USNS Waccamaw (AO-109) steams through the Atlantic Ocean as two dolphins frolic in its crest. Photo by PH3 Thomas E. Cott.
MCPON
The man, the issues

Looking into knee problems
Navy surgeons use arthroscopes

Picking up the pieces
Catastrophes spotlight Navy salvage teams

Operation El Dorado
The men behind the headlines

Volleyball
The training camp, the tournament

Navy Rights & Benefits, No. 4
Medical and dental care

Front Cover: Diver aboard USS Preserver (ARS 8) prepares his gear for space shuttle salvage operations.
Back Cover: Crewmen aboard USS America (CV 66) ready an A-7 Corsair for flight.
Soviet Seapower Schedule

The Soviet Seapower Education Program (SSEP) is a highly informative and entertaining look at the Russian Navy, Soviet sailors and Soviet culture in general. Listed below are the dates and locations for this unclassified program. For more information, contact your base public affairs office.

July 17, Portsmouth Naval Hospital, Va.
Aug. 13, Society of Logistic Engineers, Baltimore Convention Center, Baltimore, Md.
Aug. 19, U.S. Naval Academy, Annapolis, Md.
Sept. 4, Naval Submarine Support Base, Kings Bay, Ga.
Sept. 8 Naval Base, Charleston, S.C.
Sept. 18, NAS Oceana, Virginia Beach, Va.
Sept. 25, Canadian Forces Base, Greenwood, Nova Scotia.
Sept. 29, Canadian Forces Fleet School, Halifax, Nova Scotia.

Traffic safety regulations

The Navy has revised its traffic safety program, outlined in OPNAVINST 5100.12C of Dec. 12, 1985. Injuries incurred as a result of violations could result in UCMJ or disciplinary administrative procedures and a loss of benefits.

Changes to the program include:
- Personnel will not ride in privately-owned or government-owned vehicles not having seat belts (where belts have not been installed, have been removed or are inoperative). This applies to Navy people on or off base, and to civilians in government vehicles on or off base and in privately-owned vehicles on base.
- All children under age 4 or weighing less than 40 pounds riding in privately-owned or government-owned vehicles will be in infant or child restraint devices approved by the U.S. Department of Transportation.
- The driver is responsible for informing all occupants of the requirements; in government-owned vehicles, the senior occupant is responsible for ensuring compliance; in privately-owned vehicles, the driver is responsible for ensuring compliance.
- Motorcycle operators must successfully complete approved training; applies to Navy people on or off base and to civilians on base.

For information on these and other changes to the instruction, contact the Naval Safety Center, Norfolk, Va., autovon 564-1292.

NEX check cashing limit raised

Rear Adm. D.E. Wilson, commander, Navy Resale System, has raised the personal check cashing limits for authorized customers in Navy Exchanges from $100 to $150 a day. In addition, patrons may now request up to $25 in cash beyond their amount of purchase paid by check at NEX registers.

Wilson's decision to raise the check cashing limit was based on the Navy's direct deposit system, which gives Navy people a greater need for check cashing services at Navy facilities, and the effect of inflation since the last raise in the check cashing limit.

Military compensation

Highlights of the FY-86 DoD authorization and appropriation acts include:
- Temporary lodging expense provides $110 per day for a maximum of four days for actual expenses on PCS moves to duty stations within the continental United States.
- Household goods weight allowances increased to 5,000 pounds for junior enlisted people, E-1 to E-4 with dependents; single people allowed 1,500 pounds for continental U.S. and overseas permanent change of station moves.
- Advance BAQ and VHA payments to offset immediate financial burden of moving to high-cost housing areas.
- VHA “windfall” provision, effective March 1, 1986, splits the difference between the individual and the government when sum of
BAQ and VHA exceeds actual housing costs; members will not receive more than their full BAQ entitlement.

- Approval of flat rate per diem for all services on a test basis.
- Overseas extension incentive pay increased from $50 to $80 a month, applying only to new agreements.
- Increases in certain special and incentive pays for demolition duty, parachute duty and flight deck duty, effective Oct. 1, 1985.

More ship billets for women

More than 150 new sea-going billets for women will give the Navy 18 more ships in which to assign women for sea duty, according to a recent announcement from Secretary of the Navy John F. Lehman Jr.

The new billets, slated for military detachments on 18 Military Sealift Command ships, call for 10 women surface warfare officers to serve as officers-in-charge at sea and 155 enlisted women to serve in operations-oriented military detachments. The Navy now has 4,698 women—212 officers and 4,486 enlisted—serving aboard 72 ships. This will bring the number of ships authorized for permanent assignment of women to 90.

Navy primary care clinics

During FY 1987 and 1988, the Navy will set up eight primary medical care clinics around the country.

The clinics will be patterned after the Army’s primary care for the uniformed services (PRIMUS) clinics (see April ’86 All Hands) and will provide basic health care to active duty and retired members and dependents.

Clinics are planned in FY 1987 for Mayport, Fla., Jacksonville, N.C., Norfolk, Va., and San Diego. In FY 1988, clinics will be set up in Oceanside, Calif., Long Beach, Calif., and San Francisco, with additional clinics in the San Diego and Norfolk areas.
Sharp creases, colorful medals, polished brass—every inch of him reflects pride in his Navy uniform. From the three stars on his chief's fouled anchor to his spit-shined shoes, the master chief petty officer of the Navy is the picture of military bearing. Yet, beneath the strict military lines one can sense a man who is committed to helping people.

Master Chief Radioman (SW) William H. Plackett, easy with his midwestern hospitality, likes to brag about "our sailors'" accomplishments.

Keeping in touch with the enlisted community is what MCPON's job is all about. To do this, he frequently travels through the fleet to meet and talk with sailors. "Our sailors now are not bashful," Plackett said. "They say what they've got on their minds, which I love."

Plackett says he always takes the time to talk to individuals while he is touring a command. "If someone wants to orchestrate a walk-through of some place, that's fine. But I'm going to find a sailor out of that organization sooner or later—and I'm going to talk to him," he said.

Speaking to a large group is the best way to reach the most people, but that's not MCPON's favorite setting. "Sometimes you have too much peer pressure being played out in the audience and all too often there are questions that go unasked," Plackett said. "Some folks are inhibited by the presence of others. They don't want to appear dumb. Quite frankly, I think the only poor question is the unasked one."

In addition to talking with people, MCPON feels that personal observation is a prime way of telling what is going on in a command. "You pick up a lot of little things about the attitude of a command by how people care for themselves."

"How our sailors feel about their command, their work, themselves, is reflected in their work and their attention to their own personal grooming standards."

The key ingredient that Plackett is looking for is pride. "Ninety-nine percent of our sailors walk with their heads up and will look you right in the eye. They are very, very proud of themselves, their organization and what they are doing," MCPON said. "The remaining one percent, that ones that won't look you in the eye are out there, too. Walking around, looking at their feet, they're not too crazy about their jobs, rates or anything. These are the ones we have to work with, apply better leadership to and hopefully, turn some of them around."

"I doubt that we'll ever turn everyone around, but we have that obligation to try," he said.

According to the MCPON, responsibility for a person's success rests at all levels of the chain of command. Peers, subordinates and supervisors all play a role in an individual's success or failure. "You can only progress as far as the people you work with will allow. Now I need to qualify that statement," he
said. "I also think people are only as successful, especially as leaders, as the people who they are trying to lead allow them to be." Successful leadership is a two-way street.

As the Atlantic Fleet master chief, an office he held prior to MCPON, Plackett discovered how the support of those around him helped him to succeed. "They had decided, 'OK, Plackett is our fleet master chief and the guy we're going to follow. We are going to recognize him as a leader.' Once you've earned that respect and recognition as a leader, you can do things, you have an influence. If you say, 'Hey, we need to go out here and do this,' everybody will come on board and say 'OK, let's go do that, good idea.' Then you are successful.

"But you can't be successful unto yourself. You can ping on people, put proposal, proposal, proposal forward, but until you get support backing you, you're never going to be totally successful."

Success is something the master chief petty officer of the Navy is accustomed to. Born April 4, 1937, in Paxton, Ill., Plackett entered the Navy in 1956. Following training at Radioman "A" School, he was assigned to the Naval Control of Shipping Office, Bahrain Island, Persian Gulf.

In 1959, he was assigned to the staff of Commander, Amphibious Force, U.S. Atlantic Fleet, aboard USS Mount McKinley (AGC 7). His next tour was in Naples with the Commander in Chief, Allied Forces Southern Europe, followed by duty on the staff of Commander in Chief, U.S. Atlantic Fleet. A second tour in the Persian Gulf was followed with an assignment to the Representative, Commander East Force/Naval Control of Shipping Office. He was advanced to chief petty officer after a tour aboard USS Forrestal (CVA 59).

Selected for the Associate's Degree Completion Program in 1971, Plackett graduated from Pensacola Junior College with honors. In 1973 he entered the University of West Florida, where he graduated Magna Cum Laude with a Bachelor of Science degree in vocational education. He completed a second tour aboard Forrestal, then was assigned as director of the Communications School, Fleet Training Center, Norfolk, Va. While there he was also selected as the command master chief.

In 1979, Plackett was appointed the first force master chief of the Atlantic Fleet Training Command and in 1981 he was selected fleet master chief for Com-
MCPON—had to go back out and earn my spurs once again,” Plackett said.

How do you earn people’s respect? According to MCPON, it’s not that hard. Honesty and integrity are the key. Honesty to the point that when you communicate with someone they know you are telling the truth, not tap dancing.”

Sometimes telling the truth means telling people things they don’t want to hear. “But honesty becomes a by-word. Doggone-it, if Joe said it, then by gosh it must be true, because his personal integrity will not allow him to lie or stretch the truth,” MCPON said, his speech mellowed by a comfortable midwestern accent.

Master Chief Operation’s Specialist Robert Walker, the third MCPON, inspired Plackett with his openness and honesty. “I saw in him a role model, if you will. At that point I was still a young, hard-charging chief. He was an individual who awakened in me a desire to do better. I never saw him back down from a confrontation. If you’re right, you continue going. You have to have perseverance, and he had a high level. That’s something I admire in people. I don’t like someone who can be turned around in a moment’s notice simply because there is an obstacle in the road. There are a number of ways to get around obstacles. Some ways just take a little longer than others,” Plackett said.

Laughing at the old joke, the difficult is easy, the impossible just takes a little longer, MCPON said, “I think persever-
ance is a characteristic of chief petty officers in the United States Navy. They can do the impossible. Sometimes it takes awhile, but they will get the job done.”

A man who sets his goals and then accomplishes them, MCPON sees his present position as limitless in its possibilities. He can ensure that enlisted policies are looked at from the enlisted point of view before they ever become reality. MCPON also sees the office as a resource for both the chain of command and the individual sailor. “It is at this point that you can get the enlisted perspective that is a reflection of the attitudes of people in the fleet,” Plackett said.

The master chief did not set his sights on the office of MCPON until after he had been selected as the Atlantic Fleet master chief. “A lieutenant that I worked with in 1976 had written into my evaluation that he thought I would make a good MCPON; the department head thought differently, but that’s another story. Three years ago I put in an application for the MCPON job. Billy Sanders was selected, but that’s when I found I had the capacity to do the job,” Plackett said.

After having been in office for a few months, MCPON Plackett said he doesn’t see any glaring problems in the Navy that need to be fixed. He does, however, want to ensure that quality-of-life packages developed over the last few years remain on track.

Quality of life and enlisted professionalism are MCPON’s favorite topics of discussion. “I want to see us, as an enlisted community, round out our professional repertoire. By that I mean we need to develop all elements of professionalism. Our technical expertise has already been established, but we need to do more to develop both formal classroom leadership instruction and create practical leadership opportunities for our young petty officers,” he said.

Concern for the enlisted community remains Plackett’s number one priority. “I never want to lose the perspective of the fleet sailor. I want to enhance that perspective by adding to it the dimension of knowledge on how the system works, then take that system and apply it to the benefit of our sailors in the fleet.”

—Story by JO2 Lynn Jenkins

the resources of fleet, force and command master chiefs to help keep his finger on the pulse of the Navy.

To improve this communication link between himself and the fleet, Plackett pushed for a reform to the Command Master Chief Program during his first months in office. The job would no longer be voluntary. “We went to a non-voluntary program because we could not get enough people to volunteer for existing billets,” Plackett said.

