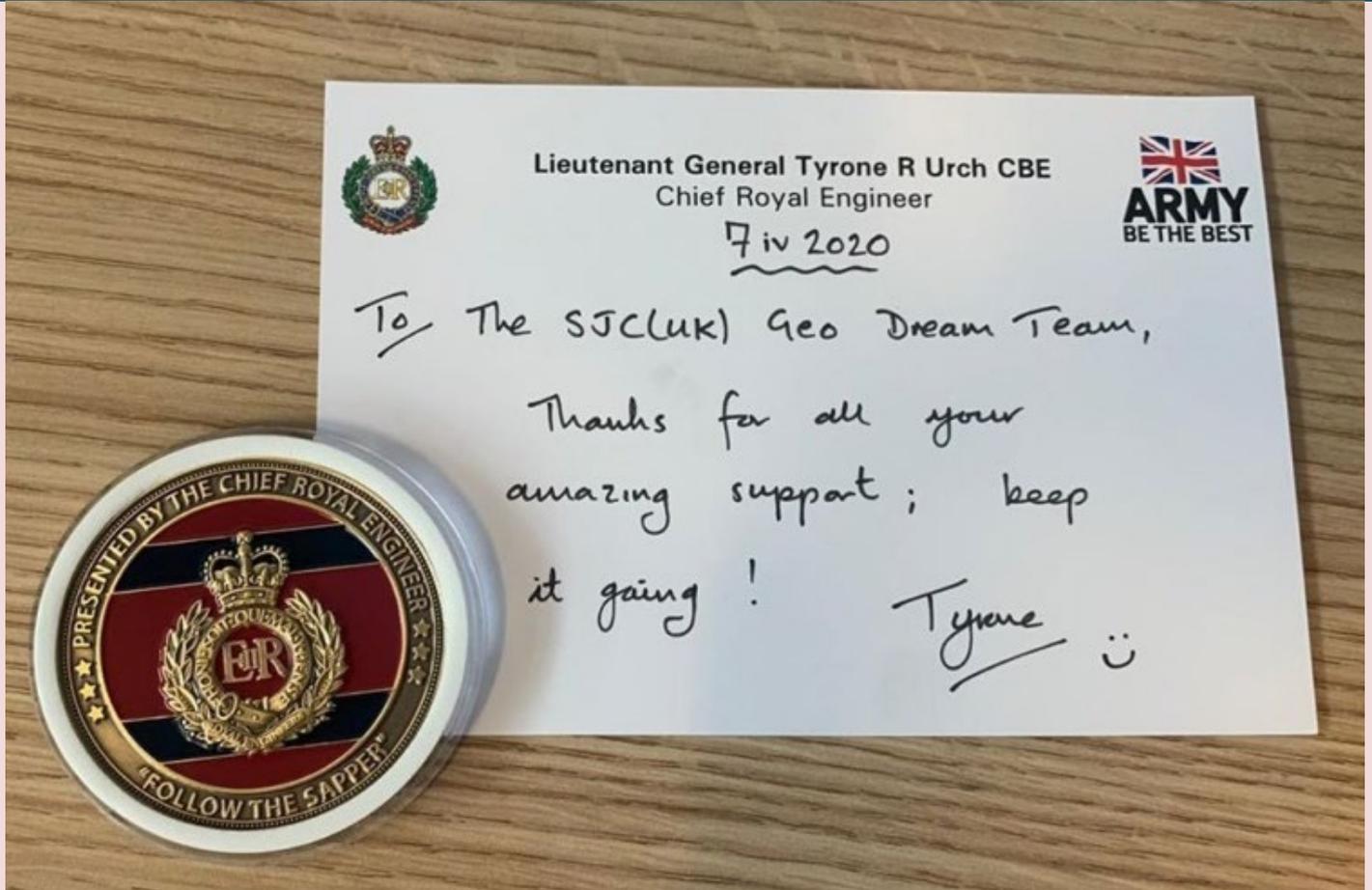




The Military Survey (Geo) Branch

Covid 19 Newsletter No 2 May 2020



Chief Royal Engineer Lt Gen Urch awards the CRE coin to LCpl Hagan of 42 Engineer Regiment - Geographic and delivers a personal thank you to the Standing Joint Command Geo-cell.

To enable Defence to respond efficiently to COVID-19, data visualisation is key. The SJC (UK) Geo-cell have been working hard the past 4 weeks creating bespoke visualisations of COVID-19 cases, NHS locations and areas suitable for Nightingale and testing locations; enabling Comd SJC (UK) the best products to fight COVID-19.

Coronavirus: What Is Standing Joint Command's Role?

Standing Joint Command is in charge of the COVID Support Force and has previously been deployed to other national crises.

Standing Joint Command (SJC) is key to the military's contribution to the country's COVID-19 response and is in charge of the COVID Support Force.

It is staffed by members of five different groups: the Royal Navy, Army, Royal Air Force, civil servants, and contractors.

The staff at SJC work in four areas: current operations, future operations, plans, and policy and development.

They have military planners working on contingency planning at all times in order to be ready to help civilians when necessary.

In the past, this meant SJC intervened during other crises affecting the nation such as floods, fires, and in counterterrorism.

Commander of the SJC, Lieutenant General Tyrone Urch, said: "Every time there's a flood, every time there's a fire, every single one of those military people that's on the streets helping other government departments, that could be the police, could be the home office, could be the environment agency, all of those troops are commanded by the SJC."



The SJC (UK) Geo-cell, practicing their 'social distancing'



HQ Standing Joint Command (UK) Aldershot



SJC is staffed by five different areas who all work together — the Royal Navy, Army, Royal Air Force, civil servants and contractors.

