

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH VADM (ret) DONALD CUSTIS, MC, USN

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I read the JAMA [Journal of the American Medical Association] story you wrote and the fact that you grew up in Indiana. Did you decide right away that you wanted to be a physician?

I can't remember the time when I didn't want to be a physician, and if I'm ever reincarnated, I would want to be the same thing.

You were from Goshen, Indiana, and then you went to school at Wabash, which is in Crawfordsville. That's an interesting town, because that's the town that Lew Wallace came from.

That's right. His studio is on display there to the public where he wrote *Ben Hur*. Crawfordsville is also the home town of Tom Marshall, who was vice president under Woodrow Wilson.

Then you went to Northwestern to medical school. Did you decide you wanted to specialize at any point in surgery?

No. I don't remember when that came. I think probably during medical school years.

You know, a couple of interesting things about medical school I've had reason to think about more recently. I graduated from college in 1939 and started medical school in the fall of '39. Northwestern in those days had approximately 100 students in every class, four classes, and of those 100 students, there were exactly four females and four Jews and no blacks. Every one of those classes--freshmen, junior, senior--four females, four Jews, and no blacks. Can you imagine that situation? That was probably fairly representative of at least that part of the country, I don't know.

The Midwest, particularly.

The war started, of course, a couple of years later, and the curriculum was speeded up. My class was held in summer session, so that I left--it was the class of '43, but I left medical school in '42 and started interning.

Were you already in a Navy program at that point?

I had a reserve commission in those days. I had already applied for reserve commission before the draft, which came along about the same time.

In 1940.

I remember the local draft board had me--I had an early number in the draft, and they couldn't believe that I'd already had a commission. There was contention whether or not I was draftable or whether I could stay in medical school with my commission. Shortly after that, there was no longer any problem about that. People in medical school were left to finish their education. But I got in

in that time frame where it was just short of being a legitimate arrangement.

If you hadn't been in medical school, that would have been it. You would have gone.

As a matter of fact, a very good friend and classmate of mine named Bill Stoler [phonetic], had something like number five, and I had number three in the draft. Bill Stoler is buried in the [USS] *West Virginia* that's at the bottom of Pearl Harbor.

So he decided to join the Navy when his number came up.
Right.

Then you were still in medical school right after Pearl Harbor?

I was still in medical school. In those days, postgraduate training was changed to a nine-nine-nine program--nine months of internship, nine months of assistant residency, and nine months as resident. It was in that interim somewhere, when I decided I wanted to be a surgeon, so that I wound up with nine months of internship and nine months as assistant resident. Everybody in those days couldn't wait to get on active duty, and I felt uncomfortable going on for another nine months in graduate training. Instead, I asked for orders.

My first orders were to report to a psychiatric hospital, San Leandro, CA. But I was only there for a few weeks.

That was a Navy hospital?

Navy, yes. It no longer exists. It was torn down after the war. San Leandro Naval Hospital was just behind what is now Oakland Naval Hospital.

It was only a few months before I got orders to a ship.

That was the *Clinton* [APA-144]

Yes. You have read that article, haven't you?

Oh, yes. You mention it in your article. I think you quoted from "Mr. Roberts" about the boredom.

Yes. I was on an APA, "Mr. Roberts" took place on an AKA, a cargo ship. The APA and the AKA worked together on amphibious landings. The AKA carried the cargo and the APA carried the personnel. Both those ships were modified Liberty hulls, and Kaiser Shipyard turned them out by the hundreds.

Several a day.

Yes.

The record was something like 3 days from keel to launch.
That wasn't quite true.

It was under a week, because they were prefab. They had whole sections they would just weld together.

It had to be longer than that, Jan, because I was waiting for the ship to be built. I can't remember the months now, but I was assigned around the Long Beach [CA] area 2 weeks here, 2 weeks there, 4 weeks here, for a period of about--well, it was, I think, after Christmas. It was about 4 or 5 months that I was waiting for that ship.

What kind of duty did you have while you were waiting?

One assignment I mention in that *JAMA* article was to the Long Beach brig--Terminal Island Naval Prison. At that time it was full of homosexuals. Both the Army and Navy, were giving prison assignments to homosexuals that surfaced in the services. Shortly after that, Eleanor Roosevelt got in the act and figured heavily in having the military stop using prison sentences and giving administrative discharges instead. I think they started off with dishonorable discharges, and that was challenged and changed to just administrative discharges. But in those days, it was a criminal offense.

So they just packed them all together in Terminal Island.
Yes.

There was a clinic or dispensary there?

There was a dispensary in the brig. And there were other dispensaries around town that I got assigned to temporarily.

Then you finally reported to the ship. You were taking, I recall, replacement troops over to Okinawa, so you got to Okinawa just when things were really still pretty hot.

Right.

What was that like?

Iwo Jima was just quieting down.

What do you remember about the voyage across? Was anything memorable about it, or did it get memorable when you got into the waters around Okinawa? I know the kamikazes were doing a pretty good job about that time.

The first exposure we had to combat was Okinawa, the kamikazes, the ships that were sunk, and the people we fished out of the ocean

who were survivors of those ships. I forget how many ships were sunk. There were a lot of them.

All the people we brought back to Guam were people that were survivors of kamikazes. We received nothing from the fighting on shore. All of our casualties were out of the water.

Burn victims, mostly?

Everything--fractures, burns.

What kind of treatment were you able to give them at that time?

What kind of a sick bay did you have on the ship?

We had the capacity, as I recall, for 300 sick beds, and we took over the officers' wardroom. I think there were two and a half operating rooms, one for minor work and two major, and the time we had casualties aboard, those surgeries were going all the time.

You did major surgery or stabilization surgery at that point?

We did major surgery from the standpoint of abdominal penetrating wounds. For the most part, it was stabilization, but anything that was life-threatening I'm sure we did. We didn't do any pinning of fractures, I don't suppose. I don't recall that we did, although in those days, external fixation had just become popular, and later it got into disrepute, using it in combat areas. The incidence of infection turned out to be quite high.

And all you really had at that point--you had sulfa, but you were just starting to get penicillin in quantities you could use effectively.

Right. Sulfa, in those days, was sprinkled everywhere--in the abdomen, in the chest, in soft tissue wounds.

You know, I have trouble talking about those days. Yet my reluctance doesn't stem from those days, it stems from Vietnam. I have trouble talking about Vietnam. I have trouble talking about combat. Something I notice right now, I have a dry mouth. I don't really want to talk about combat surgery.

It's just too traumatic. It brings back all the memories of that time.

The year in DaNang was terrible. It ruined my having any interest in surgery from then on. I think I said in that article that I haven't been back in the operating room since, except as a patient. It's perfectly true that there are things that are hard to recall. They're not so hard to recall; they're hard to put words to. I think there's probably a tendency to forget about it.

This is probably the first time you've really been thinking about this stuff in a long time.

Back in the years just following Vietnam, it was much more pronounced, but it's still there.

You find Vietnam worse than what you saw in World War II, because you were really at the center of things?

Oh, much worse.

Even though the treatment that was afforded or available at DaNang, let's say, was much better than what you had to work with, let's say, on the *Clinton*. There wasn't much to work with in there.

There's no comparison.

But it was just the nature of the wounds.

And there's no comparison in the blood and the death.

Again, what I wrote in that article is pretty much the whole story. The war was over. I remember what elation was on board ship when we heard about the surrender of Japan--that is, not the surrender of Japan, but the atomic bomb.

Of course, no one had any inkling of that to begin with. That came as a complete surprise to everybody.

We were doing practice landings in Ulithi. We'd already taken on board the marines we were to transport to Japan for Japan landings, and we were doing practice landings in Ulithi when we heard about the bomb.

What was the reaction on the ship? Did you know that was the end? Was there a feeling this is it, this is the end now?

Very much so. You remember, the second bomb was dropped very shortly afterwards.

Three days.

