities. Some current AED billets are: Assistant Chief of Staff, Naval Air Force, Atlantic; Force Material Officer, Naval Air Force, Pacific; Assistant Chief of Staff, Material Readiness, for Commander Task Force 77; commanding officer of five naval air rework facilities; commanding officer for test and evaluation facilities such as NMC Point Mugu and NADC Warminster; and program managers for various aircraft and weapons systems within the Naval Air Systems Command.

As I mentioned earlier, one AED became Chief of Naval Material and another heads the Electronic Sys-



***Demands on the AED corps
have never been greater,
but there are many exciting
and attractive opportunities.***



AEDs have to be experts in management of technical developments and logistics support for the operating Navy.

tems Command. As I see it, the horizon is unlimited for today's AED officer.

Do you feel that there will be a continuing trend toward increasing the education level of AEDs?

No, I don't think so. Currently, about 95 percent of our AEDs have advanced engineering degrees. All have at least a bachelor's degree. About six percent are PhDs and 90 percent have earned master's degrees.

I feel we have a good balance and that the educational level and requirements will remain about where they are today.

Would you care to comment on the second career opportunities available to AEDs upon retirement from active duty?

From my observations, retiring AEDs have gone into about every phase of business and industry. Some work for aerospace companies. Some work for government. Some have gone into consulting work. Some have even entered banking and finance. Others have just plain retired. The second career seems to depend more on the individual than his background and training.

What do you consider to be the ideal characteristics for an AED officer? What would you personally look for in a man interested in pursuing this career pattern?

First of all, he should be technically oriented. He must have a comprehensive understanding of hardware and be able to clearly distinguish between quality hardware and that which isn't.

Secondly, he must have a sound understanding of the operational Navy. He should have been to sea for at least one and preferably two cruises as a young officer in order to fully appreciate fleet problems.

Lastly, and perhaps most important, he must be a good manager. Management really is the key job of our AEDs. They have to be experts in management of technical developments and logistics support for the operating Navy.

Are there any additional remarks you would like to make?

I'm a great believer in the AED corps. I know that in today's Navy we have some of the finest young AED officers in the history of the corps. They are making great contributions. I have every hope and expectation that they will continue to do their share for Naval Aviation.

AED - A SPECIAL CHALLENGE

One of the most challenging career patterns available in today's Navy is that followed by Aeronautical Engineering Duty officers (AEDs). Despite their comparatively small numbers (between 360 and 390 active duty officers), the AED corps has, over the years, made vital contributions in providing forces in the fleet with the best possible aircraft and associated airborne weapons systems. These men constitute a talented assemblage of aviation-oriented, operationally-experienced, technically-educated management experts who serve in the restricted line category.

The AED program has a proud history. Although it was officially authorized by Congress in 1935, its roots are firmly entrenched in the founding years of aviation, the early 1900s. As Vice Admiral Kent L. Lee, Commander, Naval Air Systems Command, who is the advisor for the program, has indicated, a distinguished group of innovative men laid the groundwork for the AED establishment. They paved the path which has led from the rudimentary flying machines of 70 years ago to the super-sophisticated F-14 *Tomcat* and S-3 *Viking*.

Roughly 90 percent of the AEDs



are Naval Aviators. The remainder are from the NFO ranks and a few are non-flyers with strong aviation backgrounds. Virtually all hold regular commissions.

The specialty concept is vital to the AED. He serves primarily in billets which require a unique combination of operational, technical and managerial proficiency and experience not normally possessed by officers of the unrestricted line who serve primarily in warfare assignments, whether at sea or ashore. In effect, the AED relin-

quishes an operational career in order to devote his entire efforts to strengthening the technical, managerial and scientific base of the naval establishment. And although he does forsake an operational career upon selection as an AED, he usually has two or more operational tours behind him — necessary to enable him to fully appreciate the problems and needs of his fleet counterparts.

Generally, selection requirements call for experience, education and training not normally acquired until at least the seventh year of service. Ninety percent of the AEDs hold at least a master's degree, including six percent who have earned PhDs. All have at least bachelor's degrees. Some of these degrees were earned after an officer became an AED.

What does an AED do? In general terms, it can be said that he becomes directly and actively involved in nearly every phase of the life cycle of each naval aircraft and airborne weapons system from its initial concept until it is phased out of service. His purview includes the design, development, acquisition, maintenance and logistic support of systems which operate in environments that vary from beneath



AED officers played an important role in the development of the S-3 Viking.

