

Experiences Of An Air Force Flight Surgeon

Incirlik Air Force Base
Adana, Turkey -- 1965 - 1966

Robert S. Sherins, MD
Pacific Palisades, California

Volume 2

Disclaimer

Many of my military duties were protected by Top Secret classification. I was not permitted to speak publicly about the tasks. After 54 years, all of those undertakings have been declassified and the specific responsibilities and technologies replaced and upgraded. There are newer aircraft designs, computerization, and satellites placed in space. Communications are protected by encryption and robotics have replaced many of the human tasks.

I have coveted my military experiences and the pre-requisite education provided me to function in those new military roles. I offer my grateful thanks for the leadership of my commanders and colleagues, who guided me throughout my military years. I gained enormous respect for the sacrifices made by our military personnel, who continue to protect us, often at perilous high risks. I am most thankful for those colleagues who offered friendship in settling in a foreign country, Turkey, and during the military duties and experiences.

My discussions and summaries about my experiences offered me relief, having kept the information private for 54 years. I can envision the hippocampus of my brain now relieved where the memories had been kept. Publishing this manuscript has been cathartic, an emotional discharge of memories and long-kept dreams.

The publication is only for educational and family history purposes. There are no commercial elements or plans. Readers are free to share the document with family and friends alike.

Thank you, Robert S. Sherins, MD

Dedication

I want to dedicate this publication about my Airforce memoirs to the tens of thousands of United States airmen and flight crews, who have continued to protect us every day. We sleep peacefully because of their tireless service on our behalf for which they contributed selflessly sacrificing much of their family lives, sustaining personal injuries and disabilities or too frequently forfeiting their lives.

I served in the United States Airforce and was stationed at the NATO Airbase located at İnçirlik, Turkey, from September 1964 until my discharge from duty at Fort Dix, New Jersey, in December 1966. My service transpired during the “Vietnam Era” so I became eligible to receive veterans scholarship educational assistance during my specialty training as an Ophthalmologist at the James Wadsworth Veterans Health Center and the UCLA Jules Stein Eye Institute in West Los Angeles (July 1967 - July 1970).

Additionally, I was inspired by the good fortune of having a superb medical commander, Lt. Col. Sam Chunn, MD, who authorized me to participate in numerous activities in the care of extraordinary Airforce personnel and their dependants. I was permitted to represent my commander in other activities usually reserved for the most senior officers, while instilling confidence in my judgement and decisions. Thank you, Sam. Sam’s only fault was chain-smoking, which contributed to his early death a few years after his transfer from İnçirlik to Brooks Air Base Hospital, San Antonio, Texas, where he further trained as a radiologist. Sam had been drafted during the Korean Conflict, then redrafted during the Doctor Draft era of the Vietnam War. He accepted a Regular Airforce career after having served many years involuntarily. In December 1964, he thankfully became my mentor.

I also wish to dedicate this manuscript to my dear wife, Marlene, who after nearly 58 years remains my loyal and trusted friend and confidant. She witnessed all of the events that will be described in this publication; she shared in both the joy of our experiences, as well as the few episodes of sadness when friends, colleagues or team-mates were lost. Our son, Keith, was born in Ankara, Turkey, during my tour of duty, so he possesses both an American and a Turkish birth certificate, as required by the Status of Forces Agreement between our nations.

Despite any current indications that American politicians may have forgotten why Inçirlik Airbase is so strategic in protecting our free world, I will list a few of the historical events that have transpired where Inçirlik served in a vital role to protect us.

Inçirlik Airbase was created in 1951 and has served as part of the NATO alliance defense against the Soviet Union. The facilities are shared by both Turkey and the United States. Their military and governmental relationships are coordinated by a legally binding agreement known as the "Status of Forces Agreement".

From en.wikipedia.org/wiki/Incirlik_Air_Base:

"Incirlik Air Base has a U.S. Air Force complement of about five thousand airmen, with several hundred airmen from the Royal Air Force and Turkish Air Force also present, as of late 2002. The primary unit stationed at Incirlik Air Base is the 39th Air Base Wing (39 ABW) of the U.S. Air Force. Incirlik Air Base has one 3,048 m (10,000 ft)-long runway, located among about 57 hardened aircraft shelters. Tactical nuclear weapons are stored at the base. Among them are "up to" 50 B61 nuclear bombs"...

"The decision to build the Incirlik Air Base was made during the Second Cairo Conference in December 1943, but construction only began after the end of the Second World War. The U.S. Army Corps of Engineers began the work in the spring of 1951. The U.S. Air Force initially planned to use the base as an emergency staging and recovery site for medium and heavy bombers. The Turkish General Staff and the U.S. Air Force signed a joint-use agreement for the new Air Base in December 1954. On 21 February 1955, the Air Base was officially named **Adana Air Base**, with the 7216th Air Base Squadron as the host unit. This Air Base was renamed the "**Incirlik Air Base**" on 28 February 1958."

Inçirlik facilities have continued to serve the critical interests of NATO and the free world over the past 70-years. The following list will serve to summarize some of the major events, services and conflicts that occurred and were supported by the Inçirlik facilities:

- Continued reconnaissance missions
- Military Training site for MAC, TAC and SAC Divisions
- Military training of NATO and other contributing nations
- Suez Canal Crisis 1956
- Military security during the oil embargo crisis
- Terrorist bombing New York Trade Center, September 11, 2001

- Gulf Wars, humanitarian Relief and Operation Northern Watch
- Iraq War
- Earthquake humanitarian relief 1966 and 2005
- Hezbollah - Israeli War 2006
- Islamic State of Iraq (ISIS) operations against Israel 2015

Preface

After 83 years (1919-2001), the Brooks School of Aerospace Medicine in San Antonio, Texas, and the airbase were closed in a cost-efficient effort to reduce the number of less necessary U.S. military bases, as well as to reduce the need for the auxiliary civilian staff and the continued very expensive updating and maintenance of the base facilities. The U.S. Airforce School of Aerospace Medicine was my alma mater, which introduced me to the medical specialty of military “flight Surgeon”. I received my Airforce assignment in September 1964 with the initial rank of 1st Lieutenant attending classes and laboratory assignments for the next 3 months graduating with the rank of Captain in December 1964. I received my “flight wings” medal worn proudly on the left chest of my uniforms.

Lessons learned at the Airforce School of Aerospace medicine enriched both my professional and personal life. The school had a notorious reputation for scholarly discipline and proficient attention to details serving as a model for both military and civilian aircraft safety, as well as the model for research and regulations for the safety of all flying personnel. We students were provided detailed lessons about military history and tactics, as well as the physiological bases of technology as applied to human performance and limitations that were based upon human organ system capabilities. Those specialized applications of medical practice will be more thoroughly discussed in the manuscript.

Introduction

The applications of aeronautic flight in military campaigns were recognized immediately. Reconnaissance is indispensable to military planning beginning with hilltop surveillance. Balloon ascent expanded reconnaissance capabilities, but was fraught with very high risk to the crews. When fixed wing flight became possible, mobile surveillance at altitude resulted in marked changes in military capabilities and tactics. There were severe limitations to air flight largely due to the less powerful engines and aircraft design configurations. Of necessity, flights were conducted at low altitudes and slower velocities; cockpits were open to the atmosphere. Gunnery was rudimentary and pilots lofted crude bombs manually thrown from the cockpit. Defensive gunnery and plane accidents resulted in very high loss of both pilots and planes.

As engine and aerodynamic designs improved, pilots achieved much faster velocities and much higher altitudes, which improved flight accomplishments but not survival. It resulted in anoxia above 12,000 feet. Although the military benefits were improved, the loss of pilots and aircraft became increasingly alarming. As a result, in 1941, a separate branch of the American military was established, the U. S. Airforce, which devoted special attention and created regulations for all of the unique characteristics of fight and to the critical importance of crew safety.

*From Wikipedia, en.wikipedia.org/wiki/United_States_Army_Air_Corps: The **United States Army Air Corps (USAAC)** was the aerial warfare service component of the United States Army between 1926 and 1941. After World War I, as early aviation became an increasingly important part of modern warfare, a philosophical rift developed between more traditional ground-based army personnel and those who felt that aircraft were being underutilized and that air operations were being stifled for political reasons unrelated to their effectiveness. The USAAC was renamed from the earlier United States Army Air Service on 2 July 1926, and was part of the large United States Army. The Air Corps became the United States Army Air Forces (USAAF) on 20 June 1941, giving it greater autonomy from the Army's middle-level command structure. During World War II, although not an administrative echelon, the Air Corps (AC) remained as one of the combat arms of the Army until 1947, when it was legally abolished by legislation establishing the Department of the Air Force.*

It was in this tradition of specialized Airforce medicine that I discovered myself in San Antonio. My instruction and training at the Brooks School of Aerospace Medicine was indispensable to the duties required at my next assignment as flight surgeon in Turkey. School instructions included both historical studies and military education. It included detailed study of International public health issues, essential local public health basics, such as water and food quality, sewage control, alcoholism and drug abuse, anger management, and the tradition of military behavior and culture. Rank has its privileges, "RHIP". You wear your authority on your shoulder by displaying your rank. Politeness is essential and expected. You must learn to appreciate the role of bureaucracy in administrative inaction. Most fortunately, I had a very positive attitude regarding the many sacrifices made by career military-service folks, who often gave up much of their family-time, and risked bodily injury required by their job descriptions. Very sadly, I did witness casualties and crew deaths. All flight personnel performed their duties with expected risks and receive extra "flight pay" as compensation. I was required to fly at least 4-hours monthly.

The first month of schooling at Brooks was consumed with didactic lectures, getting used to wearing our uniforms and saluting properly. In all fairness after surviving the intense year of medical internship, the flight surgeon's course was relaxed and interesting. In due course we "students" participated in laboratory exercises that were designed to prepare us for the real life actions required by our next active-duty assignments. As will be explained in the manuscript, we first were instructed to experience high altitude decompression in a chamber that could control the atmosphere oxygen content. A "buddy-system" was used to ensure full compliance with safety instructions. Decompression was set to simulated a 20,000 feet cockpit blow-out. We were instructed about how to recognize symptoms of anoxia. It required only 4 seconds for me to recognize that I was about to faint. An oxygen-mask was provided that immediately relieved my symptoms. Lessons learned...

In emergency situations flying crews face the risk of having to depart aircraft at altitude and at high speeds. Except for paratroopers, simply jumping out of an open door is not realistic as with sky-diving hobbyists, who are limited to a survivable altitude. We were instructed in the proper parachute landing techniques, safely removing ourselves from our parachute harnesses during water-landing emergencies or finding ourselves caught in branches of large trees; as well, we performed trial runs using launched ejector seat apparatus. While our Army comrades faced

crawling under or through barbed-wire fences under live machine gun fire, our physical efforts at parachute training were non-the-less quite physically enervating.