Although the changes in the CMC Program will not create any new billets, the requirements for entry into the program have changed. Previously, a master chief had to have more than 26 years in the Navy, three years in rate as a master chief, and... “La de-da de-da. We took all that stuff away and are looking at the individual,” Plackett said. “We’re looking for people that we really want in the program.”

MCPCON explained that what he and the Navy are looking for are younger and more hard-charging master chiefs. “Not younger in the context of years, but in motivation. We want people who are highly motivated to go out there and do a good job in an at-sea billet—master chiefs who are looking for a challenge, looking to go into leadership,” Plackett said, “as opposed to those individuals who want to serve in the command master chief program only so far as it suits their individual needs.”

“We don’t want people who say, ‘I’m going to get myself a good set of shore duty orders’ or ‘I’m going to get this job over here where I don’t have to work.’ That type of people we don’t need in the program, we don’t want in the program.”

What the Navy is looking for is people to fill good, solid leadership billets. “A command master chief should have some experience dealing with people in a number of different settings,” Plackett said, describing the ideal command master chief. “My personal way of grading an individual’s record would be to look at the leadership traits and characteristics. Can a guy write, speak, how does he communicate with people? Is he effective when he is talking to officers, can he express himself properly? Is there an instructor background there? That’s always a big help. We’re not looking for college people. We’re looking for Navy-educated people. People who have exhibited leadership traits and characteristics that single them out and separate them above their peers. Those are the kinds of people we want in the Command Master Chief Program.

“We want someone who cares about people, who is not reluctant to spend some energy to ensure that the troops are taken care of. Someone who is just a well-rounded master chief petty officer,” Plackett said.

Weeding out the master chiefs who don’t fit the program and loosening the restrictions will open up the program so that the fleet will be provided with qualified command master chiefs.

“The master chiefs in the fleet think it’s a great idea,” Plackett said. “I have received very positive feedback, the most common comment being, ‘it’s about time.’”

Whether finding information, feelings and attitudes of the fleet through his travels or from the fleet, force and command master chiefs, MCPON is able to ensure that enlisted policies are looked at from an enlisted viewpoint before they ever become a reality.

Perhaps the job was summed up best by the first MCPON: “The senior enlisted advisor of the Navy should be an individual who can represent the Navy with pride to the public, yet not lose sight of the real reason for that position... the Navy enlisted man.”

Ostarello is assigned to MCPON’s office.
The U.S. Navy's performance in the air strike against Libyan terrorists was "outstanding in all respects," said Master Chief Petty Officer of the Navy, Master Chief Radioman (SW) William H. Plackett. Plackett, who spends most of his time traveling throughout the fleet, talking to sailors, finding out what's on their minds, shared the most frequently asked questions and his responses with All Hands.

Was the fleet's performance in recent attacks against Libya professional? I think that our people really showed their true capabilities. They did so in a professional manner. Not by kicking a boy when he's down, but with a surgical incision-like operation to hit the assigned targets. Our people did a superior job. They were ready to do what they were called upon to do...in a manner which made the entire Navy proud.

Will the Navy continue to play a role in the President's war on terrorism? We are the most mobile striking force that is available. We are forward deployed at all times. There is no place that's out of our reach. I think that we can look to further use in those roles to project the political aims of this country, whether it pertains to terrorism or not.

What will be some of the effects of the CNO's Personal Excellence Program? I think in the short term we will see increased awareness on the part of some people as to what their individual capabilities really are. In the long term, I think we're going to see an overall improvement in professionalism. We're going to see more productive people who have a longer career potential and who are much closer in touch with the people around them. It's probably going to take 15 to 20 years, but if the initiative carries on to its logical conclusion, that's what's going to occur.

When is the Navy going to have uniform stability? Uniform stability is the main objective of the entire chain of command. The Navy is absolutely committed to bringing stability to the seabag. In fact, if I could walk out of this office three years from now and never have made a single uniform change, I would be the happiest man in the U.S. Navy.

We currently have two new uniform items that have been authorized: the undress blue jumper for the male seabag and a set of service dress whites for the female seabag. The female's service dress whites have not been approved, but are in the works. Other than those two uniforms, the only changes deal with quality. What we need is to improve the quality of our existing uniforms.

I also think we need to work within the establishment to try to see that our sailors are properly compensated for the uniforms they do have to buy. The clothing maintenance allowance is not adequate to replace the uniforms we lose through normal wear and tear. The allowance was never intended to offset the total cost, but what is a fair evaluation of how much it should cover? I say we ought to have at least half of the cost covered.

Are service dress khakis coming back? The survey is back and it's been sent over to the secretary of the Navy. I can't speculate on what the decision is going to be. I would personally estimate that if the service dress khaki does return, it will be as an optional uniform. We don't
have enough room aboard ship to store all the uniforms we do have, let alone provide for another coat—and tie—and trousers—and shoes.

And the chiefs in the Navy don’t want it. That’s the feeling of the majority of the chief petty officers that I’ve talked to. Unfortunately, the survey didn’t reach all those guys.

Are surveys and wear test programs really a good indicator of what people want and how good a product really is?

The problem with any survey (because of economic constraints) is that you have to do it over such a small population. On the other hand, there were five hundred copies of the khaki survey distributed to each of our uniform-prescribing area coordinators. The survey reached a pretty good sampling of chiefs and officers.

When you get into wear tests, you’re generally talking about a small number of uniforms for a small number of people. For instance, with the female dress whites, we are wear-testing only 200 on each coast. That’s a very small number. The data that comes from these tests is the baseline on which all of the decisions will be made.

Are sailors generally satisfied with their base pay and benefits?

On the list of dissatisfiers that cause people to leave the Navy, pay is currently number six. The questions I’m hearing now about pay are primarily about the effects of Gramm-Rudman.

What I’m telling people is, whether or not Gramm-Rudman goes into effect, we’re probably going to end up having to live with budget cuts over the next few years to bring down the federal deficit. But that impact is hopefully going to be minimal on our personnel programs.

We cannot have retention drop if we’re going to man up and go out with 600 ships. The commitment of the Navy’s leadership at this point is to protect as thoroughly as possible all personnel-related programs.

The uncertainties are there. One of the provisions of Gramm-Rudman is that it comes into play only if the President and the Congress can’t agree on a budget below specified target levels. Gramm-Rudman will come in and dictate where the cuts will be and how deep. Obviously, if that happens the cuts will be across the board. That means all programs regardless of what they may be, with the exception of social security and some disabled veterans payments, would be cut. We would take cuts from ship building, from military construction, from all our personnel accounts, whether it be PCS or pay—whatever.

But you’ve got to believe that we’ll work as hard as we can to prevent that from happening. The chain of command is not going to sell us out on this thing. No one wants those cuts. To get into a bunch of speculation about what and how much is going to be cut is kind of foolish at this point. We don’t really know.

The projections are there and some of the projections are pretty grim. But I prefer to be an optimist. There’s always something good about every situation, no matter what it might be. Just like dealing with people, there’s always some good in everyone. It’s just up to you to bring the good out in them if you can.

Will Gramm-Rudman have any impact on the Navy’s retention?

Our readiness is high and I don’t believe that we’re going to be forced into a position where our readiness is going to suffer significantly. If anything happens to trip that delicate balance to the other side and retention starts dropping off, then readiness will drop. There is a direct correlation between the two.

Will any new retirement package affect people already in the military or retired?

There’s a grandfathering clause in the appropriation bill to cut retirement monies. It said that those on active duty as of the date of enactment would be retired under the program in which they entered the Navy. So, in essence, everyone is grandfathered. However, we have an obligation to future generations to ensure that we get the best possible retirement package for them that we can. We can’t just back off.
Does the fleet perceive medical benefits as being reduced, and are they in fact being reduced?

There's a lot of concern in the fleet about medical benefits as a result of the changes in the rules and regulations ensuring quality health care to everybody who is seen by a Navy physician or in a Navy facility. Some of those steps that have been taken have resulted in fewer patients being able to be seen during a normal workday. Under the prioritization of who gets seen first, retirees get cut, then dependents. We're seeing more and more dependents and retirees referred out to CHAMPUS. Individual costs must be born by the sailors. This is not desirable because our health care has been traditionally computed into our total compensation package. But it's no longer there. So now it's an expense out of pocket that we have not been compensated for. The Navy and the Department of Defense is very heavily involved in investigating alternative health care methods. We need to ensure that we will be able to care for those who need health care, whether they be a dependent, on active duty or a retiree. I think you're going to see some changes here in the next 12 months in the way we do business regarding medical care for our active duty and retired force.

What about dental care for active duty and their dependents?

In the last authorization bill we had a new dental package to cover routine dental health care for dependents. This was scheduled to be developed and put into place on Oct. 1, 1986. It's still on track.

The media has really hype up the question of AIDS testing in the military. Have you been receiving a lot questions from the fleet on AIDS?

I haven't received an inordinate number of questions, but there's a lot of concern about AIDS testing and the ramifications of it. I think the Navy has come up with a very sound policy that is deliberate and is going to keep everyone from making a lot of knee-jerking reactions. The concerns, I think, have all been answered by the Navy's message that went out on HTLV-III testing.

What we have is a very formidable task in educating the Navy's population on what a positive HTLV-III test means. It doesn't mean an individual has AIDS. It simply means that within their blood an anti-body to the AIDS virus is present and that individual is carrying a virus. Like Hepatitis B virus, which a number of us carry around, it may never become active. The Navy says if an individual tests positive, but the immune system is shown to be sound, the individual will be returned to duty and monitored on a continuing basis. Confidentiality is going to have to be an important part of it.

There is no contagiousness at this stage. The AIDS virus cannot be transmitted by casual contact, living together in the same berthing compartment, shaving out of the same wash basin in the morning and so on. With this type of casual contact, the chances against contracting AIDS are astronomical. Navy need to do away with the hysteria that is present in our culture. I think once people realize that practically all of the cases are transmitted by homosexual activity, through blood transfusions or through intravenous drug abuse, they'll realize that the opportunity of contracting even the virus is very, very small.

All blood is now routinely screened for the HTLV-III anti-body. We need to educate our people to remove whatever stigma is attached to AIDS and the HTLV-III test.

Is the Navy "witch hunting" drug abusers, homosexuals, etc., by testing for the HTLV-III virus?

No way. The test is not intended to ferret out or "witch hunt" homosexuals, drug users or anything of that nature. We're going to find those people one way or another anyhow. To go to something this elaborate is kind of far-fetched.

One of the reasons for testing for the anti-body is to ensure that we have a "clean walking blood bank." The biggest asset we have in controlling battle casualties is the fact that we can immediately perform direct blood transfusions. We must have an uncontaminated walking blood bank to meet our requirements in time of war.

What is OPTEMPO and how will it affect the average fleet sailor?

The Navy has a new move on to reduce the OPTEMPO to the point that ship and squadron deployments will be kept to a maximum of six months, and that's six months from portal to portal. It is a program that's been worked on for quite some time as a direct response to the number one dissatisfier on the list of why people leave the Navy: too many, too long family separations. This initiative was announced last November by the CNO and the secretary of Navy and has been very well received in the fleet. It's a positive step forward to keeping our ships in their homeport more of the time.

—Story and photos by JO2 Lynn Jenkins
Guided Missile V/STOL Aircraft Carrier (CVHG)

KIEV Class

Today's Soviet navy presents a growing challenge to the United States and its allies. All Hands is presenting this, the first in a series of articles describing the ships of the Soviet fleet, to provide the U.S. Navy community with a better understanding of Soviet naval developments and fleet battle capabilities.

The Kiev is the largest combatant class yet completed by the Soviet Union. Kiev became operational in 1976, Minsk in 1978, Novorossiysk in 1983 and a fourth is fitting out.

