

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH PETTY OFFICER THIRD CLASS (ret.)  
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TELEPHONIC INTERVIEW

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**Telephone interview with HM3 James Chaffee, former hospital corpsman assigned to NSA (Naval Support Activity) Danang during the Vietnam War.**

**Where are you originally from?**

I was born in San Diego, CA. I had bronchitis so we moved to Las Vegas when I was a kid. So that's where I grew up.

**When did you decide to join the Navy?**

It was when I was in high school. I didn't have anything I was planning to do and was kind of at loose ends. I wasn't ready to go to college. The Vietnam War was happening so I joined the Navy in May of '66.

**Where did you go to boot camp?**

San Diego.

**Did you stay there to go to hospital corps school?**

Yes. I went to corps school in San Diego at the old Balboa Naval Hospital. The original corps school was a bunch of little white buildings. It was kind of nice.

**When you graduated from corps school, did you go to Field Medical Service School right away?**

No. I never went to Field Medical School. I went to Yokosuka, Japan. They were drafting corpsmen at that time to go FMF. A bunch of us were assigned to NSA, Naval Support Activity.

**I recall from your article that you had no idea what that was all about.**

I didn't know. What the hell was all of that? There was one guy serving there who had been at NSA at the hospital. He gave us a little lecture one day about how everyone there carried guns and how dangerous it was. Of course, when we got there, we found that it was all nonsense. They didn't even issue weapons. And that was a good thing. I would hate to think of all those guys running around carrying weapons.

**So you ended up with this draft of men at Yokosuka to go to NSA.**

Yes. All the ones after us went to the *Repose*.

**Do you remember how many were in that draft?**

No. It was sizable though. The ones just before had all gone FMF and bunch of them got killed in January of '68.

**When you were at Yokosuka you knew what was going on in Vietnam because guys were coming back and telling you about it.**

I worked on a medical ward. We had a lot of guys coming in with malaria and hepatitis. We were seeing a lot of burn cases and some gunshot wounds. My friend Garrison saw quite a few wounded. Oh, yes, we knew what was going on.

After I had been at Yokosuka about 9 months, I went to NSA in October of '67. But before I went to Vietnam I came back from Yokosuka and instead of going to Field Medical School, they sent all the NSA guys to counter-insurgency school, which was a Navy school in Coronado, CA, where the UDT guys were training.

**What kinds of courses did they give you in the counter-insurgency school?**

They taught us about counter-insurgency techniques, winning the hearts and minds of the people, civic action programs. They didn't talk about the Marine Corps Combined Action Program, which I learned about much later, which was more a cross between civic action and defense. There were courses on the British experience in Malaya, guerrilla warfare, and all that.

Then we went to Camp Pendleton for a week and marched around a lot and weapons training. We fired the old .30 machine guns from World War II. They taught us to strip them down and put them back together. And then there were the M-60s, which were simple. You simply unscrewed the barrel.

**What about small arms?**

We had .45s, M14s, Browning Automatic Rifles, M16s. The Marine Corps had just been issued M16s. In fact, we got a load of men from Hill 881 who had been all shot up because their weapons jammed.

Once we got to NSA, the guards mainly had M16s and .45s. We had an armory and you could check a weapon out if you needed one but I never bothered. If you went on an ambulance run or something, the driver always had a .45. They didn't like corpsmen carrying weapons at the hospital. The hospital didn't like to acknowledge the fact that it got mortared or rocketed or anything. They tried to keep that quiet for some reason. During the Tet Offensive in '68 they actually put some corpsmen on the perimeter but they didn't talk about that.

**When did you arrive in Vietnam?**

It was sometime in October of '67. They put us in different places. You worked in Triage for a week, which was Receiving 1. Receiving 2 was sick bay open during the day.

**Do you remember your arrival in Vietnam?**

We arrived by commercial airline and were met by a Navy guy who was driving what they called "cattle cars." Danang was off limits. You couldn't go to the city. You couldn't walk in the streets or anything like that.