Our remaining laboratory practicums at Brooks included intensive reviews of the human organ-systems responses to aeronautical stresses. Flying personnel determined their actions by responding to their senses of awareness, vestibular and proprioceptive clues. Misinformation leads to disorientation, which all too often is responsible for aircraft failure and crew death. We studied the effects of excess G-forces (enhanced gravity), loss of visibility in weather situations, anoxia, and illness upon flight performance. We reviewed our human responses emphasizing the limits of our perceptions from cerebral, cardio-vascular, visual, hearing, and vestibular/proprioceptive organs. As an example, fighter pilots are among the most intelligent, athletic and healthy personnel in the military. Studies have shown that these fellows can integrate up to 7 simultaneous inputs, i.e. pulling excessive g-forces, high altitude, blinding sunlight, machine alarms alerting the pilot of incoming missiles, radio transmissions and targeting weapons systems. Added input creates disorientation and causes accidents. In an effort to reduce pilot errors in the Vietnam war, the pilots turned off the alarms and just tried to fly their aircraft. In the supersonic SR-71 capable of mach-3 speeds, ground control became necessary because utilizing printed map pages were useless. Aerodynamic designs and aircraft performance have become so powerful that full automation and pilotless drones have evolved.



Research Centrifuge at Brooks School of Aerospace Medicine Provided Invaluable Data That Was Used to Engineer Safer Cabin Structures and Special G-Suits for Astronauts and Pilots Involved In High G-Force Environments

Stateside military personnel usually are assigned to urban bases or near cities where English is the “lingua franca”. There are varieties of available local support civilian facilities, schools for dependants, medical care, religious institutions, inexpensive telephones and television; American life and culture prevail undisturbed. Overseas assignments differ by language, culture and law. There are “Status of Forces” agreements between the United States and each nation where American forces are stationed. Personnel appreciate their dislocations overseas and are prone to helping their colleagues. I discovered that physicians became a critical link in both domestic and service-related issues. I was proud to serve in this capacity.

I never anticipated that so many of my broad military duties in Turkey would have reflected the diverse subject matter studies learned at the Brooks School of Aerospace Medicine. I was also blessed by a very bright and empathetic medical commander, who gained full confidence in my duties as a team-player, and sincere attention to the medical and personal needs of the flying personnel to which I was assigned. He provided me with broad authority, independence and respect. Medical graduates bring many skills to the workplace; military duties are exceptional, however. We were required to “learn on our feet” and ask for help from senior officers. My assignment was ideal and permitted me to explore the many facets of my new specialty. I hope that as a reader of this manuscript, you will enjoy the journey as a witness to my overseas adventures.

Chapter 1

Public Health and Related Issues

Territorial Landscape

Pilots must become excellent map readers. Successful and safe flights depend upon his thorough knowledge of the flight path, terrain, weather, and civilian aircraft in the region, as well as International flight regulations and laws. I believe that American military pilots are among the best trained in the world and I specifically sought flights with the most intelligent and stable pilots available to me. Strong bonds were created between my pilot and crew friends, which remain to this day. The relationships were mutually trusting.

I first received military orders to appear in San Antonio, Texas, in September 1964, to enroll in the Brooks School of Aerospace Medicine for incoming flight surgeons. My final assignment was to be at the NATO Airbase, Inçirlik, Turkey. I was unable to locate Inçirlik on any map atlas. I proceeded to Campbell's bookstore in Westwood, California, adjacent to the UCLA campus. Mr. Campbell assisted me personally and neither of us was successful in locating the town. He offered to call his colleagues at UCLA who taught courses for the Air Force reserves. A few days later, he called me at home to report that Inçirlik was a tiny village located 7-miles south of Adana, which was the 4th largest city in Turkey. I was so relieved because I knew that I was not being posted to a remote radar site or similar military outpost. In addition, Marlene was pregnant with our first child and required military obstetrical services if she was to be authorized to accompany me overseas. I could not imagine being separated for my tour of duty.

Mr. Campbell offered to assist me in learning about Turkish history and geography for which I was immensely grateful. His bookstore was a treasure chest of reading materials. I applied myself earnestly to the task.



Map of Turkey, Adana Highlighted by the Red Marquee



Aerial View Inçirlik AFB, 1965
 Inçirlik Village - Yellow Marquee
 Population Adana in 1965 ~ 300,000
 Population Inçirlik ~ 800 - - No Electricity



Inçirlik Airforce Base, Village is adjacent, Southeast.
Adana Urban Expansion Northwest of base - 2020
Population Adana ~ 4,000,000
Population Inçirlik ~ 5,000



Inçirlik AFB Housing, Yellow Marquee Denotes Sherins Residence



Base Housing, Inçirlik AFB, 1965

To retain my military assignment, I was required to fly endorsed aircraft at least 4-hours monthly. However, I was permitted to choose both the aircraft and pilot. After a while, I discovered some of the very best crews and aircraft. Helicopters fly at lower altitudes permitting one to interact with the ground terrain. Those flights were the most exciting.

On a special flight from Inçirlik Airbase to Athens, Greece, aboard a 4-engine C-118 piloted by my friend Capt. Larry Wood, I encountered a terrifying incident that had not been included among our Brooks Aerospace School studies. We were peacefully flying at about 25,000 feet altitude, approximately 250 miles per hour. As a flight surgeon, was permitted to sit in the cockpit with my pilot. Capt. Wood always was delighted to instruct me in the formalities of flight. Suddenly he screamed, "What the "F---#&*%##XXZZ" !!!!! I immediately noted another aircraft flying at our altitude crossing closely in front of our plane. Capt. Wood contacted Inçirlik AFB Base-Ops for the identity of that stray aircraft and was told it was a Romanian civilian craft, identity number, flight call-number, etc. Larry made immediate contact with the stray Romanian pilot. He yelled, "This is Capt. Wood, pilot United States. C-118 aircraft number, etc." "Sir, you are flying at an unauthorized altitude and just crossed my flight path." "You are 5,000 too low and you must immediately rise to 30,000 feet!" English is the

International language of aircraft communications. The pilot of the wandering aircraft answered, “Thanks” and then turned off his radio.



Never dissuaded from flying with my very good friend Capt. Wood, I joined him on an “Egg-run” to Tel Aviv, Israel. We procured fresh eggs weekly for the entire Inçirlik population of 5,000 individuals, which required a lot of eggs. It was a gorgeous clear day; flying time from Inçirlik to Tel Aviv was about 1 ½ hours. After clearing the southern coast of Turkey, Larry asked me, “Bob, How would you like to take control of our 4-engine C-118”? It was an ideal opportunity, which I appreciated. After a couple of minutes of instruction in the cockpit instrumentation, I held the wheel and stated, “I have the controls”. Flying and steering a large 4-engine plane is awesome; piloting felt like holding the steering wheel of a huge cargo truck”. Everything felt “heavy” and slow. The navigator announced on our radio frequency, “Hey, doc, you’re flying off-course” and almost over Cyprus just west of us (see aerial map). Capt. Wood retrieved the plane controls to keep us from creating some International incident, God-forbid being attacked... I was happy to remain in the cockpit as his passenger until we arrived in Israel.



Aerial Map C-118 Egg-Run Flight Adana to Tel Aviv
Flight Plan Over Mediterranean Sea East of Cyprus

Public Health Responsibilities of the Flight Surgeon Potable Public Water, Lake Adana Water Supply and Chlorination

Inçirlik Airforce Base supported about 5,000 people, both military and dependants, as well as a large civilian work support population. The civilian employees consisted of local Turkish folks who performed important jobs: maintenance, janitorial positions, housemaids, gardeners, public transportation, school buses, transportation of supplies and waste collections.

Military dependents fulfilled important roles as secretaries, assistants and specialized jobs due to their unique prior training. There also were additional employees of the U.S. Defense Department, such as the school teachers, who served critical roles that permitted school-aged children to obtain their educations locally, rather than having to be transported to larger distant cities where school facilities were available, or an alternative solution of having dependents remain stateside. Keeping those families united was a very important factor in the military's efficient functioning. Healthcare facilities had to be augmented accordingly to care for the enlarged support workforces.

Single enlisted military resided in base-housing facilities. "bachelor's quarters"; married enlisted military of higher ranks were placed in trailers or could seek local town accommodations, especially if their spouses worked to earn enough salary to support their more expensive rents. Single officers were placed at the Officer's BOQ; married officers with families could seek base-housing duplexes or town apartments. Town residential living required owning your own automobile, since public transportation was complex. Official governmental visitors, NATO consultants and official military "brass" had to be accommodated accordingly and by rank. Inçirlik base facilities accommodated temporary military units, which rotated through our facilities on a temporary basis, often for intervals of 3-6 months and trained locally in exercises designed to "be prepared" for their specialized surveillance duties or weaponry. My functions as flight surgeon required detailed knowledge about all of those situations and oversight. Motto: "Be Prepared".

Public health oversight became one of my essential duties at Inçirlik AFB. Even in ancient eras, siege tactics were well-known and could cripple an enemy. Among the many issues involved among siege procedures, was the

critical dependence upon potable water supplies. Water availability was indispensable to the daily operation of İnçirlik AFB.

Source of Water

Lake Adana was created by the construction of a hydro-electric dam and facilities. It was situated north of the city in the watershed of the surrounding Taurus mountains.

From en.wikipedia.org/wiki/Taurus_Mountains

The Taurus Mountains (Turkish: Toros Dağları), are a mountain complex in southern Turkey, separating the Mediterranean coastal region from the central Anatolian Plateau. The system extends along a curve from Lake Eğirdir in the west to the upper reaches of the Euphrates and Tigris rivers in the east. It is a part of the Alpidic belt in Eurasia.



Aerial View of Adana and İnçirlik Airforce Base

Water was supplied to our airbase via a large pipe system. There were 2 elevated storage tank reservoirs that created the proper water pressure in the system that flowed about 10 miles to our base chlorination facilities. Water purity, pH and chlorination levels were constantly monitored. The

flight surgeon's corpsmen sampled Lake Adana water each week to determine potability. The facilities were maintained by the Inçirlik AFB engineers, but I held responsibility for public health medical oversight. There were comfortable public beaches along the lakeside, which were frequented by both Turkish and American folks. Electric power was supplied to Adana and to our airbase as the by-product from the dam. In 1965-1966, Adana had a population of 300,000 people, Inçirlik had about 5,000 personnel and additional official visitors. Adana was the 4th largest Turkish city at that time. It was an agricultural region, supported mainly by the economies from cotton and citrus. Smaller local farms supplied an abundance of vegetables, meats, eggs and sundries.





Seyhan River



Inçirlik Airbase



Water Aqueduct Installed Along the John F. Kennedy Bulvari from Adana



Vital Base Water Supply Reservoirs

One sunny day I coerced my helicopter colleagues to ferry me on a spontaneous surveillance of our water supply system. This adventure

turned out to be invaluable and also pinpointed egregious public health hazards. From Lake Adana, our water aqueduct ran underground. Immediately south of the city, was the large Seyhan river.