Major Angela Laycock RE: planning a hospital build

Major Angela Laycock and her team supported NHS staff and civilian contractors to design and plan the construction of the new NHS Nightingale hospital located in the National Exhibition Centre (NEC), Birmingham

As a part of the response to the Coronavirus outbreak, the NEC has been transformed into NHS Nightingale Birmingham. A team comprised of NHS workers, private contractors and British Army troops are working together to initially build 500 bed spaces.

Major Angela Laycock is the officer commanding the team of Royal Engineers that helped to plan the construction of the new NHS hospital.



Major Angela Laycock part of 66 Works Group; an element of 170 (Infrastructure Support) Engineer Group

Last week we were tasked to come up to Birmingham NEC as a military assessment team to assess whether this area was suitable to be used as another Nightingale hospital for the NHS.

The NEC is used to organising big events, it normally has its own power capacity and plugs all of the different things in that a normal event would require.

What we are doing here is quite different — here we're trying to utilise existing infrastructure as much as possible, whereas military field hospitals come with all its own equipment, its own power generation units, its own cables and own electrical equipment.

The NEC will also need oxygen supply and will need lots of different bed spaces to care for critical care patients as well as patients that require oxygen whilst recovering.



Major Angela Laycock at the NEC

So far there hasn't been a huge amount of military personnel involved on this project, there's been a planning support team already in place, and they are the people that work at the Royal Centre for Defence Medicine.

They are already embedded with University Hospital Birmingham; we've worked with them and the NHS staff at the hospital to try and capture their clinical requirements that we then fit in the facility here.

I was also called out to help out at Whaley Bridge when the Toddbrook Reservoir collapsed, and we have also helped on numerous flooding events over the last few months.

It's been great to work as a small team, actually utilising the trades that we've all got through the military and through the Royal Engineers, to use them to good effect to help get the NHS ahead of the game and further up the planning process.

The final thing to say about us working with the NHS is the staff, have been absolutely brilliant! We as the military, we're used to being able to follow orders and quickly go and do something slightly out of the ordinary in a very short time frame.

They usually have a year to plan hospitals and some of their refurb projects. For them to suddenly have days to go from an event centre to a hospital location, I think has been brilliant.

I would like to congratulate all of the people that I have worked with and it's been a pleasure to spend the last week trying to plan all of this with them.



Source: Medium.com



Sappers are always ready to deploy their engineering expertise and specialist trade skills to protect the nation. In this time of need, we are proud of their work to develop new hospitals with the NHS up and down the country.

📷 - 26 Engineer Regiment working to transform NEC into NHS Nightingale Hospital Birmingham



Members of 36 Regiment Royal Engineers have been working with contractors to help St Thomas' Hospital improve their oxygen distribution system. When commissioned, the system will support at least 116 extra beds with medical oxygen



10 Facts about the Deadly 1918 Spanish Flu Epidemic



Leonie Chao-Fong



The 1918 influenza pandemic, also known as the Spanish flu, was the deadliest epidemic in world history.

An estimated 500 million worldwide were infected, and the death toll was anywhere from between 20 to 100 million.

Influenza, or flu, is a virus that attacks the respiratory system. It is highly contagious: when an infected person coughs, sneezes or talks, droplets are transmitted into the air and can be inhaled by anyone nearby.

A person can also be infected by touching something with the flu virus on it, and then touching their mouth, eyes or nose.

Although a pandemic of the influenza virus had already killed thousands in 1889, it was not until 1918 that the world discovered how deadly the flu could be.

Here are 10 facts about the 1918 Spanish flu.

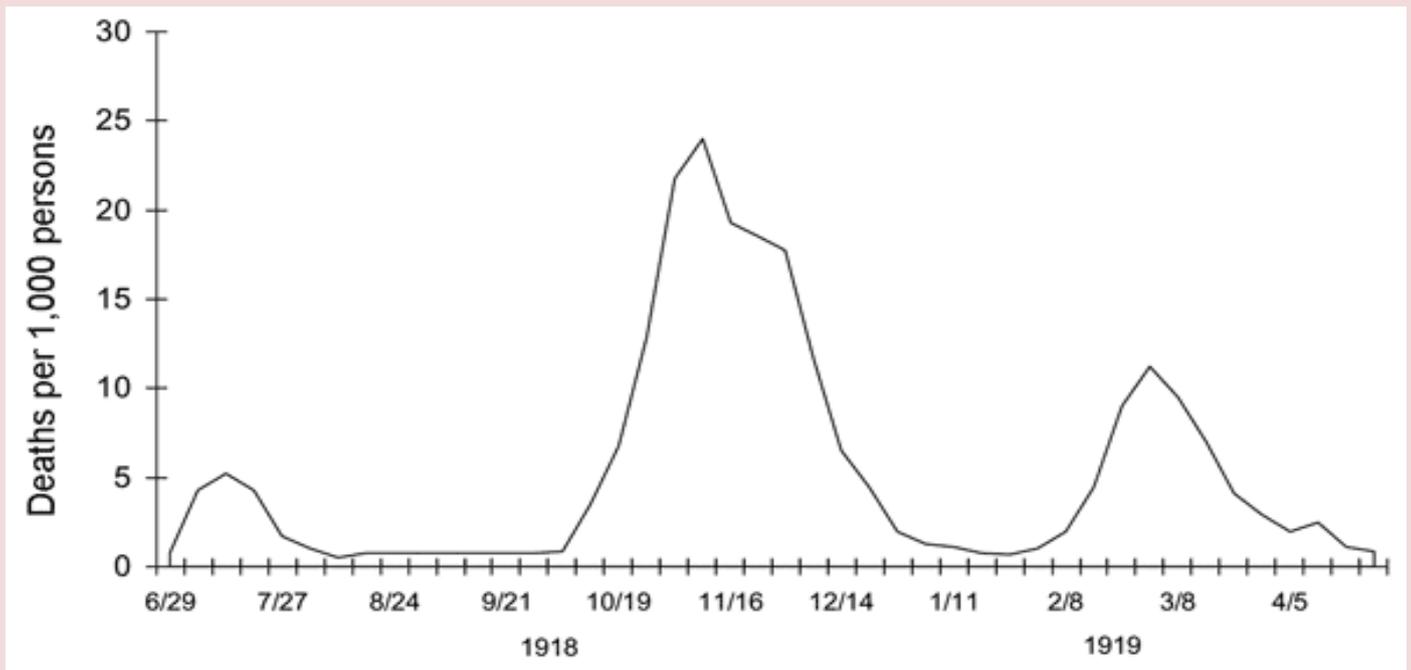
1. It struck in three waves across the world

The first wave of the 1918 pandemic took place in the spring of that year and was generally mild.