Displacement: 37,100 tons
Length: 273 meters (910 feet)
Propulsion: Steam turbines, over 32 knots
Main armament: Four twin SS-N-12 launchers (24 missiles)
Two twin SA-N-3 SAM launchers (72 missiles)
Two twin SA-N-4 SAM launchers (40 missiles)
One twin SUW-N-1 ASW launcher
Two twin 76-mm dual-purpose (DP) gun mounts
Eight single 30-mm Gatling guns
Aircraft: Approximately 30: Yak-36 FORGER V/STOL aircraft and Ka-25 HORMONE/HELIX helicopters

This class is considered the first Soviet "aircraft carrier," with the flexibility to deploy a mix of fixed- and rotary-wing aircraft for a number of missions. The Kiev are the first ships since the Krym class CGs to carry reloads for their missile system. For ASW, the ships each have a twin-armed ASW rocket launcher, two additional rocket launchers, and torpedo tubes, as well as hull-mounted and variable-depth sonars.

The Kiev class features a starboard "island" superstructure and an angled flight deck, but the lack of catapults and arresting gear limits the Kiev to operating helicopters and vertical/short take-off and landing (V/STOL) aircraft. Aircraft observed aboard the Kiev class to date are the Forger A and B fighter-bombers as well as HORMONE and Helix helicopters.

Kiev is based in the Northern Fleet, while Minsk and Novorossiysk are based in the Pacific Ocean Fleet.

It is unlikely that more Kiev will be built after the fourth is completed, since a much larger carrier class is now under construction at the Nikolayev Shipyards on the Black Sea, which also produced the Kiev and the earlier Moskva class ships.

JUNE 1986
Looking into knee problems

More than just a passing fad, physical fitness has become a way of life for many people. And in many cases, the pain and immobility brought on by injuries have also become a way of life. Knee injuries are among the most common problems suffered by athletes at all levels.

In the past, surgery to correct knee problems meant a painful open-knee operation followed by a long hospital stay. The rehabilitation period was even longer, and the procedure left a large scar.

Today, modern science allows doctors to look directly into a patient’s knee without opening it. An arthroscope—a shaft containing glass-coated fibers and a series of magnifying lenses—is used to beam an intense cool light that relays a magnified image of the joint’s interior to a television monitor. This gives the surgeons a clear view and easy access to most areas in the joint.

According to Lt.Cmdr. David E. Brown, head of the sports medicine services in the department of orthopedic surgery at Naval Hospital, Bethesda, Md., the arthroscope’s projected image is clearer than what can be seen with the naked eye. “I know exactly what is going on in the knee. The arthroscope is much more accurate.”

The procedure, called arthroscopy, can be diagnostic and, if the case warrants it, corrective. After a local anesthetic has been applied, the surgeon makes tiny incisions, no longer than half an inch, around the knee. The arthroscope is inserted in one incision while a sterile saline solution used to slightly distend the joint is injected into another incision.

With the arthroscope inside the knee, the surgeon is able to make an accurate diagnosis. If the problem can be corrected by arthroscopic surgery, the doctor will continue the procedure and insert small instruments through the third incision. The diagnosis may be that nothing need be done or that open knee surgery is required to repair the damage.

Removing a torn or split piece of meniscus (a fibro-cartilage within the knee), shaving a rough, eroded surface on the patella (knee cap) and in some cases even repairing torn ligaments are examples of knee repairs that once required open knee surgery but can now...
Knee surgery

be done using the new arthroscope.

"This is a fabulous new tool," Brown said. The Navy started using the technique in 1980 and, according to Brown, most naval hospitals are equipped to perform arthroscopic surgery. Because the procedure is fairly new, not all its uses have been fully realized. "Two years ago I wouldn't have believed we could do ligament repairs through the scope," Brown said. "Now, in some cases it is possible to repair even completely torn ligaments using arthroscopy."

Arthritis is another common joint ailment that can sometimes be helped using the new procedure.

The greatest benefits of arthroscopic surgery are to the patient. Because the procedure usually requires only a local anesthetic, a patient is in the hospital only one or two days. And because of lack of trauma to the knee, recovery time is usually quite short.

According to Capt. Matthew Small, a recent arthroscopy patient at Bethesda, the operation was "a fantastic experience...considering it was surgery." Small said, "I really enjoyed being able to watch the monitor and see what Doctor Brown was doing. I also enjoyed having Doctor Brown talk me through the surgery. The operation looks more painful than it really feels."

Small, usually a physically active man, was unable to participate in any sports for two months before his surgery; but only two weeks after the operation, he was back on the roads jogging. "I'm certainly not up to five miles yet," Small said. "But I think that it's more because I'm out of shape from being laid off for two months, than because my knee bothers me. I would have started running sooner after the operation, but the weather was so bad, I decided to wait."

Small said he was impressed with how little time the actual procedure took (45 minutes) and with the lack of pain afterwards. "My knee didn't even bother me enough to take the pain medication Doctor Brown prescribed." While waiting at the hospital for his wife, Small walked down to the pharmacy and the hospital's galley for lunch just an hour after surgery.

According to Brown, Bethesda surgeons perform about 30 arthroscopic knee surgeries a month. The initial cost of the equipment is high, he said, but the Navy is able to save a lot of money in the long run because the procedure is simpler, the patient's stay at the hospital is so much shorter, and patients return to duty more quickly. Arthroscopy is a simple procedure, but because of triangulation it requires a lot of practice as an assistant before a surgeon becomes qualified to perform the operation. Triangulation is the term used when referring to the hand/eye coordination involved in looking at a monitor to watch what your hands are doing. "It takes a surgeon about 200 cases as an assistant to feel comfortable with the procedure," Brown said. "Once you have gotten the feel of it, it becomes almost second nature."

As more and more Navy men and women make regular physical workouts part of their daily routines, they can be secure in the knowledge that medical technology is keeping pace.

—Story and photos by JO2 Lynn Jenkins
Far left: The antiseptic flows as a corpsman prepares Small's knee for surgery. Left: The small punctures from inserting the instruments into the knee are the only incisions made during arthroscopic surgery, unlike open-knee surgery which requires major incisions to expose the knee joint. Below: Dr. Brown and his assistants watch the television monitor to see inside the patient's knee.
NAUTILUS
Home at last

Photos by JOC(SS) Pete D. Sundberg
The Nautilus Memorial and Submarine Force Library and Museum were opened recently at Naval Submarine Base, New London, Conn. The new 14,000-square foot facility is dedicated to the United States’ proud submarine heritage and is the official repository of submarine artifacts, memorabilia and information. The famed Nautilus, the Navy’s first nuclear-powered submarine, is berthed at a pier adjacent to the museum.

The memorial and museum are open to the public at no charge, and visitors can see working periscopes, a submarine control room and models depicting significant developments in submarine design. Several midget submarines and an early U.S. research sub are on display. Two mini-theaters feature films on the history of Nautilus and the submarine force.

Sundberg is assigned to FltAVCom.
Picking up the pieces

Catastrophes spotlight salvage community

Jan. 28, 1986 was a bitterly cold day in Norfolk, Va.—the kind of day that makes sailors turn their pea coat collars up, keep their heads down and swear a lot. A cold knife of a wind, gusting up to 35 miles an hour, whistled across two inches of accumulation from the previous day's snowfall and made even the meager 24-degree temperature reported as the day's high seem like a bald-faced lie. Still, it was one of the best days the area had seen in some time. At least the sun was shining.

USS *Preserver* (ARS 8), a 43-year-old salvage ship, was moored at Naval Amphibious Base Little Creek. Around 11:30 a.m., crew members unfortunate enough to have jobs on the weather decks hurried toward the warmth of the mess decks to join their shipmates for the noon meal. The ship was scheduled to get underway in the next few days to take a decommissioned landing ship in tow to Mobile, Ala. It was just another of the routine assignments that are facts of life in the Navy's salvage community. Little did they know that the events of the next half hour would lead to their involvement in the largest and most highly publicized salvage operation in recent memory.

Just before noon that day, the space shuttle *Challenger* was destroyed in a fiery explosion shortly after launch from the Kennedy Space Center in Florida. Lt.Cmdr. James Devlin, *Preserver*'s commanding officer, was waiting for his squadron commander when tragedy struck *Challenger*. Devlin hadn't paid much attention to the launch; shuttle lift-offs had become routine to most Americans. He was shocked when the commodore came aboard for a working lunch and brought with him the stunning news of the failed launch. As the two men dined in the ship's tiny wardroom and watched televised replays of the disaster, they shared expectations that *Preserver* would receive immediate orders to assist in what would certainly develop into a massive salvage operation.

Crew members huddling around television sets down below shared the same expectations. If it had been their decision to make, their ship would probably have
been steaming toward the space center that same day. But it wasn't their decision. A few days later, Devlin and his slightly disappointed 85-man crew found themselves heading toward the open sea, as previously scheduled, with that old landing ship trailing behind. But confidence remained high. Devlin and his crew still felt their ship would get the call. They just knew it.

In recent years, Navy experts have been called on to assist in just about every major salvage effort that has taken place in the free world. Navy salvage teams spent months raising sunken hulks to reopen the Suez Canal in 1975 following the Arab-Israeli War. They also picked up the pieces following the 1982 crash of an Air Florida airliner into the icy waters of the Potomac River in Washington, D.C. The services of Navy salvage experts were called on following the 1983 Soviet downing of a Korean Airlines 747 in the Sea of Japan and the 1985 terrorist bombing and subsequent crash of an Air India jumbo jet in the North Atlantic.

As a member of the naval reserve force that does not normally deploy overseas, Preserver had primary responsibility for salvage operations along the East Coast. Everyone aboard knew that Preserver was the most likely candidate if a Navy ship was going to be called on to participate in the Challenger recovery effort. And the crew was eager to get into the action.

Although members of the Navy's salvage community regret that such tragedies occur, none will deny a desire to be involved in the salvage efforts that result. After all, operations following such disasters are often the most interesting and challenging aspects of their profession. It's a bit more exciting than some of the usual assignments Navy salvage ships are tasked with—like towing decommissioned ships to their final mooring or recovering lost anchors.

Those routine assignments are important, but Navy diving and salvage takes on special significance when related to catastrophe. It also seems to be appreciated more at those times. Many divers will tell you that it was more than coincidence that a major increase in dive pay they'd been after for several years came right on the heels of the highly publicized Air Florida salvage operation.

Yes, Preserver's crew was looking forward to an exciting and professionally rewarding assignment like the Challenger operation. What's more, their route to Mobile would take them right past the salvage area.

As Devlin and his crew steamed slowly south, Capt. Charles Bartholomew, the Navy's superintendent of salvage, was already on scene near the Kennedy Space Center. The phone in his office just outside Washington, D.C., had started ringing about two minutes after Challenger went down. The call from NASA was expected. The superintendent of salvage's office has a working relationship with NASA that dates back to the early 1970s.
when the Navy was asked to develop the process for retrieving the solid rocket boosters. So when *Challenger* was destroyed, NASA naturally turned to the Navy for help.

The first few days following the disaster were absolute chaos. The Coast Guard, assisted by USS *Guam* (LPH 9) and USS *Dewey* (DDG 45) and aircraft from Patrol Squadron 24, conducted a surface search. A presidential commission was formed to investigate the tragedy, and the news media, like an army of ants, covered everything and anyone related to the accident.

It was the worst disaster in the history of manned space flight and everyone wanted answers. Those answers could only be obtained by recovering the debris that had fallen into deep blue waters off the Florida coast.

Bartholomew jumped at the opportunity to assist and was in Florida helping NASA get organized even before the Navy was officially tasked with responsibility for the salvage operation.

"Navy diving and salvage is kinda like a fire station—you maintain the fire house and when a fire starts, you've got to go for it," he said later, explaining that most of the time the salvage community is involved in less glamorous tasks like developing improved salvage and diving equipment or techniques.

"There is plenty to keep us busy without these things happening. But this is what our business is all about," he added. "It's a lot more challenging being (involved with an operation like this) than pushing paper in Washington."

By the time formal tasking came down from the Chief of Naval Operations, Bartholomew had already mapped out a strategy that called for a basic three-phase salvage operation—search, classification and recovery.

Salvaging *Challenger* would be a massive undertaking since the shuttle was several miles in the air when it broke up. The resulting debris had scattered over an area that search vessels using special sonar “narrowed down” to about 420 square miles. Nearly 700 contacts were identified in waters just off the Florida coast, in depths ranging from less than 100 feet to more than 1,200 feet. A wide variety of assets was needed to handle a job of that magnitude.