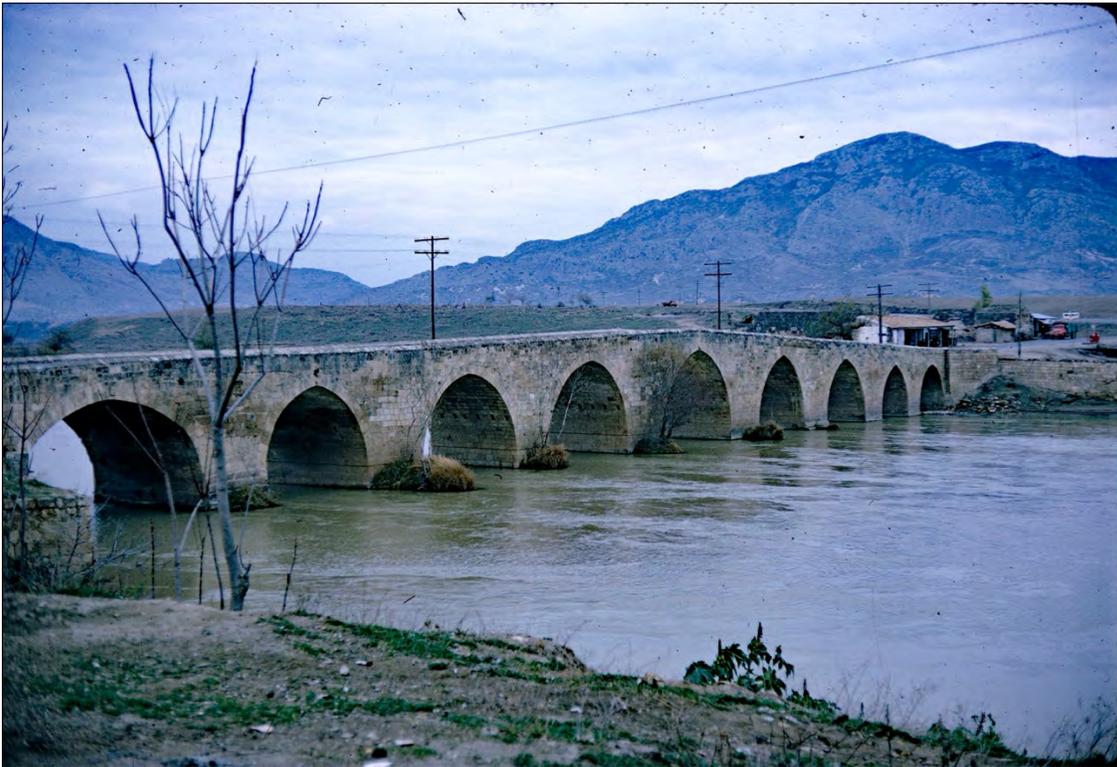
From Wikipedia:

The city is situated on the **Seyhan river**, 35 km (22 mi) inland from the Mediterranean, in south-central Anatolia.



Capt. Robert S. Sherins, Inçirlik AFB

River water was not potable because of the fouled run-off from the local ranches of fertilized fields and the feces from the large herds of sheep, goats, beef and humans.



Old Roman Bridge Over Seyhan River

I noted that our first elevated water reservoir was above ground immediately south of the city and river. Elevation of the tower provided the necessary pressure to move the water to our airbase 7-miles distant. We all noted the lush green tomato farm along the way, as compared to the brown vegetation of the surrounding farms. I suspected that the tomato farmers had tapped into our less than secure aqueduct. Our helicopter settled gently onto a clearing that enabled us to surveil the farm. Not far distant from our patrol, was a young farmer courteously squatting to relieve his bowels. WOW !!!

I reported my findings to Lt. Col. Chunn, my hospital commander, and learned that political issues interfered with solving the problem of the illegal water tap into our aqueduct. Imagine the local news media screaming about the wealthy Americans depriving local farmers of critical water and thereby ruining them financially. We had to tolerate the illegal theft of water, not the least of which sequel placed our insecure water supply at risk for purposeful poisoning.



Major Sam Chunn, MD
Commander USAF 81st Hospital and Dispensary, Inçirlik, Turkey
Promoted In-Station to Rank of Lt. Col (1966)

Human fecal contamination that we witnessed presented another problem. My next task was to make an emergency inspection of the base water purification facility. I discovered another high-risk impropriety. There was a second water tower reservoir on our airbase that created additional pressure for the base pipeline system. Water was siphoned off to a testing station for chemical analysis, including pH acidity and chlorination. Those tests were performed by Turkish nationals, not U.S. military personnel. Inçirlik was a NATO airbase, not American. Regulations were agreed upon by both Turkey and the U.S. The water supply was utilized by the Turkish Airforce, as well as by the American forces. The shared responsibilities created additional issues not easily resolved.

I discovered that the mechanics at the water-testing facility had been told to keep the pH at 7.6 and chlorination appropriately adjusted. -- "or else". The log book showed that the pH tests were recorded 7.6 every hour for the past month. It was a dishonest misunderstanding of instruction to the mechanics that valued their jobs. Our solution had to include 72-hours of super-chlorination - just in case.



Water Chlorination System



Sampling Water Supply for Chemical Analysis



Would you drink this water sample?



Transportable Potable Water for Remote Military Functions



Capt. Robert S. Sherins, MD Inspecting Paratrooper's Water (Lister Bag)
81st Airborne Troops on NATO TDY Maneuvers at Incirlik AFB, 1966



Public Pools Also Required Potable Resources and Secondary Chlorination



Every Town I Visited Had Public Water Sources Utilized by Humans and Animals. Fecal Droppings and Other Contamination Rendered the Water Unpotable



Public Fountains Used Before Prayers or Thirst Were Contaminated

All base waste water was collected by sewage channels to the Imhoff tanks located at the periphery of our airbase. After at least a month of “digestion” the dried sludge was collected and deposited in the rectangular pits adjacent to the Imhoff tanks. When thoroughly decomposed, the sludge was used as fertilizer.



Inçirlik AFB Sewage Facilities



Inçirlik AFB Imhoff Tank

During my tour of duty, we never experienced cases of water or sewage-borne disease. However, we did have to respond to other infectious risks.

Adana was plagued with feral cats and dogs who had escaped from private owners. Those animals were at risk of contracting sylvatic rabies from wild rodents and other roaming former pets. Children were the most vulnerable to being bitten by the stray dogs. When the dogs often ran away, we physicians could not determine the risk of rabies, which resulted in having to vaccinate the children with the series of shots. I chose to administer the vaccine under the skin while pinching the skin very hard. There were no painful experiences; no children contracted rabies.



Rabid Feral Dog

Fresh food was in great demand at İnçirlik AFB, who had to support feeding over 5,000 individuals. Our base had a large concession known as the military commissary, which offered a wide variety of foods, clothing and many other personal items. For the families with children, milk was essential and plentiful. Milk and its by products were produced on the base by the American Foremost Dairy Company. According to my current research, the company was founded in 1931 by J.C. Penny. Their facilities and services spread over many States and also overseas. U.S. military forces in Turkey contracted with Foremost to supply fresh milk products, which included all types of milk, cheese, cream, yogurt, etc. The products were created from milk powder that could be shipped worldwide without spoiling.

For unknown economic and political reasons, the Foremost contract was terminated and thereafter all milk products were to be trucked from German directly to our base. The initial shipment was held up by Turkish customs at the European border. Customs taxes (bribes?) were demanded of the German drivers, who refused out of their outrage and because they had no cash of that amount. Of course, within a few days from departure from Germany, the milk had spoiled and was no longer potable.



Commissary



Foremost Milk Products

A few weeks after the fresh milk disaster at the Turkish border, the American general in-charge of administering such matters arrived at Inçirlik for inspection and decision making. In his honor, a formal “Mess-Dress” dinner was created. We physicians were invited among the other highest

ranking officers at the airbase. Remembering that RHIP (Rank Has Its Privilege) rules of engagement were the order of polite conversations, as well as the proper military code of conduct, I took the liberty of a personal conversation with the general. I stated "General, Sir, I am very interested in the issues that were involved in the fresh milk crisis at the Turkish border last month". The general answered, "None of your God Damned business - X#@%&**!". Wow! I was stunned. The general recovered and immediately apologized. In response I declared that as the Inçirlik flight surgeon, any cases of food poisoning would have become my direct responsibility and thus I had a great military need to know. I received an unintelligible political nonsense answer... Lt. Col. Sam Chunn, my commander, was quite pleased, since he never would have been able to make such an inquiry for fear of losing any future increases in rank. Military autocracies are...

Corpsmen from our flight surgeon's office routinely inspected the dining facilities and took bacterial cultures from the kitchen surfaces and cook's hands. At our favorite and only "Officers Mess", workers were stopped when departing toilets, their fingers swabbed for culture. Et voilà, they had e-coli contaminated fingers. My commander was very helpful regarding any solutions to be taken in this situation. We could not close the officer's mess hall because there were no other food facilities to feed over a thousand officers. We could not declare an emergency to broadcast food contamination that could have created a riot. I was told to be silent on the matter. Independent as we doctors can be, I decided to boycott the restaurant and tried my best to convince our other physicians to do likewise. I met with resistance none-the-less. Sergeant Russo, NCO in-charge, offered me free dining for the rest of my tour if only I would eat at the Officer's Mess. I refused. The stand-off remained until December 1966, when my tour ended. Fortunately, there were no gastrointestinal outbreaks. Thereafter, handwashing was next to Godliness - I guess.

Communicable Diseases Outbreak Cholera Epidemic in India/Pakistan

NATO Command in Europe issued an emergency alert in the Spring of 1966 advising of a cholera epidemic moving westward from India. Immediate reimmunization of all military, dependent and civilian co-workers was ordered. I was given the responsibility to carry out the NATO orders within 24-hours.

Having no previous experience, my Commander still trusted me to organize the rapid response knowing that I would not hesitate to implement the proper procedures. All medical personnel joined in the task and without obstruction created an ideal team. Sequential tents were erected, barriers created 2 incoming lines for military personnel and all others. Registrations were recorded to eliminate any overlooked folks. Immediately after the first tables were 4 additional posts to interview personnel about any medical history that might contraindicate vaccination, such as previous drug allergy. At the end of the table were the “medics” who administered the vaccine. Within 8-hours about 5,000 personnel had been vaccinated. All personnel were accounted for; task accomplished and no cases of cholera were recorded. Although the epidemic had spread from India to Pakistan and the Soviet Union, none were recorded in the more-Western regions.



