

A military leader is caught in the middle of an intelligence gathering organization's transition from wartime to peacetime footing. To complicate matters, the Air Force hero spends time in a Navy hospital where he struggles with complying with their traditions.

A Tiger by the Tail

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ISBN-13 978-1-60145-154-5

ISBN-10 1-60145-154-7

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This manuscript has undergone a security classification review and was released (as amended) for publication by The Department of Defense Office of Security Review and The National Security Agency

Printed in the United States of America.

The events in this book, and *most* of the characters in it, are factual; however, characters who are portrayed in a negative light have been given fictitious names.

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2007

A Tiger by the Tail

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Chapter 8

200 Years of Tradition, Unhampered by Common Sense

I hadn't seen Tachikawa Air Base since I arrived in Japan in 1962, headed for Misawa on my first assignment after tech school. Then, it was a hustling, bustling, vibrant base that was the hub airport for the entire Far East. The old saying was, "You can't go to hell without going through Tachi."

Now, in 1974, it was a mere shadow of its former self. The "Jet Age" did Tachi in. With a 5,000 foot runway and no room for expansion, the 707's and DC-8's couldn't operate out of there and their business went to Yokota Air Base. But Tachi could still handle the prop jobs and the small jets like the DC-9, so that's where we landed.

I watched from my stretcher out the window of the hospital bus as we meandered through the base en route to the front gate. Almost all the buildings were boarded up and the grass was knee high. No one walked the sidewalks and there were no cars on the streets. Sad--very sad.

The ride to Yokosuka consumed almost two hours through metro Tokyo's maddening traffic, and by the time we reached the hospital, it was dark. I don't know how I got registered, but I was whisked straight from the ambulance bus to a bed.

It took a while to get there. The hospital was huge and my stretcher bearers had to put me down while they stopped for a breather a couple of times. I felt kinda stupid watching people go by from floor level, but like I said, the place was huge, so the boys deserved a break.

The room that would be my home for the next six weeks was huge, too. It was well over 200 feet long and probably 50-60 feet wide. The height of the ceiling matched the other dimensions and it contained many rows of florescent lights that kept the place brightly

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lit. As I was carried down the left aisle of the room, I noticed the nurse's station at its center. It seemed to be the hub of activity, with 12-15 white clad men and women milling around it. The first word to flash through my mind was not "cozy".

I was taken to bed P-30 where the corpsmen eased me off the stretcher and onto the clean white sheets. As they left, I thanked my porters for the ride, but they failed to see the humor in the gesture.

Within minutes, a nurse was at my bedside. She was old and not very attractive. I noted her rank--Commander⁴⁵, the equivalent of an Air Force Lt Col--and wondered what she was doing working on a ward. In the Air Force, a nurse her rank would be an administrator of some sort with a desk job.

The first thing the Commander did was put a fresh ice pack between my legs. I couldn't remember when I didn't have a bad case of cold crotch. Next, she handed me a sheet of paper containing the hospital rules and gave instructions that I should read them carefully. Then, she asked if I was hungry. I told her all I had all day was a box lunch on board the aircraft and that I could use a bite to eat. She said mess decks (chow hall) closed at 1900, but she'd see what she could do. She left.

I worked my body into a sitting position with my back to the headboard and began checking out my surroundings for the first time. There were *a lot* of beds and I was curious just how many. I counted them. There were 33 along each wall with the foot of the beds pointed out, but only 25 down the center of the room. There could have been over 100 beds in the room, but the nurse's station occupied the space where 10 beds would have been, so there were only 91

The front of the room was all glass, but they were one-foot square panes supported by a wood latticework. The double doors were of the same construction. It looked like something straight out of a WWII war movie. There was a storage room on each side of the front entrance, just inside of the door. That's where they stowed my B-4 bag.

⁴⁵ See Appendix 3 for Navy rank structure.

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As I scanned from the front to the back of the room, I noticed the wall opposite mine contained eight-foot high windows spaced only four or five feet apart. I imagined it got real bright in here during the daytime. Then I checked my wall. It had no windows.

At the back of the room, there were two doors, each with the word "Head" painted above it. "Head of what," I wondered. I would find out soon enough.

By the time I completed the preliminary survey of my new home, the Commander was back with a tray. She rolled my "bed table" into place, then put the tray on it. It contained a paper plate with a double-decker club sandwich on white toast and potato chips on it. There was a bowl of fruit cocktail Jell-O and three half pints of milk on the side.

"Now, that's a mighty fine looking meal, Ma'am, for the chow hall to be closed," I said.

