

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH DR. JAMES CHANDLER

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Interview with Dr. James Chandler, formerly of Charlie Med, 3rd Medical Battalion, Third Marine Division, Vietnam, 1966.

I thought we'd talk about your career today. And the first thing I'd like to ask you is, where are you from originally, Dr. Chandler?

San Francisco.

You grew up there?

Yes.

And where did you go to school?

Stanford, both undergraduate and medical school.

When did you decide you wanted to be a physician? Was that something that developed early in life?

In high school. You saw that article about me in the *Stanford* magazine?

Yes, I did.

Like a lot of kids, I was interested in motor scooters, motorcycles, and cars. I thought mechanics was really what I did well. I had a friend's father who was a surgeon and I thought, "Wow, that was really tops." That's what I decided to do. I went to Stanford to become a surgeon.

So you really focused on surgery right away.

Yes, without really being so sophisticated, I thought I knew about it and the more I learned about it, the more I understood that it fit what I wanted to do.

How did you find medical school? Was it something difficult, or did you breeze through?

I didn't breeze through. I breezed through undergraduate to a certain disadvantage. I graduated from San Francisco High School. They had a high-low system, and I graduated from high school in February of 1952. I either had to go ahead or go back in order to get in line with medical school in a September setting. So I decided to push ahead and go to summer school. The net result was that I went to medical school in 1954, 2 years and 6 months after I graduated from high school. The result of that was to have almost a non-existent humanities education, which I've been trying to make up for in my later years.

Have you succeeded?

I'm on my way. We've done a lot of traveling in Italy. We just recently came back from circumnavigating the Black Sea. There are an awful lot of things that I've learned and I'm enjoying it.

So you are enjoying your retirement.

Well, I'm not too well suited for retirement because I don't have any hobbies. I still teach at the university and work with companies that want to get through the FDA approval process for medical devices.

After you graduated from medical school, how did the affiliation with the Navy come about?

In that slide show I gave you, I entitled it "Draft Inspired M.D. Volunteers." As result of the Korean War, there was a doctor draft law, which extended draft liability from age 26 to 35 for someone with an M.D. degree, and it may have affected other healthcare people. Anyway, that was remarkably successful and it jumped the number of doctors in the active military service between 1950 and 1953 by three-fold.

The reaction of the civilian training programs of high quality was to not want to extend a training program to someone who hadn't been in the service because they didn't want their training program schedules interrupted. Frank Berry, who happened to be at Columbia University as a thoracic surgeon, came up with a solution when he became Assistant Secretary of Defense for Health Affairs--the Berry Plan, as it's known. It was a draw by lottery system.

Medical students graduating between 1954 or 1955 and about 1973, or maybe a little earlier than that when it ended, received a letter from the Department of Defense offering them a commission for a 2-year active duty commitment with three entrance options. There was one right after internship, which was convenient for a lot of people. The second was after a second training year, which was convenient for people who were going to do a year of general surgery and then go into orthopedics or urology. The third option involved a lottery. You could draw for a full deferment up to 6 years. I drew by lottery, and the Navy was my first choice because I knew of Air Force guys sitting around doing nothing in the desert and Army people out with a battalion someplace doing nothing in Germany or Korea.

I'll tell you, I'm very happy about it. I have a great fondness for the Navy and enjoyed my time there and have many close friends from that time in service.

What was your initiation into active duty? How did that work?

I finished my residency, which was 7 years long, in general, pediatric, and thoracic surgery at Columbia Presbyterian in New York. I jumped in the car and drove west to Camp Pendleton right around the first of the year of 1966. I went to a school called Field Medical School. That was a school designed to give you the rudiments of military etiquette and a lot of experience about the Marines in particular.

I should back up a little bit. The 7 years of residency was beyond the 6-year allotment of a full deferment. The reason for the 7 years of residency was at Columbia, they had what they called a super chief resident program. In other words, there were four guys who went through the program all the way and then one person was picked to be the super chief resident, which really was a junior attending physician. I thought this was very important for my academic career. So when I was asked to do that, I called the Bureau of Medicine and Surgery and asked for a 1-year additional deferment. I spoke to a dermatologist named Sid Argie, who told me that there wasn't any such thing. I was really distraught and I asked all my teachers if they knew anyone who could help me. One man, who was a very retiring kind of a guy, who I just recently saw, said, "I don't know, but I know Admiral Robert Brown and I think he's the Surgeon General."

So he called Admiral Brown and I went down to see Admiral Brown. And Brown said, "We have reason to believe that we're going to be on the beach next year." This was about August of '64. I didn't understand what that meant. I thought that they must have a naval installation on the beach.