Military Only Line-Up for Vaccination Registration



Civilian Vaccination Registration



Medic Sergeant Drawing A Dose of Cholera Vaccine



Military Vaccinations; Sergeant Delano Supervising



Children Were Well-Prepared for Vaccination;
Chief Nurse, Lt. Col Crystal Epperson Assisting
Medic Corpsman Administering Vaccine Dose

Chapter 2

Flight Surgeon's Primary Military Responsibilities

81st Airborne Maneuvers - Inçirlik AFB

During the Spring of 1965, the 81st Airborne Paratroopers arrived suddenly over Inçirlik AFB. The event was a practice invasion, part of NATO exercises, routinely scheduled throughout Europe, part of the “Détente” planning. Viewing 5,000 parachutes landing from large C-130 Hercules transports flying overhead was a sight not to be missed. The exercise began at the home base of the 81st Airborne in Georgia, and proceeded non-stop to Adana, Turkey. I watched with awe as the troops landed in parachutes and proceeded to immediately secure the whole airfield, set up a perimeter, set up the tent encampment, food and toilet facilities and barracks. This was a well-rehearsed and professional exercise.

Our flight surgeon’s office became part of the Inçirlik team with special responsibilities to care for any personnel injured during the “parachute drop” or as a result of the expected communicable diseases or the aches and pains from dangerous duties. Only the sights and sounds of munitions exploding were missing.

Paratroopers appear awesome, but many suffer from the anxiety of their extremely dangerous responsibilities. Our office was crowded by personnel requesting “time off” from the duties. I was advised how to respond to these requests, admit to the hospital only those men who indeed suffered injuries, or quarantine those with communicable diseases. In the remainder of each day, I toured the encampment and recorded the events by photographing situations encountered. My personnel accompanied me for added experiences and my Commander, Lt. Col. Sam Chunn, MD provided sage advice. The following photographic images speak for themselves in accurately displaying the huge variety of responsibilities required during the immense exercise. Southern Turkey has ideal weather for tactical military exercises, so American and NATO forces frequently requested permission from Turkey to perform practical exercises.



Paratroopers Resting During Very Long Flight To Drop-Zone



First Parachuters Depart Aircraft



Paratroop Brigade Launched from Transport



Free Flight Before Landing



Troop Field-Landings En-mass



Paratrooper Deployment



C-130 Hercules Airborne Transports Assembled at Inçirlik AFB

Inçirlik AFB Field Encampment



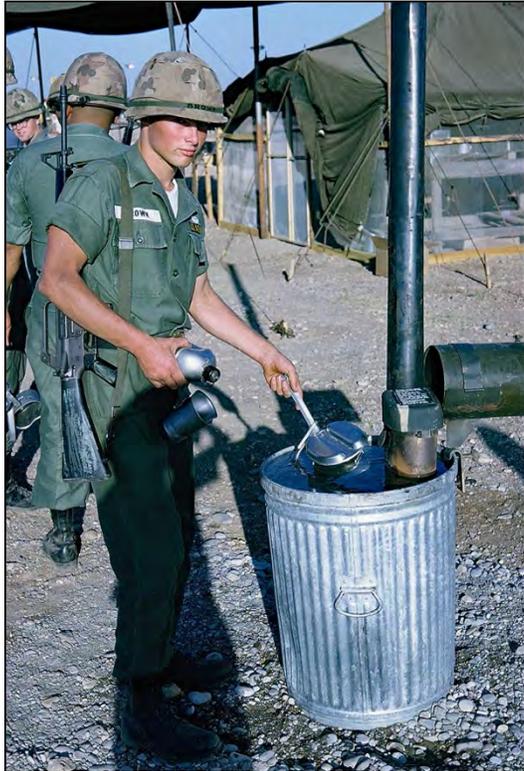
Mess Kitchen



Cooks Preparing Field Ovens



Transported Potable Water



Individual K-P



Capt. Dr. Mike Gurvey K-P



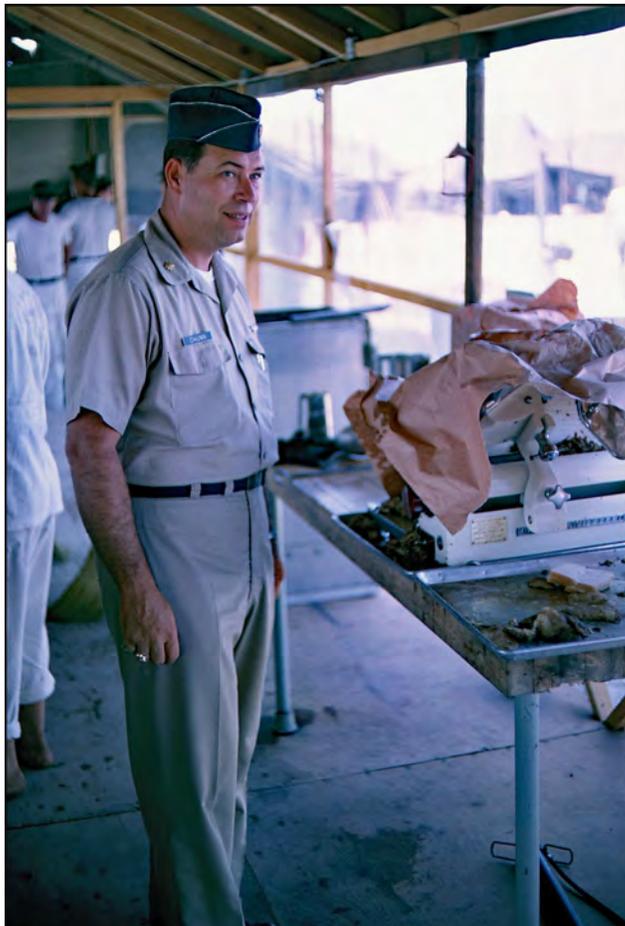
Corpsmen Instructing Turkish Internist, Dr. Ahmed Çan Gulçuler



Field Kitchen Preparation



Officer's Field Mess



Major Chunn Inspecting Field Food Services



Capt. Dr. Mel Geiger, DVM, Inspecting Field Kitchen



Capt. Robert Sherins, MD With HH-43 Flight Crew Preparation



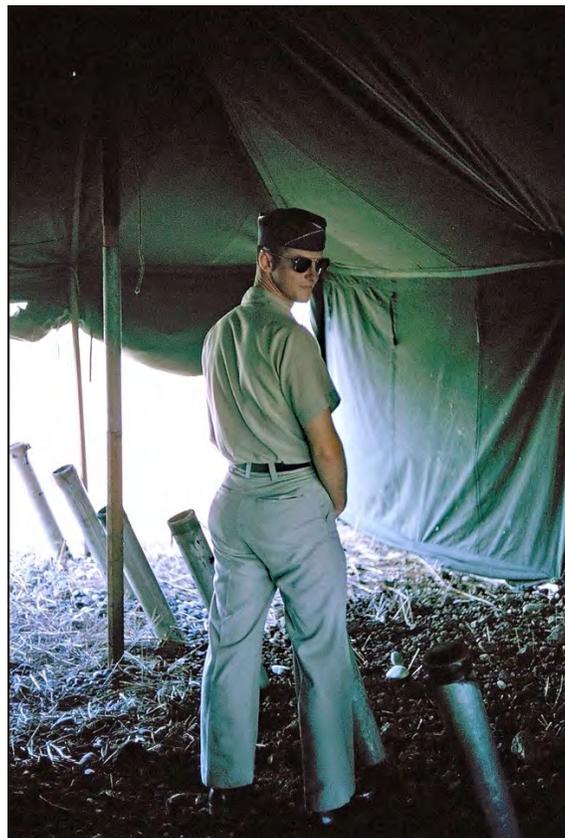
Visiting Inçirlik Dispensary Doctors



Washing Clothes After Cold Field Shower



Base Veterinarian, Capt. Mel Geiger, DVM Inspecting Field Latrine



Doctor Demonstrates Proper Use of Field Latrine



Mosquito Abatement Service

May Day, May Day...

Iranian F-4 Down on Mountaintop

NATO among other national military forces were frequently invited to utilize or participate in American training exercises. During the 1960s, Iranian fighters appeared at Inçirlik AFB for such purposes. I received an emergency call to mobilize my staff in response to an Iranian squadron's "May-Day" call. The F-4 squadron departed Inçirlik AFB one afternoon returning to Tehran from training exercises. One of the pilots notified his leader that one of his engines was disabled. He apparently was told to return to Inçirlik, determine the cause of the malfunction and obtain the necessary repairs before returning to Iran.

We launched our ambulance and rescue team and maintained constant radio contact until we received more detailed location map coordinates. Most fortunately, villagers from the impact zone called upon local police Gendarmes, who radioed our airbase with the information. We arrived about an hour later, spotting villagers who pointed to the rural dirt road that led to the place of impact. By that time, it was approaching sunset, making any trek into the territory risky. It was decided to return in the morning better prepared for our rescue duties.

Our team was augmented with an English speaking Turkish pilot, who could translate information provided by the villagers. A munitions technician was included who could disarm the fighter's ejection seat to prevent any further casualties. The Turkish base-commander obtained assistance of the local Gendarme attachment to assist us in making the inland trek. Villagers familiar with the territory also assisted. Our team set forth in the early morning with full provisions to complete our tasks.



Aerial Map of Adana Province; Marquees Denote the Location of Inçirlik AFB and the Mountainous Impact Zone of the Jet Fighter

It required about 3-4 hours to traverse the rural streams and hills to the impact zone. With our pilot translator, I had no difficulty in determining the instructions from the Gendarme' Colonel Commander. Military respect resolved all issues. Additional villagers joined us near the impact zone, who escorted us to the smoldering remains of the F-4. Body parts had been strewn everywhere. Our entire team collected as many body parts as possible, using gloved hands. All were unrecognizable, but were safely placed in our liter bag. As planned, the ejection seat was disarmed.

The trek back to the main road was longer due to the heavier weight of the deceased in the body bag. My team became exhausted trekking over the streams, ditches and shrubbery. I took one corner of the body bag to relieve a corpsman. When the Gendarme commander recognize me as the senior officer, he ordered his men to take over the task, which we accepted with relief. When we returned to our roadside ambulance, it became possible to make radio contact with Inçirlik AFB in order to summarize our findings and our planned return to the airbase. My thoughts remained focused upon the unfortunate mistake of the Iranian pilot, whose life would have been preserved if he had followed normal military procedures and gained altitude before turning southward toward our airbase. I was also impressed with the polite respect that was provided by the Turkish Gendarme and the villagers, who assisted us. Due to the nature of the emergency alert, I did

not have a camera to record the events. Apparently, News Media made the announcements, and more... American overseas events are always big news!!!



Rural Trek to Recover Pilot's Body



Turkish President Erdogan With Gendarme Patrol

Obstetrical Care Delivery by Flight Surgeon Additional Case of Obstetrical Fear of Flying

Military families are generally young, healthy and with children. Pregnancy is common. Officially, Inçirlik AFB had a 14-bed hospital attached to the outpatient dispensary. We could accommodate surgical emergencies, deliveries and even civilian casualties. Most pregnancies have estimated delivery dates, so the mother's can be safely transported ahead of time to the Ankara Air Force Hospital, which was staffed with board-certified specialists. The practice was pre-arranged - usually.