"Well, they're getting the midnight meal ready for the staff down there, so it wasn't too much trouble for them to put this together," she replied. Then she handed me yet another piece of paper.

"This is tomorrow's menu for all three meals. The servers usually bring it with dinner, but since you missed dinner, I picked up a copy for you. Fill it out, and I'll have one of the corpsmen take it down when he picks up your tray."

"Well, I appreciate that, Ma'am. And thank you for the sandwich," I put on my best po old southern boy act.

When she left, I ate the sandwich and Jell-O, then checked out what was available the next day. They made the ordering process easy. Every item that would be available for each meal was listed, along with a place to make a check mark for what you wanted. I went down the list and made my choices.

Breakfast: Scrambled eggs
Link sausage
White toast
Tomato juice
Coffee
Banana

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Lunch: Cheeseburger
French fries
Coke
Chocolate pie
Coffee

Dinner: Roast beef
Mashed potatoes
Corn
Hard rolls
Iced tea
Peach cobbler w/ice cream
Coffee

That's only what I chose. I could have made any of many more selections. I figured by the time I left this place, they might have to roll me out of it like a giant beach ball.

After the corpsman came for my tray and the next day's meal order, I got around to reading "the rules". There were plenty of rules to read, but the most important were the "Patient Categories." They told you how much freedom you had.

Category 1: Total bed rest. No getting up for *anything*. I checked my wrist band and there it was: Category 1.

Category 2: Primary bed rest. The patient could leave the bed to use the latrine and walk around the ward.

Category 3: Bed rest. The patient had the run of the hospital to include the library, snack bar, and mess decks.

Category 4: The patient could leave the hospital and use base facilities. He must sign out when leaving the ward and sign back in when he returned.

Category 5: The patient only used the ward for sleep. He could roam the base and the city of Yokosuka and was subject to pulling work detail. (I'm thinking, "Then why is he a patient in the hospital?")

When I finished the rules, I realized I needed to go to the latrine. I looked at my wristband again. "Category 1." I hit my call button. I waited five minutes with no response. I hit it again. Five additional minutes and still no response and I needed to pee bad. I

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could see the nurse's station clearly from my bed. Eight or ten people in white milled around it, and none of them seemed in any hurry to answer my call button.

I slid out of the bed and put on a robe. The nearest patient was three beds down. I interrupted his reading and asked, "Where's the latrine?"

"Are you bullshitting me, Mate?" he asked, looking up from his book.

"No," I replied, puzzled by his apparent disdain. "I need to take a leak. Where do I go to do it."

He pointed to the doors with "Head" painted above them. Oh, I see. *That's* what a head is.

I finished my business in the head and was returning to my bed when a corpsman came charging down the aisle.

"What the hell are you doing, Sailor?" he demanded. "You're a Category 1 patient--you're supposed to stay in that bed!"

"Number one, I'm not a sailor--I'm an airman. Number two, I'm not about to piss in my bed just because you won't answer my call button."

"I don't care what you are, you don't tell *me* what you're gonna do! Now get your ass back in that bed," he made a dramatic gesture toward P-30. I made my way to the bed, removed the robe, and got into bed. I picked up the call button and pressed it again, then again, and again.

"What are you doing?" the corpsman demanded angrily. "I'm right here. You don't need to call anyone!"

I pressed the call button again. Momentarily, a young nurse wearing lieutenant's bars responded.

"What seems to be the problem here?" She did not look happy.

"Ma'am, I don't want to be a problem and I definitely don't want to get off on the wrong foot here. But when I need to go the latrine, I need to go to the latrine. I waited over 10 minutes for someone to answer my call, then I took care of the situation myself. If I'm placed in the same situation again, I'll do the same thing."

"Did you ever consider the fact that we might be busy and unable to answer your call?" she said defiantly.

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"No, I didn't, Ma'am," I responded, fighting to stay calm. "I could see the nurse's station from my bed, and what I saw were people standing around doing nothing. Now if....."

"You're out of line, Sailor," she interrupted. "I don't know if you noticed or not, but I *am* a lieutenant and you will address me accordingly."

"With all due respect, Ma'am," I dusted off my humility, "I'm not a sailor, I'm an airman. You may treat your enlisted men like dog do-do in the Navy, but in the Air Force, we have mutual respect between our officers and the enlisted corps. I am a Technical Sergeant in the United States Air Force and I expect *you* to address *me* accordingly."

The lieutenant was plainly flustered and the corpsman was flabbergasted. She finally recovered enough to say, "I could have you brought up on charges of insubordination!"