He then said that he had some guys who had been with him at Bethesda, when he was Chief of Surgery there, who were going to be in a unit and he would like me to join that. And then I could have my extra year. And so it was sort of a Faustian bargain, but a good one. That's how I wound up in Danang in February of 1966, 11 months after the Marines landed in kind of a splashy way.

You first went to Pendleton to the Field Medical Service School for what, a 3- or 4-week orientation?

Probably more like 2-week, I think. I'm not sure. What happened was that I wasn't prepared for the bad part of the service, which is the hurry up and wait with a lot of wasted time. I was used to being very efficient about my time and I think I was fairly rebellious about sitting around and waiting for someone to start the class or going out in the field and trying to find our way around with a compass, things that I didn't anticipate I would ever really

do.

Do you remember your trip to Vietnam?

Oh, absolutely. I had all my shots at the Field Medical School. I went to get on a plane at Travis. I think it was a charter flight with World Airlines or something to go to Danang. And a corpsman said that I didn't have all my shots. I told him I did. And I told him I was a doctor. He said that it didn't matter. So I got all of my shots again and got sick as a dog. I was vomiting all the way to Hawaii where the plane refueled. I got better as we passed over the Date Line. But after that, I had another surgeon sign my shot card.

What do you recall about the experience of arriving in Danang?

Well, I didn't understand the rank structure. I went in as a lieutenant and was promoted to lieutenant commander while I was in Okinawa. That's where we went first for probably 2 weeks. When I landed in Danang, I thought "I've got this major's thing on my collar and they will probably be crawling all over me." Well, nobody cared.

As a matter of fact, I went over and said that I needed to go out to the hospital at Charlie Med and they said that they didn't have anything going out to the hospital at Charlie Med. So I said, "I'm afraid not to be there because I have orders to report there." Somehow I got on one of those big six-bys, sitting in the back all the way to Charlie Med.

You knew before you went to Vietnam that that was going to be your assignment?

No, because my orders read as if I was going to the 3rd Marine Battalion in Okinawa. In Okinawa I learned where I was going.

You got into Charlie Med in that truck and what happened then?

A guy named James McHale, who was a big bear of a surgeon, also a lieutenant commander, came running up, hugged me and said, "I can go home now!"

You were his replacement.

Right.

When was this?

February of '66. Charlie Med was the first medical establishment in the 3rd Marine Division on the beach. The Marines had landed on about March 11th of 1965. I imagine the hospital facility was begun then. And those guys who were there were all

Admiral Brown's guys.

Al Wilson was the skipper.

Al Wilson was there. He was fantastic. Greg Cross. Guy Townsend; all those guys were from Bethesda. They are still friends.

They showed you your hooch and then you started work, right?

No, I didn't get to the hooch. A bunch of Marines had just come in who had been literally broiled in an armored personnel carrier that got hit and then caught on fire. They came in kind of stuck together. It was horrid. I had never seen anything like it. So I just went into the operating room and got them apart and resuscitated. I don't think any of them survived. But I think we were able to evacuate most of them in about a 2-day cycle.

So this was your introduction?

Yes, this was the introduction. Then I went down early in the morning to see where I lived and it turned out to be on the edge of the camp. I guess McHale was Brave, or maybe it was the tent for the new guys. The other guys had a tent that was a hardback, which meant that it had screened sides and ventilation coming through it. My tent was all canvas, very hot, and right on the corner, so I looked out the back door and I could see the guard out there. I thought, "My God, I'm right on the perimeter line." But I slept, because I was exhausted. And pretty soon I had enough conniving power to work with the chief to get to a better tent.

So what was an average daily routine for you there at Charlie Med?

Well, we were very busy. We were busy to the point that people wouldn't understand today. We generally worked pretty hard for 3 days, and then we would have a couple days of rest. When we had a couple days of rest, we did the personal things that you need to do, like writing. We went to our major luxury source, which was the casualty staging unit of the Air Force, which had great supplies of steaks and things like that. So we would have a steak roast or something on off days.

But most days, I operated. I should say one other thing. I went down to Danang because I knew there was a United States Overseas Mission hospital there. That hospital had a program from the University of South Carolina where an attending surgeon and a senior level resident or maybe two attending surgeons and a senior level resident, rotated through that hospital, giving care to the

Vietnamese. So I tried to go down there once or twice a week.

It was a sort of a conflicting thing because if I went there and there was a lot of surgery in Charlie Med, then I got a little umbrage from corpsmen. I would come back and they would be less friendly for a few days.

What was that all about?

It's interesting, because I'm viewing it now in the light of the fact that I know the casualty management in Iraq involves a lot of Iraqi civilians, some of whom may be enemies. The corpsmen in Vietnam looked upon almost all the Vietnamese as what they called "gooks," because you couldn't tell who was really friendly and who was not. That was a huge problem over there. And when I went down to the USOM hospital to work, they looked upon it as if I was aiding and abetting the enemy, or neglecting my activities or my responsibilities at Charlie Med. I was the most trained surgeon. I was board certified, although I looked like a little kid. I had a lot of experience in 7 years of training.