More vessels with side-scan sonar were needed for the continuing search effort. Ships with manned and unmanned submersibles that were rigged with video and still photography equipment were needed for the tedious task of classifying contacts in water too deep for divers. The actual recovery process required ships rigged for heavy lifting in the deep water where most of the larger pieces of debris were believed to have landed. Early in the operation, the Navy's nuclear-powered research submarine NR-1 and its support ship USS *Sunbird* (ASR 15) joined the search.

Most of the other assets needed for the operation were obtained through civilian contractors. The only thing missing was a diving and recovery vessel for shallow

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**Master Chief Engineman James Starcher** (above right), Preserver’s master diver, was a key member of the salvage team that sought to bring up every identifiable fragment of *Challenger* from the floor of the Atlantic onto the deck of Preserver. Heavy lifting tackle was required to haul the rocket engine wreckage aboard.
water areas. Bartholomew could have probably gotten one through contractors as well. But why should he when Navy divers could do the job just as well, if not better? He turned to the Atlantic Fleet. 

Preserver was about a week out of homeport and 60 miles north of Mayport, Fla., when Devlin received the message: His ship would get its chance to assist in the Challenger salvage operation. It was around sunset as Devlin passed word of the assignment to the crew over the IMC.

As he spoke, Devlin noticed the officer of the deck pointing frantically at something just off the port bow. 

Devlin slowed his ship then swung it around in a wide circle, so as not to be run over by the vessel in tow. The crew then plucked the object from the sea. It was a piece of the nose cone from one of the shuttle's solid rocket boosters. They were off to a good start.

Making best available speed, Preserver proceeded to Mayport to disengage the tow and off-load their find, then continued on to the salvage area further south. When they arrived at Port Canaveral, near the Kennedy Space Center, Preserver's divers were whisked ashore for an exhaustive briefing, which included familiarization tours of a space shuttle and its various components. The ship left port early the next morning. Recovery of the space shuttle's crew compartment and the remains of Challenger's seven astronauts was number one on the priority list.

During the first few weeks of the operation, Preserver's diver team—augmented by members of Mobile Diving Unit 2 out of Norfolk and Fort Story, Va.—investigated numerous contacts. The elements, however, were hardly cooperative. On the surface, operations were hampered by high winds and choppy seas. Underwater efforts were restricted by visibility so poor that the divers could barely read their depth gauges. They spent many days on their hands and knees feeling around for debris. There was also the Gulf Stream current to contend with.

"The current was so strong that it was like walking around in an underwater hurricane," said Devlin, who recalled having to keep his head down, as if fighting a strong wind, so as not to be swept away.

Even under these conditions, Preserver's divers managed to recover several key components from Challenger's cargo bay during their first few days on scene. The ship's periodic returns to port were spotlighted by members of the news media, who were hungry for anything related to the shuttle disaster and the fate of its crew.

The Navy—which most people think of as heavily armed submarines, destroyers and aircraft carriers—suddenly had a new representative. A modest little ship that chugged along at about 12 knots at best and had no armament to speak of, was the focus of national attention. But headlines were the furthest thing from the minds of Preserver's crew. They had work to do.

"We're down here to do a job, not to
Salvage

get our names in the paper,” said Engine-
man 1st Class (DV) Joe Meserve. But he
admitted that there were some benefits
to the publicity. “Your family can’t re-
late to a lot of things we do in the Navy.
But with something like this, they can
say, ‘Yeah, my dad’s out there’ and un-
derstand why.”

Back on site, the work went slowly.
Days passed. Then weeks. Divers con-
tinued to haul up wreckage, including the
shuttle’s three main engines, but there
was still no sign of the crew compart-
ment. Uncertainty set in. Perhaps the
crew compartment was totally destroyed.
Perhaps it had fallen in a different area.
Perhaps they would never find it. Per-
haps . . .

Then late one afternoon the skipper
and a civilian diver from one of the other
diving vessels operating in the area set out
toward Preserver in a small boat. They
had found something. They couldn’t
confirm it, but the diver felt certain it was
the crew compartment. He had seen what
looked like a space suit in a large clump
debris. Their vessel wasn’t rigged for
recovery, however. That’s what Preserver
was there for.

Preserver got to the site about 30 min-
utes before sunset, just enough time to
get two scuba divers into the water. But
the light was fading. Confirmation of the
find would have to wait until morning.

The divers aboard were excited at the
prospect of having found the crew compart-
ment, but they didn’t openly discuss
what they were likely to encounter in-
side—the remains of the shuttle astro-
nauts. It’s not something they enjoy talk-
ing about.

“It’s not uncommon in our business
to have to deal with something like that,”
explained Master Chief Engineman
James Starcher, Preserver’s master diver.
“There’s no special training to prepare
you for it. It’s just something each man
has to learn to deal with in his own way.”

Many of the same divers involved in
this operation were aboard Preserver last
January when it was tasked with recover-
ing an Air Force C-130 that had crashed
off the coast of Honduras, he added.
Twenty-one bodies were recovered in that
operation.

The divers and much of the crew were
on deck at first light the next morning.
They were greeted by one of the best div-
ing days of the entire salvage operation.
The seas were calm and visibility excel-
 lent. Maybe their luck had returned.

Two divers went into the water to con-
firm the find. Sharks and other fish swam
near the weighted divers as they walked
across the flat coral sand bottom toward
the crumpled wreckage. They got all the
confirmation they needed when they
looked inside and could read the name-
tags on the astronauts’ blue flight suits.

This was it. The uncertainty was over.

Judging by what the divers could see,
it would take more than three weeks to
clear all the debris. The first priority,
however, was recovering the remains of
America’s fallen heroes.

A solemn mood fell over the ship as the
first of the remains were placed in flag-
draped caskets on Preserver’s fantail.
Devlin ordered the ship’s ensign lowered
to half-mast, then stationed an honor
guard around the caskets.

“I felt as if we were returning fallen service members,” Devlin said later.
“Every one of them rated an appropriate

Much of the media interest in Preserver
and the salvage operation waned with re-
cover of the crew compartment. The
job, however, was far from complete.
NASA wanted as many pieces of the
Challenger puzzle recovered as possible,
especially a joint from the right solid
rocket booster that was believed to have
caused the explosion. Other Navy units
completed a large part of the remaining
work.

During a 10-day period underwater,
NR-1 investigated nearly 300 sonar con-
tacts and found 22 pieces of the shuttle’s
solid rocket boosters. Their finds in-
cluded a piece from the right side with a large
hole burned through it. USS Opportune
(ASR 41) and USS Kittiwake (ASR 13)
joined the small armada of salvage vessels
and recovered additional debris. Other
Navy vessels that participated in the sal-
vage operations were: USS W.S. Sims
(FF 1059); USS Aubrey Fitch (FFG 34);
USS Sampson (DDG 10); USS Koelsch
(FF 1049); and USS Underwood (FFG 36).

The fanfare is over, but the search con-

The role Navy ships and crews played
in the Challenger salvage operation gave a
unique Navy profession a moment in the
sun. But they don’t fool themselves. They
know their profession will once again go
largely unnoticed—until the next cata-
trophe.

—Story by JO1(SW) E. Foster-Simeon
—Photos by PH1 Perry E. Thorsvik

ALL HANDS

A scorched and corroded fragment
of the shuttle’s right wing, recov-
ered by USS Opportune.
The Log Book

"What's past is prologue." To help keep us mindful of our past, to help keep the present in perspective, and to give some insight into the future, All Hands presents a short review of articles that appeared in previous issues.

10 YEARS AGO—June 1976

- More than 10 tons of disaster relief materials, contributed by U.S. Navy people stationed in Naples, Italy, were delivered to the town of Udine in northern Italy, scene of a recent earthquake. Baby food, milk, fruit juices, tents and blankets were flown by Navy C-130 aircraft from Naples to an Italian air force base, then transported by truck to Udine. The materials were paid for by the U.S. Navy community through cash contributions. Gifts of toys and games from U.S. schoolchildren in Naples supplemented the shipment.
- In a project fraught with almost as much uncertainty as the original 18th Century sea battle, a historical foundation announced plans to locate and retrieve portions of Bonhomme Richard which was sunk in the North Sea off England's Flamborough Head following John Paul Jones' victory over HMS Serapis in 1779. The three-year international effort by the Atlantic Charter Maritime Archaeological Foundation was headed by retired Navy Capt. Wayne L. Zimmerman.

20 YEARS AGO—June 1966

- Nuclear power is now bringing a constant supply of fresh water to the South Pole. The first U.S. desalination plant ashore which derives its electrical power from a nuclear reactor has produced fresh water from the sea at McMurdo Station, Antarctica. Both the nuclear power plant—which also supplies heat to the Antarctic outpost—and the desalination plant are operated by Seabees.
- Two more nuclear powered fleet ballistic missile submarines have recently joined the fleet. The Polaris submarines USS George Bancroft (SSBN 643) and USS James K. Polk (SSBN 645) were commissioned at Groton, Conn., bringing the total FBM subs in commission to 35.

40 YEARS AGO—June 1946

- In Tsingtao, China, U.S. Navy men are running basic and operational training schools for Chinese sailors. At that North China port, the U.S. Amphibious Training Group, under Capt. John L. Keating, is training 800 enlisted men and 100 officers attached to the Chinese naval training center.
- All searches for persons missing in the Pacific Ocean areas as a result of World War II have been completed by the Navy. The searches, which began coincidentally with the Allied offensive in the Pacific, covered every land mass, island and atoll in the area. Naval casualty records show no instance of any person's being found alive in these searches, although the graves of U.S. flyers were discovered on a few islands. □

JUNE 1986 23
Operation El Dorado

The men behind
In response to a pattern of terrorism against U.S. citizens, culminating in a bombing at a West Berlin nightclub in which a U.S. soldier was killed, President Reagan ordered U.S. forces into action. Aircraft from USS America (CV 66) and USS Coral Sea (CV 43), on station in the Mediterranean, and Air Force bombers based in Britain were directed to strike military and terrorist training facilities in Tripoli and Benghazi, Libya.

Operation El Dorado took place in the early morning hours of April 15.

Flying in on a high-speed, low-altitude approach, 12 Navy A-6Es from America and Coral Sea struck the Benina airfield and the military barracks at Benghazi. Hundreds of miles to the west, 13 Air Force F-111Fs struck the Aziziyah barracks, the Sidi Bilal terrorist training camp and the military airport in Tripoli. Navy A-7s and Navy and Marine...
Corps F/A-18s fired Shrike and HARM missiles at Libyan surface-to-air missile sites in both cities, suppressing the threat of those SAMs to the attacking planes. Navy E-2Cs, Navy and Marine E-6Bs and Air Force EF-111s provided electronic countermeasures and command and control support. Navy F-14s flew fighter support, with the F/A-18s available to assist if necessary. The Libyans, as it turned out, did not launch aircraft to engage the U.S. forces.

All the U.S. aircraft launched, tanked, rendezvoused and began their attacks in total radio silence. At night. With no moon.

The attack, planned for months, actually lasted only about 20 minutes, from beginning of the electronic countermeasures to the confirmation that all Navy and Air Force aircraft had reported "feet wet"; that is, over the ocean and away from Libyan shores.

One of the Air Force planes, with two
men on board, was lost in the operation.

That is a bare recital of the facts of the operation. But what actually went on? What did people see? What were they thinking? What was it like to be there?

One enlisted man, who had been on watch in America's combat information center during the strikes, said, "I'm glad we did something." Another said, "I'm sorry it had to happen, but it was the only thing for us to do." One of them added a comment, agreed to by the others, that "if that half-hour run put off a terrorist attack for three months, it was worth it. If it saved another 100 people from being injured by terrorists somewhere, it was worth it."

Rear Adm. Jerry C. Breast, commander of the Coral Sea battle group, said, "Since about December 27, we have been involved in tremendous planning and preparation." Dec. 27 was the date that terrorists opened fire in the Rome and Vienna airports, killing several people, including an American girl. Breast continued, "We would have been very frustrated if we had gone home after months of preparation and felt that the mission needed to be done, and we never launched to do it."

Rear Adm. Henry H. Mauz, commander Battle Force 6th Fleet and officer in tactical command of the operation, said his reaction to receiving the order to execute was one of relief. "We've been ready for this kind of thing for a long time. We were happy to get on with the job at hand."

