

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH VADM (ret) GEORGE DAVIS, MC, USN

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Interview with VADM George Monroe Davis, MC, USN (Ret.), Surgeon General of the Navy 1969-1973.

I understand you are from Oklahoma.

Yes.

When did you decide to become a physician?

My father was a country doctor in Oklahoma who had migrated there very shortly after it became a state. I can't remember ever thinking I would be anything else than a doctor. I knew I was going to become a physician when I was in my early teens. So, I went to the University of Oklahoma and eventually graduated from the Medical School which is in Oklahoma City.

When I was in my early senior year, I saw an advertisement on the bulletin board of the medical school which said they needed some doctors to join the Navy. If one would come either to Chicago or Pensacola and take the test, one could take an internship and be paid the magnificent sum of something like \$260 a month as an intern.

I had married by that time and \$260 was a lot of money to me. I also had acceptance to Tulane to do an internship there and at one or two other hospitals. I decided to take that test which I had to do at my own expense and I drove down to Pensacola with my wife. We stayed in an old hotel down there and I took this test. The test was divided up into various and sundry parts. Members of the hospital staff would come in and talk to you, ask you questions, and you would have to demonstrate what you could do--examine a patient and that sort of thing.

Actually, I had shared expenses because there was another student who went along with me but he failed to pass the physical. So, he didn't get to the mental part of the test. He couldn't physically qualify. That was the time when if you had poor eyesight--if you had to use glasses--it was grounds for not taking you. They were pretty exclusive physically and visually as to who they were going to take in.

Fortunately, I was healthy and I passed, at least, the mental part. I was delighted when I got the letter saying that I would be assigned as an intern at the Naval Hospital San Diego. I borrowed some money from my father, bought my first car, a Plymouth, and in 1939 I took off in this Plymouth with my wife. We drove to San Diego. That Plymouth car, I'll never forget it, cost me \$675 dollars brand new.

I had an excellent internship. It was a rotating internship. I enjoyed it very much and was very busy. I Learned a great deal and as time went on, it was obvious that we were getting in the war, so

I submitted my papers to become regular Navy.

When we finished our internship, I was assigned to a Marine camp which was right outside San Diego. We were at that Marine camp for a short while and then I got orders to go to Alaska to the Aleutian Islands.

Was that in '42? Had the war broken out yet?

No. War hadn't come on yet. That was between 1940 and 1941. It was late in my internship and I was in the autopsy room. We were doing a post-mortem on somebody and all the interns were required to be there. We were making fun with each other, and assignments were beginning to come from the Bureau [of Medicine and Surgery] for the interns telling where they were to go, and we faked one for one of our interns. We faked that he was going to go to Kiska, Alaska. He got quite shaken and said, "I've never heard of Kiska, Alaska." We had a great bit of fun with that, but the point of the story is that about 3 months later I got orders to Dutch Harbor, Alaska, which nobody had ever heard of.

So, it backfired on you a bit.

Yes. I went to Dutch Harbor. Actually, I wasn't the first one up there. There was a weather station there and we had a small group of Marines who went because the war was beginning to brew over in the Pacific. And I actually had Helen come up. She joined us. Our daughter had arrived by that time. So, we had them there for about 4 or 5 months. We were at Dutch Harbor when the Pearl Harbor attack occurred.

We began practicing techniques that would protect us in case the Japanese moved toward us; we were closer to Japan than anybody else.

What kind of things did you start doing? Training exercises?

Yes, we did training. The only guns we had which were worth anything were those automatic 30-millimeter machine guns. There were two or three old ships up there that had some heavier artillery on them. But then, the Navy got right interested in the situation. The Army sent a bunch of troops. They also put a PBY group squadron there. I remember that the weather was always so bad that we would always have one PBY searching for another one that was down, and holding the other one in reserve in case something happened. We lost a lot of valuable equipment up there because of the weather. We had very poor visibility for flying. You never knew when "williwaws" (that is what they called the storms up there) would show up. Williwaws were precursors of a heavy type blizzard storm. The weather itself wasn't as cold as it was miserable. Dutch Harbor was known as the cradle of storms. It's where all the storms come sweeping down from that area into the northern

California coastline and across the country.

But, after Pearl Harbor, we practiced setting up safe areas like basements where we could put dependents when we got an attack warning. Very shortly thereafter, the Navy sent up a ship, evacuated all the dependents and left the active duty military there. This was actually a Marine station.