**What is some type of special van?**

It was like a semi-tractor pulling what looked like a huge horse trailer with wooden seats on the sides facing each other.

**Was it armored?**

No. The danger at the base was mostly at night. That's when the rocket attacks occurred. So they would turn the planes around and leave before it got dark. So they met us and took us to Camp Tien Sha. From the air base you went through downtown Danang and across a bridge. There were two bridges, an old French bridge and a new American bridge the Seabees had built. You crossed the American bridge which spanned the Han River. Behind it ran this slough of water. And it was separated from the city of Danang by this slough of water. At one end of it was a mountainous area--Monkey Mountain. It was right on the beach, a long beach area that ran down through the Marble Mountains and all the way to Hoi An. Once you got south of the Marble Mountains, the slough area sort of ended. There was a river down there and then you would go to Hoi An and battalion headquarters on the way to Hoi An and all that. I never went to Hoi An until after I went back. So I learned most of this going back. The strip I knew was the strip we lived on which was a sandy strip where China Beach is with the Marble Mountains at the southern end of it. At the northern end of it is Monkey Mountain, Camp Tien Sha. They are separated by about 10 miles, I would guess. The China Beach USO was right there maybe 3 or 4 miles north of where we were between us and Camp Tien Sha.

So we first went to Tien Sha, which was a deep water port that NSA had built. There's a game preserve there now. There is a mountain called Monkey Mountain. They had a lot of radar sites at that facility.

We stayed at that base for about a week until we got our assignments. That was one of the pettiest places I was ever located during my whole Navy career. It was worse than when I was at the Officer Candidate School at Newport when I taught after I got back from Vietnam. That place was so petty it was unbelievable. The Marines would come out of the field with their boots all screwed up and they'd give them little chits and say, "You're on report." It was really stupid.

We were there for a week and then got our assignments. Almost

all of us went to the hospital at NSA, which was about 10 miles south from there right at the foot of the Marble Mountains. We were completely away from that Navy crap after that. The only Navy around us was a Seabee camp to our south right on our perimeter. After that was a dump which was on the inland side of what we called the Battalion Road that ran a stretch of that sandy strip. It ran from Tien Sha all the way down to Hoi An. So we were at that hospital just north of the Marble Mountains. Across the road was Mag 16, Marine Air Group 16. It was a pretty big helicopter base. At the northern end there was a long runway for light aircraft such as spotter planes and stuff like that. It was across the road from us and on the beach. Just at the northern end of that was where the China Beach USO started. At the southern end of that big, long base near us was a POW camp. And next to that was the 5th Special Forces, a Green Beret camp. They were at the foot of the Marble Mountains on the ocean side. They got overrun sometime in '69 just before I left. So that was the physical layout.

When you got to the hospital at NSA, that was about it. You didn't go very many places. You could walk on the road but you couldn't go off that main road. You couldn't go inside any buildings. After dark, you weren't supposed to be out at all, although it would have been dangerous anyway. But if you were out wandering around after dark, the MPs would pick you up.

Maybe 4 or 5 miles from us was the road to China Beach between us and Tien Sha. It was the road to China Beach that went off to the right. You could walk up to that road and walk or hitchhike. That road went off limits shortly after I got there because a Korean shot a Vietnamese kid who had stolen his watch.

When I first got there, we rotated around to the different places and then we got our standard assignment. Mostly that depended on what we had done before we got there. So I went to a medical ward. My friend Garrison went to a surgery ward.

#### **What was the layout of the hospital?**

It grew some after I got there but it was already quite a sizable place. We had concrete walkways covered with metal. They had big conduit drainage pipes to drain away the water. As you went in the front gate, there was a chopper pad right near it. And right off that chopper pad was Receiving 1. Right next door was Receiving 2. Off to the left, right behind Receiving 2, at the end of this little walkway, was the orthopedic ward. The entrance went right through that overflow triage, right beside it. We had an outdoor triage. The indoor triage was in a quonset hut. And then right beside it to the left was an outdoor triage with a lot of sawhorses and supplies. Both were always kept ready to go with IVS hanging. And then there

was an overflow triage on the other side of the walkway through the entrance, where if we had to we could put another 50 or 60 casualties.