Those infected experienced typical flu symptoms – chills, fever, fatigue – and usually recovered after several days. The number of reported deaths was low.

In the autumn of 1918, the second wave appeared – and with a vengeance.

Victims died within hours or days of developing symptoms. Their skin would turn blue, and their lungs would fill with fluids, causing them to suffocate.



In the space of one year, the average life expectancy in the United States plummeted by a dozen years.

A third, more moderate, wave hit in the spring of 1919. By the summer it had subsided.

2. Its origins are unknown to this day



*Demonstration at the Red Cross Emergency Ambulance Station in Washington, D.C.
(Credit: Library of Congress).*

The 1918 flu was first observed in Europe, America and parts of Asia, before rapidly spreading across every part of the world within a matter of months.

It remains unknown where the particular strain of influence – the first pandemic involving the H1N1 influenza virus – came from.

There is some evidence to suggest that the virus came from a bird or farm animal in the American Midwest, travelling among the animal species before mutating into a version that took hold in the human population.

Some claimed the epicentre was a military camp in Kansas, and that it spread through the US and into Europe via the troops who travelled east to fight in the First World War.

3. It did not come from Spain (despite the nickname)

Despite its colloquial name, the 1918 flu did not originate from Spain.

The British Medical Journal referred to the virus as “Spanish flu” because Spain was hit hard by the disease. Even Spain’s king, Alfonso XIII, reportedly contracted the flu.

In addition, Spain was not subject to the wartime news censorship rules that affected other European countries.

In response, Spaniards named the illness the “Naples soldier”. The German army called it “Blitzkatarrh”, and British troops referred to it as “Flanders grippe” or the “Spanish lady”.



U.S. Army Camp Hospital No. 45, Aix-Les-Bains, France

4. There were no drugs or vaccines to treat it

When the flu hit, doctors and scientists were unsure what caused it or how to treat it. At the time, there were no effective vaccines or antivirals to treat the deadly strain.

People were advised to wear masks, avoid shaking hands, and to stay indoors. Schools, churches, theatres and businesses were shuttered, libraries put a halt on lending books and quarantines were imposed across communities.

Bodies began to pile up in makeshift morgues, while hospitals quickly became overloaded with flu patients. Doctors, health staff and medical students became infected.



*Demonstration at the Red Cross Emergency Ambulance Station in Washington, D.C
(Credit: Library of Congress)*

To complicate things further, the Great War had left countries with a shortage of physicians and health workers.

It was not until the 1940s that the first licensed flu vaccine appeared in the US. By the following decade, vaccines were routinely produced to help control and prevent future pandemics.

5. It was particularly deadly for young and healthy people

Most influenza outbreaks only claim as fatalities juveniles, the elderly, or people who are already weakened. Today, flu is especially dangerous for under 5-year-olds and those over 75.

The 1918 influenza pandemic, however, affected completely healthy and strong adults between 20 and 40 years of age – including millions of World War One soldiers.

Surprisingly, children and those with weaker immune systems were spared from death. Those aged 75 and above had the lowest death rate of all.

6. The medical profession tried to play down its severity

In the summer of 1918, the Royal College of Physicians claimed the flu was no more threatening than the “Russian flu” of 1189-94.

The British Medical Journal accepted that overcrowding on transport and in the workplace was necessary for the war effort, and implied that the “inconvenience” of the flu should be quietly borne.

Individual doctors also did not fully comprehend the severity of the disease and tried to play it down to avoid spreading anxiety.



Volunteer nurses from the American Red Cross tending influenza sufferers in the Oakland Auditorium, Oakland, California (Credit: Edward A. "Doc" Rogers).

In Egremont, Cumbria, which saw an appalling death rate, the medical officer requested the rector stop ringing the church bells for each funeral because he wanted to “keep people cheerful”.

The press did likewise. ‘The Times’ suggested that it was probably a result of “the general weakness of nerve-power known as war-weariness”, while ‘The Manchester Guardian’ scorned protective measures saying: Women are not going to wear ugly masks.

7. 25 million people died in the first 25 weeks

As the second wave of the autumn hit, the flu epidemic spiraled out of control. In most cases, haemorrhages in the nose and lungs killed victims within three days.