How old were you at this point?

I was 32.

What were you seeing as far as surgical cases at Charlie Med?

Well, I actually sent you a list of cases. Let me just look at it here. There were some interesting aspects. The case mix for me was somewhat selective because, first of all, I had thoracic training and secondly, I was interested in vascular disease. So I was actively seeking chest and extremity cases. I was also interested in head and neck surgery. That was my problem when I was young. I couldn't settle on any one thing. It was a detriment to my academic career.

At any rate, I wound up doing about 20 percent head and neck cases, 8 percent thoracic, 31 percent abdomen, and 26 percent extremities. The rest was a mix, probably mostly burns. I had two people on staff who were in the mid-portions of their residency. They hadn't been Berry Planners and they were drafted. I tried to work with one of those guys with me all the time.

Those were the folks from Bethesda?

Plus Bob Knapp who had trained with Ed Rupnik. In fact, Dr. Rupnik is still alive and lives in Florida. Bob Knapp was the one regular Navy guy who wasn't from Bethesda, and he and Gregg Cross, from Bethesda, now live in Portsmouth, VA, and are my close friends.

What were the circumstances of that particular case that you

are noted for?

The patient was about 19 years old and a third generation Marine, I believe. His father and uncle were both Marines for sure, and I believe there was a precedent before that. He was an Indian-looking Hispanic. He was with a patrol that went out to relieve another patrol. The patrol they were relieving started firing upon them. According to newspaper clippings, which I reviewed recently, he says that they were across the river from them.

He saw the guy who he thinks shot him. He didn't fire at him because he thought he had an American style helmet on. That grenade generally arms itself after traveling around 15 meters, so the distance must have been less, substantially less than 15 meters. He estimated it at 10 in one interview. I don't know. There were so many times and so many people he spoke to, that he may have learned something that he did not personally recall in the interview process.

He was hit with an M-79 rifle grenade that went in through the right side of his jaw and traversed. It displaced his larynx and went probably in front it and then crashed into his internal jugular on the opposite side.

So they brought him into Charlie Med?

He came into Charlie Med. We were very busy then. We were swamped. And when we were swamped, we occasionally sent cases out to the hospital ship but more commonly over to the Naval Support Activity hospital. We had the biggest helicopter pad and we did that on purpose, because we wanted to be busy. The helicopter pad had 270 degree access and exit, so it was very attractive to the pilots to come to our place, by design on our part.

When this guy came in, there was a surgeon from Boston whose name I won't give you. He was not a very good surgeon. I said to him, "That guy can't breathe; I don't know why. Trach him." So he went to do a tracheostomy in one of the triage tents. But he got into trouble. He lost control of the trachea, after he cut into it and then blood was just bubbling all over.

I was doing something else and the corpsman came in and said that Dr. so and so was really in trouble and that I had to come.

So I left my case in the operating room, which I had never done before or since. I went to the triage tent and got a tube into the trachea. Then I went back and finished the case I was doing.

The corpsman came into the operating room with x-rays of the patient who had just had the tracheostomy and showed me this x-ray. It had a lot of metal in it, plus what I now know to be an M-79

rifle grenade.

Previously, I had been after the corpsmen in x-ray to clean off the stretchers because they were constantly getting pictures with metal in them. When they shoot out of a helicopter, there's a clip that must come off the ammo belt. Most often, they were hot, too, and would fall on the stretchers, occasionally burning people.

What kind of clips were these?

I don't know exactly because I never examined the belt. But evidently, when the machine gunner was firing bullets out, something that had fastened them to the belt came off and flew around inside the helicopter or dropped on the deck.

So it was just a piece of metal?

Many pieces of metal. You'd get this x-ray back with a lot of metal. Then you would send them back again on a clean stretcher and you'd find that there was only one piece of shrapnel in the leg, and you could send them off to a minor surgery area. I was so much involved in the original case and disturbed about this surgeon blundering the tracheostomy that I didn't focus properly.

When I finished the first case, I looked at the next patient's x-rays more carefully and I saw this object in the guy's neck. This was December 20, 1966. In October of '66, Harry Dinsmore, who was a regular Navy captain, and Chief of Surgery at the Naval Support Activity Hospital, had taken out a mortar shell from the chest wall of a South Vietnamese soldier. He did a most useful thing, because he had an ordnance guy scrub in with him.