As you looked at the hospital, you looked at that Receiving 1 area, to the left was Receiving 2. Just down the walk from Receiving 2--to your left--was an orthopedic ward. It was the one that got hit by a rocket in '69. They just built the urology clinic just off of that and that got blown up. A bunch of people were wounded in that rocket attack.

As you faced that, just to the right, and right next to Receiving 1 was the armory. That's where they kept the weapons. If someone came in with weapons, we'd take them over there. If someone came in with C-4 explosive, we'd take that and put it in the armory.

Just down from the armory was the motor pool where they kept all the ambulances. The ambulance drivers were Seabees. They would usually wait for an ambulance run at the motor pool there and they would turn in their .45s at the armory after they got off duty. I only wore a weapon if I went outside the Danang perimeter south of the Marble Mountains. We were not allowed to do that. I'd usually borrow somebody's .45. We had bootleg .45s and I'd just borrow one.

As you went up from the triage, you went by some clinics. This was up near the wire right at the top. There was a hill. There were some wards up there, some clinics, and a chapel. The medical wards were the farthest away from the triage. You would go out the triage and up this hill and the first thing you came to was x-ray on the left. Across from x-ray on the right was the pre-op. And that's where we put the patients who had been stabilized and ready to go to surgery. You'd shave them and get their x-rays. The ORs were off of that. There were a bunch of those.

The DOA shack was right off the overflow triage. It was just a big closet with probably enough room for maybe five or six people.

**Did Graves Registration handle that?**

We tried not to take bodies if we could help it. We always had to ship the bodies out no matter what so we just asked them to send them somewhere else. I really don't know where Graves Registration was. We had no way to register the dead.

**You had a large contingent of nurses there, didn't you?**

It wasn't that large. There were maybe six or eight. They worked the wards. One nurse would supervise three or four wards. Each of the wards had perhaps 80 patients. The nurses wore white, starched uniforms.

**Wasn't Mary Cannon the chief nurse?**

Yes. She was in charge. And right below her was a woman named

Kreisel.

**What kind of relationship was there between the nurses and the corpsmen?**

The nurses were pretty useless; they didn't do anything. The ones who were okay were the ones who let you do your job.

**I imagine you had a lot of malaria cases also.**

Yes. They were having a problem. The lab was really overextended. So one of the doctors on the medical ward showed me how to do CBCs and malaria smears. We had a lot of cerebral malaria. It was very important to find out whether they had a bad case of falciparum or not. You could always tell falciparum because it invaded more blood cells. That's why it kills you. He said, "As soon as these guys have a fever, do a malaria smear on them." And then the nurse would come in and say, "Don't do that. Go mop the floor."

Anyway, I told her to do something with herself. Either they were going to court martial me or something so the doctor got me off the ward and that's how I ended up in Receiving 1. The nurses stayed in Receiving 1 and it was the doctors who didn't want them in there.

**How did you care for the malaria patients?**

The standard thing we did when they had fevers, and it had to be a pretty good fever, 102 or something. We tried to get a malaria slide as soon as possible. That usually signified an outbreak because that's why they had a fever. You'd give them a used IV bottle full of cold water and five aspirin and have them sit in a cold shower and drink the water. You were one corpsman with 80 patients and didn't have time to spend a lot of time with them. If you had a really bad case of falciparum, we occasionally used quinine. Otherwise they used the standard chloroquine and primaquine. We had a few cerebral malaria patients and that was very bad.

The other thing we saw that was disgusting was ascaris--lung worm. You drink some feces contaminated water, these things then grow in your stomach, migrate through the bloodstream to the lungs, and you cough up and swallow the larvae, and they get in your stomach where they turn into worms. They grow into what look like big earthworms.