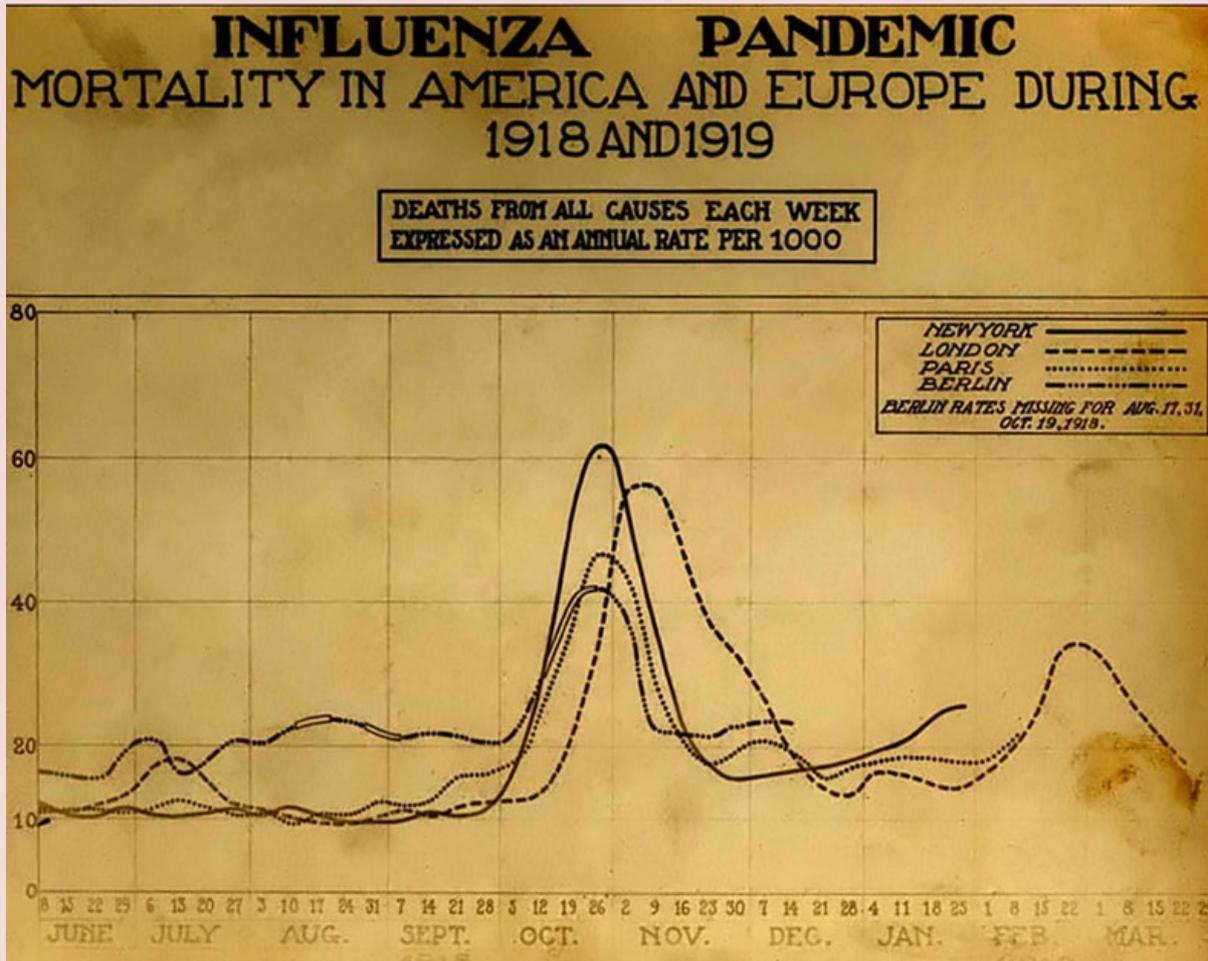
International ports – usually the first places in a country to be infected – reported serious problems. In Sierra Leone, 500 out of 600 dock workers fell too sick to work.

Epidemics were quickly seen in Africa, India and the Far East. In London, the spread of the virus became far more deadly and contagious as it mutated.

10% of the entire population of Tahiti died within three weeks. In Western Samoa, 20% of the population died.

Each division of the US armed services reported hundreds of deaths each week. After the Liberty Loan parade in Philadelphia on 28 September, thousands of people became infected.

By the summer of 1919, those who were infected had either died or developed immunity, and the epidemic finally came to an end.



*Chart showing mortality from the 1918 influenza pandemic in the US and Europe
 (Credit: National Museum of Health and Medicine)*

8. It reached almost every single part of the world

The 1918 epidemic was of a truly global scale. It infected 500 million people across the world, including those on remote Pacific Islands and in the Arctic.

In Latin America, 10 out of every 1,000 people died; in Africa, it was 15 per 1,000. In Asia, the death toll reached as high as 35 in every 1,000.

In Europe and America, troops travelling by boat and train took the flu into cities, from where it spread to the countryside.

Only St Helena in the South Atlantic and a handful of South Pacific islands did not report an outbreak.

9. The exact death toll is impossible to know

The estimated death toll attributed to the 1918 flu epidemic is usually at 20 million to 50 million victims worldwide. Other estimates run as high as 100 million victims – around 3% of the world’s population.