During my tour of military duty, 1965-1966, I witnessed 3 marvelous obstetrical cases that I wish to share. As flight surgeon, I became the 4th physician of our group to serve overnight on-call emergency department and hospital responsibilities.

One night a very pregnant mom appeared in active labor. She was admitted to our hospital; I called upon my most senior and knowledgeable corpsman, Sam Sokowski, who had fathered 4 children, but never witnessed a human birth. Fortunately, our clinic had an extensive medical library, so Sam and I poured over the surgical texts to review the obstetrical procedures. The surgical team was in place and the delivery proceeded accordingly. This delivery was our patients 5th normal birth; it continued normally. Presentation and crowning of the skull was normal; a midline surgical episiotomy was performed to reduce the risk of vaginal tearing. He was delivered; a beautiful normal baby boy. No circumcision was considered, as per the parents. Father was not present due to his coincidental military duties, probably made more complicated by the parenting requirements for his other children. Mom was ecstatic that the flight surgeon had delivered her baby; I called my wife, Marlene, to report the good news, to which she expressed delight at 3:00 a.m.

On another evening in the E.R. Mom #2 also presented in active labor. Her due date was still a few weeks in the future. I learned that the lady had an extreme fear of flying, her labor was precipitated by her fear. She did not wish to be transported to our area hospital in Ankara 400-miles distant, preferring to deliver at our Inçirlik surgery. She quieted and I determined it safe for air transportation. That undertaking required an emergency 4-engine C-118 air crew, surgical nurses and corpsmen and all the mechanics who normally prepare aircraft for flight. It was an expensive effort and costly.

A few minutes after lift-off, the mother panicked again and restarted active labor. When the crew became anxious enough, the pilot returned to İnçirlik. Back in our hospital, labor again ceased. There was no further labor for several additional days, until the normal Air Evacuation flight resumed. She was calmer and was transported successfully back to Ankara, where she delivered normally a few days later. Whew...

My 3rd case was especially delightful and personal. Marlene was transported to Ankara 2-weeks prior to her expected due date with our first child. It was wintertime, February 1965. Because our shuttle aircraft was not radar enabled, I was unable to get to Ankara due to the inclement weather. Nobody in Base-Ops could help. Behind me a visiting pilot was filing his flight plan to Ankara, when I blurted out that planes were grounded due to weather. "No problem", said the pilot, "we have radar and appropriate instruments". That is how I was able to witness our son's birth.



Birth Ankara Airforce Hospital, Keith Robert Sherins

Doctor Visitation at Turkish Prisons

Legal matters between the United States military and host nations are determined by “status of forces agreements”. I learned that my flight surgeon’s duties included visitations to the Judicial Courts and Prisons, when American citizens have been charged. Several situations demonstrated that our National legal regulations/laws were not identical. Many of the difference between our laws were significant.

A U.S. master sergeant became aware of a home invasion of his downtown Adana apartment. His wife and children were home. The sergeant owned a hunting rifle, which he proceeded to use against the assailant. The thief was wounded. However, the sergeant was arrested by the police because he possessed an unauthorized weapon, which was fired inside the apartment. In prison, the sergeant had to be represented by a Turkish lawyer, despite the fact that the American military Judge-Advocate’s lawyers/office participated. Turkish courts are presided over by 3 judges, not by a jury of peers. Court sessions are very brief; so, more cases can be considered daily. I witnessed only 15-minutes of total time in court, before the judges ruled to reconsider further evidence in the case 3-months later. The sergeant remained in prison for a year before the court released him as innocent.

In case #2, a local businessman gained the friendship of an Inçirlik airman. When possible, the businessman invited the airman to his second home located along the Mersin suburban beach. Apparently, the young airman made a “pass” at their housekeeper, which is forbidden in the Turkish culture. Rape charges were filed; the airman was imprisoned while the lawyers and court decided upon the merits of the case. In this instance, the prison warden incarcerated the airman in the second room of his private office to avoid the risk of harm from other prisoners, who were outraged over the American, who was accused of touching a virgin Turkish girl. Separation of the prisoner probably saved his life.

In case #3, an Airforce physician stationed in Ankara decided to have someone sign-in on a Friday morning as if that the doctor was working. Meanwhile, the doctor slipped out of town attempting to drive to Adana and explore the beaches and local antiquities. In Tarsus, the doctor had a minor traffic accident, a fender-bender. However, local police decided that the “victim” driver had experienced “bodily harm” during the incident. The doctor was imprisoned in Tarsus; the American Ambassador notified our Inçirlik base commander, etc. The final communication came to me as flight

surgeon. I journeyed to the hospital and prison, but no accident victim could be found in the hospital.

I had worked with an English speaking ophthalmologist in Adana, when flight crews needed glasses. The doctor's sister happened to be a celebrated judge from Adana Province. He arranged for a meeting, which include my commander and me. It turned out to be a meeting of very polite folks. Rose-scented handwashing began ceremoniously followed by offers of sweet Turkish tea and sweet fruit-meats. Our introductions were unexpectedly magnanimous. Then, "Her Honor" appeared. She was definitely in-charge of the meeting; her doctor brother was subordinate. In the end, the judge released our physician colleague, who was returned to Ankara to face military justice. We never had further communication and are unable to finalize this experience. Absence without leave, AWOL, is not condoned by the military; I believe that the doctor faced penalties.

On a weekend day, I was called to the Emergency Room to learn about an American who had been arrested crossing into Turkey from the Syrian border. His Volkswagen was searched and found to contain a large flat package of Hashish. Probably the driver was preoccupied by an idea that money could obtain when the drug was sold. The American driver was imprisoned and I was summoned to destroy the Hashish. In turn, I summoned our most experienced NCO, Sergeant Delano. Together, we burned the Hashish in the open lot behind our hospital. We took a brief "whiff" to identify the material, but I was unable to obtain the scent. This was a most unexpected military duty.

Today, we accept inexpensive global communications as a normal phenomenon of our modern technology. During the 1960s when I served in the Airforce, communications were often manually transmitted. The age of automation was not fully available. I learned about a nearby repeater station off-base and decided to investigate. It required driving remote roads for about an hour. The site was located on the Anatolian plane that offered the required line-of-sight contact with the next repeater facility. There were no land lines; communications were relayed between telescope receivers.

The facilities were contained in an old building standing alone in the plain with large surrounding telescope antennas. The communications team consisted of a half-dozen young men, who wore headphones and typed on wired keyboards in the presence of adjacent huge electronic consoles. Their commander escorted me through the facilities pointing out their

specialized equipment. I observed that the “codes” listened to and retyped to be repeated for the next-in-line facility consisted of only letters and numbers. These fellows typed meaningless codes for hours each day. They were isolated, silent, and without conversation with each other. To me, it appeared to be a very sad occupation. I spoke to my commander about the lack of automation, pitying the workers status.

It was only a few months later that the Communications director appeared at my office declaring that one of his workers had gone berzerk, destroying a lot of expensive equipment. He wanted to have me declare the young man unfit for duty and discharged from the Airforce. I not only refused to destroy this young man’s career, but also referred the manager to my hospital commander. Major Chunn backed my decision completely and provided for counseling and a job change. One young soul saved - I hoped.

Chapter 3

U. S. Airforce Effects
Massive Military Response
Support Rescue Efforts of
6.8 Magnitude Earthquake

Varto, Anatolia, Turkey,

August 16, 1966

Foreword

Even after 53-years, the details of our experiences regarding the U.S. Air Force emergency response to the massive (6.5 magnitude) earthquake in Varto, Mus Province, Anatolia, August 16, 1966, remains imbedded in my memory. The visual images, as well as my empathy for the suffering of that remote Kurdish population endures.

As background, there are ethnic, linguistic and socio-political issues involved. Kurds represent a unique ancient Middle Eastern culture, which has not been accepted politically by its neighboring nations, Turkey, Syria, Iraq and Iran. There are 8 dialects of their Indo-European language, initially based in Iran. Kurdistan is a name used to identify the land mass that contains the several tribal regions. Militancy emerged as a political engine of resistance to their several regional conflicts, especially in Turkey.

Summarized From Wikipedia:

*“Kurds are an **Iranian ethnic group** native to Western Asia. Geographically, this mostly mountainous area, known as **Kurdistan** includes southeastern Turkey, northwestern Iran, northern Iraq, and northern Syria. There are also exclaves of Kurds in **central Anatolia and Khorasan**. Additionally, there are significant Kurdish diaspora communities in the cities of western Turkey, in particular Istanbul, while a Kurdish diaspora has developed in Western Europe, primarily in Germany. Numerically, the Kurds are estimated to number between **30 and 45 million**.*

*Kurds speak **8 dialects of the Zaza–Gorani languages**, which belong to the Western Iranian languages branch of the **Indo-European family**. Regarding religion, although the majority of Kurds belong to the **Shafi’i school of Sunni Islam**, significant numbers practice **Shia Islam and Alevism while some are adherents of Yarsanism, Yazidism (Christian), and Zoroastrianism**.*

*After World War One and the defeat of the Ottoman Empire, the victorious Western allies made provision for a Kurdish state in the **1920 Treaty of Sevres**. However, that promise was nullified three years later, when the **Treaty of Lausanne set the boundaries of modern Turkey and made no such provision, leaving Kurds with minority status in their respective countries**. This fact has led to numerous genocides and rebellions, along with the current ongoing armed guerrilla conflicts in Turkey, Iran, and Syria / Rojava. Although Kurds are the majority population in the autonomous region of Iraqi Kurdistan, because of their statelessness, Kurdish nationalist*

movements continue to pursue greater cultural rights, autonomy, and independence throughout Greater Kurdistan.”

Author: Following endless years of discrimination, Kurdish populations have resorted to open armed resistance against Turkish authorities. Kurds were prohibited from speaking their own dialects, threatened with sanctions to cut out their tongues if discovered speaking any other language except Turkish, and viciously discriminated in many public spheres. The Turkish response to the Varto Earthquake disaster was a true test of the national government's intentions.

