

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH COL.(ret.)STANLEY BLOUSTINE, MC, USA

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26 OCTOBER 2004
TELEPHONIC INTERVIEW

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BUREAU OF MEDICINE AND SURGERY
WASHINGTON, DC

Telephone interview with Dr. Stanley Bloustine, member of MILPHAP Advisory Team 15 in Vietnam.

Where are you originally?

Louisville, KY.

Where did you go to medical school?

The University of Kentucky.

At what point did you decide you wanted to be a Navy doctor?

I was in medical school in the mid '60s and graduated in '67. In those days Kentucky wasn't exactly a hotbed of radicalism and the anti-war movement. Most of us there considered that we were going to have to go in sooner or later. I didn't have any big plans at the time so I decided to go in sooner rather than later.

I came from a working class family. My father died when I was in high school. I didn't have much money. The Navy didn't have 4-year scholarships back then the way they do now but they had a program called the Ensign 1915 program. In exchange for your senior year of medical school they would pay you as if you were an ensign in exchange for an extra year of service. So that's what I did. I took the money for my senior year for tuition and living expenses and then I applied and got a Navy internship at San Diego.

When did that occur?

I graduated in '67 and then went to San Diego right away.

Was there any orientation into Navy life such as going to Newport?

[Laughter] No. We had to show up about 3 or 4 days early and they told us how to wear the uniform, how to salute, a little bit about the rank structure, but it was very informal.

What was your first assignment at San Diego?

I was an intern.

How long were you there altogether?

Twelve months. I left on July 1st, '68.

Is that when you got your orders for Vietnam?

No. I didn't know what I wanted to do as far as a specialty so I signed up for and qualified for submarine medical school in New London. Back during the Cold War every Polaris sub had a medical

officer on board. I thought that would be kind of cool. You could be out of Groton, Charleston, SC, or San Diego. But after a while I decided I didn't want to spend 2 months at a time under water so I backed out. But by that time, the residency programs were pretty full. However, I was able to get a first year general surgery residency slot at the old Naval Hospital in Chelsea, MA. So I went and did a year of general surgery there from '68 to '69.

Was it around that time that your Vietnam orders developed?

I really had a very bad year there. My car was stolen. My apartment was broken into. I didn't make any friends, either male or female. I had problems with some of the people I worked with. It was just a miserable year. I was pretty damned depressed about the whole thing and didn't know what to do. I figured I was going to have to go sooner or later. So I thought, I'm single. I don't have anybody. I'm just going to sign up. I didn't want to go with the Marines. I somehow found out about the MILPHAP program. I applied and was accepted.

Once you were accepted for the program, did they send you for special training?

There wasn't an opening for a few months. There was an OBGYN who was the head of the team I went to and he was anticipated to leave in a few months. If I remember correctly, he had some health problems. So they sent me to the old Naval Hospital in Millington, TN, for about 3 months and I worked with the general surgeons there to get some more experience. Then in November I went to Bethesda for 2 weeks to train with other people going over on MILPHAP teams. They taught us about Vietnamese history and a little bit about this and that and what we might anticipate.

I know the State Department was involved. Did you have instructors from State?

I recall that I did.

Did they give you any Vietnamese language training?

Nothing extensive. Just a few words and phrases.

Were there any people there who had already been to Vietnam involved in that training?

I honestly don't remember.

Was it a large group of people that trained with you?

I think maybe 10 or 15.

After those 2 weeks, you were probably ready to go.

Yes. I went home, packed my bags, and flew out of Louisville. I left my car there with my mother and flew out to San Francisco. I took a bus to Travis [AFB]. They had chartered with civilian airlines back then to send people to Vietnam. I flew to Vietnam. I don't know why I remember this but I arrived on December 16th, 1969.

Did you fly into Danang or Saigon?

Saigon--Tan Son Nhut.

Had they told you what your mission would be?

Sure. I was going to Hoi An, which was about 40 kilometers south of Danang.

How did you get there?

I stayed overnight in Saigon at some officers' club. At that time, the airline that flew us around was Air America, which was run by the CIA. The next day I flew up to Danang. I spent a day there in-processing and then the Medical Service Corps officer with my team drove up in a jeep to meet me at the Danang airbase and drove me to Hoi An.

Where there a sense of dread? Was the war obvious?

I didn't feel any sense of dread. I was just trying to understand what was going on and trying to adapt and figure out what I was going to do.

What did you find at Hoi An?

Hoi An was the capital of Quang Nam Province. It was a nice little town. The American contingent was in two sections. There was a little Army post there. Then there was the State Department compound. Initially, they had room for me in the latter. I had a private room with air conditioning. We joined the mess there with a monthly fee, had Vietnamese cooks, and ate very well.