Anyway, let me back up on that. I had taken out a detonator around the same time. So when Harry took out the whole mortar round from the ARVN soldier guy, I talked with him about it over the phone. I said that I thought I had taken out a mortar detonator, because he was telling me how the ordnance guy covered the pin of the detonator that sticks out. So that while Harry manipulated it to get it out of the chest wall, they didn't do anything to make the mortar go off.

And so I thought this was another detonator from a mortar. I never dreamed that it would be from our own people shooting, and I didn't know the circumstances of the wounding. So I thought, If I was able to remove one from the chest, I could easily get one out of the neck.

When I had the round out of the neck, I really didn't know what it was, so I asked CDR John Vincent, who had replaced Al Wilson, to come, take a look at it, and tell me what it was.

He came in, looked horrified, and said, "That's a rifle

grenade!"

So I said, "What can I do with it?"

And he said, "Well, you've got to get it out of here." So I carried it out to the helicopter pad.

When I got back, the anesthesiologist had put the patient in a steep head-down position because he didn't want him to get an air embolus. He recognized with all that bleeding that probably there was a large vein open. So I was greeted with, "While you're out there being a hero, this guy is bleeding to death. Now, get back to work!"

What were the actual mechanics of removing the grenade?

After failing to extract it through the mouth, I made an incision in the neck but I still couldn't move the grenade because it was jammed between the esophagus and the trachea and the spine. I don't know how it went through there without damaging the esophagus. I tried sponge forceps but they wouldn't grab it. So then I put my hand in the incision and the one in the throat, and then I was able to rock it back and forth and pop it out.

And you were blissfully ignorant of what you had.

I wouldn't say blissfully ignorant. I overplayed that a little bit because I'm just an honest guy. I was ignorant in the sense that I didn't know what a rifle grenade was. But I didn't think it was innocuous. When I saw it, I knew it was more than the detonator that I anticipated.

Did you have anyone assisting you at that point?

Pete Steinhower, who now happens to be a retired oral surgeon in Boulder. Pete had boards as an oral surgeon. He and I worked together a lot. He was my assistant, and there was also an orthopedist, Ray Ellington, in the room, as well as, of course, the anesthesiologist because Ray, the patient, had a compound fracture of his distal tibia and fibula from another wound, also from friendly fire.

How many people were in the room with you?

There was the scrub, two circulators, the anesthesiologist, Pete, myself, and Ray Ellington--seven people. I think Ray had an assistant, too, so there would be eight. I can only remember my own role. I don't know what anybody else did. Except I thought that Pete was wise to stuff a towel in the wound and the anesthesiologist was smart to put the head down.

So he wouldn't suffocate?

No, so he would not get an air embolus. He had a tube in his throat, so the breathing was through an endotracheal tube placed through the tracheostomy wound.

Once you removed it, someone recognized what it was.

No, no. I just knew I was in trouble. I didn't know what it was, so I called for John Vincent. John is an internist, so not generally in the operating room. But he came down and recognized what it was. It's possible that I had been told about a rifle grenade in Field Medical School, but I didn't recall that one could shoot a grenade from a rifle. In fact, I wrote a letter to Admiral Brown apologizing for all the quotes in the newspaper that said I didn't know what it was. And he wrote me back a nice letter, which I have framed in my den.

Oh, he wrote you back?

Yes, he wrote a very nice letter back.

He was a great guy, from what I understand.

He was wonderful. When I got home, I was looking for an academic job and running all around the country. I wrote him again and said that I'd like to come and meet him. I went to the old BUMED buildings and walked into this enormous office, sat down, and chatted with him. He said, "Did you do all this traveling by yourself."

I said, "No, my wife is waiting out in the car for me." He then sent his aide out to get her. So she has been an Admiral Brown fan ever since. He was just a wonderful guy. In the academic surgical community, he was very highly regarded. He was a Ravdin trainee, and Ravdin had a great experience in World War II in the over the Hump area.

Isador Ravdin was a noted surgeon and a general in World War II as a surgeon.

I think if not in the beginning, towards the end he was. He was a very political guy and very much involved in Walter Reed for most of his active life afterwards.

And Dr. Brown was quite a good teacher in his own right.

Absolutely. Brown trained with Harold Barker and Jim Hardy who was the chair at the University of Mississippi for years, and also a wonderful guy. Then there were a whole line of surgical leaders that came out of Penn, including Marshall Orloff and Jim Thompson who are about 7 or 8 years older than I am.

I am glad you had a good experience with him. I never got to meet him. He died before I came here, so I never got to meet him. But I have always heard wonderful stories about him and never anything negative, never.

So anyway, after this particular incident, did the EOD guy go in and take that thing out?

No, I carried it out to the far side of that big helicopter pad, laid it down, and then went back to the operating room. About 20 minutes or so, maybe longer . . . I don't know, because the operation was fairly long . . . there was an explosion, and then dirt rained down on the Quonset hut roof. A little while later, a Marine came into the operating room with a cigar in his mouth and said, "Who removed that grenade?"