All the preparations were made, right down to the slogans U.S. ordancemen often paint on their bombs—"To Muammar: For all you do, this bomb's for you" and "I'd fly 10,000 miles to smoke a camel"—as examples.

The pilots and air crews, almost none of whom had ever been in combat before, spoke of their reactions. An A-7 pilot on America said, "I was excited. This is what I've been training for since I got out of the Naval Academy. This is what I train for every day."

An A-6 pilot on America said, "They always say it's true, but I was really surprised at how nervous I was, going up and pre-flighting the jet. But once I got strapped into the cockpit—you know, it's almost like a womb when you get into the cockpit, you're so familiar with your surroundings, it's so comfortable... the glow of the lights is comforting, the hum of the engines—there was no more nervousness. The fact that we were doing something that's a little more dangerous than usual didn't occur to me. It was like business as usual."

A fellow A-6 pilot on Coral Sea said, "I think probably the overriding feeling, there in the ready room, was that everybody was pretty scared. We didn't have any idea of what to expect when we got across the beach. We hadn't flown against the Libyans in the air-to-ground mode before, so we really didn't know how good they were, or whether or not they were going to be ready for us."

Another Intruder pilot from Coral Sea said, "When we first got the call—I've never had combat experience before—I was scared. But I think part of that fear helps you concentrate more to keep yourself alive. Once we got in the cockpit, it was all procedures after that." A squadron-mate echoed that, saying, "It was almost a relief getting into the cockpit. You kind of calmed down."

Then, after completing preparations and last-minute briefings, the flight crews rode the catapults into the blackness and silence.

The mission commander from an America-based E-2C described what he saw when Air Force, Navy and Marine aircraft moved silently into position on the tracking screens. "The excitement really started coming to a high tide when we actually started picking up the people on our systems, when we started seeing these guys coming in from the western Mediterranean. One of the most incredible things I've ever seen is that large number of Air Force aircraft come in. Their timing was incredible—right on the money, within seconds of when they were supposed to be there."

What did the air crews see over the targets? What went through their minds?
An F/A-18 pilot on *Coral Sea* who flew support over Benghazi said, “I felt real good when I saw the lights of the city. If the lights were out, we were in trouble. And it was all lit up like Norfolk or Jacksonville or any other major city.”

An A-6 pilot from *Coral Sea* who flew into the Benghazi region said, “I was coming inbound. It was real dark, and as we proceeded to ‘feet dry’ over the beach, the first good feeling I had was looking up and seeing the HARMs going off the airplanes on time. Shortly after that, off in the distance, we could see the bombs hitting the various targets and lighting up the sky . . . . Once we proceeded inbound to the target, there were a couple of SAMs launched, but as far as I could tell, nothing was guiding . . . . A couple of guys were lit up, we were lit up, so they were looking for us, and they were shooting at us, but as far as I could tell, they weren’t guiding.”

Most of the pilots said that once the strikes started, they were too busy doing their jobs to do much impression recording. As an *America*-based Intruder pilot put it: “I don’t remember what I thought, I remember what I saw. The thought process was just automatic. Part of the brief, before we took off, was the comment that ‘this is the best flying you’ll ever do,’ and it was. The training and experience and the preparation—it just came naturally. The flying was just secondary. You didn’t have to think about putting the airplane some place, you just did it.”

Back on the ships there was tension—and a lot of waiting. Breast said, “I wanted more information . . . But, fortunately, the pilots and the air crews were primed and by doctrine were not supposed to communicate except in extraordinary situations. There were no extraordinary situations.”

According to one sailor who worked in *America’s* combat information center during the operation, “There was a lot of professionalism. Suddenly, it wasn’t hard to keep your mind on the job.” Another added, “The teamwork really pulled together. During exercises, things tend to foul up now and then—when it was for real, everybody came together . . . . Problems that might have slowed us down before, we either fixed or worked around and kept on going.”

One of the biggest concerns to those on the ships was, “would they all come back?” Capt. Richard C. Allen, *America’s* commanding officer, described the feeling on his ship: “The people who we launch are our friends, they’re shipmates, they’re citizens. You fire them into a combat environment, you know they’re going to get shot at, and there’s that natural doubt, that question: ‘My God, how many of these guys are going to come home?’ You train well, you acclimate your mind to it, you launch the professionals, because that’s what they are, and you give them a high opportunity for success. You have every confidence in their abilities, but still there’s a question there—will they come home?”

Capt. Robert H. Ferguson, skipper of *Coral Sea*, said he made a 1MC announcement after receiving word that all Navy and Marine aircraft were safely away from the target areas. “You could feel the ship vibrate with the enthusiasm and confidence that they had done a good job,” he said.

Among the images evoked a few days after the fact, and one of the most telling, was of two men, miles apart—one a soft-spoken man on *America* monitoring the actions of his fleet, the other a young ordnance handler on *Coral Sea*—both haggard from worry and lack of sleep, and both staring quietly into the night and silently counting each aircraft as it returned, just to make sure, personally, that they all came home. Vice Adm. Frank B. Kelso, commander 6th Fleet, described his reaction to the last “feet wet” report: “I guess for my own part, I wanted to make sure they all landed, to count them to make sure that the re-
port was accurate.” The Coral Sea ordnance handler said, “I stayed up all night and counted them as they came back, so I knew . . . . It’s like a family out here, you might say. You just don’t like to lose any of your shipmates.”

No one liked to dwell on the loss of the Air Force aircraft. Mauz said, “I will say that the one tragedy in the whole thing was losing the F-111.” The mission commander of the America-based Hawk-eye, who controlled the Air Force egress out of Tripoli, spoke quietly but emotionally of his “feeling of helplessness that we couldn’t pluck that F-111 out of the fog.”

The air crews and senior commanders were all lavish in their praise for everyone involved in El Dorado. Adm. Arthur S. Moreau Jr., commander in chief, U.S. Naval Forces Europe, said, “When you have that number of ships performing different roles, it takes more than just the commanders and flight crews involved. It takes the quartermaster on the bridge and the operations specialist in CIC and engineers on the deck plates and all the leadership that goes with those jobs to have a successful operation . . . . This is the finest example that I have seen of well-coordinated joint operations.”

Nearly everyone interviewed said that the support of the people back home was very important to their ability to do what they do. Kelso said, “I think it’s critical to the job we’re doing out here . . . . Morale is very high right now. It’s high because the people believe they did a good job. They did do a good job, and the American people believe they did a good job. I think that is a very fundamental factor, which means an awful lot to each young sailor, or young officer, and even to old admirals out here.”

A few days after the strikes, morale indeed seemed just as high as Kelso had said. A sailor on America, which had been scheduled to be on a port visit to Cannes, France, prior to the Libya strike, remarked on morale as being as high as he had ever seen: “This is the first time nobody minded canceling a liberty port visit.”

Breast said, “We’re well supported. One area concerns me, and I think it’s a valid area that should be exposed and discussed. That is, apparently, for the last two or three months, every time we got ready to do something, it was known . . . in the press a long time before we did it, to an extraordinary detail.”

Several pilots also brought up this point, saying they had heard that the exact targets and attack times had been broadcast in the United States before the strikes occurred. The pilots were concerned about losing tactical surprise and the potential for higher loss of life this might have entailed.

However, one pilot did mention the press favorably, regarding the job they did after the strikes. A Tomcat pilot from America said that it meant a lot to him to know that the U.S. people were behind the action, “and I think that’s a credit, in this instance, to the media for getting it over there pretty well as it happened . . . . Flat out, they basically got the straight story over there.”

All involved summed up the operation by noting its precision and well-timed execution, a result of the hard work of all hands. The best summation came from an enlisted man on America: “It’s time for terrorists to look out.”

Lee is assigned to the CNO PAO and Holmes works at the Public Affairs Center, Norfolk, Va.
"Navy's goin' to win the gold! Go Navy! Go Navy! Go!"

From the beginning the goal was clearly defined. The Navy women's volleyball training camp's sole purpose was to build the team that would win the gold medal in the inter-service volleyball tournament at Travis Air Force Base, Calif.

But like the crew striving for a Battle "E" award or a newly commissioned unit trying to put together an effective organization, the volleyball coaches and players found that simply having the goal in sight did not guarantee success; the key ingredient was not individual effort, but rather the ability to train, perform and think as a team.

Coming from duty stations as far away as Hawaii and Scotland, spanning E-3 to O-4 ranks, 10 women had seven short weeks to weld their different levels of experiences, backgrounds, lifestyles, desires and talents into a team with a single purpose.

During the first week of practice, the only two things they had in common were a burning desire to play volleyball—and pain.

Coach Joe Johnson, frankly disappointed with an overall lack of physical fitness, lost no time starting the women in an alternating schedule of running and weight-lifting. He quickly introduced them to exercises that would increase leg strength and vertical jump.

An example of a leg strengthening exercise is called the "Cuban." The exercise starts off with the individuals sitting against a gym wall for 30 seconds. Then when time is called they have to jump off the wall, sprint down court, touch the floor and return to original position against the wall. Cubans were done until the women's leg muscles refused to jump or run one more time.

No sooner had the pain in their legs begun to subside than the coach put the women into "The Pit." In this grueling 45-second drill, the coach, or his assistant Russ Zane, hit a continuous stream
than just a game
of volleyballs at one person covering the entire volleyball court.

A ball slams into her arm, a new bruise. No time to dwell on it—another ball is coming. The fatigue and frustration are overwhelming. She wants to quit, but the balls keep coming.

No longer sliding across the floor, her wet body sticks. Floor burns—ignore them, another ball is coming, she’s not low enough, the ball slams into her face. So tired and everything hurts. She knows her teammates are cheering her on, but all she can hear is the coach yelling, “Butt down, dive, move faster,” as he buries the ball into the floor.

Whether it was Cubans, The Pit, running, repetitive jumping or just general exhaustion from hours of intense training, all the women expected physical pain at camp. What came as a surprise was the incredible amount of emotional stress.

Once the first week was over and they were able to focus on more than just sore muscles, other problems surfaced. Personal problems began to find their way into camp and onto the court.

Packed four women to a room, the tension of sleeping, eating, showering, playing and working together took its toll—and there were conflicts. Cliques became a problem. “These cliques were particularly scary because we seemed to be divided by race,” said one player. “We didn’t like the idea that we could have racial problems...so we talked about them—openly and frankly.

“The team called a no-holds-barred meeting. The more we talked, the more
we understood. The more we understood, the more we learned. We didn't have racial problems. We had different lifestyles and habits."

For the most part, the black women enjoyed disco music and dancing; the white women enjoyed rock or easy listening music and beaches. Various members of the team began going around with other team members who enjoyed the same things they did, and everybody jumped to conclusions.

Cheryl Grant, one of two returning players from last year's team and a member of the 1985 Armed Forces Women's Volleyball Team, was a big-sister figure to many of the women. She summed up the meeting. "We worked at learning to respect each other's way of life. We did this through communication with each other and honesty."

Cheryl, one of the team's black women, continued, "This team is more honest than any other I've ever been on. All the girls just got down to the nitty gritty. We were straight up with each other, going to the individual with gripes instead of behind her back. Sure we had cliques at the beginning, but they were quickly dissolved. You could take any combination of individuals, throw them together and they had a great time."

As the camaraderie increased so did the fun times together. Although limited, the time off was put to maximum use. Brightly colored streamers transformed a drab barracks room into a work of art for Cheryl's surprise birthday party. And everyone enjoyed the day at Magic Mountain, a local amusement park. Gorging on junk food and daring the giant roller coaster was the order of the day. Even Denise Pecora, swearing between clenched teeth that she would take The Pit—all day, any day—before climbing aboard that roller coaster again, admitted she had a great time.

Between hours of practice, weekends spent competing at United States Volleyball Association tournaments and the night scrimmages against local competition, you would think the team had enough of volleyball. They thought so, but not the coach. A true volleyball fanatic, he frequently took the team on field trips at night to watch men's collegiate and USA National teams play.

One night the whole team descended on one of the nicer restaurants in town for a farewell dinner. They were saying good-bye to the women who didn't make the final roster. Cuts had just been announced and before the women were shipped back home, the team wanted one last chance to say good bye.