We spent that time trying to beef up the place and get it to where we could fend for ourselves. We put a couple of corpsmen out on some of the islands that were further out towards the end. The end island is Attu. We had a corpsman out there on Kiska. Kiska was another island about halfway between us and Attu, where we kept a small station with two corpsmen.

When the Battle of Midway came on, the Japanese sent a force over toward the Aleutian Islands as a diversion. They bombed us and we lost two people. I can remember volunteering to work in the radio station where we got our radio notices about what was going on. I had just finished the mid-watch one night. We were getting notices every morning. During our drills, the sirens would sound indicating that an attack was imminent. I had the mid-watch that night. I had tapped some radio messages and had gotten in bed at 4 o'clock in the morning. I was tired. I heard this siren go off at about 5 o'clock. I'd been sound asleep and I said, "I'm too tired to get up and go to the protection area." Thinking it was another drill, I rolled over and went back to sleep. Suddenly I heard this racket and two bullets ripped through the ceiling above me. We were being attacked. I rolled out of bed and rolled under the bed for a while until I heard no more racket. The Marines had machine guns out there because they all were standing watch so we were able to return fire to the Japanese.

As a matter of fact, as soon as it got calm I went on down to the dispensary. We had some casualties and we took care of those, but the next day, on the island right next to us, there was a Japanese plane which had been shot down. It was the Zero.

Is that the one that pancaked in the bog?

That's the one that pancaked in the tundra. From up in a plane you see this square thing, it looks like a perfect landing field. Apparently a Marine rifle bullet had shot the gas line to this Zero. Those Zeroes were very simple machines. They were like the old model T Ford. They had a gas line running from the gas tank to the engine. The bullet had gone through this little gas line about as big around as your finger and severed it. So, the pilot had lost his motor. He saw the tundra and brought it in but when his wheels hit that tundra he flipped and broke his neck. Except for damage to the landing gear, the tundra protected that Zero. We had some engineers there who

went over and found the machine, put it on the ship and took it back to Seattle. They had it flying within days and that was the first Zero we captured. Our aviators were very concerned and uncertain about the Zero because the Japanese had so many. So, they were delighted to see what it really was. That plane was then used in a bond drive for selling war bonds all over the United States.

Did you get a chance to go out to the bog and see it?

No. They had to take a tug and go over and lift it off. The Seabees were just beginning to become effective during that period. We had one construction battalion up there building a lot of facilities. But, by the same time the Japanese invaded Kiska and Attu and they captured two corpsmen that we had stationed there on independent duty. I saw one of them later who came back after being a prisoner of war. He came back in good shape and became a warrant officer later.

I went to Dutch Harbor for a 4-month tour and came out about a year and a half or two year later, actually not quite two. It was nearly 20 months.

You were back in Oklahoma in '42 and '43 at the naval air station there.

That's correct. Because of the war experience, they sent me back. The military had expanded by this time all over the country and they were setting up stations at large universities for recruitment and training, and giving a lot of military courses in college in those days. Because I was from Oklahoma, I indicated that I would like to go back and at least have a visit before I went back to the war zone again. They sent me to Norman which is right outside of Oklahoma City and I was there with the skipper of our station at Dutch Harbor who was also assigned there as the commanding officer.

Was it a clinic?

It was just a small dispensary. I was there only a few weeks before I got orders again to Port Hueneme. I had never heard of Port Hueneme or thought there was such a place. You know you spell it H-E-U-N-E-M-E. I thought it said high enema or something of that sort or that someone was kidding. But we went to Port Hueneme. They had selected me to go there because I was to teach "cold weather medical problems" because of my Alaskan experience.

The detachment you were with at Port Hueneme had an interesting name that no one today seems to know the derivation of and that's ACORN. It was called the ACORN Training Detachment. What did that mean? Was

it an acronym for something?

I think so but I can't remember. Maybe it'll come to me.

Ask Jennifer.

I am almost sure that each letter had some connotation, but I can't remember. But each one of those ACORN detachments had two or more reserve medical doctors. I think the training was about 6 weeks. We gave some lectures and tried to tell them something about what went on. I was supposed to give the cold weather thing, but it was largely an indoctrination on how to get along in medical military life. Most of the physicians came, but as I said the war was going on at that time and everybody was gung ho and ready to go. Everybody was anxious about going into the war zone, but they wanted to be as prepared as possible. Often we invited guests who had actually had war experiences and we tried to teach traumatic medicine such as we had in those days.

After that you went to the Marines again. This would have been in 1943.