Military Emergency Alarms Were Sounded

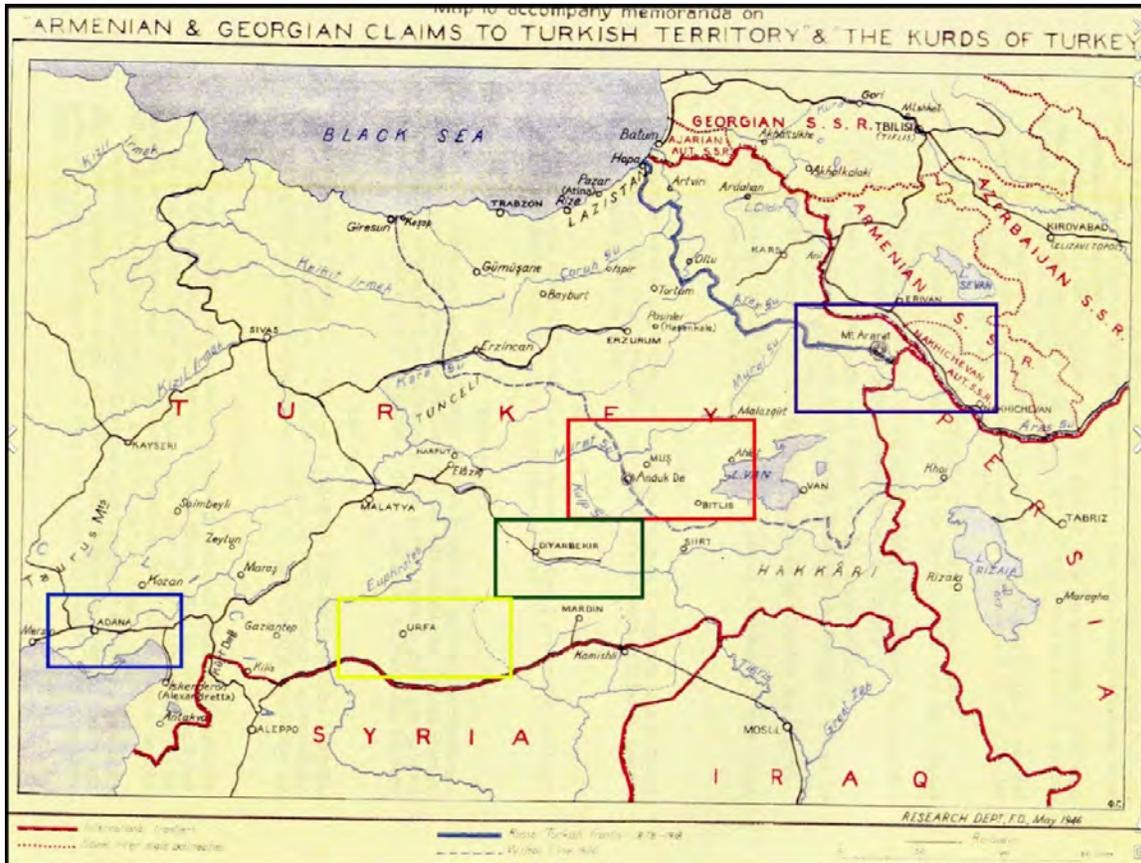
My involvement with American emergency response team began under unique circumstances on August 18, 1966.

Imagine that all of the academic schooling, which was critically important in our professional medical training, turned out not to reflect the real-world events. Our actual experiences didn't always follow the textbook examples. Good basic training combined with intelligent analysis and flexibility in executing decisions or to change a plan were essential. Our experiences in the Varto earthquake response changed all of our perceptions, professional and personal lives. As a result, we gained an intense esprit de corps as a team and personally gained great empathy for the suffering and deaths that occurred as a result of the natural earthquake disaster.

Our doctor on-call schedule at Inçirlik USAF Dispensary followed the pattern of daily office and military hours, followed by a full night on-call availability while sleeping in the hospital when possible. We had 4 physicians, so our on-call schedule was frequent, lasting throughout our entire tour of duty over 24-months. Weekends were harder because the duties started with Saturday morning hours in the Emergency Room at 8:00 a.m. to Monday a.m. and then ended back with our regular assigned office duties until Monday evening at 5:00 p.m. Fortunately, we were all young doctors. Nurses had 8 to 10- hour shifts.

Historical maps aid our understanding of the regional issues and conflicts. Although Anatolia was previously the region of Lesser Armenia, it is currently populated by disenfranchised Kurds. The next map shows how proximate are the cities and towns of Varto, Mus, Diyarbakir, Bitlis and

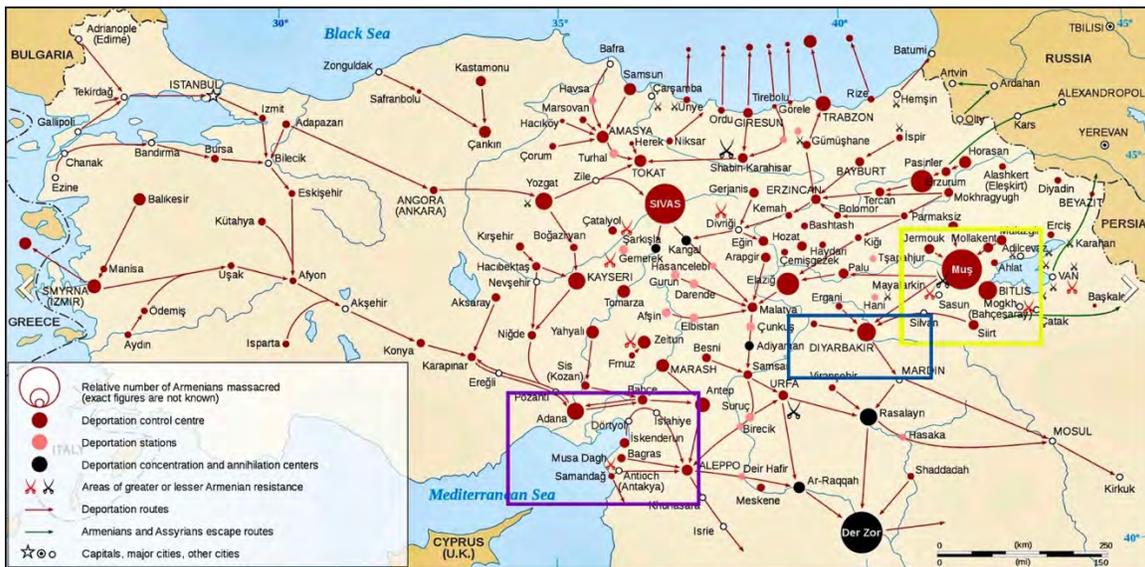
Adana, which I visited. Several of my Armenian friends and medical colleagues trace their family origins to these places.



The following map demonstrates how much of the territory of Anatolia was previously occupied by Greater and Lesser Armenia. As well, the eastern region of Armenia is contested by neighboring Azerbaijan; wars resulted over the rivalry about the critical region of Nagorno-Karabakh that targeted ethnic, religious and commercial issues.



Turkish political (Sultan) and military leadership (General Staff) increasingly promoted anti-Armenian policies and sentiments. Armenians were Christians living among Turkish Muslims; there also were small communities of other Christians and Jews in Turkey. Sephardic Jews had been invited by Sultan Beyazid II after Jews were expelled from Spain and Portugal at the end of the 15th century. It is notable that Armenians were assembled in towns to be later deported or killed in a *Holocaust*. I visited many of the towns during our earthquake response, 1966.



The next map dates from the 14th century when Armenian territory extended from Georgia in the north to Adana, Turkey and the Mediterranean Sea in the south. Mesopotamia was a southern neighbor, where historically great empires had preceded (Uruk, 4,200 BCE; Akkadia, 3,500 BCE; Sumer, 3,000 BCE; Amorites, 2,000 BCE; Babylon, 1,700 BCE).



Map Ancient Armenia and Mesopotamia (between two rivers)

From Wikipedia:

The "mountains of Ararat" have been widely accepted in Christianity as the resting place of Noah's Ark, despite contention that Genesis 8:4 does not refer specifically to Mt. Ararat. It is the principal national symbol of Armenia and has been considered a sacred mountain by Armenians. It is featured prominently in Armenian literature and art and is an icon for Armenian irredentism. It is depicted on the coat of arms of Armenia along with Noah's Ark.



Image Mt. Ararat, Armenia

Journey to Varto

Our initial deployment to Varto was taken on a flight from Inçirlik to Diyarbakir. We boarded a C-118 aircraft that was propeller-driven because of the limited airport runway space in Diyarbakir. Preparation for our sojourn included all military gear and limited personal items restricted to one small bag of luggage. Canteens were filled with clean water; we added **Globeline** tablets to sterilize any water consumed thereafter.

Few of us had cameras in 1966. Fear of losing an expensive item prevented any of us from bringing the one extra item that would have helped to document our experiences. NATO command offices later requested photographs; unfortunately, none were available.



Diyarbakir is an ancient town. We arrived during daylight after our 3-hour flight. There was insufficient time and it was not a priority to explore the town. A brief trip to the airport bathroom was permitted; more water refills for the canteen with another Globeline tablet sufficed.



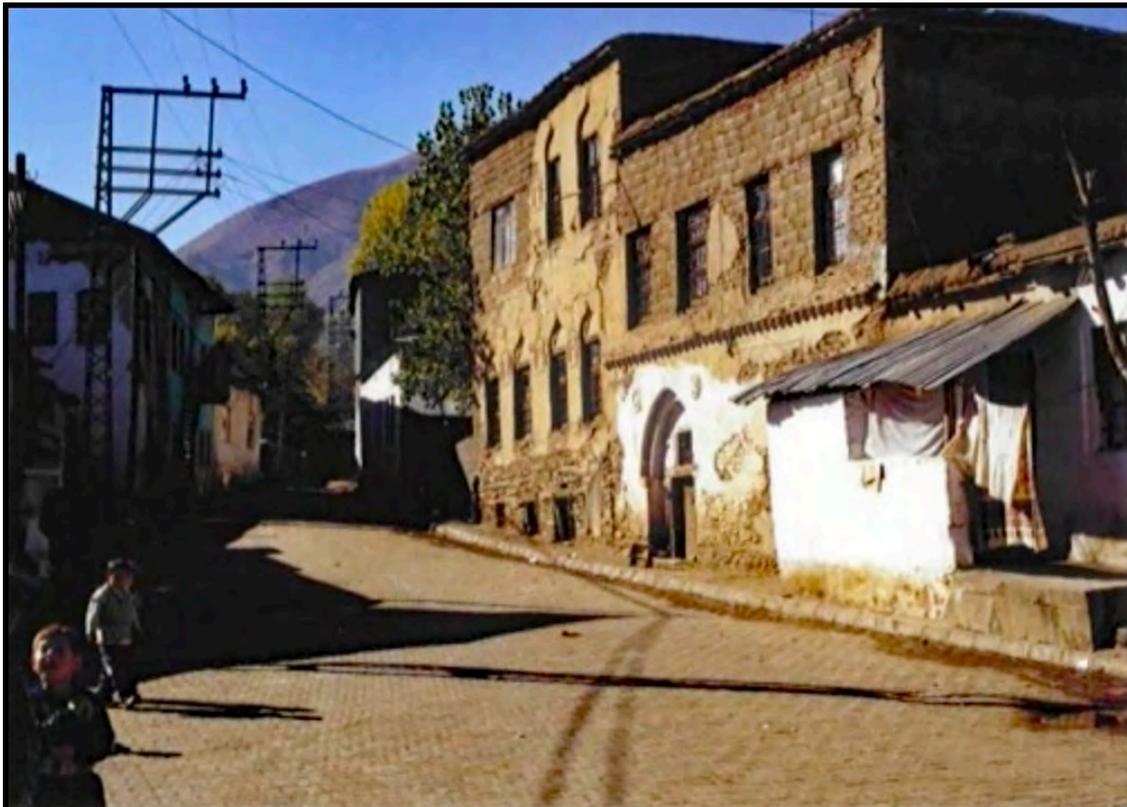
Diyarbakir, Anatolia

Convoy From Diyarbakir to Muş

For the following 14 hours, our Inçirlik medical team was squeezed into military lorries. We plied the remote rough roads of Anatolia. It was quite hot when crowded together, so a few of us found relief by lying on top of the canvas truck cover where we were cooled by the night breezes. It was reasonably comfortable. Of necessity, pit-stops were by the roadside; you probably understand our primitive conditions. The trip was quite prolonged. Sleep was a luxury; most of us were deprived.