"Yes Ma'am, you could. And you would be wrong. But if you feel an overwhelming urge to do so, knock yourself out. In the meantime, I'm tired. I've had a long trip to get here, and I'm sleepy. So if you'll excuse me...."

I turned onto my side and pulled the covers up around my chin. The corpsman said something, but the lieutenant cut him off and the two of them stomped off toward the nurse's station. I was sure the word would be passed around the nurse's station that the patient in P-30 bore considerable watching.



I understand you're a real troublemaker," the man wearing the white coat and Van Dyke beard said. I laid my fork down half way through an excellent breakfast and took note of the man who had just arrived at my bedside. Despite the beard, he looked young--too young to be wearing Captain's eagles on his collar. Since he was the equivalent of an Air Force bird colonel, I assumed he was the hospital Commanding Officer. Boy, I must have *really* pissed that lieutenant off!

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"No, Sir," I said after swallowing a mouthful of eggs. "I don't think I'm a trouble maker. All I wanted was a pee bottle. When I didn't get it after a reasonable wait, I went to the latrine. I'll do it again before I'll urinate in my own bed. Now, if *that* makes me a troublemaker, then I guess you can hang that title on me."

"The night nurse left a note for me saying you were insubordinate to her."

"Well, Sir," I worked hard not to sound flippant, "that depends on how you define 'insubordination'. I'm an E-6 with 11 years in the military. I didn't get there by being insubordinate to my superiors. But I expect my superiors to allow for a two-way conversation--kinda like we're doing here--but the lieutenant wasn't in a two-way mode. She threw the 'me officer--you enlisted swine' attitude at me and that's when communication broke down."

"I see," he said as he scribbled something on his clipboard. "But you need to understand that the Navy's enlisted and officer corps have a relationship that's probably a little different from that of the Air Force. That relationship is based on 200 years of tradition. It's worked well for us and we won't be changing it for you."

"Two hundred years of tradition unhampered by common sense," I thought. But that's not what I said.

"I hear you loud and clear, Captain," I said, taking a large swallow of pride. "Since I'm on your turf, I guess I'll have to play by your rules."

"That would simplify matters considerably, Tech Sergeant," he said. "I see I've interrupted your breakfast. Why don't you finish it and I'll come back later."

"Thank you, Sir." I took another bite of eggs.

I watched as he wandered among the beds, stopping to speak with a patient, making notes on the chart at the foot of the bed, then moving on to another. He ended up at the nurse's station where the corpsmen and nurses huddled around him while he spoke. When he finished, he headed back my way and the staff dispersed. By the time he reached my bed, I had finished off my last piece of toast and drained my coffee cup.

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"Let's start over," he said, sticking out his hand. "I'm Doctor Dan Dillon, and I'm your urologist."

"I'm Tech Sergeant Wayne Babb," I said as I shook his hand, "and I'm gonna be your patient."

"I've reviewed your records that came up with you from Thailand, Tech Sergeant Babb. According to your doctor at Udorn, you have a major league case of epididymidas, but I'm gonna take a look for myself," he said as he threw the sheet back to reveal the naked lower half of my body.

In the hospital at Udorn, Art had always pulled the cloth curtain around the bed before exposing me. Modesty got no consideration here. While the doctor probed, weighed, and measured the monster between my legs, anyone on the ward who cared to check out the proceedings, could. While the doctor conducted his exam, I noticed for the first time that there were no privacy curtains on the entire ward.

When the exam was completed, Dillon said he was pretty sure the problem was epididymidas, but he wanted to conduct some tests before making a final diagnosis. In the meantime, he was ordering the ice pack removed--it didn't seem to be doing anything except causing me discomfort. I thanked him profusely. That thing had been between my legs for over two weeks.

When he left, I expected someone to come for me to begin conducting tests. It didn't happen. Not only were no immediate tests conducted, but it would be two days before I would see Dr. Dan again.



Over the next couple of days, I had plenty of time to do an in-depth inspection of the ward, analyze my observations, and figure out the routine.

One of the first things I noticed was the old man in the bed directly across from mine. He was so small, he barely made a lump in the sheet. He was always in the reclining position and was only

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placed in a sitting position at meal times. That's when I could see him best.

He appeared to be Filipina and I guessed his age at 70 plus. Not only was he small, he also seemed very frail. His hands shook so badly he could hardly eat. I wondered who he was and how he came to be there.

It was only a guess, but I surmised he must have been one of the stewards the Navy employed until after World War II. These men were all Filipinas who acted more as "servants" than military men. They served food and policed up after meals in the ship's officer mess. In the officer's quarters, they were unofficial "house boys", obliged to shine shoes, wash and iron cloths, and take care of housekeeping chores.