I went to the Fourth Marine Division.

I found a reference to that in our library. It said on 28 December 1943, you went to the Fourth Marines under secret orders. You were apparently told not to tell anyone where you were going after that. You were obviously going to the war zone in the Pacific. But at that point your orders said that you were to tell no one--family member or anyone else--where you were headed.

Yes. Well I think that's true. When we got orders to the Fourth Division, we were to be the head of the Malaria Epidemic Control Unit as I recall. We had our pre-training before leaving from Camp Pendleton. Bill Baty was the Division Surgeon and there was a medical battalion attached to the division, but I was attached to the Headquarters group because I was to run the Malaria Epidemic Control. We had a lot of spray equipment and were hoping to avoid another Guadalcanal.

Had you had training in epidemiology as far as malaria was concerned. You had had the cold weather experience at Dutch Harbor but somewhere along the line you had picked up some expertise in malaria.

I guess so. I had had some training. We had malaria in Oklahoma when I was a child on the country back creeks. The people who lived down there frequently had malaria so it was very common to my father who had seen many malaria cases.

As an aside, when I was skipper of the hospital at Yokosuka years later, a young surgeon came in and talked to me about a patient he had who wasn't very sick but had a temperature of 104, was having chills and fever, and they couldn't understand it. They thought he was having some sort of an abscess or something after they had taken out his appendix. I went down and took a look at him and said I think he probably has malaria. He did. I can remember that because the young surgeons who had never seen malaria were very excited about that.

They didn't get to see that very often.

Yes. They all came from the East. They had heard of malaria, of course, but none had ever seen or even thought about malaria. Anyway, we had a bunch of spray drugs and machines. We had corpsmen who had these pump things on their backs that you could spray things with, and we finally got orders to embark again. We headed out to Kwajalein. That's another island no one had ever heard of at the time.

That was in '44.

Yes. We went to the island of Kwajalein. This was a combined Marine and Army venture, and we were assigned the Roi Namur Islands.

In the initial attack on the Japanese positions, our ships conducted what they called a rolling barrage in which the cruisers and destroyers with their heavy artillery would just walk across the island back and forth with barrages of these huge artillery shells. So, the island was shattered, and when the Marines landed, there were very few casualties, and most of those were due to marines landing on one side shooting the marines over here on the other side. But, there were hundreds of Japanese that had dug in and most of those had been killed by the artillery. The few that weren't were killed by the marines, and my job was to dispose of all those bodies.

The Japanese.

Yes. The disposition was not a very well thought out process, but at the time, we simply took bulldozers and bulldozed big holes and placed these bodies in there in stacks and covered them. It was sort of a sad commentary. I wonder what ever happened. Do you have any history on that?

No I don't.

The Japanese must've gone back at some time and tried to do something about that.

There was a large number then? Hundreds?

Hundreds is probably an exaggeration but there was a huge number.

We sprayed the bodies with an arsenic compound to keep insects and things from getting in, breeding, and covering the island with bugs.

One of our young marines was the son of one of Roosevelt's chief advisors.

Harry Hopkins?

Yes. Harry Hopkins' son was in that landing and was killed, one of the few casualties that we had.

We left there feeling as if we were unconquerable. The Marines were indestructible.

At some point you recovered an old Arisaka rifle during your travels. Did you find it at Kwajalein?

No. That one came off of Tinian. After Kwajalein, we went back to Hawaii. Maui was our staging area where we regrouped, resupplied, and got ready for the next one. That was the time when everybody relaxed. We had all kinds of entertainment. Bob Crosby, Bing Crosby's brother was there. He came out and entertained us on Maui. The Fourth Division regrouped and reorganized on Maui. The Fifth Division reorganized and regrouped on Hawaii, the big island. I guess that took 6 or 8 months, and then we headed out for Saipan and Tinian. I think that's somewhere within that time at least that's what my memory says now. In Saipan and Tinian once again the Army and Marines were both used together and there was a little difficulty with the higher management at the time. You know about General [Holland M.] Smith?

The Army general was relieved and then General Smith was put in his place.

Yes. General Smith was put in charge. Anyway, they went in and took Saipan. The Japanese were pretty well dug in there. They put up a pretty good fight. We functioned with one of the medical company hospitals.

You were ashore there at Saipan?

We were ashore at Saipan.

Do you remember what going ashore was like?