Cuts were hard, but everyone knew

Sweat, fatigue and sore muscles were the result of long hours of intense practice—setting, digging and serving. Rubdowns at the team's quarters became a necessary nightly routine.
that they had to be made. Friendships aside, the women were all at camp for one reason, to form the best team possible to represent the Navy at the interservice competition.

The coach—torn between a desire to give everyone the best possible shot and the knowledge that until final cuts were made the tension would not ease—announced the final deadline a week in advance.

As the deadline drew nearer, the nervousness increased. But instead of the competitive tension pulling the team apart, it brought the women closer together. More experienced players put in extra time and effort to help those with less experience. Everyone was giving and receiving moral support both on and off the court. When the cuts were announced, those who made the team breathed a quick sigh of relief followed by a pain for those who had to leave.

Cheryl was a good example of just how much caring existed between members. Picked up for the Armed Forces All-Star Team, Cheryl said, “My greatest accomplishment this year was not my individual achievement, but rather how I was able to help others on the team and seeing them succeed as a result.”

Every person who went through the camp left with more than they came with. They developed knowledge and skill for use both on and off the court. Whether she made the team or not, each woman will be taking those new skills back out into the fleet with her.

Talking about the 10 women who went on to represent the Navy at the interservice competition and all the women who came to camp, Adri Esnard said it best. “This is the best group of women I have ever played on a team with or ever known in my life.”

The women had learned lessons about themselves and about life that went far beyond volleyball. Regardless of the tournament results, they had succeeded—they had formed a team.

—Story and photos by JO2 Lynn Jenkins
Frank group talks formed the foundation of the team's unity. For players and coaches, it became "all for one and one for all" on and off the court.
Navy women swept through the inter-service volleyball tournament undefeated for the gold medal, and Navy men staged a comeback to win the silver.

Men's and women's teams, made up of the best players from the Navy, Air Force, Army and Marine Corps, competed at Travis Air Force Base this spring.

The weeks of practice and training all came down to one tournament. The format was simple: play each team two matches and the team with the best win/loss record would take home the gold. Each match winner took two out of three games.

Navy women easily defeated the Marine Corps and Air Force teams, but almost lost to Army. In the first Army-Navy match, the Army women won the first game and were well on their way to winning the second game for match, 14-7, when the Navy women came from behind to win, 16-14. Navy kept the momentum and won the third game for the match.

In the second round of play, Navy again defeated the Marine Corps and Air Force. The only thing between them and the gold medal was Army. Army would have to defeat Navy twice to win the gold. Both teams came prepared for their toughest match of the tournament, but the day belonged to Navy. The women walked away with the match and brought home the gold medal.

The Navy men's team, last year's gold medalists, were in third place after the first round of competition. By defeating Army at the start of the second round, the Navy men earned a shot at the silver, but they would have to beat the Marine Corps twice to take the medal.

The Marines, enjoying their best tournament in years, were not about to give up the silver medal easily. After a long fight, the Navy men won the first match. The Air Force men had already won the gold medal when the Navy and Marine Corps men lined up for the most exciting
match of the tournament: the fight for second.

Starting out strong, the Navy defeated the Marines 15-4, but the Marines quickly answered back with a 15-2 win. The battle for the silver medal came down to one last game. In a neck-and-neck fight, the Navy men defeated the Marines, 20-18.

The entire starting line-up of the Navy women was selected to represent the Armed Forces at the National Volleyball play-offs in Wichita, Kan. They were: Interior Communications Electrician 3rd Class Cheryl Grant; Seaman Chiquita Petteway-Harris; Ensign Susan Weaver; Cryptologic Technician 2nd Class Heather Harrington; Radioman Seaman June Fetui and Electrician's Mate Seaman Adri Esnard. Other women on the Navy team were: Hospital Corpsman Denise Pecora, Hospital Corpsman Lynee Rheama; Journalist 2nd Class Lynn Jenkins and Aviation Structural Mechanic Airman Sue Clingerma.

Aviation Machinist's Mate 3rd Class George Oliveria and Storekeeper 2nd Class Nelson Garcia were named to the men's Armed Forces team. Other Navy men were: Ensign Ross Holcomb; Boatswain's Mate 1st Class F. Muagututia; Builder 2nd Class John Karsowski; Lt. Cmdr. Peter Ginsberg; Lt. Alexis Vasquez; Machinist's Mate 1st Class Robert Fisher; Chief Aviation Anti-Submarine Warfare Technician Dan Cabral and Dental Technician Wilfredo Oliveria.

The Navy men's team was coached by Dick Gray and his assistant, Data Processing Technician 1st Class William Deldado.

Senior Chief Sonar Technician Joe Johnson and his assistant, Aviation Boatswain's Mate 1st Class Russ Zane, the Navy women's team coaches, were selected to coach the women's Armed Forces Team.

—Story and photos by JO2 Lynn Jenkins

Navy women celebrate with hands high, while the Navy men pound down the path toward victory to join them. The Marines fought valiantly but found only defeat at the end of their road.
Bearings

Karle wins Wise Award

Dr. Isabella L. Karle, senior scientist for structural chemistry at the Naval Research Laboratory, Washington, D.C., has won the 1986 Lifetime Achievement Award, sponsored by the Interagency Committee on Women in Science and Engineering-WISE—for scientific and technical contributions during her 40-year career.

Karle, who has worked at NRL since 1946, has made significant contributions to the field of X-ray crystallography. In collaboration with her husband, Dr. Jerome Karle, who won the 1985 Nobel Prize in chemistry, she established theoretical principles and experimental procedures for extracting crystal structural information directly from X-ray diffraction data. These procedures, which have been adopted worldwide, revolutionized X-ray crystallography.

Karle also made a vital discovery in the phase problem of crystal structures when she determined that only a very few initial phase values are necessary to evaluate the remaining phase values. The result of having a rapid and direct method for solving crystal structures has had a significant impact on the fields of chemistry and biochemistry. Because of the direct method, the molecular formulas of natural and synthetic products and their chemical and biochemical structures can be readily obtained.

Karle’s present work includes examination of peptide toxins, antitoxins, and endogenous enkephalin, one of the human body’s natural analgesics. She also supervises various postdoctoral research programs at the laboratory and participates in collaborative research projects with government laboratories and research institutions throughout the world. She frequently is invited to deliver lectures at scientific meetings worldwide.

Karle has published more than 200 papers; one is among the world’s 100 most frequently cited scientific papers. Karle has a Ph.D. in physical chemistry from the University of Michigan.

'Send cookies’

It began a few weeks ago when an innocent sign was hung in the cockpit canopy of an EA-6B Prowler from Tactical Electronic Warfare Squadron 137 aboard USS Saratoga (CV 60). The plane was flying routine operations in the central Mediterranean Sea, and the sign read “Send Cookies.”

An Associated Press reporter in a Navy P-3C Orion photographed the sign, and the following day the cookie request showed up in U.S. newspapers.

And the ship's crew began receiving cookies, every type of cookie—tons of cookies.

"It wasn’t really a publicity stunt," said Cmdr. Roy C. Christian, executive officer of VAQ 137, who originated the idea of the sign. "We just wanted to send a message back home that we would like some cookies—something we don't have a lot of at sea. We’re just flabbergasted at the response and the number of private citizens who have sent cookies."

In addition to cookies, the carrier’s men also received holiday cards by the hundreds, and one private citizen sent 100 pounds of chocolates in time for Easter.

"It’s not so much that the crew wanted cookies or candy," said Capt. Jerry L. Unruh, Saratoga commanding officer. "The crew was looking for recognition from the folks back home. And that’s precisely what we’ve received."

—Story by JO2 R.F. Pailthorp, USS Saratoga (CV 60)

Saratoga’s crew received a ton of cookies from the Winn Dixie supermarket chain.

Photo by PH1 William Dodge
Medical and Dental Care
Medical and Dental Care

Medical and dental care are among the most important benefits provided the Navy family. In terms of costs, they can represent considerable savings for Navy families each year. Through the Uniformed Services Health Benefits Program (USHBP), active duty members, retirees, and their dependents receive quality care which they could not enjoy except at great cost, to include high premiums for health care plans in the civilian community.

**Health Benefits Advisors**

Many problems and confusion are created because the active duty member and eligible beneficiaries don't know how to access the care they need through the USHPB. There is a Health Benefits Advisor (HBA) located at almost every Uniformed Services Medical Treatment Facility (USMTF) who is there to provide information and guidance on your health care benefits. It is very important that you know your HBA. You should contact this person for information in advance of receiving any non-emergency care in the civilian community.

The HBA, appointed by the commanding officer of a USMTF, is knowledgeable and has access to information concerning all aspects of your health care benefits. For example, he or she can help you apply for benefits under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and other federal, state, and local programs available to active duty members. The HBA can also help you understand and utilize the services of 10 former U.S. Public Health Service facilities that are designated as Uniformed Services Treatment Facilities (USTF) (see Table 1 for names, addresses, and phone numbers) as well as two hospitals still operated by the Coast Guard. Entry into the system is usually done through sick call, by appointment to a general medical clinic, or through the emergency room in the event of a serious injury or life-threatening illness.

Under the Non-naval Medical and Dental Care Program, active duty members, active duty for training members and inactive duty training members may receive emergency and preauthorized care from civilian sources. Payment for emergency care is handled through a contracting fiscal intermediary (presently Blue Cross and Blue Shield of South Carolina). Claims for other than emergency care are processed by the Offices of Medical Affairs (OMA) or the Offices of Dental Affairs (ODA). For routine care, members must seek preauthorization from OMAs and ODAs. Table 2 lists OMA and ODA claims processing offices and the states they serve. Claims processing assistance for both segments of this program is available from the HBA.

Because the government is responsible
for all necessary care of each member performing active duty and inactive duty training, there is little need to expand upon the benefits that may be rendered. However, if a member receives care under the Non-naval Medical and Dental Care Program and payment is denied, an appeal process is built into the system. If a claim is denied by either Blue Cross and Blue Shield of South Carolina or by an OMA or ODA, the party denied payment may appeal the decision through the OMA or ODA, to the commander of the regional medical command. If the denial is upheld, the party may appeal to the Commander, Naval Medical Command (MEDCOM-333), Washington, D.C. 20372-5120. Any one of these may overrule the lower command’s decision and pay the claim or notify the claimant that the appeal has been denied and may be forwarded to the next level in the appeal chain. Remember, many claims are denied because the member did not receive prior approval from an OMA or ODA for an episode of non-emergency care. Always check with your nearest HBA before using civilian sources for non-emergency medical or dental treatment.

Dependent Care—If eligibility as a dependent is established, the USHBP provides for medical and dental treatment worldwide on a space-available basis in a USMTF, on an as-needed basis in a USTF or through CHAMPUS.

CHAMPUS (Basic Program)

CHAMPUS is a cost-sharing program designed to supplement the USMTF when care is not available through a USMTF or when an eligible beneficiary lives too far from a USMTF to get the care they need. Care is then sought from a civilian provider and claims are submitted to one of the six CHAMPUS regional contractors for processing and payment. Table 3 lists the CHAMPUS contractors by state. Under CHAMPUS, beneficiaries pay no premiums but do have financial responsibilities to meet annual deductibles, cost shares, and charges above the amount allowed by CHAMPUS (if the provider does not accept assignment), and those charges are not covered by CHAMPUS.

CHAMPUS pays only for medically necessary care and services that are provided at an appropriate level of care. Claims for services that don’t meet this definition may be denied. That is why it is important to check with your HBA before seeking non-emergency care in the civilian community. They know the special rules and limits on certain care and can advise you when some care is not covered at all.

Each year on Oct. 1, CHAMPUS establishes an allowable charge for every service and supply that a civilian source provides. Using this charge, CHAMPUS will pay the lower of either:
1. Actual billed amount, or
2. The allowable charge for the service in a given state.

Eligibility under CHAMPUS—The active duty member is never entitled to CHAMPUS benefits. Among those covered are:
• Husbands, wives, and unmarried children of active duty service members;
• Retirees, their husbands or wives, and unmarried children;
• Unremarried husbands and wives and unmarried children of active duty or retired service members who have died;
• Husbands, wives and unmarried children of reservists who are ordered to active duty for more than 30 days. (They are only covered during the reservist’s tour.)
• Former spouses of active or retired military who were divorced or received an annulment after at least 20 years of marriage to a service member who was on active duty during at least 15 of those 20 years (or during all 20 years in some cases). There are several other restrictions to this category of eligibility. Contact your HBA for details.