The Filipina stewards wore U.S. Navy uniforms, but that's where the similarity to the rest of the crew ended. They were generally looked down upon by the rest of the crew and the officers they served. They were second class members of the Navy.

When Harry Truman integrated the armed forces in 1948, the Navy was obliged to give up their steward corps and they were integrated into the ranks, mostly in non-combat jobs. The majority did duty as cooks, administrators, ship's store clerks, laundry men, or paint chippers. Very few could be found in the engine room, manning a gun, or driving the ship. They remained second class members of the Navy.

And now, here one of them lay in the bed across from mine, old and alone, in the waning years of his life. He had served his country and would not have been eligible to be here, had he not put in enough time to retire from the Navy.

I guessed that the old Filipina had a history of falling out of his bed, for the "retainer bars" on each side were always in the upright position. I would find over time that the bars were there to keep him trapped in his bed.

Early on my first morning, I saw the old man's gnarled hand come out from under the sheet, grip a retainer bar, and shake it violently. It made a loud, clattering noise. I wondered what he was doing. Then he shook the bar again. Then again. Then he stopped.

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About a half-hour later, he began rattling the bar again. This time a corpsman came to his bedside and threw the sheet back. He was not a happy man.

"Son-of-a-bitch," he said loud enough for everyone on the ward to hear. "He's pissed his bed again!"

The announcement brought two more corpsmen from the nurse's station. They snatched the old man from the bed and stood him upright. One of them loosened the string in the waist of his pajama bottoms and they crumpled around his ankles, exposing the lower half of his body.

They left him standing there, half naked, while they ripped the sheets from his bed and replaced them with dry ones. While they changed the sheets, the corpsmen berated him for wetting his bed. Through it all, the old man stood there, head bowed, totally humiliated. When the new sheets were in place, they put clean pajama bottoms on him and returned him to the bed.

I felt ashamed for the old man. I wanted to get up and kick the corpsmen's asses four ways from Sunday. I couldn't do that, but I could get involved in the situation.

The next time I heard him rattling his bar, I hit my call button. I didn't know if he was too ignorant to use his call button to summon the corpsmen, or if he used it and, when the corpsmen didn't respond, he resorted to the bar rattling. It didn't matter. I pressed my call button again.

When the corpsman showed up at my bed, I said, "The guy in bed A-30 needs to take a leak."

"Are you kidding me, Man?" the corpsman asked.

"Nope," I answered. "You guys don't seem to be able to hear him rattling his bar, so I thought I'd give you a call."

"Well, I'm answering your call, not his. Now what do you want?"

"I want you to bring that man a pee bottle," I pointed across the aisle.

The corpsman shook his head as he walked away, but momentarily, he returned and handed the plastic bottle to the old man. It disappeared beneath the sheet, stayed there for awhile, then

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reappeared half full. The corpsman took it and left. The old man managed to raise himself just enough to see me. He waived, and I waived back.

For the next six weeks, if I heard that bar rattle, I immediately hit my call button and the old man was spared a humiliating experience. Unfortunately, I would eventually leave and he would stay. I've often wondered if he died in a pool of his own urine.

And speaking of my bed number being P-30, the Filipino being in A-30..... When I eventually learned the bed numbers on the far wall began with "S", it hit me in an epiphany. P stood for "port" (left), S was "starboard" (right), and A was "amidships" (down the middle). Only the Navy!

Another pattern I observed was the type patients who occupied the ward. Some of us had problems with our "plumbing" and Dr. Dan visited us. But the majority of the patients were there for hernia operations. Over the time I was on the ward, I watched them come and go and the routine was always the same.

They checked in the afternoon before the operation. Their wives would come to visit. When the wife left, the corpsman would come around to shave off their pubic hair. Although I had discovered the ward didn't have the sliding privacy curtains the first morning Dr. Dan inspected me, I found they did have portable privacy cloth partitions that could be placed around the bed.

They came to light the first time I needed to do number two. Using the pee bottle with countless people staring at me was uncomfortable enough, but with a bedpan under my butt, I just couldn't bring myself to do the deed. After four tries, I told the corpsman I'd had it. I was going to the head where I would have some privacy and I didn't give a damn if they court martialed me.

The corpsman was taken aback. He couldn't understand why I had to have privacy. But no matter, he could bring some partitions to "hide" me. With the partitions in place, I was still self-conscious and uncomfortable as all get out, but I managed to get through the ordeal.

Ah, but I digress--back to the hernia operation routine.