Over the next 14 hours, I keenly remember that the convoy had stopped briefly in Bitlis to provide us some needed rest, use bathrooms and to provide a safety break for the drivers. It was midnight in the ancient town of Bitlis. I was afforded hot tea at a small restaurant in the town center. A year afterwards, during my ophthalmology residency at Wadsworth Veterans Hospital in West Los Angeles, I met an Armenian librarian, who revealed that her ancestors had lived in Bitlis. The coincidence of knowing about this very remote ancient town amazed the librarian. We live in a small world after all. I vividly remember the immense comfort of that glass of sweet hot tea. Globeline-laced canteen water was not so satisfying; of necessity, but it definitely is an acquired taste.



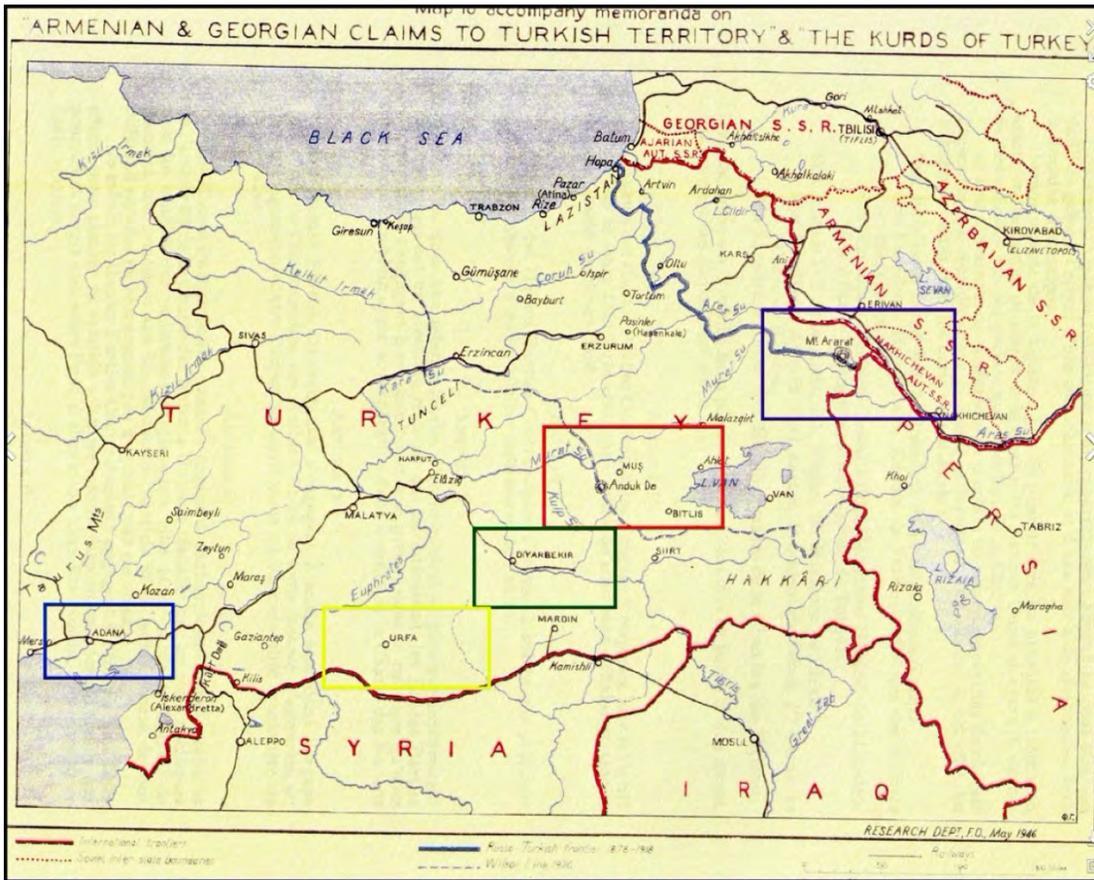
Restaurant Tea House, Bitlis, Anatolia



City of Bitlis, Anatolia

Our convoy continued to Muş during the night when sleep overtook all of us. However, in the early morning, we reached our destination. Latrines were urgently needed. We discovered a public latrine that survived the earthquake. It was located in a park-like region, with both parking area and lush trees. It was lovely. On the other hand, the latrine was a disaster. Without electrical power, nor water pressure for the plumbing, desperate locals used the walls and floors to deposit their bodily eliminations. We could not use the facilities nor tolerate the aromas. We depended upon the adjacent privacy of the semi-forest for our needs. Need I explain further?

The final leg of our trip continued by convoy to Varto, arriving in late afternoon. A local farmer, commissioned by the Turkish military, provided land for our ATH set up. The property was located on an island portion in the midst of a river that bordered his farm.



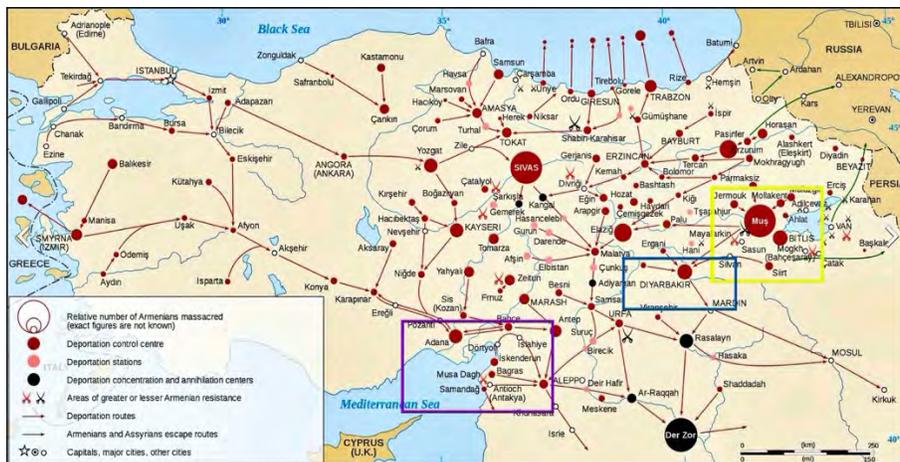
Map of Anatolia
 Marquees Identify Locations Visited by Capt. Sherins

The following map demonstrates how much of the territory of Anatolia was previously occupied by Greater and Lesser Armenia. As well, the eastern region of Armenia is contested by neighboring Azerbaijan; wars have resulted because of rivalry over the critical region of Nagorno-Karabakh, which targeted ethnic, religious, as well as, commercial justifications.



Map Greater Armenia

Turkish political (Sultan) and military leadership (General Staff) increasingly promoted anti-Armenian policies and sentiments. Armenians are Christians living among Turkish Muslims; there are other small communities of other Christians and Jews in Turkey. Sephardic Jews had been invited by Sultan Beyazid II after Jews were expelled from Spain and Portugal at the end of the 15th century. Armenians were assembled in towns to be later deported or killed that I visited during our earthquake response, 1966.



Map Anti-Armenian Confrontations and Murders

The next map, dated from the 14th century shows Armenian territory that extended from Georgia in the north to Adana, Turkey and the Mediterranean Sea in the south. Mesopotamia was a southern neighbor, where historically great empires had preceded (Uruk, 4,200 BCE; Akkadia, 3,500 BCE; Sumer, 3,000 BCE; Amorites, 2,000 BCE; Babylon, 1,700 BCE).



From Wikipedia:

The “mountains of Ararat” have been widely accepted in Christianity as the resting place of Noah’s Ark, despite contention that Genesis 8:4 does not refer specifically to Mt. Ararat. It is the principal national symbol of Armenia and has been considered a sacred mountain by Armenians. It is featured prominently in Armenian literature and art and is an icon for Armenian irredentism. It is depicted on the coat of arms of Armenia along with Noah’s Ark.



Mt. Ararat in the Distance

Our truck convoy journey to Muş happened during the night, when sleep overtook all of us. However, in the early morning, we reached our destination. Latrines were urgently needed. We discovered a public latrine that survived the earthquake. It was located in a park-like region, with both parking area and lush trees. It was lovely. On the other hand, the latrine was a disaster. Without electrical power, nor water pressure in the plumbing, desperate locals use the walls and floors to deposit their bodily eliminations. We could not use the facilities nor tolerate the aromas. We depended upon the adjacent privacy of the semi-forest for our needs. Need I explain further?



Public Latrine Building, Muş

The final leg of our journey continued by convoy to Varto, arriving in late afternoon. A local farmer, commissioned by the Turkish military, provided some land for the ATH set up. The property was located on an island portion in the midst of a river that bordered his farm.



Varto Island Provided For Our ATH Set-Up

Our first tasks required setting up the ATH before night-fall: medical-surgical tents, triage, barracks, and importantly a latrine.

The convoy of trucked materials was unloaded immediately. It was late in the afternoon; night work was more dangerous and slower.



Latrines can be designed, but critically important is having a shovel and dirt nearby to cover excrement. In our medical deployment, bacterial contamination could cause devastating illness among us and the injured patients, who also had to be treated, watered and fed. We acquired a canvas wrap-around for semi-privacy and a paper sign was hung on the entry post with symbols for male vs female occupants; how thoughtful was the latter gesture.



Latrines Must Be Dug Deeply

Fresh potable water was essential during deployment. Upon arrival neither a generator nor water purification was available. It was 4 days before resupply arrived from Inçirlik. Water continued to be sanitized with Globeline tablets; only sips of water and occasional toothbrushing were used in order to conserve our minimal volume of potable water. Only a few of our military staff were experienced in remote deployments. On the afternoon of the resupply from Inçirlik, we were called alphabetically, officers first, to the field laboratory tent. The lab corpsman was an older experienced sergeant. His wife had been able to sneak a full bottle of American bourbon into one of the supply cases. The lab tech was fully prepared; he had thimble-size paper cups that he first filled with ice shaved from the backside of the portable refrigerator; thereupon he poured one teaspoon of bourbon. Albeit minimal volume- just a taste, it was delicious even for those of us who might have preferred Scotch or Irish whisky. Our lab tech became a “hero”.