One of the other people I talked to, also on a MILPHAP team, told me he had been detached from the Navy and was, in essence, an employee of the State Department on a temporary basis. Was that your arrangement?

No. I was still in the Navy and wore my Navy uniform--a green uniform like utilities.

What was the medical facility you were assigned to?

It was a Vietnamese hospital. It was a third-world hospital. There were Vietnamese army doctors there. There was a separate ward for the Vietnamese soldiers. They took care of them and we took care

of the civilians and the North Vietnamese and Viet Cong prisoners of war who had been wounded. The Vietnamese doctors, because they were paid so little, worked in the Vietnamese army hospital in the morning and then they all had their own private practices in the afternoon. But we had very little contact with them, which was one of the problems I had to deal with.

A young man and a young woman did our translating for us. We would make rounds. They had an OR and we were able to do certain types of surgery. Because I was the only surgeon, even though I had just over a year of training plus an internship, I did the C-sections and helped the midwives with difficult deliveries.

The orthopedic surgeon I interviewed who served on another MILPHAP team told me that there was very little contact between the Vietnamese professionals--the physicians--and the Americans. It was almost as though they were a separate culture and wanted to stay that way.

Yes. The Vietnamese doctors were very proud. They were trained in the French tradition and they didn't think that we had anything to offer them. Not too long before I left, I finally got the big shots to get together and confer so we could somehow collaborate. But it was a struggle the whole time I was there.

You say you did some C-sections. Were there a lot of war injuries to treat at that time?

We saw some but not really the worst ones. If they were South Vietnamese soldiers they would have been helicoptered out to the hospitals in Danang. If the critically injured were Vietnamese civilians, they weren't going to make it to the hospital. They would die or an American unit nearby might helicopter them to a hospital in Danang. We got the lesser injuries.

What was your chain of command?

There was a regional MILPHAP coordinator, I guess you would call him, who was in Danang. Our relationship was informal. It wasn't so much orders, in that sense. He was my superior. I think he would have been the one who wrote my OER; I honestly don't remember.

Who called the shots at the Hoi An hospital?

The Vietnamese ran it.

So you worked as you saw the need. You were on your own.

Yes. We tried to support the Vietnamese. The Marines had a field hospital up in Danang. And as there was less need for this hospital, they closed it. They had truckloads of stuff--warehouses

full of IVs, surgical supplies, etc. They weren't going to drag it back to the States. I talked with people through the Marine chain. They supported me and brought these supplies in Marine trucks. They delivered truckload after truckload of stuff to us. What happened was that the stuff got stolen. I'm sure some of it went to the Viet Cong or the black market. Sometimes you tried to help and it didn't work the way you wanted it to. I was just trying to be a good guy.

Did your hospital ever come under attack by the VC or the NVA?

We got mortared and rocketed a few times. They put a hole in the roof on several occasions.

This was about 1970?

Yes.

So it was after Tet and all that.

Yes.

Did you ever go out on what were called MEDCAPs?

No. MEDCAPs were purely American run. And that was one of the problems I was trying to address. The Americans looked down on the Vietnamese. I had so much trouble trying to convince them that the Vietnamese people were not stupid. I'd tell them, "Listen, they know we Americans know how to do things. They also know that we've got lots of medicines and fancy stuff and we know how to deliver care." So they'd go out on these MEDCAPs only with their own people and give out a bunch of pills and candy to the kids. Maybe they'd find a couple of kids with something that might require an operation. And they could take the kid back, do what had to be done, and then send him home. And they thought they were doing a wonderful thing. But they would never include the Vietnamese health care system. I'd try to tell them that our job was to convince the people that the Vietnamese government could take care of them, not that we could take care of them. But I was never successful in that.

Was most of the intransigence from the other side--from the Vietnamese--or was it from our own people?

Mainly from our own people. The other side was not the Vietnamese army doctors; it was the Vietnamese civilian health care system--the nurses and people like that. They had a whole infrastructure of their own that the Americans tended not to use.

If you didn't go out on MEDCAPs, did you, nevertheless, occasionally get away from Hoi An?

Yes. I visited villages. I had a jeep most of the time or I

could rides on Army helicopters or Air America helicopters. We would go out and visit outlying American units and talk to them about public health. We would also go out and visit Vietnamese village chiefs. We got out as much as we could. I didn't want to stay in Hoi An all the time.

You say you had an interpreter assigned to you.

Yes.

So there was always a language problem, then.

Oh, sure.

And that contributed to the misunderstandings between the Americans and Vietnamese.