AED - A SPECIAL CHALLENGE

the sea to the far reaches of outer space. He often works in intimate association with top engineering and research personnel from the civilian world.

There are four major areas in which the AED may be assigned. They include: operational support (fleet staffs and squadrons); Washington departmental headquarters; RDT&E field activities; and production/rework activities (Navy plant representative offices and naval air rework facilities). Although the majority of the officers serve in designated 1510 billets, a few are selected occasionally to serve outside the normal AED assignment areas. These assignments, generally the result of specific requests for the skills of particular officers, are in closely related aviation-oriented endeavors and have proven to be both personally rewarding and a valuable means of

broadening the experience base of the AED community.

In the first category, AEDs are primarily associated with aircraft maintenance and support functions. It is here that invaluable firsthand knowledge of current problems so essential for the timely development of new or replacement systems is achieved.

Billets in the Washington departmental headquarters involve coordination of the efforts of 132 field activities in aerospace weapons and associated support systems. An AED may be assigned in a direct management capacity overseeing key research and developmental projects. In addition, assignments in this area include duty with the Office of the Assistant Secretary for Research and Development, Office of the Secretary of Defense, CNO and the Office of Naval Research.

There are 25 RDT&E field activities

wherein AEDs function. Representative locations of these billets include the Naval Air Development Center, Warminster, Pa., Naval Missile Center, Point Mugu, Calif., Naval Space Systems Activity, Los Angeles, Calif., Naval Air Engineering Center, Lakehurst, N.J., and the Naval Avionics Facility, Indianapolis, Ind.

Naval plant representative officers are located throughout the U.S. at production sites of the manufacturers of aircraft and related weapons systems. In addition to performing various administrative and liaison functions incident to procurement of new aircraft, they make acceptance test flights.

The five NARFs to which AEDs may be assigned are located at Alameda, North Island, Jacksonville, Norfolk and Pensacola. Their mission in these posts involves a complete range



of depot-level rework operations and associated test flights, as well as providing engineering services in the development of changes of hardware design when they become necessary.

AEDs are frequently required to fill billets which call for both the skill of a qualified fleet aviator and the expertise of a technical program manager. Field activities such as Naval Air Test Center, Patuxent River, NMC Point Mugu, Naval Weapons Center, China Lake and NADC Warminster are responsible for considerable test flying. Some AEDs, pilots and NFOs, are afforded the opportunity to attend test pilot school.

In general, billets, where the flight testing of aircraft and/or airborne weapons systems is a part of the routine workload, are found in each of the activity categories with the exception of the Washington departmental



Left, AEDs work with civilian engineers often. They have also been influential in development of the F-14 Tomcat, above; catapult systems for the F-4 Phantom, shown at Lakehurst, top right; and in weapons systems for many aircraft, including the S-3 Viking, right.



AED - A SPECIAL CHALLENGE

headquarters area.

The very existence of the AED program endorses the principle that specialization is necessary for sound management in technical areas. Even specialization in selected activity areas within the AED community frequently is both necessary and beneficial. Accordingly, career planning policies for the AED seek to broaden the exposure of the individual to the maximum extent possible within those activity areas that correlate logically and naturally with his education, interests and experience.

It is noteworthy that the relatively small size of the community allows a high degree of personalized attention to career planning that would be impossible to achieve in larger, less manageable groups.

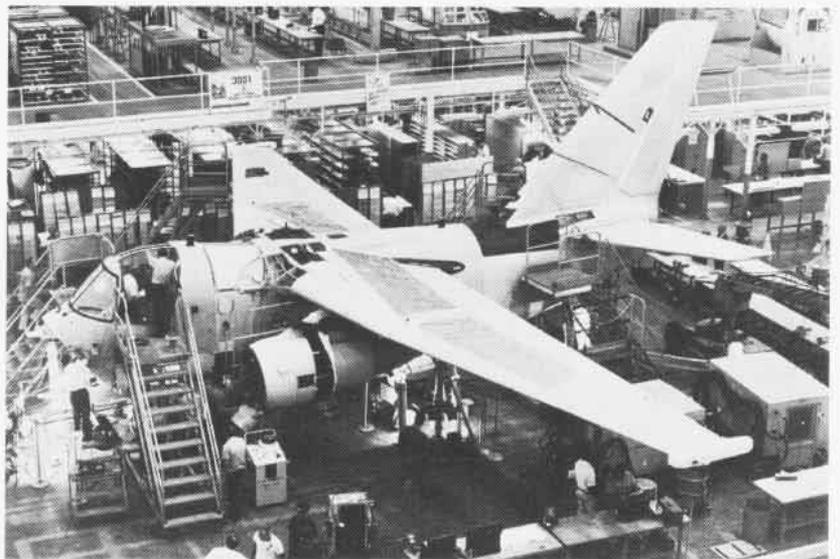
Promotion potential for the AED, in all ranks, has consistently equaled or exceeded comparable figures for his counterparts in the unrestricted line. This more favorable promotion realization compensates to some extent for the extensive screening processes that the AED must survive prior to receiving his specialty designation.