Three days later? So that the surrender actually was anticlimactic. But right after the bomb we did take our marines on to Japan. They were supposed to participate in the invasion, but became part of the occupation forces. We got into Yokohama about 2 weeks after the surrender.

What was it like stepping on Japanese soil and seeing Japanese?

The amazing thing was the absence of any manifestation of hostility. I mean, it wasn't that they were particularly friendly towards you, but they just ignored you. It was so disarming.

I remember I got separated from the group of people I was with and was wandering around in downtown Tokyo. What do they call it?

The Ginza?

The Ginza district. And I went into a theater and sat down in the dark, looking at a movie and got to thinking, "What am I doing?" If this were reversed (and I've often thought about it since), 2 weeks after we surrendered to Japan, if a Japanese soldier came into San Francisco and went into a dark theater, what might happen to him. But it was that disarming. We were tourists in a fascinating place. The damage in Yokohama was devastating. Interestingly enough, there were a few buildings that were right in the middle of all this devastation that were left standing, and while I was there, right after we came off ship and before we went on to Tokyo, I saw [Douglas] MacArthur come down the steps of one of those buildings with his retinue. It was almost as though those buildings had been spared from the destruction all around them for the purpose of accommodating MacArthur.

He might have seen it that way, too.

He might have.

What were your duties during the occupation?

No. We were sightseeing. We didn't stay there very long. We picked up some American prisoners of war; I forget where they came from. Anyway, we were headed home with them, and when we got to Hawaii, there were orders waiting for us to go back to the China coast. Our POWs were taken away from us, and we headed back to China. We made two trips, both of them starting at Hanoi, or Haiphong, the harbor of Hanoi. One boatload [of Chinese troops we took to Tientsin up in Manchuria, and the second boatload we took to Tsingtao.

I want to just go back to something you said about the POWs. The first group of POWs came out of prisons around Yokohama. Did you treat them at that point?

I don't have any memory of them being in need of any treatment. I think probably the first ones out, that was quite early, were in excellent shape, because I don't remember that we had any of them in sick bay. I think they were scattered through the ship.

So then from there you say you went to Haiphong. You mention in your article your impressions. You said you were able to get off the ship and go down a road.

We hitch-hiked along that stretch of road between Haiphong and Hanoi. It was interesting that--

You had no concept at that time that you would be back some years later in a different situation. But you went to Haiphong to pick up Chinese troops?

Chiang Kai-shek's army.

The Nationalists were there.

A lot of them were in bad shape.

They were?

The Army was already there.

The U.S. Army?

Yes, sorting them out, and we participated in that triage as we took them aboard, but, you know, there were no laboratory facilities. We had no capability to do stools exams or anything. The main thing we were concerned about was cholera and trying to weed out those that looked like they might be dehydrated and enervated. We buried several of them at sea on both trips. There was a lot of diarrhea among them at the time. But whether or not that diarrhea was cholera, we never learned. We left stool samples in Tientsin and in Tsingtao, but we never heard back from it, as I recall.

You didn't have any problems with the health of your own crew?

No, the crew was in good health. In those days, it wasn't fully appreciated that cholera could be very well handled simply by hydration. We didn't know that. That came later.

Right. In the '50s. Robert Phillips was the one who came up with the so-called cocktail electrolytes, and that was a Navy thing. He was in Cairo for a while.

I think so. And then a lot of that work was done at San Diego Naval Hospital later on.

What did Tsingtao look like when you got there? What condition was it in?

Oh, it was unharmed. I don't think there was any fighting that involved those northern Chinese coastal cities.

So you simply dropped off these troops and then--

We got ashore to look around again. As a matter of fact, I've got a little lead Chinaman sitting on my desk at home that I picked up in those days in Tientsin. I think I also brought back a tablecloth from Tientsin, too.

After you dropped off the Chinese army in Manchuria, was that it? Did the ship go back to Honolulu?

Yes, we went back.

Where did you go from there? You were still assigned to the Clinton at that point.

We came in to San Diego, and a lot of the crew got off. The senior medical officer left the ship at that point. I think we had lost our other doctors in Hawaii. But I was the only physician left in the medical department. We had something like seven physicians at one time.

And a bunch of corpsmen, I guess.

And a bunch of corpsmen. I remained on board ship. We came through the [Panama] Canal and put in at Yorktown, where the ship was decommissioned into the mothball fleet.

That would have been in '46.

That was in '46. That's when I started getting concerned about what I would be able to do after the war. I had written some letters, made application, and was accepted for a residency in surgery in Seattle beginning July of '46. I had seen the beauty of the Northwest and thought it would make for good living.

This was in a civilian hospital?

Yes.

Were you in the Navy Reserve at this point?

I was still reserve Navy.

Then you were planning on just getting out at that point and practicing private medicine.

Right. I did get out sometime later. Anyway, it was a question of whether I could be discharged soon enough. It looked like there would be no problem as long as I was in Yorktown and getting that ship decommissioned. We were there for a couple of months, I suppose. My wife joined me. We found a place to live in Williamsburg [VA]. It was the spring of '46 and it was like a honeymoon.

Then I got orders to Great Lakes for discharge processing. When I arrived in Great Lakes, my orders were changed to the staff at the naval hospital in Great Lakes to do physicals on people leaving the service. So more weeks went by, and I knew for sure I wasn't going to get to Seattle on the first of July. I think I referenced this in that article you have referred to.

Yes. You mention that you wrote to your congressman to try to get him to intervene. Did you know why they were holding you up at that point?

There was an obstinate two-star medical admiral that was in charge of things. I was told to go to BUMED, and I did. I got leave to go to Washington.

When I got to BUMED, it was obvious that there was no need for that trip, because immediately I was told to go on back to Great Lakes. My orders for discharge would be waiting for me. When I got back to Great Lakes, I was called in by this two-star admiral and chewed out for going political. He's the guy that told me there would be a big P on my record for "political" and that I had better never try to get back in the Navy.

Of course, at that point you probably didn't care. [Laughter] You probably said that it was unlikely that you would want to join the Navy again.

But I made it in time to hang on to my residency--July first.

And that was at the Mason Hospital?

Virginia Mason Hospital. Mason Clinic and the Virginia Mason Hospital.

And you were a general surgeon there?

Well, I did my residency training there for surgery. There were three of us that were contemporaries, two internists and myself. After we finished at Virginia Mason, we started a group practice of our own across Lake Washington in Bellevue. It was the beginning of the Bellevue Clinic that still exists. It was the right time and the right place to do that, I suppose. We went from three to nine members in a period of a year, and we picked up some of the damndest personalities. It got to be very difficult. The interpersonal disagreements and feuding and fussing were terrible. I was there for about 4 years, and I was unhappy. I was working a lot and there was a great deal of strain on my family.

Through arrangement made by the Dean of the University of Washington Medical School I accepted a two-year appointment as a visiting surgeon at the American University in Beirut, Lebanon. The Chief of Surgery there was an old friend of mine from Northwestern days. Based on information later received, I had some second thoughts about the wisdom of that option and so instead, and again with the assistance of my friend, the Dean, took an interim job with AMA Council on Medical Education in Chicago.

What year was that?

In 1955. I was doing accreditation surveys of medical schools and graduate training programs around the country, and came to Washington to visit both Georgetown and George Washington Medical Schools. While there I again renewed some old acquaintances, several of them now in the Navy.

One notably was Captain Raines, a Captain on active duty at Bethesda and simultaneously Chief of Psychiatry at Georgetown. He sensed I was indecisive about the future, and laid on quite a Navy recruiting effort. Raines is remembered, among other reasons, for being the attending physician to James Forrestal, then Secretary of Defense, at the time the latter committed suicide while a patient at Bethesda.

At that time, my wife and I had rented an apartment in Midland, Michigan, because I was thinking of joining a friend who was already in a general practice surgery there. I only knew I did not want to return to Seattle. The immediate options were private practice in Midland or a return to active duty at Portsmouth, Virginia. So I got out from under the Bellevue Clinic, got my investment back, and reported to the Portsmouth Naval Hospital. My wife, particularly, was much in favor of the Navy, and we haven't had a real argument since. It was a mid-life crisis that turned out for the best.

