

TWO HIGH-LINING TALES

I have a great fund of sea stories from my naval career, useful for boring young people. Here are two, the first is from my last few weeks with Destroyer Squadron 20:

Underway on a sunny morning with the Caribbean calm, the deck crew was preparing to high-line the youngest of our officers over to another ship. The line had been shot and the cable secured. Now the aluminum frame cage was rigged and the youngster, an Academy graduate and the scion of an old Navy family belted in. He was a particular favorite of our crew, cheerful and diligent in his duties, despite being particularly troubled (like Nelson and Hornblower) with seasickness at the start of each cruise.

As the cage was pulled along the cable, whether by steering fault or rogue motion of the sea, the two ships came closer in their parallel courses, the line dipped, the cage disappeared beneath the surface. When it re-emerged dripping and broken, to the horror of all looking on, the young officer was nowhere to be seen.

Now here is my second story, from the previous fall and my first week at sea. Our squadron was lucky to depart home port before a hurricane hit but almost immediately met heavy weather; rain, gale force wind and a turbulent North Atlantic. This continued as we rendezvoused with a carrier and other U.S. Navy ships and a large contingent from the Royal Navy, heading for an exercise above the Arctic Circle. Soon, my superior, the Commodore commanding our squadron, received a message that a fleet oiler cruising nearby had suffered a severe casualty and might need medical assistance from his squadron medical officer- me.

On a radio consultation with the oiler's Corpsman I learned the situation, but not before I had mentioned our flagship by name rather than by its code name as I had been coached, causing exasperated gasps from the line officers assisting me with the radio. A gigantic wave had broken over the low freeboard well deck of the oiler, smashing a sailor against machinery, likely breaking a thigh bone. The medic outlined his treatment with which I concurred: the patient had been transported in a basket stretcher and made comfortable with morphine, the limb was splinted in a metallic traction frame and an IV was running. Vital signs were normal. I did tell him that my Commodore might feel obliged to high-line me over to supervise, which indeed proved to be the case.

I soon found myself on a weather deck, too ignorant to be fearful, protected from wind and spray mostly by a bulky kapok life jacket, watching preparations with intense interest. Our ship, rolling, yawing and pitching through mountainous whitecaps in the intervening space, was trying to maneuver parallel to the oiler, close enough to get a line over. Over and over it seemed to be thrown away- or thrown dangerously close. Only later did I learn the saying attributed falsely to Thucydides "A collision at sea can ruin your entire day".

My children and grandchildren have seemed unimpressed that the destroyer's captain was finally able to persuade my commodore that he absolutely could not safely maneuver his flagship close enough to effect the transfer and to cancel the attempt. They do seem glad to hear that the injured oiler seaman was eventually transferred, in calmer weather, to a carrier's hospital ward and did well. And also that the young officer in my first story was back aboard our ship in time for lunch, joking around the wardroom table, having been picked up by a guarding destroyer, assigned as was routine to follow behind during high-lining maneuvers.

E. K. Poole November 2020

“INTESTINAL DISTRESS AND ME” – A STORY OF SEAGOING EPIDEMICS

Reading about the current COVID-19 epidemic on the giant U.S. Navy carrier USS Theodore Roosevelt, vividly reminded me of my experiences on smaller U.S. Navy ships in the 1960s.

Being delayed in reporting to my destroyer squadron, then in the “Med”, and anyway being fresh out of internship and needing instruction in the lore of the saltwater navy, I spent a couple of weeks being coached by the Force Medical Officer and his staff and then being assigned to various duties on ships in home port. On my first assignment to a large ship, a destroyer tender, I placidly took Officers’ Sick Call until one morning the Chief Hospital Corpsman who had been attending to enlisted men, burst in excitedly. “Doc, I’m seeing too many of the crew with the runs!”. Now my recent indoctrination had taught me that an epidemic aboard a warship could quickly cause it to fail in its mission, so when the scope of the problem was fully described I knew exactly what to do; a call to the Force Sanitarian’s Office brought an investigatory team who arrived promptly, found the source of trouble, an improperly sanitized ice cream machine, trained the mess cooks in proper sterilizing and quelled the epidemic.