**What was the treatment for the ascaris worm?**

They gave them some kind of agent to kill it. We actually had a Vietnamese woman on the ward who was actually choked to death by one. I once saw one crawl out of a patient's rectum. He was screaming for a bedpan thinking he was incontinent.

We occasionally got encephalitis or meningitis but it was mostly malaria and hepatitis on our wards.

**I heard that you corpsmen did things that would not even have been considered to be allowed back in the States. What were some of those things you ended up doing?**

We did cut downs if they were required. We did chest tubes. We could intubate patients. I think they do stuff like that now. I saw one tracheotomy done but they're usually not necessary. A kid came in one time who had bit down on a blasting cap and it blew his mouth open. We figured that we would have to do a tracheotomy on him. One of the anesthesiologists intubated him and did a beautiful job.

A lot of times casualties would come in with blood pressures 0 over 0. You couldn't find a vein; they were all collapsed. There was no pulse. So what you'd often end up doing was a femoral stick, just sticking straight down until you got some blood back from the femoral area. Then you'd run an IV into that and sometimes you didn't know if you hit an artery or not because there was no blood pressure but then the blood pressure started coming back, you'd see blood pumping up into the IV bottle. So you had hit an artery. You'd take it out and fix it. You had to do something.

I just read an article written by someone who was in Iraq. He said that 10 people constituted a mass casualty situation. To us, 10 people was a routine thing. That was nothing. We had 12 corpsmen on duty all the time and one doctor who would come. Ten people was no problem. Mass casualties to us was 50 or 60 people!

**Do recall ever getting 50 or 60 patients at once?**

Oh yes. I remember getting over a hundred patients within an hour. There would be an operation out there and it would be raining like crazy and they couldn't get the casualties out. And then, suddenly, there would be a break in the weather and a '46 would come in just stacked with wounded literally thrown in there on top of each other, not even on stretchers. I remember going out and having so many casualties that the OR was completely full, the pre-op was full. We probably had another hundred people in triage. And a chopper came in just full of people.

I was senior corpsman in triage that night and went out with a flashlight and I was triaging on the helicopter. I looked at the ones I thought were going to survive, took those, and sent the rest off to the hospital ship. I think the *Repose* or *Sanctuary* said they could handle them. The chopper was full of blood; it was just a mess.

Many times they'd come in on ponchos tied between two bamboo poles instead of stretchers, often covered with leeches. During the

Tet Offensive in '68 the triage was full for days. Yet Tet was not the worst for casualties. There were several periods in May and later in '68 that had incredible numbers of casualties.

**So you were there during Tet.**

Yes.

**What do you remember about that?**

I was on a ward during Tet. They took surgery people to work in triage. They didn't like medical people. They took me and were kind of skeptical but it wasn't a big deal. It's easy to learn to do that stuff. I remember during Tet we had so many casualties that the indoor triage was full, the outdoor triage was full. The overflow triage was partly full almost all the time and when it was completely full, they had them lined up on the sidewalk waiting to get into x-ray. It was jammed during Tet. It also happened in May and June and later in '68. It wasn't that uncommon.

**Can you remember any of the patients in particular that you may have worked on?**

Sure. I don't know their names but I remember the cases. One guy I remember came in and was dying. He had 0 blood pressure. You kind of got used to looking at someone's eyes and you could tell if they were going to die or not. It looks as though a light is going out behind their eyes. It signifies cardiac arrest. This guy had no blood pressure. But I worked on him and got three IVS in and he died. I could see in his eyes that he was in arrest. I didn't need to check anything else. The way we monitored cardiac arrest was with a cardiac monitor. We had three needles that we stuck into the patient's chest because it was fast. This guy was flat. We put a cardiac board under him and brought him back. He lived! He went to surgery and I went to visit him on the ward afterwards. He was so unusual. When someone went into cardiac arrest being that injured, they didn't survive. He had been shot six times with an AK-47. No organs had been hit but he had almost bled out. When he went home he took a film canister with the bullets they had taken out of him.