When you were in Washington looking at Georgetown, did you stop at BUMED?

Yes, I did. I saw a lot of the people there.

Was it Dr. Raines that convinced you?

It was Raines that really did it. I got orders to Portsmouth, VA. We were there for 2 years. From there to Guantánamo Bay, Cuba. The Navy's always been very good to me. I don't think there was ever an assignment that my wife and I didn't enjoy.

In your article you mentioned that you had really learned a lot when you were out in Seattle as far as what it was like to practice in a small-town atmosphere. You said it put you in good stead when you got to Guantánamo.

Yes. Surgery in those days in the Northwest was really general surgery, heavily into gynecology, orthopedics, trauma. I remember so well the wide variety of problems we had in Cuba where that versatility came in very handy.

How long were you there?

Three years. When we first went there, the fighting was still going on between Fidel Castro and [Fulgencio] Batista, and we would

pick up casualties, both Castro's and Batista's men. They would bring them to the gate along the fence line of Guantánamo, and we would take care of them in the hospital.

Did you have to treat a large number of these people?

Not a lot, but we always had some there. The marines had to stand guard over them to keep them from going at each other.

That was, you say, '57 at that point.

'57 to '60. As I recall, by the time we left, Castro had won the civil war.

I remember that after he consolidated his power, he visited the United States and was hailed as a hero. He was invited to speak at Harvard University. Made a very good impression, as I recall. It wasn't until sometime later that his communist sympathies came out.

So you left there in '60, before the Bay of Pigs.

We left before the Bay of Pigs.

That was '62. In fact, this is the 30th anniversary of the crisis. Yesterday was the anniversary of the day [Nikita] Khrushchev sent the letter to Kennedy saying he was taking the missiles out. So you missed the excitement.

We missed all that.

From Gitmo, you went to...

From Guantánamo, we went to Great Lakes. We were at Great Lakes till '63, and in '63 we went to Beaufort, SC, and from Beaufort to Portsmouth. Those years really went fast. As we left Portsmouth they were laying the foundation for the new hospital. During the time we were there, we still were using the old hospital, the one that went back to Civil War days. It had the prison in the basement, the Civil War prison. I guess they're still using that building.

After Gitmo [Guantanamo], you were back at Great Lakes [IL].

Gitmo to Great Lakes, Great Lakes to Beaufort [SC], Beaufort to Philadelphia.

So you never went to Portsmouth again after the first time.

Not for duty.

So there you were at Great Lakes again, the place where you had had that horrible duty doing exams.

As a matter of fact, we moved into the new hospital during the time I was there.

You were doing surgery there at that point. You were probably thinking, "What am I doing here again when I said I'd never come back?"

No, not really. As I said, we enjoyed life every place we went. I never had a duty I didn't enjoy.

You never had any problems. You talked about that period earlier when you pulled the congressional routine to try to get yourself out of the Navy, and the admiral said that he was putting a big P on your record and you would never get back in the Navy.

It was obviously not true.

He was just giving you a hard time. When it came time to rejoin the Navy, you didn't have any problems. They accepted you with open arms because they needed physicians.

When I came back from Vietnam, I had orders to Orlando Naval Hospital. Bill Turville was at Bethesda and had just made admiral.

At that time, there was an admiral in command at Naval Hospital, Great Lakes, who fell down the basement stairs, broke his neck, and died. I've a mental block on his name. Bill Turville was ordered to Great Lakes, and my orders were changed from Orlando to relieve Turville at Bethesda.

So you were going to be head of surgery, then, at Bethesda?

No, commanding officer.

Oh, CO. That's when you became CO.

In those days, there was a commanding officer of the hospital and then an admiral in command of the National Naval Medical Center.

One of the first things I did when I became surgeon general was to consolidate the command of the National Naval Medical Center with its tenants commands, you know, and the commanding officer of the hospital, and they've remained that way ever since.

That's right. Even when we had that little experiment.

When they did away with the term National Naval Medical Center?

Yes. It was NNNMC, National Capital Region. We're going to talk about that later. I want to ask you some opinions about that period. That's a very interesting period in our history.

So you took over. You became CO of Bethesda. That must have been quite an assignment.

I had not intended staying in the Navy. I couldn't imagine. When I went to Vietnam, I went knowing I had so much time left in the Navy and when I finished that, I was going to get out, because

I was still caught up in surgery. Everyone was concerned about being forced into administrative positions, you know, and not being able to continue as--that argument's gone on ever since, interrupting one's clinical career.

When you were CO at Bethesda, this was the fear then? No, this is before Vietnam.

This is after Vietnam.

Okay. We haven't gotten into that.

My experience in Vietnam turned me against surgery. I was ready--in contrast to my attitude as I left for Vietnam, where I intended to get out and continue practicing surgery, I was completely turned around as far as that attitude goes. I had lost all interest in continuing to be a surgeon.

The thought of being an administrator was not anathema.

That no longer bothered me. As a matter of fact, that was opportune--and particularly at that point in time. I was flattered my orders would be changed from Orlando to Bethesda. That cinched it. I decided then that that was what I would be doing. So over a period of one year, I had a complete change of mind, and trying to decide what I was going to do, when all this other business happened and decided for me.

I want to ask you about your Philadelphia--now, Philadelphia came after Bethesda.

Oh, no. I left Philadelphia to go to Vietnam.

You were at Philadelphia, then, after Great Lakes, after Beaufort.

One of the things that I was so frustrated about in Philadelphia was, without asking me or telling me, I was assigned to be the executive officer--I went there as chief of surgery.

Chief of surgery at Philadelphia. Okay.

After a couple of years, I got orders to be chief of surgery at San Diego. I had figured things out that I would finish my time in the Navy and get out, and I didn't see any point in a move from Philadelphia as chief of surgery to San Diego as chief of surgery when I'd only be there--I think I had about a year or two left.

Which would have given you your twenty [years]?

Which would have given me my twenty. I'm trying to remember the sequence now. I came down to Washington and saw the surgeon general.

Bob Brown.

Saw Bob Brown, and persuaded him that I didn't want to go to San Diego, to leave me alone, I was happy. I would finish twenty years and leave.

He said, "All right, if that's what you want."

We'd spent vacations at Hilton Head while we were in Beaufort. After I got back from Washington, talking to Bob Brown and getting out of the San Diego job, we took two weeks off to go to Hilton Head. While I was down there, orders had arrived. When I got back to Philadelphia, orders were waiting for me, changing me from chief of surgery to executive officer.

At Philadelphia?

Yes.

This was what, 1967?

That was 1967. Bob Laning went to San Diego at that time as chief of surgery instead. Bob was at Chelsea at the time.

You weren't unhappy about that.

I was happy about that.

Yes, that was fine. It's just you didn't want to be XO at a hospital.

I didn't want to be XO, and they didn't ask me whether I wanted to be XO.

Because at that point, you hadn't been turned off to surgery. You still liked surgery at that point. Suddenly you were going to become an administrator, and you weren't ready to be an administrator.

Right. Then I had about a year left to do. Actually, I asked for orders for a hospital ship, to finish my last year and get out. I didn't want to get another set of orders as XO or CO somewhere. I thought the time I had left, I pictured having a hospital ship and then getting out. Instead of getting orders to a hospital ship, I got orders to Da Nang. Then you've got the rest of the story.

Why did you want to be assigned to a hospital ship?

I was interested at the time in hospital ships and thought it would be an adventure to have a tour on that hospital ship during Vietnam. I can't remember now. I requested orders to a hospital ship, and instead I got orders to the Da Nang shore-based hospital, the Navy activity.

You weren't too pleased about that.

No, I was pleased about that.

You were pleased to go to Da Nang, because you didn't know at that point what you were in for.

I only knew that I would complete my year or year and a half.

Da Nang, come home, and retire.

Yes.