To use CHAMPUS benefits, you must have an ID card issued by the uniformed services. The card says on the back if you are covered by CHAMPUS. Children under 10 can use either parent’s ID card.

If you are eligible for Medicare (Part A) and are a retiree, survivor or family member of a retiree, you are not eligible for CHAMPUS. Remember, even if you are not eligible for Medicare on your own, you may be eligible through your husband, wife, or parent. If so, you are not covered by CHAMPUS.

If you are the widow or widower of a servicemember, and remarry someone outside the uniformed services, you are no longer covered by CHAMPUS.

If you are leaving the service, CHAMPUS eligibility for the family ends at midnight of the day that an active duty sponsor is discharged or leaves the service other than through retirement.

This list is not all-inclusive and there are some exceptions. If you have any questions concerning your eligibility, contact your HBA who can refer you to an appropriate source to make a determination in your specific case.

DEERS—You must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) in order to receive non-emergency care in service hospitals or to have claims for civilian health care processed by CHAMPUS. Both active and retired military sponsors and all family members must be entered in the DEERS computer data banks. If you aren’t signed up with DEERS, contact the nearest military personnel office and find out how to do so.

Participating provider—Not every civilian source of health care participates in CHAMPUS. “Participate” means that the provider of care submits a claim for you directly to the CHAMPUS contractor on CHAMPUS claim forms. These forms contain a statement to the effect that the provider agrees to accept as full payment the allowable charge as determined by CHAMPUS. Other than your cost-share obligations and deducti...
Medical and Dental Care

ble (for outpatient care), a participating provider cannot collect any additional amount from either the government or you.

When a provider does not “participate” and charges are in excess of those determined by CHAMPUS to be allowable, you will have to pay not only your share of the allowable charge, but also any amount in excess. Participation is voluntary—a civilian source of care is not bound to accept every CHAMPUS beneficiary. Before you receive any care, make sure the provider participates in CHAMPUS. Providers may agree to participate on a case-by-case basis. While unable to refer you to a specific source of care, your HBA can provide you with a list of local physicians who have participated in the CHAMPUS program.

CHAMPUS Outpatient Cost-Sharing

If you are on active duty and your dependent receives outpatient care, you pay the first $50 each fiscal year (a maximum deductible of $100 if two or more dependents are receiving benefits) plus 20 percent of the CHAMPUS-determined allowable charge. For other beneficiaries (retirees, their dependents, etc.), CHAMPUS pays 75 percent of the allowable charge after the same deductible has been met. If services and supplies are not covered by CHAMPUS, the charges for these are paid by the beneficiary directly to the provider.

CHAMPUS Inpatient Cost-Sharing

Non-Availability Statement (NAS)—If you live within a catchment area of a USMTF (determined by the zip code of your place of residence), you must seek non-emergency inpatient care from that USMTF before receiving care in the civilian community. If the USMTF cannot provide the care you require, the HBA will issue a non-availability statement for

Table 2. Offices of Medical Affairs (OMA) and Offices of Dental Affairs (ODA)

1. For the 48 contiguous United States, the District of Columbia, and Alaska, six regions have been given the responsibility for medical cognizance of the sick and injured, claims processing and adjudication of preauthorized non-naval care, and prior or after the fact approval or disapproval of requests for non-emergent medical, dental, or maternity care within their areas of responsibility. The areas and the OMA and ODA serving the areas are:

a. Northeast Region. The states of Connecticut, Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, and Wisconsin are served by 1 ODA, 1 OMA:

(1) Responsibility for dental matters for all states in the Northeast Region is vested in:

Commander
Naval Medical Command, Northeast Region
Office of Dental Affairs
Naval Hospital
Great Lakes, IL 60088-5400
Telephone: (A) 792-3942  (C) (312) 688-3942

(2) Responsibility for medical matters for all states in the Northeast Region is vested in:

Commander
Naval Medical Command, Northeast Region
Office of Medical Affairs
Naval Hospital
Great Lakes, IL 60088-5400
Telephone: (A) 792-3950  (C) (312) 688-3950

b. National Capital Region. For the states of Maryland and West Virginia; the Virginia counties of Arlington, Fairfax, Loudoun, and Prince William; the Virginia cities of Alexandria, Falls Church, and Fairfax; and the District of Columbia, medical and dental responsibilities are vested in:

Commander
Naval Medical Command, National Capital Region
Office of Medical Affairs
Bethesda, MD 20814-5000
Telephone: (A) 295-5322  (C) (301) 295-5322

c. Mid-Atlantic Region. For the states of North Carolina, South Carolina, and all areas of Virginia south and west of Prince William and Loudoun counties, medical and dental responsibilities are vested in:

Commander
Naval Medical Command, Mid-Atlantic Region
6500 Hampton Boulevard
Norfolk, VA 23502-1297
Telephone: (A) 565-1074/1075  (C) (804) 445-1074/1075

d. Southeast Region. For the states of Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, Tennessee, and Texas, medical and dental responsibilities are vested in:

Commanding Officer
Naval Medical Clinic
Code OMA
New Orleans, LA 70142-5300
Telephone: (A) 485-2406  (C) (504) 361-2406

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Medical and Dental Care

Table 2. (continued) Offices of Medical Affairs (OMA) and Offices of Dental Affairs (ODA)

e. **Southwest Region.** For the states of Arizona, Nevada, and New Mexico, the California counties of Kern, San Bernadino, San Luis Obispo, Santa Barbara, and all other counties of California south thereof, medical and dental responsibilities are vested in:

Commander
Naval Medical Command, Southwest Region
Office of Medical Affairs
San Diego, CA 92134-7000
Telephone: (A) 987-2611  (C) (619) 233-2611

f. **Northwest Region.** The states of Alaska, Colorado, Idaho, Kansas, Montana, Nebraska, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming; and the California counties of Inyo, Kings, Tulare, and all other counties of California north thereof are served by 1 ODA and 2 OMAs:

1. Responsibility for dental matters for all states in the Northwest Region is vested in:

Commander
Naval Medical Command, Northwest Region
Office of Dental Affairs
Oakland, CA 94627-5025
Telephone: (A) 855-6200  (C) (415) 633-6200

2. For the states of Colorado, Kansas, and Utah, and the California counties of Inyo, Kings, Tulare, and all other counties of California north thereof, medical responsibilities are vested in:

Commander
Naval Medical Command, Northwest Region
Oakland, CA 94627-5025
Attn: Office of Medical Affairs
Telephone: (A) 855-5705  (C) (415) 633-5705

3. For the states of Alaska, Idaho, Montana, Nebraska, North Dakota, Oregon, South Dakota, Washington, and Wyoming, medical responsibilities are vested in:

Commanding Officer
Naval Medical Clinic
Naval Station
Seattle, WA 98115-5004
Attn: Office of Medical Affairs
Telephone: (A) 941-3823  (C) (206) 526-3823

2. Processing claims for civilian emergency medical and dental care (NAVMEDCOMINST 6320.1 refers) provided in the 50 United States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands to active duty Navy, Marine Corps, Army, and Air Force members:

Active Duty Contract
Blue Cross and Blue Shield of South Carolina
P.O. Box 6120
Columbia, SC 29260

For the state of Hawaii:

Commanding Officer
Naval Medical Clinic
Box 121
Pearl Harbor, HI 96860
Telephone: (C) (808) 471-9541

you to send in with your CHAMPUS claim. This is very important because the CHAMPUS contractor will deny your claim without this statement. Please be sure to see your HBA prior to receiving inpatient care from a civilian provider if you live within 75 miles of a USMTF.

Dependents of active duty service members pay $7.30 a day or $25 for the entire hospital stay, whichever is greater. The daily rate may change each year.

When there are less than 60 days between successive admissions, CHAMPUS considers it as one confinement in computing charges with two exceptions:

a. Successive inpatient admissions related to a single maternity episode are counted as one confinement, regardless of the number of days that elapse between admissions.

b. A maternity admission and an admission related to an injury are considered separate admissions and cost-shared accordingly.

When a professional (doctor, etc.) charges separately from the hospital, CHAMPUS pays all allowable professional fees. Beneficiaries other than dependents of active duty members pay 25 percent of allowable professional fees and hospital charges.

**CHAMPUS Maternity Cost-Sharing**

A maternity care episode starts when a woman becomes pregnant and continues through the end of the 42nd day following the termination of the pregnancy. Special maternity care cost-sharing provisions cover this period of time only. Thereafter, regular cost-sharing rules apply.

When an expectant mother plans to have her baby at a civilian hospital or similar facility, CHAMPUS will generally share the cost on an inpatient basis. If she resides within the catchment area of a USMTF or USTF, a non-availability statement must first be obtained for claims to be paid. If an expectant mother
Medical and Dental Care

For all preauthorization, except dental care, send applications to Benefit Authorization Branch, OCHAMPUS, Aurora, Colo. 80045-6900.

CHAMPUS Preauthorization

Before CHAMPUS will share the cost of certain services and supplies, prior approval from CHAMPUS must be obtained in writing before the care is received. This preauthorization protects you financially in those areas of CHAMPUS with program limitations. All benefits under the Program for the Handicapped require preauthorization. Adjunctive dental care, hospitalization for a medical or surgical condition in excess of 90 days, and inpatient mental health services in excess of 60 days require preauthorization. Preauthorization for admission to a CHAMPUS-approved residential treatment facility is available; but in any case, authorization from OCHAMPUS is required before payment can be made.

CHAMPUS Double Coverage

Double coverage occurs when a beneficiary has any other coverage from health insurance or a health plan which they are entitled to by law, such as a worker’s compensation or employee-sponsored plan, group coverage or privately purchased insurance.

Public Law 97-377 requires that if there is any other duplicate coverage, the other plan must pay first. Exceptions to this are maternal and child health programs, Indian health programs, CHAMPUS specific supplemental plans, and financial supplemental plans.

When double coverage exists, the other health insurance or plan must pay its benefits first. When the dependent of an active duty member is entitled to Medicare, that program’s benefits must be used before CHAMPUS payment can be considered.

CHAMPUS benefits are not available for services or supplies provided in connection with work-related illness or injury. In such cases, you must apply for benefits under applicable worker’s compensation laws. When worker’s compensation is involved, CHAMPUS will consider benefits for payment only after other benefits available are exhausted. Documentation must show this is the case and there is no option to waive benefits in favor of CHAMPUS. In unusual cases, where there are extreme hardships due to delay of payment caused by appeals or litigation, CHAMPUS has special provisions for making payment, but will later recoup the money as appropriate.

Many military oriented groups offer supplemental insurance which pays the deductible and the patient’s cost-share (based on CHAMPUS allowable charges). Your HBA can provide further information.

CHAMPUS Basic Program Benefits

In many aspects, the CHAMPUS basic program is similar to private medical insurance. It covers medically necessary inpatient and outpatient services, durable medical equipment, medical supplies, prescription drugs, and mental health services. CHAMPUS does not ordinarily cover services and supplies that are considered to be preventive care, experimental, or investigational in nature. Benefits fall into three categories:

a. Institutional benefits—services and supplies provided by hospitals or skilled nursing, residential treatment, and certain special treatment facilities.

b. Professional benefits—services rendered by physicians, dentists, clinical psychologists, podiatrists, certified nurses, midwives, and other authorized CHAMPUS providers.

c. Other benefits—ambulance services, prescription drugs, medical supplies, and durable medical equipment such as wheelchairs, etc.

Program for the Handicapped

The second part of CHAMPUS is a special program to assist active duty members with handicapped dependents who cannot obtain state-funded services because they do not meet residency requirements. Only the seriously physically handicapped or moderately to severely retarded qualify for assistance. Dependents of active duty members and those receiving care in the program at the time of a sponsor’s death are eligible only if the sponsor was receiving hostile fire pay at the time of death and the dependent was enrolled.

Before an individual receives benefits, he or she must meet certain general criteria. The condition must be expected to
last for at least 12 months. Because of the condition, the impaired individual cannot engage in activities of daily living expected of individuals in the same age group.

CHAMPUS then determines whether the situation warrants participation in the Program for the Handicapped.