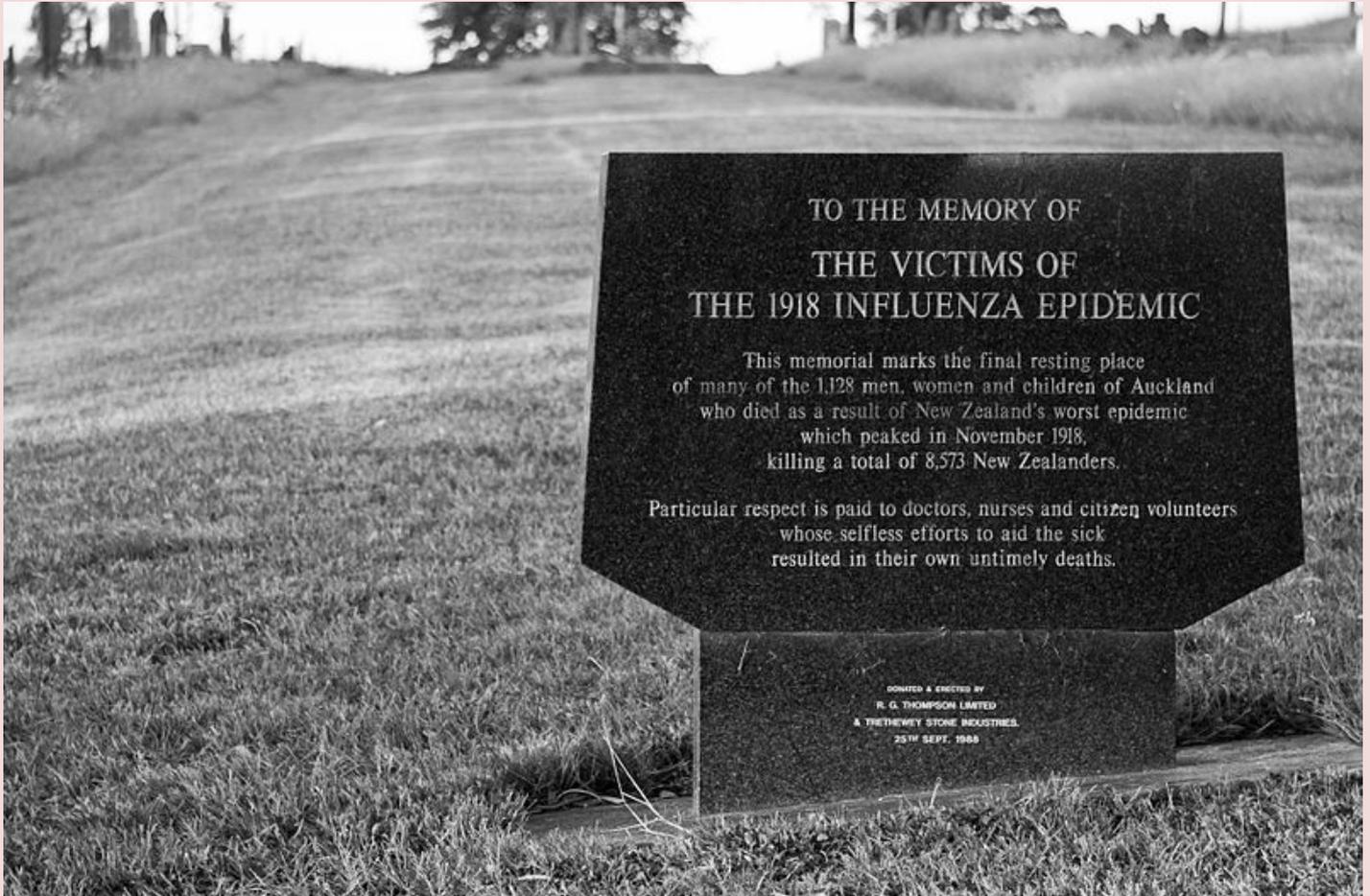
However, it is impossible to know what the exact death toll was, due to the lack of accurate medical record-keeping in many infected places.

The epidemic wiped out entire families, destroyed whole communities and overwhelmed funeral parlours across the world.

10. It killed more people than World War One combined

More American soldiers died from the 1918 flu than were killed in battle during the First World War. In fact, the flu claimed more lives than all of the World War One battles combined.

The outbreak turned the previously strong, immune systems against them: 40% of the US Navy were infected, while 36% of the army became ill.



*Memorial to the thousands of victims of New Zealand's 1918 epidemic
(Credit: Russell street/1918 Influenza Epidemic Site)*

Featured image: Emergency hospital during 1918 influenza epidemic, Camp Funston, Kansas (National Museum of Health and Medicine)

Source:



Harrogate's NHS Nightingale Opens after Military Assistance

The Royal Artillery were among those who supported the construction of the facility, which has opened today.

Hannah King - 21st April 2020 at 5:00pm

The NHS Nightingale Yorkshire and The Humber has officially opened in Harrogate.

In under three weeks, military teams have worked around the clock to convert the Harrogate Convention Centre into a temporary hospital.

Soldiers from 4th Regiment Royal Artillery have been among those getting the site ready to be the country's next NHS Nightingale hospital.

The facility has the ability to take up to 500 patients, if required.



Appearing via video link, Yorkshire Veteran Captain Tom Moore, officially opened the site. He has now been appointed an Honorary Colonel of the Army Foundation College in Harrogate on his 100th Birthday. The Chief of the General Staff General Sir Mark Carleton-Smith made the appointment, which has been approved by the Queen, in order to inspire the next generation of soldiers.

The Former Army Captain who has raised millions of pounds for the NHS, called the service "one of the best services in the world".

He added:

"All the doctors and nurses throughout the national service do such a magnificent job under very difficult conditions, every day they are putting themselves in harm's way, night and morning, and they are doing it with a determination.

"I think we must say thank you very much to the national service, all of you".

Troops have been transferring supplies, assisting with planning and helping NHS volunteers who will work at the hospital. They arrived on site several weeks ago, before that they were on a UN peacekeeping mission in Cyprus.



"Coming in [on] day one, we sort of realised the severity of what is going on at the minute with the crisis," Bombardier Daniel Hollingsworth said.

"Everyone's just really keen to assist," he added. "It's been quite humbling," Major David Mortimer said about the experience supporting the NHS.

"In the military we quite often think that we know everything about planning, but actually they've got most of it wrapped up themselves.

"We've learned lots of new medical terms. I've also realised how complex a hospital was and how complex the build was.

"What you don't see here on the hospital floor is all the complex planning going into recruiting staff and training that staff, feeding and accommodating them,"

"It has been really empowering to be part of trying to find a solution for this crisis in our home region." Maj Mortimer added.

On the day Forces News visited the hospital, a single platoon was helping on site.

However, the regiment is based at Tockwith, just a few miles from the new hospital, meaning more people can help at short notice.

"Everyone has been pulling together to make it work. And it's been really nice to see, every day, donations from the local community," Maj Mortimer said. "It's clear that the public is pleased to have us along.

"I think it's a shame that because you're in the Army wearing a uniform you get noticed very easily, but there are a lot of other people helping out here from other agencies who don't get that same instant recognition," he added.