We had open heart surgery performed a couple of times that I remember right there in triage. One guy had a shrapnel wound in his chest. The doctor could hear it so he just cut the guy's chest open right there in triage with a chest knife. He pulled the guy's heart out with his bare hands, sewed up the wound, and put it back in. And the guy lived.

We had an awful lot of mine injuries. It was pretty common. Every morning we'd talk about our amputees. If you worked nights, you would be waiting for the next crew to come to relieve you. And

it was "Are we gonna get out of here before the amputee comes in or not?" Because every day we got an amputee, every morning. They would start moving and somebody would step on a goddamn land mine. One guy came in who was pretty bad. He had lost both legs, an arm and a hand. He was a career Marine staff sergeant. He was so dazed, he was trying to run off the stretcher. His face was burned and he had shrapnel wounds everywhere. A corpsman was trying to hold him down while he was screaming, "God, get me out of the compound!" He lived.

We had a very interesting character come in one time. He was lying on the stretcher smoking a cigarette. He had a pack of cigarettes crumpled up beside him and had started a new pack. There was a tourniquet around his arm. He was a recon guy with his face all painted up with camouflage and a bandanna on his head. He also had a snake's head beside him on the stretcher. He had been bitten on the hand by the snake. He kept saying, "Fuckin' Marine Corps. They always told me that if I ever got bit by a white bamboo viper I had time for one cigarette and I'd be dead. I've smoked a whole fuckin' pack and nothing's happened yet."

Another guy came in one time who had been shot in the head and had a hole right between his eyes. He was sitting up on the stretcher. The bullet had gone through his head and came out the other side. When he came in he couldn't talk and he couldn't write. Everything was jumbled. We couldn't find out what his unit was. And the next day when he left he was fine. The bullet had gone between the two hemispheres of his brain!

Then sometimes you'd get a guy with a tiny little shrapnel wound in the back of his head and he would die because it hit the brain stem.

**You mentioned that sometimes the hospital was attacked at night. Did you witness any of these mortar or rocket attacks?**

Oh, yes. We got those attacks all the time. In fact, you can see in photos a railroad tie shield in front of Receiving 1. Usually, they weren't shooting at us but at MAG 16 across the street. That's what they wanted to hit. They always wanted to hit helicopters and planes. So they would fire mortars or rockets or both, usually one or the other. Sometimes you'd get short rounds or they'd walk mortar rounds back from the road into the hospital area. But since there was a big space in the road to where triage was--there was a big chopper pad there--that was usually what got hit. Because of that we put up that railroad tie screen because they kept blasting the doors off the front of the triage. We also put sandbags around all the quonset huts, where the wards and everything were.

**Do you remember any particular attack that was worse than any other?**

The one I remember was when a 122mm rocket hit between the orthopedic ward and the brand new urology clinic they had just built right next to triage. I don't know whether it killed anybody or not. There was a corpsman asleep in the urology clinic and I don't recall if he was wounded or killed. But there were some corpsmen and a bunch of patients who were wounded. I know there was a news cameraman in there and he was wounded. So that's how it made all the papers in the U.S. That was the worst attack I know about.

We had rounds that landed in the upper pad. One time a 150mm rocket embedded itself in the upper pad but it didn't go off so bomb disposal had to come out and get rid of it. We got mortared and rocketed a lot.

**You had mentioned in your article that NSA had a pretty good set of statistics for survival rates. You had referred to Col. Summers, who in his Vietnam War Almanac, said that among Army personnel, the mortality rate was .036. With the Marines it was .028. And that your statistics were .021 at NSA, which were pretty good.**

We also got some of the worst stuff there was in I Corps. The really, really bad stuff they sent to us. The reason our stats were so good was because we had everything we needed. We had really advanced facilities. And they sent very good doctors to us. We had much better doctors than the Army did. We also had better doctors than the Marine Corps was getting. We had a lot of senior surgeons who were either drafted into the Navy as lieutenant commanders or above or were career Navy. The guy who was the chest doctor at NSA was a guy I believe was named Farin. He was a professor at the University of Colorado Medical School. They were definitely senior surgeons with a lot of experience before they went to Vietnam.