Portable Fuel-driven Electrical Generator



Portable Water Purification and Chlorination System;
Required Electrical Generated Power
Mobile Air Transportable USAF Hospital - ATH



Varto ATH Set-Up had a professional team of 113 personnel, consisting of staff from both the Ankara Air Force Hospital and our home team from Detachment 47, Inçirlik Air Base.

Barracks were segregated by gender, nurses separated from the doctors and officers separated from the enlisted corps; apparently all were strictly observed. Duties were scheduled every 4-hours, separated by only 4-hours of sleep or rest time. This was tolerated for many days, but was definitely insufficient. During sleep/rest periods, I noted there were many aftershocks from the earthquake. During an aftershock, particularly at night, one immediately became aware of the need to figure out an escape route. The tents were double-lined with a 2nd layer for insulation. That design, while desirable for temperature control, did not make for an easy escape. I had my plan figured, sort of, and then fell soundly asleep.

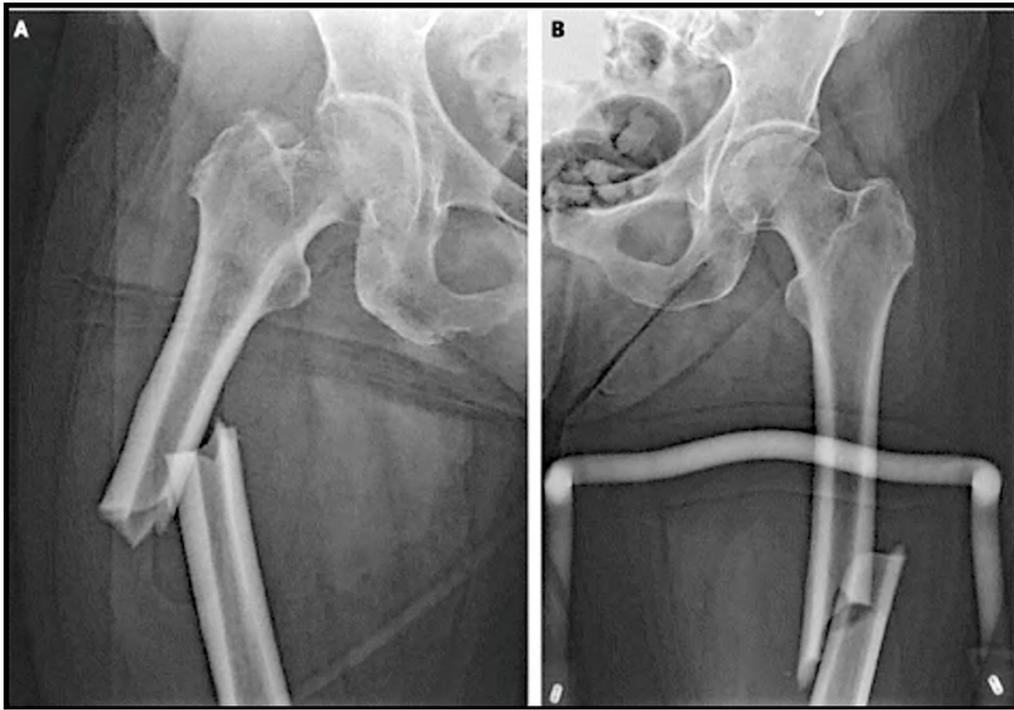
Critical Medical Triage Of The Injured Patients



Triage Tents



First Aid To An Injured Victim; Stabilize The Fracture



Portable Field X-rays Show Fracture and Stabilization Device



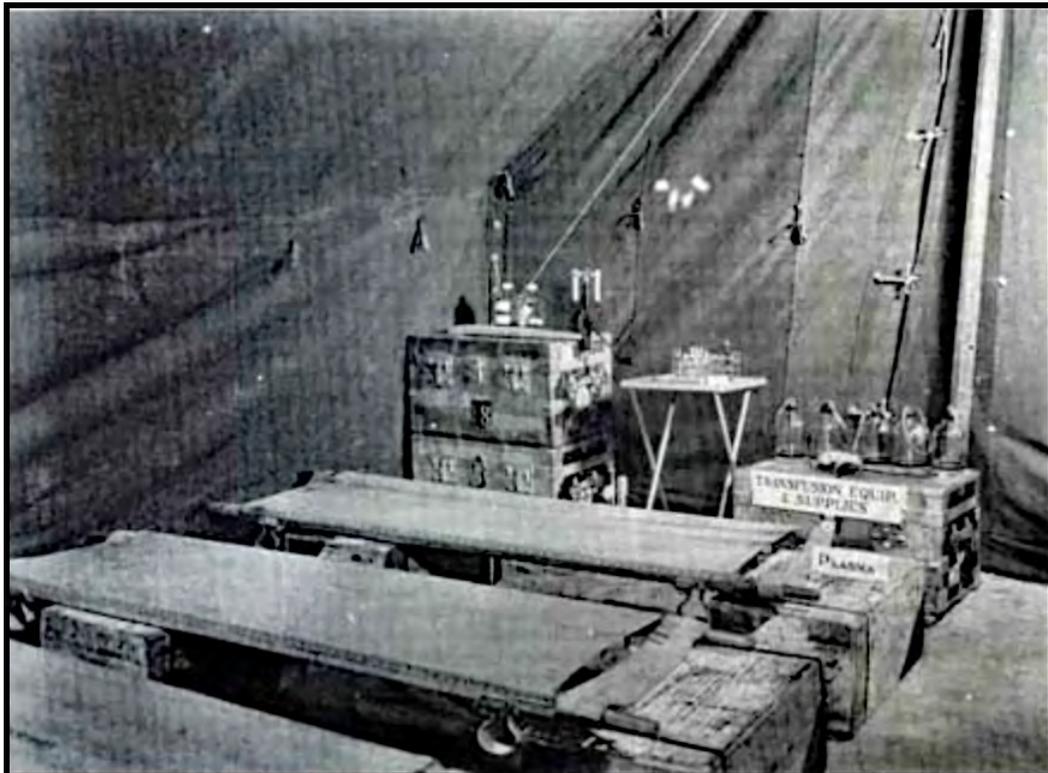
Surgical Field Operations

I witnessed the setting of a humeral fracture in the field surgical tent. Anesthesia was provided by injecting morphine gel from a small tube with an attached pre-prepared intravenous needle assembled for field surgery. The patient not only survived, but was taken by field ambulance truck to the nearest Turkish hospital. Unfortunately, that facility was located very many hours distance from our mobile ATH. Kurds also feared any Turkish

intervention; for very good reasons they strongly believed that Turkish authorities would purposefully kill them.

Treatment of casualties was conducted among several tents. A majority of victims suffered more minor wounds that could be treated by washing with soap and water and then dressed simply. Those cases were discharged to their homes; most had no remaining homes, slept outdoors on mattresses or in single Turkish military tents. More complex cases had to be hospitalized in tent-wards. We noted many victims had coarse coughing. We feared tuberculosis contamination; Tuberculosis was endemic in Turkey at the time from infected beef animals and their unpasteurized milk products.

All patients wore an identification ticket about their necks, which included their name, age, gender information. Diagnosis and treatments were recorded. When patients returned for follow-up, this information was critical. Interpreters were essential in the process of conveying the instructions. Upon arrival in Varto, we discovered that the volume of available drugs was insufficient. It was decided to provide only a fraction of the normal antibiotic dose, i.e. a 1/8th cc portion of the drug. We assumed that this isolated population had never received western antibiotics and would be extremely sensitive to antibiotic treatment. They were treated with minimal dosing and all recovered well.



Our interpreters consisted of a newly married couple, who were recently assigned to Varto. They were blond and blue-eyed and new members of the American Peace Corps, assigned to Varto; their ages were about 21. I visited their rudimentary home in the village, which amazingly withstood the earthquake.

The husband was trained to help with basic constructions in the village. There were no modern materials available, which he was trained to use. Instead, he was forced to use the old Kurdish methods. So much for the recommended Peace Corps practices in remote regions. Kurds are just as intelligent as we westerners. They just did not have the essential supplies and had to make do with available and affordable materials.

His newly married very young wife was to provide the best examples of healthy domestication to the older experienced mothers of Varto. I learned that the couple was very recently married in the States; apparently, bravery knows no bounds. The bride's mother regularly mailed toilet paper, peanut butter and personal toiletries. The older moms of Varto did not enter the couple's home, nor greet them or show any interest in their modern methods. The best that could be shared, was a view through the front window of the bride using a long-handled broom when sweeping. There were no discussions regarding sanitary methods of food and water preparation, sewage matters, house infestations, baby care or birth control. It was quite lonely for the couple; they thrived on our need for their interpretation services.

The Couple was given a vacation from Varto and returned to Inçirlik with our team. Upon our return to Inçirlik Airbase 10 days later, my wife, Marlene, and I invited them for dinner, which consisted of a cheeseburger, French fries, and a chocolate fudge ice-cream sundae. The meal was consumed with great joy and probably a degree of home-sickness.



Typical Local Residence for the Peace Corps Couple



Properly Constructed Water Well With Brick-lined Walls

What do Americans do when potable water is scarce? Answer: “They brush their teeth”. They do not bathe, shave, or wipe foreheads when sweaty.

On our 5th day of deployment, there was a reprieve from medical duties to care for the injured Kurds. It was commanded that we bathe in the local river; warnings were provided that the water source was frigid mountain run-off and contained hungry leeches. Really??? The women, nurses, were to be separated in their bathing pursuits; they choose our male corpsmen for security in lieu of the doctors – no cameras permitted...

After our 6th or 7th day of deployment, we physicians and nurses were given a couple hours off and asked each of us to take a nurse for a break away from our facilities. I took Nurse, Capt. Betty Tumas. Unaccompanied women were forbidden in Anatolia; women accompanied by their husband, son, or family were acceptable. As military officers, we were not suspect. We decided to walk a couple of miles to town through the open fields of the farm area, first crossing over the bridge that connected the island.



Upon approaching the main road, we came upon a local tea peddler boiling the tea on his unique one-legged kiosk stand. “Evet lutfen, Shker-le”, we said. “Thank you and with sugar, please.”



Apparently, word already had spread about the arrival of the American doctor and nurse. The farmer, who owned the land we used for the military ATH set-up, arrived running at full pace. He wanted to personally escort us through their ruined town. On the walk, we observed totally annihilated properties; there were no structures spared from the quake. Critically important was the fact that none of the structures had any reinforcements. Most of them were constructed with roofs made from felled trees that were laid upon mud brick or stone walls; they were incredibly vulnerable structures.