I said that I did. Then there were a lot of expletives involved in his language and mine. Then he said, "You know, you're supposed to explode those where you find them and not move them." That got the OR and myself into raucous laughter.

I bet. What do you recall about repairing the damage to the patient?

I had to resect a portion of the jaw that was fragmented, because there wasn't any way I could wire it together. Then I had to repair the internal jugular vein, which is big. So I took a branch vein--the external jugular vein--and made a vein patch angioplasty to repair the hole in the jugular, without constricting it. Then I had to dissect behind the esophagus to make sure the esophagus was okay, and also to look down in the esophagus. We didn't have flexible scopes like we have today, so that was a matter of overextending the anesthesiologist's intubation tools.

Into what? I'm sorry, I missed that.

Overextending the anesthesiologist's intubation tools. When they put it in to lift the larynx, I had to get behind the larynx and look down the esophagus, which I did with his laryngoscope and a bronchoscope, as I didn't have an esophagoscope.

After that was all done, did you follow the patient after that or was he evacuated?

We generally had evacuation cycles of about every 3 days. It was Monday, Wednesday, Friday. If we wanted to miss a cycle, we could do that, depending on a patient's stability. I can clearly recall that after finishing that case I was absolutely exhausted.

I went down to my now much better tent arrangement and was asleep on my cot surrounded by mosquito netting when I was awakened by a whole bunch of people from the military newspaper service or

something--a reporting service. They all were jabbering and didn't even give me a chance to wake up. They asked dumb questions like "Was this the most dangerous operation I ever did?"

To which I answered a smart-alecky, "You mean for me or the patient?" Then they said that they wanted to interview the patient, and I told them I didn't think they could do that, because I doubted that he would be in any better shape than I was. I went up to the intensive care unit and found him writing on a magic slate.

I introduced myself, told him that I thought he was going to be fine, and asked him if he would mind seeing the military press, and that I had a hunch his leg was going to be more bothersome than his throat. I also told him that his jaw was going to be swung over a little bit, making his appearance sunken on that one side. He wrote, "Thank you."

Wow.

Yes. And then awhile later, John Vincent came down and said that somebody from the Huntley-Brinkley show was going to come and talk to me. The reporter's name was David Burrington. He's probably been retired from reporting by now. I think I had a little office where Burrington interviewed me. I tried to emphasize the other people who were in the OR with me and that Harry Dinsmore had done the same thing. But nobody was listening. He wanted to know where I went to school, had I ever done an operation like this before, and all that sort of stuff.

Then I said, "What we should really do is talk to the patient." So I went and asked Ray if he minded, and said that he didn't. So Burrington spoke with the patient and told him that everybody at home knew about this. When asked if he had anything to say, Ray wrote on the slate, "I just want to know when I can get back on duty and fight for my country." What a guy!

I said to Burrington, "Why don't you film the slate?"

He said, "No, the country doesn't feel that way." That was one of the first inklings I got that things were changing. Remember, that was 1966 when people were generally pretty gung-ho about the conflict in Vietnam. This was the first glimpse that I had that there wasn't such good support at home.

Did you say that you remember the patient's name?

Oh, we haven't seen each other since 1968, but we correspond every Christmas.

Really?

His name is Raymond Escalera. And the major contact is his wife, Guadalupe, who we call Lupe. Ray has seven kids, all doing

quite well. I saw him once 2 years post-op. I was at the University of California San Diego and wrote him. I asked him to come down and I would see him at the VA hospital there, which he did.

He had a little drool. I told him that I could deepen the sulcus between his tongue and his cheek so that he wouldn't drool but he said he didn't want any more surgery. He also said that if he went for a review for his disability, it wouldn't be harmful to be drooling.

Do you think he would mind if I talked to him about from his perspective?

I think it would be wonderful. But I'll tell you, there is some problem going on because just this year, Lupe wrote on her Christmas card that Ray is "at war with himself." We were going to go down to Pasadena for the Rose Bowl Parade and I wrote Ray and said we were coming by and would like to come and see him, and he never responded.

In the past, they've asked for a picture of us and that sort of thing. It's been a very nice rapport on a yearly basis. I found on Map Quest where he lives, so I knew exactly how to get there. He is near the San Gabriel River, which is a dry cement channel, which can flood. And so when those big rains came and I wondered if he was okay. I wrote him a note and said that I hoped he didn't have any water damage. And I sent him a framed picture of the grenade and the rifle launcher that is one of the slides that I sent you. I sent it FedEx so I know it was received. But I've never heard a word from him.