But you would have preferred the *Repose* or the *Sanctuary* for that year.

Well, it didn't make that much difference at the time. I just wanted to spend a year. That's the whole point of being in the service. There's a war going on. Military medicine is for the purpose of taking care of--I figured that it was an adventure and I figured that's where I belonged.

So the fact that you got orders to Da Nang was okay, because you were going to get to do what you wanted to do.

Right. And parenthetically, when I got out there and saw the difference in the jobs, I was glad to have Da Nang instead of one of those ships.

The hospital was part of the Naval Support Activity?

NSA Da Nang. But after having that experience, I was so glad that I got the orders I had instead of the hospital ship, because I think it was a much more interesting year for it. I've always felt the hospital ship never got a taste of that war. They were called the "galloping ghosts of the China coast," and they were off station as often as they were on. It was the daily involvement that really was so impressive in contrast to the intermittent involvement. Sometimes they'd go for weeks, months at a time to as far away as--where did they go, the Philippines?

Yes. They would be on station off the coast for something like 60 days or something like that. Then they would go for R&R or refit or whatever in Subic, and while they were off station, the other ship

would be on station. So it was the *Sanctuary* and the *Repose* trading places with each other.

I remember sometimes neither one of them was on station. The Army had a hospital in Da Nang. The Air Force had an evacuation hospital, short-time holding beds, you know, before evacuation was done. Those places were very busy, along with the Navy hospital.

I think I told you last time I don't particularly care to talk about Vietnam.

Okay. We can go beyond that.

The first couple of years I was back, I literally couldn't talk about Vietnam very well, and I still can't when I get back into it--it was a horrible war, just horrible. It killed my interest in surgery, and it was quite an about-face, too, because I had every intention, I think I told you, of retiring at 20 years so that I could stay in surgery instead of getting switched over to administration. But as dedicated as I was to maintaining a career in surgery, I was equally disinterested when I came away from Vietnam.

I want to ask you one question about Philadelphia. A lot of surgeons I've spoken with mentioned you as kind of a mentor. You were very interested in education at that point, and I noticed in your later career you certainly were interested in continuing education and that kind of thing. Dr. [RADM Donald] Sturtz mentioned you specifically several times. He said that when he was just a young surgeon at Philadelphia and getting his feet on the ground, you called him one day and offered him either a residency or an internship?

Residency.

I guess the war was already on. He decided he wanted to go, and you gave him the choice. You apparently were very flexible with these people and said, "If you can come up with a program where you get the experience and the supervision, it's fine with me," and that's how he remembered it. Do you recall any of these relationships that you had with some of these young people at that time?

Well, except that I enjoyed it very much. You remember I told you I taught surgical anatomy in Washington, in Seattle. In Philadelphia, I also got involved with the University of Pennsylvania and did some teaching there, too.

Did you know Dr. [Isidor] Ravdin?

Yes, I knew him. I never had a whole lot of regard for him. **Really?**

Everybody else did that knew him at all.

The guy I got to know in those days that has since come into quite a lot of prominence is "Chick" [C. Everett] Koop.¹ "Chick" Koop was my most dedicated, loyal, effective consultant. He spent a lot of time at the naval hospital in those days, and he was very popular with the house staff, the residents.

Was he in the Navy?

No, no. He was a professor at the University of Pennsylvania Medical School and chief surgeon at Children's Hospital. He was a pediatric surgeon. But he was a very effective teacher. He's a very articulate man. He later came to Washington. He's a very different type from the guy I knew in Philadelphia. In those days, he didn't have his beard. He wasn't nearly the egotistical person that I got to know before he came to Washington. He was much more humble in his Philadelphia days. I enjoyed him more in those days, I got to know him very well.

I saw quite a bit of "Chick" Koop in Washington to compare him with the "Chick" Koop I knew in Philadelphia. I liked the "Chick" Koop in Philadelphia better.

But on the other hand, you know, in spite of his egotism, he did a very good job. I mean, that egotism really served the purpose. He was the public servant, the spokesman for American medicine when he was surgeon general.

And he spoke his mind.

He spoke his mind, and he spoke very well, very articulate.

When we had lunch a week or so ago, we talked a little bit about that and you brought up some things I want to pursue. When I interviewed Admiral Davis some time ago, I asked him how he had become Surgeon General. He had some suspicions, but he wasn't quite sure how it happened. He said he had been the personal physician to ADM Thomas Moorer, who eventually became CNO [Chief of Naval Operations], and once he was CNO, that was it; Davis was his choice.

Do you know how it happened to you? When you came back from Vietnam, you were a captain. Shortly thereafter you made rear admiral.

Well, not for a year. As a matter of fact, 2 years.

¹Charles Everett Koop, Oct. 14, 1916. U.S. physician. As U.S. Surgeon General (1982-89), became a leading spokesman in the fight against AIDS, stressing education as the only way to control it.

Then you picked up your star, and then it wasn't long after that, was it?

My first job as an admiral was Surgeon General.

Which was pretty unusual for the time.

It was very unusual, yes. I think I was selected in the fall. I don't know whether the selection boards meet the same time of the year now as they did then. I think I was selected in the fall and was promoted long about November. I stayed on the job as CO at Bethesda until I received orders as Surgeon General, I think, in December.

So you went from captain to vice admiral pretty quickly. You mentioned that you had a relationship a relationship with [Admiral Elmo R. "Bud"] Zumwalt at that time?²

I met Zumwalt several times in Vietnam when he would visit. As a matter of fact, I saw him in Saigon once and I saw him a couple of times in Da Nang when he was up there.

I think if there was anything that helped the selection process, I know that I got a fairly favorable fitness report from the admiral in Da Nang. I heard enough about that fitness report and recall that that might have had a bearing on it.

There was an interview process, wasn't there?

There was an interview process.

How did that work?

The Secretary of the Navy at that time was John Warner. I first met him in Da Nang. When he came through Da Nang, he was the Assistant Secretary of the Navy. By the time I got back here, he had become Secretary of the Navy. That might have had something to do with it.

So you did have some relationship. You at least knew each other at that point.

Both Zumwalt and Warner. That probably had something to do with it.

²Elmo R. Zumwalt, Jr, Nov. 29, 1920. U.S. admiral. Noted for personnel reforms and for initiating warship modernization to meet the growing challenges posed by the Soviet Navy; commanded U.S. naval forces in Vietnam, 1968-70; Chief of Naval Operations, 1970-74; author of *On Watch: A Memoir*, 1976.

There were, I guess, so many people they were going to interview and they brought you in. Who actually did the interviewing, do you remember?

Both Zumwalt and Warner.

Do you remember what the interview was like? What kinds of things did they--how did you feel about it at the time? Did you think you had a good shot at the time?

I don't know. I can't remember. I think I wasn't too anxious. I wasn't particularly anxious to be selected for Surgeon General. I can't remember why. Because George Davis made a point of straightening me out. I guess in my interview I had made the statement I wasn't that anxious to have the job, and George Davis went to the bother of getting in touch with me to tell me to knock that kind of talk off. I remember that episode. I can't remember why I said what I said, except my wife wasn't particularly interested in it. She was still expecting me to retire at 20 years, but by that time I was into 21 or so, or even 22. Already the process had started for stand-down, you know. It wasn't the best time. It was like today, with the military, you know, expecting to be cut way back, budget cuts, personnel cuts. It was going to be a postwar letdown period of time, and it was indeed just that. But I thoroughly enjoyed it because of Zumwalt. Zumwalt was a very active, innovative character.

Z-grams?

Z-grams, all the things he did. I was an admirer of Zumwalt's, and I was right in the middle of all of it. In those days, we were also planning for the new medical school [Uniformed Services University of the Health Sciences (USUHS), Bethesda, MD] and the replacement hospital at Bethesda. I got involved deeply with that.

What were some of the other things that were going on at the time? You mentioned the end of the war, the wind-down, the transition to a peacetime force, very similar to what we're going through now. You had to contend with the end of the draft. I know there was the situation with trying to attract female positions into the Navy. What was all that like at the time?