"There is a lot of negativity in the world, but it's just good to see all human beings just coming together," Bombardier Hollingsworth said. *Source: Forces Net*



The 99-year-old war veteran who has raised £32m for the NHS charities by walking laps of his garden has been honoured with a special postmark. Royal Mail will stamp all letters with the message to celebrate Captain Tom Moore's 100th birthday on Thursday. All stamped post up until Friday will be marked with: "Happy 100th Birthday Captain Thomas Moore NHS fundraising hero 30th April 2020." Royal Mail said it was "honoured" to issue the postmark. (Royal Mail Media)

Coronavirus: RAF Delivers Equipment to Falkland Islands

The equipment was delivered by an A400M Atlas, based at RAF Brize Norton in Oxfordshire



The equipment will be used to help staff at the King Edward Memorial Hospital treat coronavirus patients (Picture: MOD)



An oxygen tank is loaded onto the RAF aircraft (Picture: MOD)

The RAF has delivered essential equipment to the Falkland Islands to help treat coronavirus patients, the Ministry of Defence (MOD) has said.

The equipment will be used to build an oxygen generation plant, which will help increase the supply of oxygen to the King Edward Memorial Hospital in Stanley.

An RAF A400M Atlas, from RAF Brize Norton, carried out the delivery.

The MOD also said personnel from 5001 Squadron at RAF Wittering will soon be mobilised to help install and maintain the plant.

Six British Army medics recently deployed to the Falklands to provide support during the coronavirus outbreak.

The RAF has been tasked with carrying out a number of deliveries during the crisis, most recently collecting an order of personal protective equipment (PPE) for NHS staff from Turkey.

Forces | Net

*BFBS
27th April 2020 at 10:15am*

The World's Most Powerful Supercomputer Has Entered the Fight against Coronavirus

The IBM-built Summit has found a list of promising drugs for Covid-19



Emily Mullin
Staff writer at OneZero,
covering biotech and Covid-19.
emullin@medium.com

As COVID – 19 sickens people around the globe, scientists are rushing to find drugs that could help patients recover sooner. The never-before-seen pathogen can cause severe respiratory symptoms, including difficulty breathing and chest pain.

To aid in the search, scientists have enlisted the world's most powerful supercomputer, the IBM-built Summit. Occupying the floor space of two tennis courts at the U.S Department of Energy's Oak Ridge National Laboratory in Tennessee, the Summit can perform 200 quadrillion calculations each second — roughly a million times more computing power than the average laptop.

Last month, researchers used it to screen through a library of 8,000 known drug compounds to find those most likely to be effective against the coronavirus. The compounds included chemicals, herbal medicines, and natural products that have either been studied in humans or are already approved drugs — and, importantly, are already considered safe for humans. Summit narrowed down the dataset to a short list of 77 in just two days. Using regular computers, the process would have taken months.

“The logic is if any of those compounds works, it should be much quicker than the typical drug development process to get approval and widespread use,” Jeremy Smith, a molecular biophysicist at the University of Tennessee who ran the simulations, tells OneZero. He and his colleague posted their findings to the preprint server ChemRxiv in February and are updating the paper as they run more calculations.



If any of the compounds work in animals, scientists could skip the initial safety trial in people and go straight to testing drugs for their effectiveness in those who are sick.

Developing drugs is a notoriously lengthy process — it can take 10 years for a new medicine to reach the market from the time it is discovered, and many fail because they are not safe or just are not effective. That is why supercomputers like the Summit are especially useful during a global outbreak of an infectious disease that has no known treatments.

To do the simulations, Smith used the virus’ genome, which Chinese researchers published to the web in January. The data revealed that the virus, now known as SARS-CoV-2, was similar to the coronavirus that causes severe acute respiratory syndrome, or SARS, and infects the body in a similar way. With this knowledge, they programmed the Summit to search for an awfully specific type of compound.

Coronaviruses get their name from the crown like proteins on their surface, which allow the virus to bind to and infect human cells. The researchers used the Summit to pinpoint drugs capable of binding to these protein spikes in order to thwart the virus’ ability to get inside the body’s cells.

Complicating the process is the fact that these spikes constantly make lots of tiny movements. Researchers have to figure out how to model those movements to help find drugs that can work against them. “It’s a complicated mathematical problem,” David Turek, vice president of exascale systems for IBM, tells OneZero. (Exascale computing refers to the ability to make a billion billion calculations per second.)

A supercomputer can do this very quickly with machine learning algorithms. Using 4,608 nodes — the equivalent computing power of the same number of laptops — it takes a problem, chops it into pieces, assigns them to all of the individual nodes or computers, and then brings all those pieces back together to reconstitute the solution to the problem. It’s similar to a beehive, where a hundred or so different drones are working together for a common goal, but each one has its own mission. This capability allows researchers to perform incredibly complex tasks like drug discovery.

The results don’t mean the team has found a treatment or cure for SARS-CoV-2. The 77 compounds they identified still need to be tested in animals and human cells in a lab. Virologists at the University of Tennessee Health Center are beginning experiments now but determining if any of the compounds are effective against the coronavirus could take months. That might not be soon enough to help patients right now, but an effective drug would be useful if the spread of the coronavirus lasts through next year or the virus becomes endemic, meaning it becomes a regularly occurring pathogen like the flu.

“I don’t know if any of them will work,” Smith says. “Maybe no compounds in the database will work, or maybe several will.”

In future outbreaks of new and untreatable diseases, Smith thinks these types of drug discovery simulations could be coordinated using the 500 or so supercomputers around the world so that scientists could jump-start drug testing. “We could have the scientific tools ready to go so that we could respond with the right science as quickly as possible,” he says.