I tried to call his sister, because I don't have Ray's phone number. The number I have is no longer working. My thinking is that Ray is somehow disturbed and maybe what is disturbing him is that he has finally focused on the fact that he was injured by friendly fire. And that maybe he didn't realize it before. The way his wife wrote the Christmas note led me to believe that he's really seriously disturbed. I think I'll wait until next Christmas, because that has been such a traditional contact time and see if I can't get us together. If I do, I'll certainly ask him if it would be all right for you to talk to him.

What happened next was that when the reporters at home got hold of this thing, it was a series of minor disasters. I had asked to go to Oakland Naval Hospital when I got back and was going to surprise my parents in San Francisco by saying that I was going to be in Oakland. But somebody called from the Navy and said that a reporter was going to come out and interview them and that I was going to Oakland, so the surprise was spoiled.

My wife was staying with her parents in Connecticut and somehow they found her, woke her up, and interviewed her.

In the *Hartford Courant*, there was a picture of Lupe and Cindy; together juxtaposed, talking about the reactions of each wife. It was really kind of overdone.

So you became quite a media star despite the fact that you weren't interested in that kind of thing.

As a matter of fact, I had 7 years of residency and training in pediatrics, head and neck, chest, and vascular surgery. So I was going around selling my training after I got out of the Navy. And I would go someplace and they would say, "Oh yeah, you're the grenade doctor."

What a reputation. Did you ever hear any more from the Navy about it?

Well, yes. It's a peculiar thing. Most of the other ones, as you saw, got the Navy Cross. I got a Bronze Star. But the award letter does not even mention the grenade episode. It talks about exceptional service in Vietnam and my contribution to the educational program at the Naval Hospital in Oakland.

It's very odd. The whole thing is a very odd thing.

I think it had to do with my admission that I didn't know what it was. I was just looking at some of the articles in the newspapers before you called and they are amazing. "Doctor Learns the Hard Way" or "Grenade Pops Out and Surprises Doctor."

How long were you in Vietnam?

A year and a month. There was a rumor around that if you didn't stay above a full year, you might be sent back. I think it was absolutely apocryphal.

But you could have believed it at that time.

Exactly. To me, although professionally it was a aggrandizing experience, without doubt, it was very hard at the age of 33 to go to what essentially was a Boy Scout camp and have your privacy gone. I would be taping to my wife in the evening and say, "Good night, sweetheart; I love you" and I would hear three guys outside my tent echo "Goodnight sweetheart; I love you."

Oh, boy.

Even more striking was to go down and sit on the four-holer having a bowel movement and have some guy come down and say, "You have to sign this right now or else we won't be able to get this

guy out."

So much for privacy and dignity.

I wasn't so dignified myself. In the beginning, because we were operating so much, we ran around in scrubs, which we were cut off just above the knee or tore off so that they were cool. And the standard operating garb included Tevdek boots, which were wonderful, because they would breathe. I think they were recently developed because the sole was designed to be hard to be penetrated by a punji stick. But they were super boots. I wore those all the time and the short-legged scrub suit. One time in the rain I came down to the triage area with an umbrella. There was a guy there who was really badly wounded who looked up and he said, "Who are you, Mary Poppins?" I was so embarrassed. I said to him, "I'm dressed to really take care of you. I threw the umbrella away and decided I would never use it again. And secondly, I would look more military-like.

Without the umbrella.

Well, I also didn't run around in cut-off scrubs as much. I used the scrub suit shirt and regular Marine olive drab pants.

When you got back from Vietnam, you say you went to Oakland?

Yes.

How long were you there at Oakland?

A year. I had a great experience at Oakland. The Chief of Surgery was Bob Dobbie who I initially thought was an ass. Dobbie actually was the Dobbie of the Dobooff tube, which was the feeding tube that was very popular at that time.

He stayed in the Navy.

He was regular Navy.

He was regular Navy, yes. He was a Korean War vet.

Yes. And he was from Mississippi or Missouri and his dad was a professor of anatomy.

Illinois?

Is that where he's from?

Yes.

I have to say, the Vietnam experience was bad for me in one way in that I came back just really full of myself. If I had gotten an academic job right away instead of staying another year in the

Navy, I think I would have gotten canned because I just wasn't ready to submit to people who hadn't had similar kinds of experiences. Dobbie was sort of pompous and I guess it was his first chief of service job. He was always pounding his pipe at meetings and there were all these funny things about Mrs. Dobbie having a party and everybody had to go.

I was doing vascular surgery and was head of the enlisted service. I was disappointed in the lack of academics of the Navy residents. I thought they were pretty good clinicians, but just had never had any exposure to its basics. They had a rudimentary anatomy class where a guy came up and taught anatomy. I said that I'd like to change that to a surgical anatomy course where we would get a cadaver and actually do operations on the cadaver and this anatomist and myself would teach the course.