I was heavily into it. I did a lot of public speaking. We were losing senior people right and left, reassuring people that the Navy Medical Department would be around for a long time yet. We were working in Congress for more attractive bonus pay, which we got. That was one of the things that I remember getting very much involved in was getting legislation. The Veterans Administration the year before had gotten relief, for their physicians, from tort

responsibility, malpractice suits, you know, and it wasn't until the following year that I got involved in that. That was a factor that was part of making a career a little more attractive, knowing that you weren't going to get sued. The scholarship program was initiated at that time also.

The medical school [USUHS] was coming, thanks to Congressman [F. Edward] Hébert. Working with the board of governors of the medical school before the school ever was built was a pleasure in itself. They met every month, and they were a very attractive group of people, headed by David Packard. Packard was president of the board and Tony Curreri was the dean of a school that didn't exist. Tony did all of the actual planning. I got very close to him. I thought the world of the guy.

It was a very enjoyable period up until the time of the Navy turnover in administration.

What role did you play in getting the school started? Were you an advisor?

The three surgeons general were on the board of governors, and still are. In addition to the surgeons general, they also now have the dean of the school and the DOD Assistant Secretary for Health. They weren't on the board at that time. Except for the civilian board members, the only military were the three surgeons general. As I say, I had a lot to do with Tony. We acquired quite a close friendship.

There was a time when the thing almost fell through the cracks because of the Army resenting the location of the school, and I guess I had something to do with persuading Dick Taylor and his group to turn that around.

Dick Taylor was--

Dick Taylor was my counterpart, the Surgeon General of the Army. Dick Taylor retired the same year I retired and a month later dropped dead.

The Air Force Surgeon General was Bob Patterson, who retired a little later, a year later, I think.

When Dick Wilbur, the DOD Assistant Secretary for Health, retired, he became medical director of Baxter Laboratories and hired Bob Patterson, the Surgeon General of the Air Force, when he retired. Later, Patterson became the medical director of Baxter Laboratories, a very good job. Bob Patterson was a very gung-ho, compulsive military mentality, just the kind of a guy who would chew somebody out for not having a haircut. When I first saw him after he came back from Chicago, he'd been in that job about a year. He had a pageboy hairdo. [Laughter] A complete metamorphosis.

What were some of the reasons why the school came about?

Edward Hébert had been trying to get legislation through for a school for several years for his own good reasons. Hébert anticipated the end of the physicians' draft. The AMA for years had an ongoing lobby effort to try and kill the physicians' draft. It was considered discriminatory because it was the only element of the population still subject to draft--at the time it was still going on. What really permitted the legislation to pass, I'm sure, was the end of the Vietnam War and the exodus of people. It was considered to be a constructive thing from the standpoint of recruiting and retention. Both it and the scholarship program were launched, I think, in the same session of Congress, or very close together. History has since proven that both of them were very well thought out, very well planned. Most of the physician recruits come from those two sources.

It was felt that the medical school would be putting out the career-minded component over a period of time. The payback time in those days was greater than it is now. I recall when the school was first planned and started, that payback time for the medical school and residency [which has since been dropped] brought a man into something like the 14th year of duty, so that economically he was pretty well committed to 21 years. I haven't heard lately what the attrition rate is on graduates. They're not obligated for that length of time anymore. Whether or not there is a sizable percentage staying for 20 years, I don't know.

What was the procedure for recruiting faculty for the school? Once the school was chartered and ready to go, how--

There were several things that we agreed to that I've often remembered because they've since been lost. One of the things was that the military would hold senior faculty positions, but could not retire in those positions. Those positions would be kept open for tours of duty of other active-duty people. They changed that. I don't know when or why, but there are a lot of people out there now that retired into their jobs. I think one of the reasons possibly was that they were not as successful in recruiting civilian faculty as they had hoped to be.

The three Surgeons General and the line, as I remember, agreed that Clinical service Chiefs in the three major service hospitals in Washington [and they were identified as medicine, surgery, pediatrics, OB/GYN] that one person would be professor chairman of a department and chief of that service in all three hospitals. That didn't last very long at all.

For example, the Air Force SG would have been head of, let's say, the surgery department at the school?

It would have been that Norm Rich [as head of the school's department of surgery] would have also been chief of the Navy and Army and Air Force surgery departments [in the three service hospitals]. He would have easy entrée into those three hospitals by reason of his appointment as chairman. He wouldn't have to be geographically present at all three hospitals. They would all have assistant chiefs in charge at each hospital.

That didn't last very long, particularly with the Navy. In the years following the school's opening, especially under the administration of Arentzen [VADM W.P. Arentzen, Surgeon General of the Navy], the Navy became very noncooperative, particularly about cooperation between the Bethesda Naval Hospital and the school. I remember at the time Norm Rich told me he felt very uncomfortable even visiting Bethesda Naval Hospital, it was so unfriendly.

So the other two hospitals had to take up the slack?

And paradoxically, I think that lasted into Bill Cox's [VADM J. William Cox, Surgeon General of the Navy] time, too. Bill Cox was against the school in the first place. Bill Cox was a good friend of mine through the years. We first got to know each other when I was chief of surgery and he was chief of medicine in Philadelphia back in the early 60s when Philadelphia was a very busy place with Vietnam casualties. Bill Cox, I remember so well, felt--and I think there was an element of truth in what he had to say--felt that a medical school needed the assurance of a constancy in budget and that a school based on appropriated funding would always be in jeopardy. It proved to be true, you know. They've tried to close that school a couple of times.

It's still true, yes.

So Cox was prophetic, but he also was something less than an advocate. I mean, he was not very cooperative. When he became Surgeon General, he was something less than a booster of the school.

So he favored the argument that you could just as easily train, and more frugally train, military physicians in civilian hospitals under a scholarship program. That was his way of thinking. And the other way of thinking, which is still used, of course, is you get a different kind of physician from the USUHS than you get from a civilian medical school because you're training an officer and you're training a physician and getting an amalgam of those two.

That was the whole point.

Do you remember where the first faculty members came from at that time, where they were recruited from?

There were several. I couldn't recall their names anymore, probably, but I think some of them must still be there. The original chief of medicine was a civilian. He's been since replaced, and the professor of medicine is still a civilian. Norm Rich was the original chief of surgery. I think there was a fairly prominent civilian pathologist that was recruited, and I think he's probably no longer there. Jay Sanford was responsible--Jay and Tony. Tony stayed with the school perhaps as long as the first graduating class, I mean the first class that went through 4 years, and died the same year he left. Tony had been a well-known chief chairman of the Department of Surgery at the University of Wisconsin for years.

Curreri.

He has a son who's a nationally prominent surgeon now. I can't remember where he is.

During that period of the early 70s, when the Medical Department, the rest of the Navy, and the rest of the military was going through this transition period from the war, there seemed to be a larger emphasis placed on shore-based hospitals and dependent care at the expense of readiness. Is that true?

I think there's an element of truth in that. I don't think it was nearly as bad as the line maintained. That was the story that Holloway and his people spread, that Zumwalt had neglected things.

Is that where that problem began between the line and the Medical Department, when the two factions came to loggerheads over this? The line was saying, "You people are support. You're in this business to support us, and you're not doing the job"?

That started after Zumwalt left. It was part and parcel of the anti-Zumwalt people. Everything he did was targeted. But it didn't reach its peak. It festered under Arentzen and reached its peak in the Cox administration.

You could say that. He certainly didn't serve his 4 years. He left under a cloud. Of course, I recall some of the things that were going on then, but I've always been interested to try to find out what the source of all of it was. It would make sense that you probably did well under Zumwalt, because Zumwalt had an affection for medicine.

His father was a physician. Zumwalt always said he wanted to go to medical school and didn't have the opportunity to do so. He

was very good to the Medical Department. He was very good to me, very supportive.