The Restricted Line Transfer Board, which meets quarterly, handles the bulk of new officer selections for the program. Those in the grade of lieutenant through commander are considered. Applications for redesignation from regular, reserve and limited duty officers are considered. While only a technical baccalaureate degree is mandatory, those selected for redesignation will be required to compete for promotion and assignment to duty with their contemporaries and should possess similar educational backgrounds. As can be expected, officer performance is the most important single criteria for selection.

Those interested in applying for the program should consult the BuPers Manual for details.



Working with manufacturers, AEDs lend expertise to the production of the most complex aircraft in the Navy inventory. Above and below, a Viking in different stages of development.



A Specialist at Work

Commander John Clinton is an AED officer now serving in the weapons development department at the Naval Weapons Center, China Lake, Calif. For him, the most rewarding facet in his line of endeavor is the knowledge that he's making a contribution toward improving hardware assets for pilots in the fleet.

He flies between 120 and 150 hours per year and is currently active in the development of the *Harm* missile. Flying A-7Cs, he describes a typical day in his life like this:

"It will begin with a lengthy preflight brief with a battery of civilian engineers discussing the day's mission and what we hope to accomplish. Then I'll fly out to one of the test ranges and make anywhere from 10 to 15 attack runs with a captive *Harm*. I'll use several different simulated targets and maneuver profiles in evaluating the parameters of weapons delivery.

"Although I'm alone in the air, ground personnel are continually monitoring progress of the flight with a variety of electronic gear. I also make notes on my kneeboard.

"After landing, we'll conduct an extensive debrief. At the end of that, 80 percent of the working day is over."

Cdr. Clinton relates that "Our principal function is to provide liaison with various departments to determine what the fleet problems are, give the systems designers the information and eventually evaluate it. On non-flying days there is much drawing-board work to be done, not only with *Harm* but with other projects in which we're involved.

"I'm on the road with some regularity, also. I've traveled to LTV in Dallas for consultation with engineers and pilots. Point Mugu and Warminster are stopover points. Of course, I visit Naval Air Systems Command headquarters in Washington, too."

His background? Cdr. Clinton is an NROTC graduate from Rensselaer Polytechnic Institute and holds a BS in chemical engineering. Between fleet tours in A-1 and A-4 squadrons, he earned his master's degree in electronic engineering at the Naval Postgraduate School in Monterey, Calif.

"I feel a special kind of pride in being able to contribute to the formation and development of weapons systems," he asserts. "As a junior officer I remember being quite critical of the people who designed and produced weapons we were using in the fleet. Now that the coin is turned, I can appreciate better the problems that faced the people at the design and production end. At the same time, having an appreciation of fleet problems motivates me, as I'm sure it does other AEDs, toward helping provide the very best possible product for the operational Navy."

Cdr. John Clinton, who describes an AED officer's working day above, is shown conducting ground tests of an experimental installation of the Honeywell helmet mounted sight in the cockpit of an A-7 Corsair at China Lake. Engineer, Mr. R. Bruckman, looks on.



EDITOR'S CORNER

(Continued)

hedge the night before. Eventually, even she couldn't provide excuses for me. My superiors no longer could render acceptable apologies for my deteriorating performance. All the excuses had been exhausted. I finally was confronted with the frightening knowledge that I had a critical problem.

"I eventually went to the ARC at Long Beach, was released, stayed dry for awhile, drank again, and returned to the ARC. Since that second period there, I've been completely sober. I live one day at a time with this sobriety and love every minute of it. You know, it's amazing how much better my life has become. My whole pattern of living has changed. I've become a predictable individual again.

"During the bad days, my wife and children never knew if I'd come home mean as a cyclone or generous as Santa Claus. It's a standing joke around our house these days: I may be all bad now but at least I am predictably bad."