A few days later I was called to the ship’s Captain’s office, fully expecting to be complimented on my initiative. Instead, mournfully, “Now doctor, I know you’re new to the navy but you must understand that I should have been informed of the problem; I’m expected to know everything that goes on in my command and am embarrassed to hear later about an epidemic aboard my ship”. This was not the last time I “steered onto breakers” in my naval career as will be learned from what follows.

Soon I took on duties as Squadron Medical Officer on a prolonged cruise, responsible to my Commodore for the medical care of three destroyer crews, over 600 souls, and more specifically for care and training, including sanitation inspections, of whatever ship I might personally be riding at the time. Regarding epidemic prevention there was help from Area Naval Medical Offices ashore that dispatched health warnings for each port we were approaching. These cautionings were many and dire! Dutifully I included them in my ships’ important and widely printed and distributed Plans of The Day; it was said that if a ship’s mimeograph machine broke, return to port would be mandatory! These, and frequent cautions during my numerously conducted first aid training sessions prevented serious outbreaks among enlisted crewmen during my tenure.

Not so with the officers, who because of the then popular People to People Program felt obliged to socialize with their opposite numbers in foreign ports, eating and drinking anything offered. A few days after visiting Naples, Italy, our squadron having joined with a U.S. aircraft carrier and a Royal Navy task force for joint antisubmarine exercises, the CO of our flagship reported to sickbay with intestinal distress (like current Covid-19 bulletins I am delicately trying to avoid the term diarrhea too often in this narrative). The very experienced Chief Hospital Corpsman immediately consulted me; I prescribed what I had learned in med school

would be effective. To my chagrin, I began to hear that my treatment was ineffective and indeed, after two days, my boss the Commodore, ever irascible even at best, angrily confronted me: "See here, Doctor! I can't have the CO of my flagship rushing off the bridge every few minutes in the middle of a vital exercise! Do something! And quickly!".

With this stimulus the Chief and I huddled in sickbay and dug out a Cecil's Textbook of Medicine, found toward the end of the dysentery section something I hadn't learned in conservative civilian training, promptly prescribed Terramycin, a poorly absorbed antibiotic, and quickly had a miraculous cure. Naturally I was widely criticized for not doing it sooner.

I had more prompt success treating some younger officers during our visit to Karachi, Pakistan. At the time it was a hardship post for our diplomats who claimed that the sewers were at a higher head of pressure than the water mains. But brightest spots from all this came many years later when, as a civilian, Terramycin worked spectacularly with a few friends who at various times returned from Mexico with severe and refractory Tourista. They became my career's most grateful patients, second only to those treated for Portuguese Man-of-War stings. But I digress.

Later in the same cruise as described above, my weekly sanitation inspection report revealed to the flagship's CO that his ice cream machine was being improperly cleansed. He chose to back me up and had proper cleaning instituted, including a step that involved bleach. The grizzled old CPO in charge of the offending machine promptly circulated a rumor that the sanitizing would spoil the ice cream's flavor. In addition, the Supply Officer, in charge of the crew's mess, solemnly informed me that ice cream was a prime morale factor and that morale offenders had been known in the past to disappear off the fantail while underway. I confess to avoiding the weather decks until the ice cream proved tasty as ever.

So ends my epidemic narrative. If I have left a few nautical terms unexplained, it's only because we old mariners use them so unthinkingly. Also, I fear I should have done more to help prevent the current pandemic, considering my past expertise. But what little I have suggested has been ignored, not unusual at my advanced age I suppose, so I must be content.

/signed/ former naval doctor, E.K. Poole 1April 2020

I Quell A Mutiny, Sort Of

An arcane U.S. Navy custom is that, although no alcoholic beverages may be consumed recreationally aboard ship, it was common practice to carry such aboard and off-load and issue same to the crew ashore. In such instance it is virtually certain that no beverage will be wasted- no matter how short the time available for drinking.