As soon as he left, though, that's when it really started. Do you remember that period, I've been trying to trace the evolution of the hospital ships, the *Comfort* (T AH-20) and the *Mercy* (T AH-19). When the old Sanctuary (AH-17) was decommissioned, that was it. The Navy was without hospital ships during that post-Vietnam period.

Zumwalt tried hard to save those ships, you remember.

So once the Sanctuary was out of the picture, the Navy was essentially without hospital ships.

Right.

Was there any talk during your administration of reviving the concept of hospital ships?

There was talk, but we never got anywhere.

Where did the pressure come from, from within the Medical Department or was it a line-dictated thing?

You mean--

To do it, to bring them back.

It was a lost cause during my time, except for Zumwalt's idea. There was a man who was dean at the medical school in San Diego, Assistant Secretary of Defense [for Health Affairs, John Moxley], who really resurrected the idea of a hospital ship and worked hard on the concept. At one time he had the idea of turning the SS *United States* into a hospital ship. He evidently had developed a following in Congress. He almost got it, but it fell through finally, too.

Was it the line that felt the Navy should have a hospital ship?

The line always was against a hospital ship.

Because that would take the money away from their toys, from their combatant ships.

Exactly.

I know that later on the Medical Department wasn't all that keen on a hospital ship either, because it simply meant that if you had a hospital ship, the only way to staff it was to yank people from hospitals.

That's right.

So neither the Medical Department nor the line weren't too cooperative. The pressure for what we eventually got, the two hospital ships, came from DOD [Department of Defense].

It came from DOD and Congress.

And Congress. And literally forced it upon the Navy and the Medical Department.

And even then, I've never been able to understand why they needed two of them. The Society of Medical Consultants of the Armed Forces met recently and I attended the meeting the first day. We went up to Baltimore and went on board that ship [*Comfort*]. The meeting was actually held on board the ship. The thing is huge.

Yes. A thousand beds.

It would require a major world war, it seems to me, to justify the need for two of those them.

Why did they send both of those ships to the Persian Gulf? It seems to me that was an awful expense.

It was a terrible expense. But I think the thought was--this is from my own knowledge--they thought they were going to have just incredible numbers of casualties, and that was the fastest way to get medical care there. But as it turned out, the fleet hospital was set up before the ship was there. They had the fleet hospital on line. Fleet Hospital 5 was on line just shortly before both ships.

If the Army had been as fast as they should have been, they had the potential for quite a capacity, didn't they?

That's right. But they fell apart pretty much. It was really a Navy show for the longest time. The hospital ships were a presence. What was the fastest way to project a medical presence to the Persian Gulf, and that was to take the ships and getting them over there, and they succeeded in that. However, knowing how the ships are constructed and knowing how they operate, the greatest miracle of all was the fact that we didn't have a real war, in a sense, because they never would have been able to handle all the casualties. They just would have been overwhelmed.

I don't see why they expected a lot of casualties. It was a huge nation picking on a two-bit little country.

Well, they played up the fact that the man [Saddam Hussein] was not going to be a pushover. I think they were just building up the public for the possibility. The fact that he was going to use poison gas and chemicals and all this had something to do with it. But trying to trace it back to find out when the idea was first planted

for these ships, we've had a terrible time finding the documents. NAVSEA [Naval Sea Systems Command] had some of the documents. But we can only get the documents from the '80s. The '70s is a big vacuum. We can't find anything.

I can't remember the name of the assistant secretary who came from San Diego. He had built up quite a following in Congress. I remember [Senator Sam] Nunn was in favor at the time. And the Navy League. He was into the Navy League promoting hospital ships.

I know who you're talking about; his name is John Moxley.
He was absolutely dedicated; he was going to get a ship.

He was an Assistant Secretary for Health Affairs. Then he left, and not much happened until, I think, the middle of the '80s--about 1984, '85.

I would say he was there in the early '80s.

Right.

His influence probably was still lingering, because the guy who went to Baxter Laboratories was followed by a man named Cowan, who was there in the latter part of the '70s. He was followed by a man from Toledo, named Smith, an anesthesiologist, and then he was followed by Dr. Moxley and that would in the '80s, probably.

But you don't recall during your tenure that much was going on at all. The hospital ship was just a non-issue at the time.

I think we were totally involved in getting a school started, getting the bonus bill, getting relief from tort responsibility.

You spent a lot of your time, I understand, down on Capitol Hill.
Oh, yes.

You were down there a lot.

But you know, there was a big difference, I'm a little unusual. In the five federal services, I'm the only one that's ever headed two of them, Navy and the VA [Veterans Administration]. The satisfaction as chief medical director of the VA was so much better than the satisfaction of Surgeon General for just that reason. There was no layering on top of me. Fortunately, I had administrators in the VA who were very supportive and cooperative. I had direct access all the time to people in Congress. I was over there testifying a good bit of the time.

In the case of the Navy, you just didn't have that freedom of access, and there was always somebody on top that would kill something before it ever got to where it was going.

Were you invited to go to these committees? Is that what happened, you were requested to appear? You obviously didn't say, "I want to appear."

I was invited.

They invited you.

And Zumwalt would send me. In the case of the VA, I'd take the initiative. That was the difference.

You couldn't do it the other way around in the Navy. But when Zumwalt was CNO, you could talk to Zumwalt and say, "We really need to..."

I saw Zumwalt all the time. I never once got in to see Holloway that last year, not once.

I guess that says how he felt about the Medical Department.

Yes.

What happened when Zumwalt left?

Zumwalt left and [J.L.] Holloway [III] became CNO. The anti-Zumwalt feeling followed and everything that had Zumwalt's name on it they tried to destroy. And they tried to get rid of people that Zumwalt had been... I felt that they were just as happy I had an appointment. They couldn't fire me, particularly. They didn't ask me to go, either, but I was fed up with them. It was an entirely different atmosphere.

You had Holloway and you mentioned [James D.] Watkins. He was head of BUPERS [Bureau of Personnel] at the time.

Watkins was BUPERS.

You said you didn't find them to be particularly--

When Watkins was selected for CNO, I couldn't believe it. I thought, "Gee, whiz. That's the end of Navy medicine." He was outspokenly anti-Medical Department. He told me frankly once, "I never did like doctors."

You must have known at that point that things were going to be rough.

I retired 6 months early, for a couple of reasons. I had a job offer in Chicago that was attractive, but I had to be available sooner than my normal tour would end. I was anxious to get the job in Chicago and I'd had my fill with the Watkins/Holloway atmosphere. I remember George Davis was back from Florida at the time and tried to talk me

out of my decision. I felt I owed it to him to explain why I wanted to leave a little early. He thought it was a mistake.

Would you say that's really when all the decline--I don't want to say "decline." That's the wrong word. But when things started to get rough, when Holloway took over, and kind of went on a steady downward curve from there.

Arentzen didn't help any.

Yes, that's the feeling I got. He saw the world differently than most other people.

The fact is that you stayed only 3 ½ years. You said you had another job opportunity was one reason, and, number two, it wasn't any fun anymore. You were really butting your head against the wall at that point in dealing with the line.

We couldn't fill our quota in recruitments, you know, so they'd take the billets away.

The logic being, you obviously don't need them or you'd be able to fill them.

Right. It's interesting the way things worked out. I had gotten to know Jim Sammons quite well through the years.

Jim Sammons?

He was the executive vice president of the AMA, and he had offered me a job with the AMA. I took my wife to Chicago and we looked for a place to live. Then she went out there to work with a decorator. The second time she came home, she was in a blue funk, and she told me if I was going to Chicago, I was going alone. She just couldn't imagine moving to Chicago and existing in an apartment where she knew no one.

This was during your last year?

Yes, just before I left. So I asked her what she wanted to do and where she wanted to go, and she said, "Right here. I want to stay right in Washington. This has been good living."

The very next day, Jack Chase, CMD of the VA, called me. He had rumors that I was retiring and offered me a job in the VA, and that's how I wound up in the VA.

It came as a surprise?