Absolutely. I'm not very good at languages. A young guy from the State Department who was there with me and I paid a Vietnamese guy to come and give us Vietnamese language lessons. I picked some up so I could survive but it was not much more than hello, goodbye, and where's the bathroom. At least I tried. Unfortunately, a lot of people never even tried.

You mentioned earlier that the Vietnamese civilian physicians had been trained in the French tradition. How was it different from the American way of doing things?

It was an older French tradition so it wasn't the most modern stuff. They had been trained in the French and the American literature. But the main thing about that was that they felt they were fully trained and that we had nothing to teach them. They felt that they were just as good as we were. They knew everything plus it was their country and there was no value in cooperating with us. There was nothing in it for them.

And you all felt the same way about them.

The MILPHAP people didn't feel that way. The military--the Army and Marines at the regular Army posts and Marine bases felt that way.

So your MILPHAP personnel wanted to cooperate.

Absolutely.

The MILPHAP mission once you got there was this hearts and minds thing, which is probably a cliché at this point. But you knew you were there to try to help the Vietnamese civilian population as best you could.

To help the civilians by delivering care and by trying to improve

the communications between the two systems.

So you succeeded in the first but not so much in the second.

Yes. Every province was quite different. It depended on who was there. There was an Army MILPHAP in one of the provinces in the south of I Corps. Their team leader was a fully trained general surgeon who had come out of retirement and was in his mid or late 50s. He had gray hair and was very experienced. The Vietnamese have a lot of respect for the elderly. So this guy was able to get their attention much better than a young nobody like I was. They listened to him. Also, he could do a lot more because he was a fully trained general surgeon. He did a lot more cases and seemed to have a better relationship with his Vietnamese counterparts than I ever did. So things were very different from province to province.

How long were you in Vietnam?

Fifty weeks.

How were you feeling toward the end of your tour? Were you really frustrated with what you had accomplished?

Oh, yes.

You didn't see that you and the team had made much headway.

No.

Did you ever have any contact with the other MILPHAP teams?

A minimal amount. We had a couple of conferences. Not long after I got there, they sent me down to Saigon for 2 weeks where I met with a member of each of the other teams. I learned about the whole Vietnamese infrastructure. They hadn't taught us this at Bethesda. We learned about tropical diseases, and some more history and culture. We got to look around Saigon.

Were Americans doing the briefing?

Vietnamese and Americans. And then I would go up to Danang and meet with the people to compare notes.

It sounds like your team was fairly safe where you were. Some of the other teams were rocketed and mortared many times.

We didn't have a bad time. We had to play by the rules. The rule was that you didn't go out at night outside your town. The Vietnamese army guarded the main roads into town and they put up barbed wire. You would have been stupid to be on the roads at night. And you would be stupid to be on the roads before an American or Vietnamese unit would sweep the road for mines every morning. But

once that was done, it was pretty safe. I never felt like I was in imminent danger. There was always that possibility being in a war zone. Some of it was probably fatalism. You had to feel that way or you'd be paralyzed and never do anything. You'd never leave the hospital or your quarters. You took reasonable precautions and went about your business.

When we took the jeep to Danang or a village somewhere, you didn't go until the road had been swept and you took your weapon and helmet with you. Back then you didn't wear your flak jacket; you sat on your flak jacket. There was a greater likelihood of your running over a mine than there was of getting shot by a sniper. You figured that if you were going to get hit by a mine, the fragments were going to come up through the jeep. So if you had another layer--your flak vest--there was a greater chance of having lesser injuries.

How were you armed?

I had a standard M16A1 and a .45 pistol.

Had you had any training with those weapons?

No, I never did until I got there. I never fired either one of them in my life. But they took us to a firing range near the beach. We were very near the South China Sea. One day a soldier or a Marine--I can't remember which--showed us how to fire the weapon and clear it if it jammed. That was our only time doing that. We got to fire a couple of clips and that was it. Thank God, I never had to fire my weapon in anger.

While you were there at the hospital, were there any cases that stand out in your mind as being unusual?

There were a few but nothing overwhelming. A lot of what we treated were just soft tissue injuries and some tumors, things like that. There was nothing medically exotic.

How did leave Vietnam and get home?

A standard tour was 364 days. A few weeks before that my time was up, which would have been December 14th of 1970. I went up to the Navy base at Danang where they had all the personnel stuff. I began asking around. I think I had gone up there to put in my dream list for orders as to where I wanted to go. Some personnel guy took pity on me and got me orders 2 weeks early so I got out on December 2nd.

Did you fly out of Danang?

Yes. We flew into an Air Force Base in the Riverside area of

California. I can't remember the name. A bunch of us took a cab into LA and I flew home.