So, it happened one morning, near the end of a Caribbean cruise, that the crew of our flagship, a 2100 class destroyer, was sent ashore to a tropical beach with many cases of beer, even when an early afternoon departure was planned.

The Chief Hospital Corpsman, a capable veteran whose prior independent duty had been with the Marines in Korea, was regaling me with his adventures in the epic fighting retreat from the "Frozen Chosin" Reservoir ("Retreat Hell, we're attacking to the rear!"). Suddenly, an excited sailor burst into our tiny sickbay breathlessly announcing "They're all drunk! First guy up the gangway threw a can of paint on the OOD (the youngest, most inexperienced officer, most of the others being ashore) and he's climbing up the number two stack! He's going to kill himself!" Immediately, several other equally excited sailors crowded in yelling about a giant messman halfway down the passageway to the forward crew's quarters, angrily screaming and lashing out at any who came near and thrashing against the ladder and bulkheads. "He's going to kill himself or somebody else!". They named an enormous and muscular mess attendant, heretofore a gentle giant serving at table in the *officers'* mess.

Now I must pause here to stress that this was not the equally huge gentle giant whose duty station was at the serving line of the *crew's* mess. He had been sentenced to stay aboard ship, forbidden liberty ashore, after a court-martial conviction for manslaughter. The peculiar circumstance resulting in shipboard confinement was occasioned by his dragging his wife's boyfriend, bouncing his head down the concrete steps of a house-trailer, *parked on navy property*. Our giant, formidable and berserk though he was, proved later to have a blameless record.

The Chief and I found him, now down the ladder but still lashing out and shouting angrily, barely held down by several shipmates. "You've got to knock him out, Doc", came a panicky suggestion. But cautionary thought came quickly "Not only don't I know if there's an injectable barbiturate aboard, but if there was, what would be the dose that could calm an agitated giant without stopping his breathing forever?". Quick consultation with the veteran Chief brought a sad return look and a negative head-nodding, but then an inspired suggestion: "Mebbe we'd better put a straight-jacket on him?"

And that, with giant mostly on his back, was what we accomplished. At one point, as I held his left shoulder down, his eyes opened, his head thrust up, his jaws opening wide to bite me. Reflexly, I tapped his forehead, bouncing his head lightly on the steel deck, miraculously eliciting his first coherent comment: "Ah know you, doctah; ah'm goin' to SPIT in your iced tea".

We lifted him onto a nearby bunk and left him lying in the care of his shipmates. The rest of this story is a series of anticlimaxes. In a half hour or so, an agitated sailor reported "He's out of the strait jacket!". I found him sitting quietly, having by threatening secured his release. "You ain't puttin' me back in that jacket, doctah", says he, sullenly but calmly. Says I, rather diffidently, "Well we won't have to if you behave yourself", then retreating with stiff-legged dignity. I soon learned that the youth had safely descended the stack grab-irons, the crew was sobering, and the other officers were reappearing.

I fully expected to be testifying at a court martial for mutiny or at least at Captain's Mast. When a week or two had gone by, I asked the Chief why nothing was happening and was answered with a shrug and a sly grin. Later, and wiser, I realized that there was sometimes a "boys will be boys" attitude toward naval discipline, especially when alcohol was involved and when such an embarrassing episode would reflect on the promotion prospects for the officers involved in the party planning. And yes, I looked into the eyes of my giant, now back to waiting table, and exchanged a mutually repentant glance, then confidently drank my iced tea- after inspecting, of course, for "floaters".