After a whole lot of hesitation, Dobbie decided that that was a good idea. And then the other thing we had conflict over was there was this incredible thing about scraping out pilonidal wounds all the time to stop them from healing over. It was really an old-fashioned treatment and it meant that a guy with a pilonidal sinus would be off duty forever. In fact, George Cruft, who was a regular Navy captain, who I also met at Oakland, and now is a long-time friend, finished up as commanding officer at Philadelphia Hospital. Anyway, George was engaged in pilonidal scraping and I said, "George, this is stupid. We ought not to do this. What we ought to do is promote healing." At that time zinc was popular, so I tried powdered cartilage. And they started to heal. I think they started to heal because we stopped scraping the granulations.

At any rate, Dobbie found out about it and was really upset. I gave him the literature and he threw the literature down on the floor. I was just looking through a letter I wrote to George Cruft when he went over to Vietnam as the 3rd Marine Division surgeon after he was at Oakland that, I had to come to really admire Dobbie and that we were now close friends. He was good for me and I hope that he feels the same way about me.

He is still around. I was working on a book on the Korean War and I interviewed him several years ago. He's retired and he lives up in Illinois now. How long were you at Oakland?

A year. What happened was very good for me. I got this anatomy class going and then I had joined a club and I was pretty busy operating. I worked a lot with the orthopedic surgeons, who were great rehab guys. Then about when I would be due to get out, which would be like March of '68, I guess, a whole bunch of guys came back from Vietnam. So there was a surfeit of surgeons

assigned to the Naval Hospital. That gave me a chance to really look around for a job and also to participate in a couple of trauma symposia. One was at Camp Pendleton. I got my first academic job through that symposium.

So you got out in 1968 and you went to work where?

University of California, San Diego.

And you taught surgery?

It was a great thing. Marshall Orloff was the new chairman and the school was brand new. The first class entered in 1968. I came in April and they started in September. There were originally three surgeons on the faculty and I became the fourth.

We were everything. I was a pediatric, and head and neck, general, and non-cardiac thoracic surgeon. The other two were thoracic and vascular surgeons, and the boss was an expert in portal hypertension and did a lot of G.I. surgery.

How long did you stay at the school?

Five years. And then I got recruited to the University of Virginia where I spent 13 years. Then I went to the University of California Davis and then to Highland Hospital as trauma surgeon. In 1991, I got fingered by a guy who was a couple of years behind me in school as somebody who might be interested in taking on a heart valve research project. So for the first time in my life, I was recruited by a headhunter for a company called Shiley. Pfizer had bought Shiley in 1982 or so after a few valves had broken and thought that it was just a fluke. I went to Shiley, in 1991, to run a heart valve research institute, which was wonderful. I had about \$4 million a year to spend on research into why these valves broke, and which valves would break. It catapulted me into the corporate world where I had no previous experience, so it was a whole second career.

The things that I learned were that when a bio company has a problem, they draw the wagons around themselves. The attitude is don't say anything, don't write anything, and destroy all previous records. In my dealings with them and the FDA, it became obvious to me that we shouldn't do that. We should publish just like an academic department would.

So I convinced the Pfizer leadership, and particularly their attorneys, that this would be a good thing to do and we wrote several papers about the valve breaking and things we had done to define the problem.

You went back into academia though, didn't you after that?

Well, no. I was 57 when I went to Shiley. And I was nervous about leaving academic surgery, so they said that they would give me an additional 1-year contract with Pfizer if I stayed at Shiley until the problem was solved. So I accepted that. Then when it came time to close the heart valve research center because we had completed the job, they said, "Let's see what you can do for a pharmaceutical company." The answer was, I really didn't have a role there because surgeons don't know a lot about drugs. They learn about a few and to use them well and aren't new adapters of new drugs.

So they said that I should go to Valley Lab, which was a surgical generator company with an excellent reputation in the operating room. They wanted that changed into a broad-based surgical instrument company. So I went to Valley Lab, which is here in Boulder, and I found out that I was the only guy in the building who wanted to change the nature of the company. The president of Valley Lab didn't want to do it. He was under orders from the mother church to accept me and made that pretty clear. So for about 2 years, I ran around looking for little companies with novel instruments for Valley Lab to buy, and, then, Pfizer decided to sell Valley Lab. So that was the end of that.

So you left the company then?

Yes, because it was bought by U.S. Surgical and the day after they took it over, they said they didn't have any use for a physician.

Where did you end your career?

Here in Boulder. I'm staying in Boulder, but I'd like to move back to San Francisco. But it would be a disaster for my retirement, financially. I teach at the University--the medical school.

At Colorado?

Yes, but only on an ad hoc basis because I don't want it to interfere with my travel. I enjoy good camaraderie with the residents and I don't personally operate anymore. I just talk about it a lot.