Source: Medium.com

Victory in Europe Day - 8th May 1945

Victory in Europe Day is generally known as VE Day in the UK and is a day celebrating the formal acceptance of Nazi Germany’s unconditional surrender of its armed forces on 8th May 1945. It was reported that Adolf Hitler, the Nazi leader, had committed suicide on 30th April and during the Battle of Berlin, Germany’s surrender was authorised by Adolf Hitler’s successor, Reichspräsident Karl Dönitz. The act of military surrender was first signed at 02:41 on 7th May in SHAEF HQ at Reims and a slightly modified document was signed on 8th May in Berlin.

On 8th May 2020 our nation will remember VE day during another very difficult period for our country. We are remembering all those who served to win our peace, and all those who gave the greatest sacrifice for our freedom. This is a time when we are facing different threats. More than ever, it is good to remember we have been through difficult times before, and we did it by working together.



The end of the war meant an end to the rationing of food, bath water and clothing; an end to the drone of German bombers and the destruction their payloads caused. It also meant thousands of children, evacuees sent away from their homes for safety, could return home.

Soldiers who had been away for years would also be returning to their families, but many more would not.

As word began to spread the population waited anxiously by the wireless to see if the news was true? As soon as confirmation came through, in the form of a broadcast from Germany, a feeling of tension was released in a wave of joyous celebration.

Bunting was hung up on every major street in the land and people danced and sang, welcoming the end of the war and the chance to re-build their lives.

Royal revelers



The princesses, Elizabeth (left) and Margaret (right), flank their parents, the King and Queen, as they greet the gathered crowds around Buckingham Palace, before heading to the streets of London to join the party.

The following day the official celebrations began and London in particular was full of revelers excited to hear from their leaders and to celebrate the rebuilding of Britain. King George VI and the Queen greeted the gathered crowds eight times from the balcony of Buckingham Palace to great cheers.

Amongst the people two more royals were enjoying themselves on this important occasion, the princesses, Elizabeth and Margaret. They had been permitted, on this singular occasion, to join the party on the streets; they mingled with the crowds and shared in the joy of their people.

A country's pride personified

At 15.00 on 8th May Winston Churchill addressed the people that congregated in Trafalgar square. An excerpt of his speech shows the kind of proud and triumphant feeling that filled the hearts of the British people that day:

“We were the first, in this ancient island, to draw the sword against tyranny. After a while we were left all alone against the most tremendous military power that has been seen. We were all alone for a whole year. There we stood, alone. Did anyone want to give in? [Crowd shouts “No.”] Were we down-hearted? [“No!”] The lights went out and the bombs came down. But every man, woman and child in the country had no thought of quitting the struggle. London can take it. So we came back after long months from the jaws of death, out of the mouth of hell, while all the world wondered. When shall the reputation and faith of this generation of English men and women fail? I say that in the long years to come not only will the people of this island but of the world, wherever the bird of freedom chirps in human hearts, look back to what we’ve done and they will say “do not despair, do not yield to violence and tyranny, march straightforward and die if need be unconquered.””



The war continues in the East

As far as the British government and the armed forces were concerned there was still another war to fight in the Pacific. They had been supported by the Americans in their European struggle and now the British would aid them in turn against Japan. Little did they know that this conflict would be brought to a swift and infamous end less than four months later?

Members Musings

Ah! THOSE HALCYON DAYS: THE SCHOOL IN THE SEVENTIES

By Adge Roe

(This article was first published in The Ranger in the winter 2008 edition that celebrated 60 years of Military Survey at Hermitage.)

As an adult entrant, I enjoyed the pleasure of the three-day aptitude testing period at Hermitage in mid-1976 and was (to my surprise) accepted as a potential Air Surveyor. This pre-supposed that I could endure the delights of Southwood Camp, Cove and basic soldier and combat engineer training. Life at Southwood Camp revolved around three square meals in a dining room, sharing a wooden hut with forty other people and a developed overwhelming urge, at every opportunity, to polish linoleum. Following completion of basic training and the short trek to Barton Stacey I, like many others, was held (for some quite literally) pending loading onto my first training course at the SMS. So, it was in August 1977 that the big day finally dawned, my first day at the SMS.

The arrival along with my fellow students (Colin Baldwin, Derek Ireson and Lance Mitchell to name but three) was I confess tinged with a feeling of déjà vu, not because I had visited two years earlier but if any of you have ever visited any aged NHS hospital and in particular the world famous Stoke Mandeville or, come to think of it, Tolworth or even GCHQ, you'll understand what I mean. I had swapped wooden huts at Cove and Barton Stacey, for what can best be described as a series of hospital wards amid a building site!



No 5 Primary Air Survey Course - 8 Aug 1977 – 20 Jan 1978
Spr Phillips Spr Hulin Spr Crossland Spr Finch Spr Roe Spr Ireson
Spr Owen Spr Mitchell L/Cpl Freeborn Sgt Stubbing Spr Baldwin Spr MacKellar

Following the traditional wander around 'campus', the collection of bedding and the inevitable arrival procedure, the course were taken under the wing of the instructors (Phil Stubbing and Tim Freeborn) who then spent several months in Building 25 trying to instill all the necessary values and skills required to succeed as an Air Survey Technician. I must confess the whole environment from stepping inside the gate, to wandering the covered walkways was quite surreal, almost boarding school in its appearance and atmosphere. I recall that one of the most intimidating elements was the arrival interview with the Assistant Instructor (Air), an authoritative individual whose sheer presence (not unlike Dougie Ward at Barton Stacey) meant that as a young Sapper, you were invariably tongue tied and failed to answer any of the questions in a coherent manner. However, if the subject of football was mentioned, there would appear the merest of smiles and at once you knew you were on solid ground, his name.....Bob Payne.

The walk around the maze of corridors opened all of our eyes to the world of Air Survey; the Multiplex, the DP1 (complete with your own personal sleeping compartment), the air survey cameras, the comparators and a variety of other instruments that were at best Heath Robinson in their construction, but plainly (or so we were told) the models of the day.