I first started there as the Assistant Chief Medical Director for Academic Affairs.

So you started that new job really right quickly after you retired.

I didn't take any time off.

You went right from BUMED to the VA.

Yes. But that was '76. I didn't become chief medical director until '80.

Wasn't Max Cleland head of the VA?

He appointed me chief medical director. He was under Jimmy Carter.

When you were SG back at the Bureau, you were fighting for all these new initiatives that we discussed. While you were doing that, how did the Bureau run at the time? I'm trying to remember some of the people that were there. Commander Erie was there at the time. RADM Kaufman was your deputy, wasn't he?

George Davis' deputy for the most of his 4 years was John [Albrittain]. He retired a few months before George Davis did, and [RADM] Harry Etter became deputy for those few months, intending to retire when Davis left, and I talked Etter into staying. In fact, when I was selected there was also a presidential turnover, and Congress was distracted by all of the confirmation processes that were going on for presidential appointments. For 3 months I waited to be confirmed in the Senate as Surgeon General and Etter was acting surgeon general because I was being held up.

There were several senior people at that time--Etter, Osborne, Kaufman, and another who's now over on the East Shore.

Admiral Waite.

Charlie Waite. There were four people who came through the slot of deputy. The senior person was appointed deputy until he retired, and the last one was--maybe Waite wasn't deputy. Waite was in the office, but not deputy. I guess there were just three. The last one was Paul Kaufman, and the first one was Etter and Osborne in between. That was it.

They really ran the day-to-day while you were really lobbying for the Medical Department. You were kind of the chief lobbyist.

Between lobbying and going out visiting Navy hospitals and trying to give pep talks.

In fact, I don't know whether you know this or not, but you're the last of the breed. Since you left as Surgeon General, we haven't had a lobbyist. We haven't had a skilled lobbyist for the Medical

Department but for VADM Zimble. That's been one of the problems, as I see it.

Maybe they weren't permitted to.

That's a possibility. They certainly were not down--they go and give their reports maybe once a year. When the House or Senate Armed Services Committees would meet, they'd be invited to give a report on the state of the Medical Department. But as far as being able to lobby on behalf of the Medical Department, that hasn't happened in recent years.

With Zumwalt's blessing, I would go over there and see people on committees personally and try and persuade them to help us. Sam Nunn was a good example; a man from New York named Stratton--I think he's no longer in Congress--was very helpful. He was a reserve Navy captain; Boland. People like Dave Packard and Zumwalt would arrange with congressmen to hear me, let me talk to them personally. That probably was unusual. That didn't happen after I left.

So he was really the catalyst. Zumwalt was the catalyst for all this, for you having an entrée into that arena. It certainly hasn't been that way since, that's for sure, for a variety of reasons. So while you were doing that, your deputies essentially ran the Bureau on a day to day basis and apparently did an adequate job.

It was very well defined. They were internal; I was external.

That definition got blurred after you left, as you know. Many people, when you ask about that period, the Arentzen era, they said that the Bureau was run via the Xerox machine. Essentially, a pronouncement from the front office would be Xeroxed on the machine and it would be handed out, and that's what was the policy.

Arentzen. There's another story about Arentzen I just remembered. When he was at San Diego, I understand, he used to steal typewriters or such mobile pieces of equipment and see how long it took for them to be reported missing. If whoever was responsible for that piece of equipment, a microscope or a typewriter, didn't immediately report it, they'd get called up and chewed out. Have you heard that story?

I haven't heard that one, but that's consistent, I think, with what else I've heard.

When you essentially gave your notice that you were not going to be staying for the full 4 years, what was the response within the Bureau and what was the response in the Navy in general? Did everyone just shrug their shoulders?

I don't recall that there was any response.

But then it was time to start thinking of a successor. How did that happen? How did that go?

Charlie Waite was supposed to be the successor, and for some reason somebody stopped it. When I became aware that Arentzen was brought in at the last minute after it had been decided that Waite was the man, I tried to stop the reversal. Of course, Arentzen found out about that, too.

That must have been lovely.

Yes. Charlie Waite was a very capable guy, and I thought the world of him. I thought he'd be a very good person for the job. But he had the job, as far as the selection process goes.

Any idea who stopped that?

Never found out.

SECNAV at the time was Middendorf. Wouldn't he have been doing the interviewing?

Middendorf. Middendorf was a fool. There was a real fine assistant secretary of Navy for personnel. I thought the world of him. When I had a retirement ceremony, he was the speaker.

So apparently there was some kind of relationship between Middendorf and Arentzen. They obviously hit it off somehow, because Middendorf, I would guess, was the one who made the choice.

The man I'm trying to think of who was the assistant secretary for personnel headed the search committee, and I had a lot to do with it. Joe McCullen, he's now back in Boston.

So there was actually a search committee, then, for this?

Yes. He's a personnel type, has his own company in Boston now.

How many people were on the search committee? Was it something informal or did the CNO charge a committee to go out and look for an SG?

It wasn't the CNO. It was this man I'm speaking of, who had been appointed by Middendorf, I suppose, to do the interviewing and the search committee. There were a couple of other admirals on the search committee. Adamson was one.

The fellow who had been at NSA?

Da Nang.

Da Nang.

An amusing story I just thought of, the first female admiral was the head of the Nurse Corps, Alene Duerk. When she retired, I was appointed to a search committee, along with four line admirals. There were five of us. Her successor was chosen by that search committee strictly on the basis of photographs being put on a table, and what they considered the best-looking gal was chosen. That's how that search committee functioned for that second choice. I can't remember her name.

Conder.

Maxine Conder. Was that the time? She was the second one? That sounds familiar.

I think so, yes. Boy, that doesn't say much for the Navy, does it? It always seemed funny to me--or peculiar, not funny, but peculiar--that the search committee--

I think by that time there was a line gal who had been selected for admiral, as well. I think Duerk was first, and there was another one. Then Duerk retired, and it was decided ahead of time, before her successor was chosen, that she would be given the rank of admiral, which didn't necessarily have to follow, you know.

Were you involved in the selection of Duerk?

No, no. Duerk was selected before I became Surgeon General.

But you certainly weren't involved in her successor, then?

I was on the search committee. I was there to witness what happened.

You were actually there. You saw that. The search committee that went out and made the recommendation that Arentzen become the next SG, it always seemed on the face of it there were many, many other senior officers in the Medical Department who were--

As I recall, that about-face on Charlie Waite never involved anyone that I could recognize. The people that met and interviewed candidates, I don't recall how many were interviewed, but there was something in the order of a half a dozen that were interviewed. In those days there were 16 medical admirals.

I know one of them who was being considered at the time was Al Wilson [RADM Almon Wilson]

Yes, that's right.

Because he told me he was interviewed for that. Of course, he's got some great stories about that period, because he stayed. He didn't retire, he stayed on, and he and Arentzen were at loggerheads all the time. But there certainly were a good number of senior medical officers in the Navy at that time who would have been good material.

Paul Kaufman was interviewed.

And he certainly would have been a better choice. Anyway, they ended up picking this man, and I always wondered, what was his claim to fame at that point? One story was he wasn't even board-certified in a specialty.

He wasn't. That was the thing I used to try to stop it. No, he wasn't. I think he flunked his exam two or three times.

He wasn't family practice. I don't know what his specialty was, but he certainly wasn't board-certified.

He had had a residency in medicine. He wasn't certified because he flunked the exam repeatedly.

It seemed odd to pick a surgeon general of the Navy a man who wasn't board-certified. That was always something that rankled among some of the other people.

I wouldn't be surprised. I don't remember now exactly, but it was probably Middendorf, and it might have been more than Middendorf. It might have also been something out of the White House, I don't know. It was more of an anti-Waite movement that surfaced rather than a pro-Arentzen movement. Somebody would not accept Waite.

So Waite was that controversial or had made that many enemies that there was a conscious movement to keep him out of there.