I think we, the medical company, went ashore the day after D-day. I don't remember that Saipan was a particular problem for us, at least where I was, but we stayed on Saipan until it was secured. Then, we went to Tinian. Saipan and Tinian are close together. From one, you can look over and see the other. There's just a narrow passageway in between. We landed on D-day at Tinian with a medical company and dug in for the night and the Japanese did their last attack that night.

I can remember we had a battalion of engineers who were up in front of the medical company and the engineers had their machine guns and all of their equipment and they were fighting like the devil. I remember that one of the lieutenants in the engineers saw us as we came in and yelled to come on up and help. Our skipper said, "No, we're medical company. We don't have anything except revolvers and rifles." And he said, "Medical company, shit."

He thought there was something more substantial back there?

Yes. They really didn't need any help because the Japanese came running down the hill. Most of them had run out of food. They'd shot up all their ammunition. As they ran down the hill, they just got mowed down and that's where that [Arisaka] rifle came from because the next morning that was a bloody field.

So, people just went out and scavenged weapons and things from them.

Yes. We picked up the weapons. There were a number of swords, but I didn't get a sword. It was very easy to pick up a weapon. They were all over the place out there. For about 300 yards above us there were just lots of bodies. We took care of these bodies a little better. Our casualties there were very minimal compared to theirs.

How was your medical battalion supplied? Did you have everything you needed?

We had no difficulties. We had plenty of supplies.

How many doctors were there?

I went along with the medical company but I wasn't actually attached to the medical company. I was attached to the division surgeon's office. So, I just went along with the company when they landed. We generally set up shop wherever the division surgeon told us to. Each company had a company commander. Under the company commander there was usually a surgeon. There were three or four and they each had a table, a triage system, and took care of the casualties they could treat early and send back. It's sort of hazy for me to think what the numbers were at that time.

Was there a hospital ship nearby for the more seriously wounded?

Yes. And we used it. [USS Relief (AH-1)] But the hospital ship that I remember more closely is the one at Iwo Jima. [USS Solace (AH-5)] We had a hospital ship there that you could evacuate to, and in that battle I made a trip or two to the hospital ship to see if there were any more marines with minor injuries who could go back into battle.

There weren't very many who really wanted to and I couldn't blame them.

So, you finished up on Tinian at this point.

Tinian had a lot of mosquitoes and I was bitten by one and got dengue fever. The marines moved in and took over the island and then the Army came in to occupy it. When the island was considered secure, the Army was there and the marines then would move off and go back to homebase.

I can remember when we were getting ready for the invasion of Tinian, we had a functioning hospital. The medical battalion had a good working functional hospital that was quite successful. The battle pretty much was over, the island was secured, and I went in to the hospital and borrowed a cot because I had been sleeping in a sleeping bag on the ground. I set the cot up outside; the weather was great and I went to sleep. A Japanese plane came over and bombed us. That bomb hit about 50 yards from my cot. It was one of those old 50- or 100-pound bombs that just makes a big hole in the ground. I didn't get a good night's sleep that night. I folded up the cot and went back to my foxhole.

Tinian had a lot of Koreans that the Japanese had taken. They were sort of their servants--a lot of women. We captured a number of Japanese on those islands. We could have taken a lot more but they were holed up many times in caves. We had an interpreter with us who spoke excellent Japanese, a marine who had been reared in Japan. His father was a missionary and he spoke the street language of Japan, and he could talk out a lot of Japanese.

The last baby I ever delivered was on Tinian.

The last in your career?

Yes. The last in my career. We stood watch on Tinian. We had opened a little medical station in the Korean camp. We had two camps for prisoners on Tinian, Japanese and Korean. The Koreans' camp was really sorry. They had no concept of sanitation or anything. We had a fairly good number of Japanese and they were orderly. They dug their slit trenches. They were well organized. They would have nothing to do with the Koreans. Because there were a number of women and children in the prison camp, we stood watches on that little dispensary there. I had a gal who came in and she delivered her baby. Fortunately, there wasn't anything to it. But I remember that was the last time I did obstetrics.

What was your specialty?

Internal medicine.

So, you hadn't really delivered a lot of children at that point?

No, I hadn't done obstetrics since I was an intern. Anyway, that's what I remember of Tinian.

How long were you on Tinian?

A very short time. The Army moved in. Again, we moved out and for about a week or two I was in the sick bay of the troopship that was taking us back to Hawaii with dengue fever.