EKP 3/21/2021

TRANSFERRED TO TEXAS

After receiving orders to U. S. Naval Hospital, Corpus Christi, I got much advice from others who had been stationed in the state: on arrival, buy a farmer hat to avoid torrid sun that regularly swoons whole high school bands, beware of alligators in the irrigation ditches, don't be impatient when delayed by slow-moving pick-up trucks on narrow roads as they are only going leisurely to get popsicles after dinner and will turn off soon – and more in the same helpful vein. I should have listened more closely to the advice on peppers. On our first evening in Corpus Christi, at a Luby's cafeteria, I advised my eldest, a trusting 5-year-old, "Eddie you should try one of those little pickles". He did and I was horrified to see the tears running down his cheeks. Later of course all the children bargained happily to eat a jalapeño for a reward of twenty-five cents.

I enjoyed my stint as Chief of Radiology (i.e.- the only radiologist). We had base housing so that all facilities were close by; I could easily walk to the hospital, where the staff and patients were congenial. The motto was (and I hope it still is) "The Navy Takes Care of Its Own." A negative was the out-of-date equipment- and even that was improving: my predecessor as Chief, a reserve officer and short-timer, had complained to his mother who in turn had complained to her next-door neighbor at the lake house, the then Secretary of Defense, Robert McNamara. But there were even more serious disadvantages: the hot, humid, and yet breezy Corpus climate played continual havoc with Margie's hair. And had I "stayed for 20" in the navy, I would have ended up an (ugh!) administrator.

One further consideration that would carry some weight when I was a short timer but probably would not have driven me to resign my commission was the CO's wife's cat problem. One Friday morning, on his tour of inspection with his entourage in tow, just before leaving my department he commanded "Poole, I'm tired of my wife's cat continually having kittens. Take that therapy machine in there and sterilize it." I'm not sure how I answered but I hoped he was joking. But I did, knowing that the Captain had an eccentric side, and with the help of the hospital librarian, make some unsuccessful efforts at research.

Alas, on the next inspection: "Poole, what have you done about that cat?."

"I'm researching it, Sir".

"Well, hurry up about it"

"Yes, sir".

After more literature search, fruitless except for some really interesting articles on animal psychology, I took my problem uptown to a retired radiologist who had been CO of the Naval Hospital and who had been gentle in reproving my predecessor in the McNamara incident. His amused take was that he had heard of such an attempt in which the cat wasn't sterilized but the radiologist was. Luckily, I was "short" enough that I escaped without further inquiries or repercussions.

So, goodbye to Corpus and the Navy and hello to Austin and civilian life.

E. K. Poole

Local Man Commissioned As Officer in U. S. Navy

A Vandergrift man has been commissioned as an officer in the United States Navy.

Edward Kern Poole, son of Mr. and Mrs. Edward S. Poole, 104 East Fifteenth St., Vandergrift, a senior at Jefferson Medical College, Philadelphia, had been named as an ensign (Medical) in the USNR. He will continue on inactive duty until his studies are completed.

He is at present assigned to a clinical clerkship at the U.S. Naval Hospital, Philadelphia which is designed to provide indoctrination and orientation in naval medicine, rotation through the major professional services of a naval teaching hospital and performance of on-job training duties.

The newly-commissioned officer, who will return to Jefferson Medical School when it resumes



WINS COMMISSION

Edward K. Poole

classes, is graduate of Vandergrift High School and holds a bachelor of science degree in pharmacy from the University of Pittsburgh.

My Time at Sea- Ed Poole



The busy role of the destroyer in the Fleet is becoming even busier as her mission is enlarged and increasingly complex equipment is placed aboard. USS *Decatur* (DD-936) takes station on a carrier during an exercise.

The Navy sent this article and photo to my hometown paper in 1967

That's the flagship of Destroyer Squadron 20, the USS *Decatur* with carrier USS *Champlain* in the background.



I usually rode the Decatur with the rest of the Commodore's staff.

That's me, in the Decatur's sickbay, trying to read with the ship rolling 15 degrees or so.



LT E. K. Poole MC USN



The other ships in DesRon 20 were World War Two veterans of the Fletcher class. One, the USS *The Sullivans* is now a war memorial tied alongside a wharf in Buffalo, NY. Photo at left is the USS *Rooks*.