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Early the next morning, the hernia patients were wheeled from the ward on a gurney and about two hours later, they returned, unconscious. While they were still under anesthesia, they were fitted with a "truss" that supported their testes and penis.

It was a medieval looking contraption made of leather and canvas strips. The leather part was a "cup" designed to hold the "goodies" and the canvas strips held the cup in place.

After the truss was in place, the patient was allowed to sleep undisturbed until he woke up. That usually happened after supper time, but they were only allowed a light meal.

The next morning, a corpsman would prod them from bed. The patients were extremely sore and, although they were resistant, the corpsmen told them they must get up and exercise to begin their recovery. They would reluctantly comply, but discovered they could only stand about three quarters of the way to an erect position.

The corpsman walked backward in front of the patient, offering encouragement and egging him on. They were a pitiful sight, all slumped over, shuffling down the aisle with their faces twisted in pain.

Meanwhile, another corpsman would double around behind the patient and quietly approach from the rear. On a signal from the corpsman in front of the man, the trailing corpsman would rush forward, plant his knee in the small of the patients back, grab him by the shoulders, and *yank* him upright.

Some of the screams were louder than others, but there was always a scream. The corpsmen would quickly back off so the patient couldn't punch them out. Then the man would stand, wipe the tears from his eyes, take a few steps, and find he was good as new. He would be discharged from the hospital that afternoon.

Now you gotta wonder how I knew about the pubic shaving and the truss fitting activities that would have been performed behind the portable privacy partitions. Well, it took three partitions to surround a bed with its head against the wall (port and starboard), or four of them to enclose a bed in the middle (amidships) of the room.

The correct number of partitions couldn't always be rounded up, so one side or more of the bed would remain exposed. That allowed

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me to not only observe some shavings and some truss fittings, but a couple of bazaar happenings.

The first involved a wife coming to see her husband before the operation. She must have thought it was a conjugal visit. The bed had partitions on two sides, but nothing on the side closest to my bed. While I tried not to look, the lady's hand disappeared beneath the sheets and there was a flurry of movement. The man moaned and groaned before flailing about violently, then falling silent. And all this happened in plain view with only an empty bed separating my bed from theirs.

The other bazaar event involved the truss fitting. This particular patient went through all the steps of the ritual and had returned from the operating room unconscious. Two corpsmen positioned two of the privacy partitions around his bed, two down from mine, but left the side facing me open.

Momentarily, a nurse showed up carrying the truss. I was reading a book and, since this whole "exposure" thing had become rather passé to me, I took little note of her or the patient. The first thing that got my attention was catching the sheet being thrown back out of the corner of my eye, and the gasp that escaped the nurse. That's when I looked.

It was *huge!* That thing looked like a salami. The nurse was awestruck. She couldn't take her eyes off it. When she finally regained her composure, she scurried off to the nurse's station to gather her sisters.

When they returned to the bed, they stood around the poor unconscious bastard oohing and aahing. One of them even picked it up between her thumb and forefinger, inspected it, then let it plop back onto his stomach.

Finally, the majority of the nurses left, but two stayed behind to suit him up with the truss. They soon decided it couldn't be done. The cup just wasn't big enough. And it wasn't like they didn't try. They bent it, they rolled it, they folded it, and tried to stuff it into the cup. It wouldn't go. Finally, they gave up and returned to the nurse's station.

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When the next shift came on duty, all the nurses on it got word of the extraordinary gentleman in P-28. They came in twos and threes to marvel at the ninth wonder of the world. And through it all, the poor guy slept on, unaware of the humiliation he was suffering.

A couple of the oncoming nurses were admiring the phenomenon when he began to come around. They quickly covered him and headed back to the nurse's station. He regained consciousness enough to use his call button. When the nurse came, he said he was thirsty and requested something to drink. She couldn't get a coke for him fast enough. The nurses continued making trips to his bed to ask if he needed anything even though he hadn't called them. He was a superstar.

Just after supper, his wife came to visit. When she arrived, the nurses at the station looked at her with a great deal of envy as she walked confidently down the aisle toward her husband's bed. She was a pretty woman with a fine body, but was only about five feet two and couldn't have weighed over 110 pounds. The nurses were jealous of her--I was amazed by her. She had to be much of a woman.

The next morning she was back to pick him up. As a corpsman pushed P-28 off the ward in a wheel chair with the wife walking slightly behind and to the left, the nurses stood in a line by the thier station as he passed. I almost expected them to snap to attention and salute. But they didn't. They just looked at the wife knowingly and she looked back at them with the tiniest of smiles on her lips.

What a man! What a woman!

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