We went once again back to Maui, regrouped, and went to Iwo Jima. That's where I remember the hospital ship. I don't really remember the hospital ship on Tinian or Kwajalein. Iwo was a real tough battle because Iwo was a volcanic island. When they put that flag up there on Suribachi, I was down at the base of the hill in a foxhole. The Japanese had some kind of missile that they hadn't perfected yet, and it had a distinct sound like "ru, ru," like something turning over. They had a very poor rating but you could hear that thing coming. I don't know if it ever hit anybody but you'd hear them coming. I could hear those things and then I got to where I really was afraid of them because everybody was sure that they were aiming them at us, but none of them ever really got close enough. Maybe one or two hit and hurt somebody.

Your landing on Iwo must have been something memorable because everyone else who was there remembers it vividly.

Oh, it was bloody.

You were on a troopship.

Yes, a troopship. I think the hospital ship moved in later, but here again the very nature of the island is much different from the other Pacific Islands. Instead of sand, there is all that volcanic stuff--and you don't have that nice, soft sand beach to run up on and the volcanic sand is hard to get a foothold on. Landing was a problem. They lost a lot of landing gear and the Japanese were ready. Boy, they fought well before they were wiped out. You must have the figures on that but I think we must've lost three or four thousand men on Iwo Jima. It was a bloody place.

Actually, I did very little in the way of medicine there except, again, to try to do something to keep the bugs at bay. We didn't know for sure what kind of insects they had there. We had a couple of entomologists who were part of our medical company. You can imagine what a marine thinks seeing some guy out there with a butterfly net trying to catch a bug. Here they are shooting and killing the enemy, and here's this nut trying to catch an insect. But those guys wanted to find out about the bugs, and I think they reported what they found.

At Iwo, the division surgeon asked me again to go around to all the troopships. I went on a small boat to all the troopships to get those kids who weren't hurt very badly--abrasions and cuts--and bring them back.

So, it was an unpleasant task to go to the ships and see who was malingering.

Well, I didn't make that decision. The ship's doctor made that decision. We would go to him and just ask and he would cooperate.

Iwo was a terribly long battle. It was supposed to be over in a few days but it lasted over a month.

Yes. It lasted 3 or 4 weeks because the enemy was so holed up; they had an underground system [of tunnels] you just couldn't imagine. They had rooms in caves. They had a big command post and big radio rooms all dug in and surrounded with a huge volcanic structure.

The initial bombardment had little effect.

The rolling barrage didn't help anything much, but the flamethrowers were heavily used on all of those islands. Have you ever seen a flamethrower? That's a pretty awesome sight to see.

Did you see the flag being raised on Suribachi from your foxhole?

We didn't see it from the foxhole but we knew it had happened. The word went out that the flag is up. The people who could see it were those out on the ships, if they had glasses. I think one of those men was a corpsman, if I remember correctly. [PhM2c John H. Bradley]

But the marines were terrific. Of course, they gloried in success and rightly so. They had tough, well-trained and really had a hard job with that one. That was a mean battle.

Were you there until it was conquered?

Yes, we were there.

Did your medical company move around at all while the battle progressed?

We stayed close to the division surgeon at his request. We had corpsmen out with the battalion. And they evacuated to the regimental [aid station] unless something else was close by. Then the regimental evacuated to the medical company or the medical battalion; it was sort of a triage.

Initially, we set up little aid stations along the coast. There was usually one doctor manning an aid station, but all he did was sort of duck, slap on bandages, try to stop hemorrhages, and get the guy

to where somebody else could do definitive care. Everything was dirty and in the open, so it was tough to try to do any type of skilled medicine during the actual battle. Once you got to the medical company, it began to get more professional and more skilled and lots of very intricate, difficult surgery was performed.

We had some very capable people. As I said, the backing of the medics during a war where the people are concerned and accepted was excellent. We had teams from Mayo Clinic and wherever. They were excellent surgeons and medics and when we weren't fighting we had seminars and training. The unit's own personnel were manned with very high capability for teaching so a lot of us gained from that knowledge.

Where did you go after the Iwo campaign?

We went back to Hawaii and the division got ordered to China. But most of us who had been out with them initially were rotated. We had been with them a year or a year and a half.

The war was pretty much over by August.

That's right. They sent a division into China, but I don't think it ever was committed.

Where were you when the bomb was dropped in August 1945?

I was in the Hawaiian Islands and we were getting ready to go home. That was great heyday; I remember the newspapers and everything. Everybody was quite excited.