It's been almost 40 years since you were in Vietnam.

Yes.

Do you think about it much anymore?

I really do think of Ray Escalera a lot because I'm concerned about him. And yes, Pete Steinhower and I organized a 30th reunion

of the Navy doctors in Vietnam in 1996.

Now these were people who were at the 3rd Medical Battalion or, just in general, some surgeons that were there?

Mostly 3rd Medical Battalion, but a few 1st Medical Battalion.

You know, there was a reunion of the 3rd Medical Battalion last year in San Diego which I attended.

Oh really? I never heard about it. In fact, I was thinking of calling Pete and asking him about doing it next year. Let me tell you, it was a funny story and it turned out quite farcical. The first thing that happened was there was a corpsman who was really wonderful at running the medevac service for me. So I first contacted him, when I was still working at Valley Lab.

I had big secretarial support and I suggested that we get everybody together and have this meeting at Camp Pendleton. Then Pete wrote a letter to Victor Krulak who was the father of Krulak who was then the [Marine Corps] Commandant.

That's Charles Krulak. Victor was a World War II and Korea guy, but was also in Vietnam as a general. His son, Charles was recently the Commandant.

Anyway, we got a nice letter back from Victor Krulak who said he couldn't come on the day we had planned because Chuck's son or daughter was getting married that day. So that was out. And the enlisted guy said they didn't want to come to Camp Pendleton. I don't remember why that was, but they wanted to have the reunion in Little Rock, Arkansas.

So then Al Wilson said to me, "Listen; you're the key guy, you've got to go to both reunions." I said that was okay. We would meet at the first one, and I would go with him to Little Rock. Well, Al didn't come to the first one and John Vincent wouldn't go to the second one. So I went to both.

We had a great time in Camp Pendleton and everybody brought slides. Bob Tealander, Bob Knapp, and I all originally came to Camp Pendleton and to Vietnam at exactly the same time.

You guys were the early crew. I think that the folks who showed up to that reunion, they were there in 1967 and after.

I think that might have been the 1st Med Battalion. At least that is who would be there then because the 3rd Med Battalion moved out.

The 3rd was at Dong Ha for a while and they kind of moved around. But there's a guy named Plenny Bates who organized 3rd

Med Bat reunions.

I know the name. Bill Mahaffey was a regular Navy anesthesiologist who was also involved in that reunion.

I know him.

Bill was a wonderful anesthesiologist.

In fact, I'm going to send you a series. He did a series in Navy Medicine magazine of his experiences at Charlie Med. And I'll send you that series. It's very popular; he did a great job on it.

Well, he's a great guy. Just a wonderful anesthesiologist. You know, surgeons and the anesthesiologists sometimes blame each other for things that go wrong. That never happened in Vietnam.

There was another guy named Dave Torpey who gave fantastic anaesthesia. They were the kind of guys who . . . You'd be working past 24 hours and somebody would come in and say, "Well listen Bill, I'm going to relieve you." And Bill would say, "I'm going to finish this; I always finish what I start." He was a very serious guy.

You say you think about Vietnam because you think about your patient.

No, I think about the guys I know from there. I get constant renewal. Greg Cross, who was one of Admiral Brown's favorites, I think, is just a marvelous guy who says that the Navy made his whole life. He was the son or an Armenian lawyer in Detroit who wasn't particularly a big earner as a district attorney. Greg graduated from medical school and went into the Navy. And then got assigned to Yokosuka after he trained at Bethesda. There he met his wife, Terri, and then wound up as Chief of Surgery at Portsmouth, after having been in Vietnam. His son went through the Uniform Services University of the Health Sciences and is a physician in practice up in Wyoming. I mean, these are great friends.

So you just stayed in touch with all these people that you served with.

Yes. If I go to Washington, I call Guy Townsend and ask him to get together for dinner. For a 2-year experience . . . People used to tease me. They'd come into my office and look at the wall and would say, "How long were you in the Navy?" And I would say, "Two years," and they would say, "Well, you know, you've got more things on the wall from the Navy than you do from 30 years in universities."

Well, it was concentrated and intense experience.

Yes. It has its good parts and its down parts. It really took me a long time to calm down from that experience. In fact, the Shiley Heart Valve thing where I was very successful, was another episode of the same type. It was balls to the wall--the end justifies almost any means. And that doesn't work well in regular practice.

For example, in my time at the University of Virginia, people used to joke and say, "Well, you know, he's a great surgeon but you will never think of him as a native Virginian." I think what they were implying was the sort of wildness people associate with Californians.

Yes. Californians do have a reputation.

Yes.

I want to thank you, Dr. Chandler, for spending time with me this morning. I really appreciate your contribution and hope you have a nice summer.

Thank you, you too.