**Were you there when Dr. Harry Dinsmore took the live mortar round from the Vietnamese soldier's chest?**

No. That was before I got there. But we did have a guy come in one time with a live M-79 round in his head. I was the one who found it. I cut the bandage off and saw this live round and said, "Shit, there's a live round here!" And M-79s are unpredictable because if you rotate them, they explode. They need to rotate to arm themselves. They had to move him very, very carefully directly to surgery; they didn't prep him. They got an IV in him and put sandbags at the side of his head so his head wouldn't rotate. Dr. Farin took the round out and put it in a box, and a UDT guy took it out and blew it up on the chopper pad. The UDT guy got a Bronze Star

and the doctor didn't get anything.

**How long were you at NSA?**

I was there from October of '67 thru May or June of '69, just before the hospital pulled out.

**You went to Newport after you got back from Vietnam.**

Yes. I went to instructor's school and became a first aid instructor at Officer's Candidate School.

**Was that your last assignment before you got out?**

Yes. I got an early out. I got out the very last day of February of '70. They kept me until the last possible day. They begged me to waive the early out and stay. I made E-5 and but would have had to extend 3 months and I refused. So they gave me this early out but the joke was on me in a sense because I would have gotten out the same time even if I had extended.

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

No. Not so much. It bothered me for a long time. I always wanted to write and I figured the experience would be useful but it just gave me writer's block. That's why I think I studied mathematics. It was easier to forget with mathematics. You really had to concentrate.

**So, you really had a lot you wanted to forget.**

I think so. I'm pretty sure, as I look back on it, that I probably was having something like a nervous breakdown at some point. It was pretty bad. I remember being fairly irrational while I was working on my Ph.D. at Tulane. I never finished. I took all my exams and was working on my dissertation and got sick of it so I went off to industry to make money.

**But in your article, you said that you did feel a certain sense of pride at having served at NSA.**

Oh, yes. I have a lot of pride. And I have pride at having done the whole thing. But the experience was pretty traumatic. People don't realize how traumatic that experience can be. We had a lot of guys who did stupid things to get out of there. Some people tried to commit suicide. We had guys who intentionally got caught smoking marijuana so they could six, six, and a kick.

**To get what?**

Six, six, and a kick. Six months in the brig, six months suspended pay, and a dishonorable discharge. This was just to get

out of the triage, which seemed crazy to me.

**You eventually went back to Vietnam after the war.**

That's why I went back. It began to bother me again. I put it out of my head for a long time doing mathematics, which was a pretty intense thing to do. And that's probably why I did it. I finally decided I had to go back so I went back twice to visit places and get a feel for the countryside. I wanted to do this because when I was there during the war I didn't get a feel for what it was really like because you were always restricted in some sense. And you couldn't go very far. There's a hotel now where the China Beach USO used to be, north of us. That's a four-star hotel. To go there or to the Marble Mountains was a big deal because anything south of the Marble Mountains was no-man's land. You couldn't go out there without a weapon.

**How did you find the people when you went back, as far as accepting Americans?**

I never went north of the Demilitarized Zone but the people in the south are still bitter about the north, at least the ones I talked to. And they really like Americans. I met one guy on a plane when I flew from Saigon to Danang on my second trip. He was a little younger than me and he spoke English. He lived right near the China Beach USO. He worked as a supervisor for the Danang Rubber Company. He introduced me to his parents and they told me that the Vietcong weren't anybody's friends. They were not very happy about having lost the war. I'm sure of that.

**Having gone back to Vietnam twice now, how do you see that experience?**

I'm glad I did it. It was useful but traveling in Asia is a lot of work, particularly in Vietnam. The language is so difficult. And there really aren't that many people who speak English.