The basic skills, the grids, the datum's, training objectives, TIs, pencils, Ozatex, scalpels (did Lance Mitchell ever forgive me!), the hand stereos, baselines, parallax, the theory of sight, all of which culminated in the dreaded trade tests, followed by the prolonged wait, while TDT poured over your work and eventually published your marks. The only respite from the training was the time we all left the site to watch the water tower being demolished!

The training objectives and tests seemed endless, punctuated only by NAAFI breaks (and of course table tennis) and from a social perspective, it was the delights of the White Horse or, for the adventurous, the Pot Kiln at Frilsham (if you could find it!) and for the sportsmen, and in particular footballers it was the opportunity to play on the world's narrowest pitch, was it really only a single pace from the touch line to the penalty area?

So, what's changed? I suppose we could all list the obvious; the changes in instructional personnel, the advances (in some cases) of equipment, the availability of data, the working environment, the ever-changing procedures and processes and of course the ever-changing requirements. The list is not exhaustive, and people's priorities will differ but the "Holy Grail" is, I suppose, whether or not today we are still producing technicians capable of meeting the geographic needs of Defence? Based on the success of our technicians on current operations, the answer can only be a resounding, yes!

PINK KNICKERS AND 3 HAIRCUTS

By Dave Jordan



It was 1968 and I was promoted to sergeant. I packed up my worldly goods and waved good-bye to my corporal's bunk in the wind-swept wilds of 13 Squadron in B camp. The comparative luxury of The Sergeant's Mess, A camp, Barton Stacey was to be my new home.

On that first Monday morning I unpacked and made myself familiar with the mess facilities. Wednesday afternoon, sport's day, found me at hockey practice. It had been raining continuously for what felt like days and the pitch was a quagmire. After about 30 minutes someone saw sense and abandoned the session.

Back at the mess I stripped off my sodden, mud encrusted sports clothes and fed them into the mess washing machine. A new experience for me being used to the regimental laundry. One of the items was a fairly new red P.E. vest.

When the washing was finished, I put the kit in the drying room, but not before wiping and drying the machine in compliance with the "PLEASE CLEAN AFTER USE" notice. That evening we were sat at the table about to start dinner when the RSM (who shall remain nameless) arrived via the back door, a scowl on his face and a laundry basket under his arm. He demanded to know who had been using the washing machine. Confident I had done no wrong I happily owned up. "Did you remove the impeller" he demanded. Not knowing what an impeller was and thinking someone must have stolen it I happily piped up, "No, not me sir" and started to look round to see who may be the guilty party. It was then I noticed the contents of the laundry basket. What should have been the RSM's white underpants and vests were a mottled pink!! I was then escorted to the laundry room where he pointed out that, what I thought of as a propeller was the aforementioned impeller, and it was held in place by a large furred knob on the top. By undoing the knob, the impeller could be removed, revealing a small sunken area with a filter and, horror of horrors, some red threads from my P.E. vest wrapped around the impeller spindle. My protest that I was not familiar with the workings of a washing machine fell on deaf ears. The following week found me carrying out the extra duty I had been awarded, thinking to myself that I had got away with my error quite lightly. But had I?

A month or two later I found I had been selected to attend an All Arms Drill Instructors Course at Pirbright Barracks, home of The Brigade of Guards. Did my being selected have anything to do with the above incident? I know not, but I have my suspicions. I resigned myself to having to attend the dreaded course. This being the swinging 60s, and me being a Rolling Stones fan, I was inclined to grow my hair as long as I could reasonably get away with. Determined to do my best on the course I paid a quick visit to the barbers before catching the train to Pirbright and had, what I thought was a regulation haircut.

On arrival at Pirbright railway station I was shepherded to one side, along with a few other attendees, until there were enough of us to fill a one-ton truck to ferry us to Pirbright camp. Once inside the garrison the guard's sergeant who was escorting us started to grip us and we were all marched to the unit barbers for a haircut. My, and several other protests, were met with an ear shredding "SHADDUP".

Sporting my newly shorn hair I settled down in my room to read up on the course programme. Not long thereafter the peace was shattered by the resonant tone of our course D.I bellowing out "JORDAN". Venturing out of my room I was quickly herded up with two or three other guys and marched off for a haircut!!

Unknown to me there was another Jordan on the course who, along with the few others in our group, has arrived late and missed the compulsory visit to the barbers shop. My protestations were once again met with the now customary reply "SHADDUP". Three haircuts in one day! I think a peach was sporting more hair than I was.

The course itself was 12 (or 15) weeks. It felt like 12 years! My boots refused to take on the mirror like shine demanded, no matter how many hours of spit and polish I put in.

My brass buckles remained stubbornly below the standard demanded and my ill -fitting Number 2 jacket ensured I was greeted with the comment 'YOU LOOK LIKE A BAG OF SH*T TIED IN THE MIDDLE'. My evenings were spent trying to remedy the above and learning the intricacies of arms drill, "Rest on your arms... reverse" etc. and the dexterous manoeuvres of using a pace stick.

The one bit of light relief I remember was carrying out a drill for lining a route. An almost everyday occurrence if you're in The Guards in London, for the rest of us, a complete mystery. This particular 'lining a route' drill was for a simulated royal procession. We carried out the requisite drill and ended up as required, 15 yards apart staggered opposite each other, and then waited for the "royal" procession so we could present arms. I heard the sound of approaching horses "clip clopping" towards us but dare not move my head to look. The royal party gradually came in to view. Six guardsmen hitting coconuts together, no carriage just a couple more personnel as coach drivers and then a short Signals Sergeant wearing thick lensed glasses waving at us a la HM the Queen. How I kept a straight face I have no idea. Eventually the hours of bulling payed off, a couple of trips to the camp tailor to sort out my number 2's, hours of square bashing, and I passed out as a fully qualified Drill instructor. I have never forgiven that P.E vest.

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