I wouldn't be surprised if it hadn't been Waite, if it had been Wilson or Kaufman or somebody, it probably wouldn't have been turned around. It was the anti-Waite movement that brought Arentzen in.

You said you did what you could to stop the Arentzen appointment. When he found out about it, what was your relationship like after? It must have been pretty tense.

It was.

It must have been a very interesting change-of-command ceremony, I would think. Do you remember that day?

I remember it.

I imagine there were a lot of unhappy people. That's what I heard, that it wasn't long afterward a bunch of retirements were in order, people who decided they would rather retire than serve.

There were retirements when I was selected, too. I was resented because of my youth. Actually, my age, my peer group--I was out of the Navy for 10 years in residency and in practice and came back in after 10 years of absence. When I was selected for flag rank, there were a lot of people that were very outspoken. That was the first time anyone was selected with split service in the Medical Department for flag rank. There was a strong feeling against that.

The first year that I was eligible, I was passed over, and the second year I was selected. "Red" [RADM Horace] Warden was quoted to me as saying that he had successfully blocked my selection the previous year, and it's too damn bad that he wasn't on the selection committee the next year, that a split service should never have been selected.

Who was "Red" Warden, again?

"Red" Warden retired about that time. He was CO at San Diego at the time of his retirement. He was a contemporary of George Davis and that group.

When I was selected for surgeon general, there were a lot of retirements, because I was the youngest guy. You know, of all the flag ranks, I was the bottom man.

You not only had split service, but here you went from captain to rear admiral to vice admiral in the span of just a short time, considering.

I was a rear admiral for something like 2 months, 2 or 3 months, yes. Then I was frocked, but not confirmed. I can imagine how people felt. There were some pretty good men at that time that left because of my [selection]. One was a good friend of mine, Ed Rupnik. He lives in Tampa.

He was an admiral.

Yes. He was a protégé of Bob Brown's. He got his training under Bob Brown in surgery.

He was hurt. He was so sure--he had been interviewed and he was so sure that he was going to be selected, and he was visibly depressed and resentful. Our friendship just was over like that. Had I been a little more magnanimous, I wouldn't have accepted the job.

I remember now. One of the reasons was that I never expected it and when I was interviewed it was a surprise. And the reason I was so reluctant was I knew that I would be resented, being the last

selectee and then picked up right away. And that's exactly what happened.

You might feel better to know that more retired in protest when Arentzen was selected than left when you were selected. Of course, that started a whole new era, which was the beginning, really, of the troubles, as we like to call them. Things went from bad to worse. There was the view from the line that, "Who do those people on the Hill think they are up there? They're running their own kind of Navy." That was their attitude. And there probably was some good reason for that. It wasn't all one-sided. There was blame on both sides, at least at that point, because, as you know--

Didn't the line step in and reorganize Cox's Bureau of Medicine and Surgery?

Yes, yes. Well, Cox left--was fired, essentially. They don't like to use the term fired, but essentially he was fired. Then [Lewis H.] Seaton came as Surgeon General, and under Seaton is when it was completely reorganized. Essentially, BUMED was done away with and they created the Naval Medical Command, which would turn out to be a disaster, a 7-year disaster.

Seaton was a good friend of Watkins.

That was a very tragic era when Seaton was there. He was out of his element. As I recall, he was taken from the Hill and put over in a little cubicle over in the Pentagon and was not given direct access to the CNO, although he was on the staff of the CNO.

CNO was Watkins, wasn't he?

Yes. The idea was that they were going to reorganize the Medical Department along what they called the modern systems way of managing things. In other words, the organization would have two departments. You would have the policy-makers over here and the policy executors over here. According to their theory, you couldn't have both the making of policy and the execution of policy in the same organization. You had to separate them. And so the policy-makers would be at the Pentagon working directly for the CNO, and that would be the Surgeon General on the staff.

It was more or less like the Army was at the time. But the Army is now being changed, isn't it?

I understand so. I don't know what the specifics are.

That was the way the Army was organized back in my day. The Surgeon General had no operational command.

Wasn't there at least a minor reorganization when you were there, when they created the regions?

Under Davis, they created the regions. Zumwalt was so supportive that it was just day and night, with Zumwalt and post-Zumwalt. There are things that I did, you know, that he rubber-stamped without even asking. He was that supportive. For example, the districts had been established, and regionalization was a big thing under Davis. I felt, and I had heard others giving the same opinion, that the admirals had do-nothing jobs in these district jobs, and I put them back in hospitals.

There was another thing that started in my time. I thought that the Medical Service Corps should have opportunity for hospital command, and had no trouble at all with Zumwalt and the things I had to clear it with. It was very much resented by a lot of people in the Medical Corps.

I imagine so.

But we started it in the smaller hospitals, you know, giving opportunity to MSC [Medical Service Corps].

It got worse when Nurse Corps officers were given the opportunity.

That was under Cox again.

I can remember that. I can remember one physician, and I don't recall the name, who, when he heard that, he said, "I'm gone. I'm retiring. When a nurse is going to be my boss, I'm retiring."

But there was a big difference. The MSC officer has training comparable to the medical administrators in the private sector. The nurses did not. If a nurse wanted to be in charge of a hospital, she should have gone to the bother of picking up a master's degree in hospital administration, and maybe she would--

Right. But the MSCs, that was their career. They went to school to learn hospital administration, so why shouldn't they be hospital administrators?

Exactly.

But I imagine the physicians didn't see it that way at all, so there was a lot of hostility to that. I've heard this from people who have been in the Medical Department. When they looked at your tenure there, they saw you as a manager, as someone who really brought management to the Bureau, whereas prior to that, they didn't see it as much that way. They saw that the fact that you were on Capitol Hill, you were fighting for the Medical Department, you were trying

to get all these initiatives and trying to see that the place was managed properly. Do you recall that? Do you see your tenure there that way, as a manager?

Well, I remember some of the things that might have given that impression. For example, I started insisting that the senior doctors who were interested in doing so started the training program out at the School of Administration. In the VA, the M.D.s who wanted to come in directorships had to have training for it.

What was started in the Navy was considerably enlarged as far as the amount of training that was given to them in the VA. Prior to that time, there was no management training at all for a physician who was moved from a clinical job to hospital command. I didn't get very far with it, but I started sending some selected people to the Harvard [University] course in administration, the 6-week course.

Where did the opposition come from?

I can't remember. I think it was mostly money. It was an expensive course. I think there were only about half a dozen that ever got through before we were told to stop it. Bill Cox was the first one to go.

When you look back at your 3 ½ years as SG, what kind of feelings do you have about it? Do you feel overall pretty favorable about it, the way you left--

Jan, my impressions in the VA were so much greater and so much more recent that it's almost wiped out my memory of my comparable feeling of the Surgeon General years. I don't mean that in a derogatory way as regards the Navy and the job of Surgeon General, but it is true. Not only has it been more recent, but my position at the VA was much more intensive, was a much bigger job, with much more freedom, and again, strong support on the part of the administrator, who is now the secretary in the President's Cabinet.

The VA has 172 hospitals, 200,000 employees. The job was easily three times the responsibility of a Surgeon General, and there was every bit as much renovation opportunity in those days in the VA. The hard budget times hadn't really started yet. David Stockman hadn't yet arrived on the scene--it wasn't until about the time I was leaving, that inadequate budgets started causing problems.

So all the things that you had to contend with as SG, fighting for every nickel, essentially, fighting to fill quotas, fill billets, and fighting to really have your say, of course, once Zumwalt left, you didn't have any of that in the VA. It was just the opposite. With the VA you were a respected member of the staff and allowed to proceed, money not being an object in this case.

And I suppose I also had a growing concern value, because the fact that I had been Surgeon General of Navy medicine gave me credibility that was less apt to be challenged than otherwise. I was accepted readily by reason of that, I think. I got away with murder. When you talk about satisfying, it was eminently satisfying. It was a lot of fun, much more so than the Navy days.

Of course, even things have changed now in the VA. It's gone the other way again.

It's certainly gone the other way.