Benefits include diagnostic services, rehabilitation, training, special education, institutional care, durable medical equipment, certain transportation costs to and from places of treatment, and hearing aids in certain cases. Benefits do not include payment for custodial care, dental care, or alterations to living spaces or motor vehicles.

The OCHAMPUS Benefit Authorization Branch must authorize care and supplies under the Program for the Handicapped.

Under the Program for the Handicapped, the beneficiary pays a portion of the costs of each month's care according to a sliding scale (ranges from $25 to $250) based on paygrade. CHAMPUS then pays its share up to a maximum of $1,000 per month for the first family member. The sponsor pays any additional amount. If additional family members are placed into the program, the cost share for the family remains as if only one were in the program.

**Filing a CHAMPUS Claim**

The two basic categories for submitting claims under the basic program are institutional and non-institutional. Non-institutional claims (care from civilian providers such as physicians, pharmacies or ambulance companies) account for about 70 percent of all claims.

Because of errors, CHAMPUS returns three out of every 10 claims. This slows payment to you and to the providers submitting claims. CHAMPUS personnel cannot fill in items that are omitted; they must mail the claim back for completion if they are unable to complete the form by phone.

**CHAMPUS Forms**

For claims involving services or supplies provided by civilian hospitals or institutions in the United States, the form UB-82 is used. Non-institutional services or supplies can be claimed on CHAMPUS Form 500 for outpatient care.

For CHAMPUS Form 500, fill out the ‘Patient/Sponsor’ section, items 1 through 18, and be sure to sign the form.

Block 14 of the CHAMPUS Form 500 requires other insurance information. CHAMPUS specific supplemental insurance should be entered in this block, but has no impact on your CHAMPUS coverage. Indicate ‘yes’ and fill out the remaining portion of the block. Be sure to indicate in the ‘Type of Coverage’ Section 14a, ‘other’ and write in ‘CHAMPUS Supplemental’ in 14d.

Block 18 of the CHAMPUS Form 500 requires a signature. For dependents 17 years of age or less, the sponsor or other responsible family member can sign. All patients 18 years of age or older, unless incapacitated, must sign the form. The signature block information is a major cause of rejection for CHAMPUS claims.

A common error is made when the sponsor signs for his/her spouse.

If you received care from a participating provider, the provider completes and sends the form to the CHAMPUS contractor that handles claims for that area. If you use a non-participating provider, the government sends its share of the charge directly to you after you submit a claim. Payment of the entire cost then becomes your responsibility.

When a non-participating provider is involved, fill out Section I, attach legible copies of itemized paid or unpaid bills or itemized receipts to the form, and mail to the contractor serving the area where care was rendered. The chart on page 46 lists the current fiscal intermediaries and the states/areas they serve.

Identify, by name and dosage, drugs and injections dispensed or administered by providers. Bills or receipts for prescription drugs must show the name and address of pharmacy, prescription numbers, dates prescriptions were filled, drug name, dosage, and strength, name of patient, amount charged, name and address of prescribing physician, and the diagnosis.

After you meet your annual outpatient deductible, CHAMPUS will indicate the deductible amount on the Explanation of Benefits form that is sent to the beneficiary. In the event that a beneficiary receives care in different areas of the country, causing claims to be paid by two different contractors, it is advisable to send a copy of the Explanation of Benefits to the other contractor to show the deductible has been paid. This will avoid the payment of two deductibles.

Submit all claims to the appropriate CHAMPUS contractor no later than Dec. 31 of the calendar year immediately following the calendar year in which care was received. For example, a claim during calendar year 1985 must be filed no later than Dec. 31, 1986.

**CHAMPUS Appeals and Hearings Procedures**

You and certain providers of care are entitled to appeal CHAMPUS claim decisions. This administrative process does not replace a beneficiary’s right to initiate legal action. However, a court rarely agrees to consider such a case until all other remedies have been exhausted.

Details on how to appeal a CHAMPUS claim decision may be obtained from your HBA.

**CHAMPUS Dental Care**

As such, CHAMPUS does not provide routine dental care benefits. Under very limited circumstances, CHAMPUS covers dental care when it is adjunctive to otherwise covered medical treatment. An example of adjunctive dental care is the removal of teeth or tooth fragments.
Medical and Dental Care

to treat facial trauma resulting from an accident. CHAMPUS requires preauthorization for any adjunctive dental care except when such care involves a documented medical (not dental) emergency. Send claims for dental care and preauthorization of dental care or related institutional services to Blue Shield of South Carolina, P.O. Box 6150, Columbia, S.C. 29260.

CHAMPVA—Through CHAMPVA—the Civilian Health and Medical Program of the Veterans Administration—the VA shares the medical bills of families and survivors of certain veterans. Once a person’s eligibility is decided by the VA, benefits are cost-shared the same way that CHAMPUS covers families of retirees.

CHAMPVA policies are not determined by CHAMPUS. CHAMPUS only processes claims for CHAMPVA.

For more information on CHAMPVA, contact your local HBA or Veteran’s Administration office.

Supplemental Insurance

Retirees and active duty families that reside a distance from a USMTF or USTF are strongly encouraged to buy supplemental insurance. The beneficiary’s share of medical bills can be financially devastating, especially if a family is living on a fixed income. The HBA has a list of supplemental insurance carriers that is readily available upon request.

REMINDER:
A limited number of additional copies of this article, and of each All Hands issue containing “Navy Rights & Benefits,” are available from: Dept. of Navy, NMPC-05, PAO, Washington, D.C. 20370.
## Medical Benefits for the Navy Family

<table>
<thead>
<tr>
<th>PATIENTS</th>
<th>UNIFORMED SERVICES FACILITIES</th>
<th>CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES (CHAMPUS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospitalization/ Outpatient</td>
<td>Basic Program</td>
</tr>
<tr>
<td></td>
<td>Hospitalization</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Spouse or child of active duty member</td>
<td>On a space-available basis</td>
<td>Eligible, but may need Non-availability statement</td>
</tr>
<tr>
<td>Eligible former spouses</td>
<td>On a space-available basis</td>
<td>Eligible but may need Non-availability Statement</td>
</tr>
<tr>
<td>Retired member</td>
<td>On a space-available basis</td>
<td>Eligible unless entitled to Medicare (Part A). Also, may need non-availability statement</td>
</tr>
<tr>
<td>Spouse or child of retired member</td>
<td>On a space-available basis</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Surviving spouse or child of deceased active duty / retired member</td>
<td>On a space-available basis</td>
<td>Not eligible</td>
</tr>
</tbody>
</table>

### COSTS

<table>
<thead>
<tr>
<th>PATIENTS</th>
<th>Hospitalization/ Outpatient</th>
<th>Hospitalization</th>
<th>Outpatient</th>
<th>Program for the Handicapped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse or child of active duty member</td>
<td>$7.30 per day (rate reviewed annually)</td>
<td>No charge</td>
<td>$7.30 per day or $25 whichever is greater (rate reviewed annually)</td>
<td>20% of allowable charges above the deductible (first $50 each fiscal year-$100 maximum per family)</td>
</tr>
<tr>
<td>Retired: Enlisted Officer</td>
<td>No charge Subsistence</td>
<td>No charge</td>
<td>25% of the allowable medical facility charges and allowable professional fee</td>
<td>25% of allowable charges above the deductible (first $50 each fiscal year-$100 maximum per family)</td>
</tr>
<tr>
<td>Spouse or child of retired or deceased member</td>
<td>$7.30 per day (rate reviewed annually)</td>
<td>No charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent parent or parent-in-law of active duty, retired, or deceased member</td>
<td>$7.30 per day (rate reviewed annually)</td>
<td>No charge</td>
<td>Not eligible</td>
<td>Not eligible</td>
</tr>
</tbody>
</table>

Note: All beneficiaries are advised to confer with the nearest Health Benefits Advisor for current charges and program changes prior to using civilian sources of care.
Mail Buoy

Reversed photo?
In reference to the November 1985 issue of *All Hands*, there is a discrepancy in the picture of the sailors on page 22.

Being a sailor, I happened to notice that the sailors' stripes are on the wrong sleeve. Having had some photography experience, I can only assume that someone had the negative reversed. I feel it has to be the negative or they were very unsat sailors.

—ADAN Rod M. Pettys, Oak Harbor, Wash.

• You're right. The slide was accidentally reversed.—Ed.

Telephone security
I am taking this opportunity to write about an article, "One Navy in Europe," in the September 1985 issue. On pages 40 and 41 is shown a captain and commander discussing mobilization problems.

Being somewhat familiar with mobilization problems, I was surprised to see two naval officers discussing this problem over a telephone that is off the hook. While it is not apparent whether or not this phone has a push-to-talk switch, it is apparent that information could be transmitted over the phone.

In light of the many security problems that face our nation, I would think that the photo editor would have caught this possible security problem. The people at the top must set the example for the people at the bottom. By showing two senior officers discussing what is normally classified material, how can anyone in a lower position feel that he or she is doing wrong by discussing this type of material over an open phone line?

While I am in no way stating the two officers are in any way breaking security procedures, I am stating that in the interest of the people you serve, this picture should have been edited out of this magazine.

—Thomas A. Mann, Norfolk, Va.

• Cinc/U.S. NavEur staff in London assured us that these telephones, no longer in use in the headquarters building, must be activated with a manual switch prior to receiving or making calls. When the handset for the instrument is placed on the cradle in the normal manner, this phone's ring is extremely loud. Placing the phone's handset across the cradle in the manner shown in the picture substantially decreases the volume of the ringing tone. When working near the phone, normal practice is to place the handset across the cradle, to mute the ring. With a standard telephone set, placing the receiver across the cradle as shown would certainly indicate the possibility of an open line and a potential security violation. Cinc/U.S. NavEur personnel are fully aware of their security responsibilities and we at All Hands take care to represent the activities of all sailors appropriately. You are to be commended on your sharp eye and your security consciousness.—Ed.

Reunions


• USS James E. Craig (DE 201)—Reunion July 31-Aug. 2, Pittsburgh, Pa. Contact Lee Dewall, 126 Patterson Ave., Carnegie, Pa. 15106; telephone (412) 276-1507.


• River Patrol Force (Task Force 116) PBRs and Seawolves—Reunions Aug. 15-17, Norfolk, Va., and Nov. 11, Albacore, Ore. Contact John Williams, P.O. Box 5523, Virginia Beach, Va. 23455.

• USS John Hood (DD 655)—Reunion Aug. 1986, Knoxville, Tenn. Contact B.C. Ogle, 3536 Coffman Drive, Knoxville, Tenn. 37920; telephone (615) 577-1555.


• USS Dorch (DD 670)—Reunion August 1986, Providence, R.I. Contact Harold E. Wolf, 803 Douglas St., Jackson, Miss. 49203; telephone (517) 782-7001.


• USS Spence (DD 512) of DesRon 23—Reunion Aug. 20-25, 1986, Providence, R.I. Contact Dave Meskill, 1236 Greenwood Ave., Wilmette, Ill. 60091; telephone (312) 256-0466.

• 1st Marine Div.—Reunion Aug. 10-16, 1986, All Marines invited. Contact Daniel A. Beffa, #5 Lucas Lane, St. Louis, Mo. 63121.

• U.S. Navy Band—Organizing Alumni Association meeting Aug. 11, 1986, Washington, D.C. Contact Dr. Frank Scimonelli, 6506 Elmhurst Drive, District Heights, Md. 20743; telephone (301) 735-8699.


• Naval Air Transport Squadron—Reunion Aug. 17-22, 1986, Washington, D.C. Contact Victor Kish, 12716 Silver Lane, Sugar Creek, Mo. 64050.

• USS Epperson (DD 719)—Reunion Aug. 20-25, 1986, Providence, R.I. Contact U.S. Epperson Association, 325 East Sunset Court, Madison, Wis. 53705; telephone (608) 231-2269.

• USS Stockton (DD 646)—Reunion Aug. 20-25, 1986, Providence, R.I. Contact Charles W. Smith Jr., 96 Homewood Ave., North Providence, R.I. 02911; telephone (401) 353-2740.

By hook or by crook—a sailor swings a grappling hook to the side of the 7th Fleet amphibious assault ship USS New Orleans (LPH-11) in port at Subic Bay, R.P. Photo by PHC Chet King.