(BuMed Inst 5300.4 of December 1973 and OpNavInst 6330.1 of May 29, 1973, contain details regarding rehabilitation of alcoholics and alcoholic abuse in the Navy. The latter makes a subtle but important comment on current Navy policy:

To minimize the incidence of alcoholism, commands should make every effort to eliminate institutional practices which may almost subliminally encourage personnel to drink through peer pressure or outmoded customs. It is often expected under present customs and beliefs that to be a "real Navyman" one must join in drinking excessive quantities of alcohol as a badge of courage, a mark of respect or a symbol of adulthood and virility. On the contrary, an increasing tolerance for alcohol in large amounts is a positive symptom of alcoholism. Consequently, moderation should be emphasized at ships' parties and picnics, happy hours, wetting-down and advancement celebrations, initiations, hail and farewell parties, graduations, beach parties, etc. Educational programs, as well as leadership and example set by officers and petty officers, are essential to changing attitudes in this regard.)

"Happy hours are fine, as is drinking in moderation," asserts the commander. "But when your mind is set on making damp circles at the local tavern with the definite intent of getting drunk, you may have a problem. Remember that help is available through treatment programs such as those available at AA or in the Navy. If you do have a problem and you don't seek help, you might just be headed for some high and mighty bad times such as I have known."

Letters

Oops

The November 1973 issue of *Naval Aviation News* gives credit to USS *Okinawa* (LPH-3) for the recovery of *Skylab II* and its astronauts. I do not know the source of this misinformation, but the recovery ship was USS *New Orleans* (LPH-11) whose officers and men worked many long hours in preparation for the flawless recovery of the command module and deserve full credit for their accomplishment.

Ens. David J. Ross
Public Affairs Officer
USS *New Orleans*

Ed's note: You are so right.

Kudo

We were tremendously impressed with the November cover picture of the *Blue Angels* in their new aircraft. Interest here is particularly high since the Singapore Air Defence Command has recently acquired A-4s.

Request three prints of the picture be forwarded to this office, one for display and two for presentation to SADC. It is believed that the picture will considerably enhance the U.S. Navy image and assist in the current A-4 program in Singapore.

Captain J. M. Gammon, USN
Defense Attache Office
Republic of Singapore

Reunion

The 11th annual reunion, USS *Philadelphia* (CL-41), will be held October 2-5, 1974, at Lancaster, Pa. For further information contact Frank Amoroson, Chairman, 93 Dunbar Street, Somerset, N.J. 08873.

Magazine Exchange

This is a plea for help. For a few years I have managed to get a copy of *Naval Aviation News* now and then from some of my contacts in the U.S., but up to now have not been able to get any of them to send it to me regularly. I cannot afford to subscribe.

Would one of your readers be willing to exchange *NANews* regularly for any

British monthly magazine he would like to have. I also have quite a few back numbers of magazines to exchange for back numbers of *NANews*. I would like to hear from anyone who might be interested.

I would also like to exchange B/W negatives, slides and information on aircraft with someone in the U.S. Navy who is interested in photography.

John M. Bowdler
63 Haddon Road
Lillington, Royal Leamington Spa,
Warkwickshire, CV32 7QZ, England

Insignia

I enjoyed your article on "Naval Air Coats of Arms" in the November 1973 issue and also enjoy the back-page presentation each month, but I wonder if the carriers couldn't receive some attention also.

I was only in one squadron and wore its patch on the front of my flight jacket, but we flew sorties in SEAsia from several carriers. I collected quite a few of their patches. It would be interesting to see how others have collected such souvenirs.



W. J. Reisa
P.O. Box 2145
Arlington, Va. 22202

Information Wanted

I am seeking historical information and photos of the *Connies* used with the Navy, especially pre-1965. I am a British *Constellation* aircraft historian.

Peter J. Marson
Flat 1 Calton House
47/9 Dulwich Village
London SE21 7BN, England



Fighter Squadron 301 was established October 1, 1970, under the reorganization of the Naval Air Reserves as the first of two reserve fighter squadrons aboard NAS Miramar, Calif. The squadron flies F-8J Crusaders under the command of Cdr. J. P. Thompson. In its first three years, VF-301 flew more than 10,000 hours, training pilots for VF-301 and RTU-301. In addition to its regular syllabus, the squadron supports fleet units in air combat training exercises.