What was your next assignment?

I was a general medical officer at Naval Hospital Long Beach.

How long did you stay in the Navy?

Nine and a half years.

What did you do when you got out?

I had done my ear, nose, and throat surgery residency in the Navy. I owed them 1 year of payback. I did that in Oakland, the old Oak Knoll Naval Hospital. I met my wife there. She had been living in San Francisco for 7 years and both of us really loved the Bay Area. The Navy couldn't guarantee me that they could get me back to the Bay Area. So my wife was able to get a year's furlough from her job so we went down to Long Beach for a year. Then I got out of the Navy in January of '76, went back to the Bay Area and worked for the Kaiser-Permanente system for awhile. That didn't work out and we ended up leaving the Bay Area.

At some point, you ended up joining the Army.

After I left the Navy, I tried the Navy Reserve. With Vietnam winding down, they had very few openings for doctors in pay billets in the reserves. I did a couple of months of doing physicals just for the retirement points but not getting any pay. I got kind of bored with it and put it on hold.

I worked in a multi-specialty clinic in Champaign, IL, for a little over 2 years and I tried the Navy Reserve there but it was the same thing. It wasn't difficult, just boring and I wasn't getting paid. So I said the hell with it and just resigned my commission completely.

After Illinois, I went up to Seattle for awhile. Then I realized that I just wasn't happy in ENT so I got a residency in plastic surgery at the University of Kansas and went there for 2 years from '80 to '82. Then I got job in Tacoma, WA, with three other plastic surgeons. The senior plastic surgeon in the group was the commander of the local medical reserve unit. It was an augmentation hospital. The commander of the unit pointed out that I already had 9 ½ years in the Navy. He said, "Why don't you come on in. We've got a good deal going here and you'll do your thing. You might get deployed but it seems unlikely, and you will get your retirement." So I joined the Army.

It was kind of cool because we did our drills and our ATs at Madigan [Army Hospital.] I was getting paid and getting my

retirement. I went in as an O-4 for a few months but then got promoted back to O-5, which was what I left the Navy as. Back then you got promoted very rapidly in the Medical Corps. You could make O-6 in 12 years back then. And that's without awards or anything. If you were a warm body and hadn't killed any patients, you got promoted.

I left Tacoma after 3 years and moved to Sioux City, Iowa in solo practice. I wanted to keep up my reserves so I found out about a reserve unit in Omaha. It was a field hospital. I stayed with them for a number of years and did my ATs out in the field and did my drills in Omaha. Then they demobilized that unit and remobilized it as an Army general hospital. So we weren't going out in the field anymore. We would just do what they call "backfill." We did that in different Army hospitals.

Over the next 10 or 15 years the medical environment changed with managed care and Medicare changes and the medical-legal situation. I just got tired of the whole thing. In 1999 my kids were out of the nest and so I asked the Army if I could come on active duty again and after several months and 2 pounds of paperwork, they said okay. So I came on duty in June of '99.

Where have you been stationed?

I was 2 years at Fort Bliss, Texas at the Beaumont Army Medical Center. Then I got an offer to go to Germany to replace someone in Lansteul who had to come back to the States. "If you'll let me come for 2 years unaccompanied, yes." That's because my wife's mother was getting quite old and she didn't want to leave her full-time. So after a few months, I moved to Germany and my wife kept our house in El Paso and she came back and forth, spending about half her time in El Paso and half her time in Germany.

So I spent 2 years in Germany and then we decided to come back because of the family thing. They gave me this assignment, which was not an assignment I asked for, but I couldn't complain about it here at Fort Campbell.

How long have you been there?

Almost a year.

Are you doing general surgery?

No. Plastic surgery.

So, you are a colonel now?

That's right.

It's been 35 years since Vietnam. Do you ever think about it much anymore?

No. Rarely. I never had nightmares or flashbacks or anything like that. There were a couple of sad things that happened over there but what happened happened. One of the things I've been aware about Iraq is the thing about the medical care over there. I started thinking that the Army has its medical system and the Iraqis have their medical system. And a lot of it is for security reasons, which is certainly understandable. That wasn't really the issue for us in Vietnam. The two were not meeting and there wasn't the level of cooperation that we would have liked. In trying to win the hearts and minds of the Iraqis, it still looks like the same problem. In that sense I've thought about it. We still haven't learned our lesson.

We in the MILPHAP program used to say that we were trying to win their hearts and minds. And the Army and Marines were saying, "You drag them by the balls and their hearts and minds will follow." It was always those two philosophies that were at odds with each other. Unfortunately, neither worked very well.