You were preparing for the final invasions of the Japanese home islands and everybody knew that if that had happened it was going to be terrible. If Iwo Jima could be an indication of what one little island could be, I imagine a lot of people figured they weren't coming home if they had to go to Japan. Did the Bomb come as quite a relief to you also?

I don't know if I really thought about it too much, but I definitely remember we were getting ready to go to China and being relieved that I didn't have to go. I remember leaving Maui on a troopship. By that time, my wife had gone back home to Oklahoma. I think I came in through Seattle and went to Tulsa on the train. My wife's home was about 30 miles from Tulsa.

You then went to Washington.

I went to Washington and we did sick call at the dispensary. I can remember holding sick call for the Navy there. I was busy seeing patients one day when the CO came in and whispered into my ear that ADM Bull [William] Halsey and ADM Marc Mitcher were sitting out in my

waiting room waiting to be seen. They were and of course they were chatting together. Both had a flu-type thing because the flu was going around at that time.

So you got to treat two giants of the Navy. Do you remember what it was like meeting them?

Yes. We had casually met before.

After '45, I took a course at Northwestern and after that year got assigned to the Naval Hospital in Annapolis as the chief of medicine. Before that, when I was with the dispensary, I had the job of making out patient calls. The Navy never did that in recent years. There was a car and a driver who would pick me up and we'd go on calls to sick people.

This was in Annapolis?

No, in Washington.

Oh, you were still at the dispensary.

I lived in Bethesda and they'd pick me up and I'd make calls. The calls were screened at the dispensary. Of course, that means that only the big shots would get the calls and everybody else was told to come in. The point of the story is that I had the pleasure of taking care of Mrs. Halsey several times. She had some medical problems. I also had to make calls on some of the State Department's foreign dignitaries who got sick there. I once got a call from the Russian Embassy and it wasn't unusual to have a congressman or senator call to be seen.

But I did get to be the chief of medicine at Annapolis and that was a good tour of duty. We had a chance to meet that group of people. I was asked to give talks to the midshipmen. One time they invited me to the senior midshipmen's dinner where they'd have a special speaker at certain of their dinners.

You were in Annapolis in '46 or '47?

Yes, something like that until '50.

That was a big year, the year you went back to San Diego.

Back to San Diego to finish my residency. My residency consisted of running the SOQ [sick officer's quarters] in San Diego.

**How were you chosen to get duty aboard the Haven?
Do you recall how that decision was made?**

When I was in the hospital at San Diego running the SOQ, we had many senior officers who went on to Washington and I think the people in the Bureau at that time were looking for those of us who were interested in clinical medicine or who actually practiced. Out of

that, came the thought that as an internist I could do the work they wanted done on the Haven. It may have been the commanding officer of the hospital aboard the ship. There were two commanders aboard the hospital ship. One commanded the hospital and the other one the ship. There is a chief of surgery, of medicine, of the laboratory, etc.

We stayed in Long Beach practicing for a while, running back and forth to San Diego.

Where was the Haven was homeported?

It was homeported in Long Beach.

Had it been over there or were you just fitting it out? Were you the member of a cadre crew getting it ready to go?

I can't really remember, but we were probably refitting, but the details are not clear.

You then got aboard at Long Beach and went over to Korea. What was your position at that point?

I was chief of medicine. I remember leaving one of those ports--San Diego or Long Beach. We took a group of dignitaries aboard the ship and took them to Hawaii. These were people selected by the Navy. These were civilians who were interested in the Navy, mostly women as I remember. I think one was a writer for a good newspaper in San Francisco. But they sailed with us for the 4 or 5 days it took us to get over to Hawaii.

Do you remember what port you put in in Korea?

We went first to Inchon.

Which had been pretty much secured. That was in 1951.

Yes. I remember several things about the ship that were pleasant. The Korean War was extraordinary because we'd fight a while and then talk a while. So, at times you were busy as the dickens then, the next 6 weeks the negotiators talked to the North Koreans and nothing would happen. We'd sit off there alternating with the sister ship Consolation. We'd alternate, running back and forth to Yokosuka to offload our patients who were either going to be sent home or who needed further treatment that we couldn't give. Meanwhile, we had a staff which was highly skilled and could do pretty much everything. But at times we were not used at all. So, we asked the skipper if we could invite the Korean civilian community. Could we go over and select cases and bring them aboard ship and treat them. And we did when we weren't busy.

I can remember some of those cases. I remember a little youngster

we had, a young girl who had a severe renal nephrosis. She was swollen from top to bottom. We brought her aboard and started to give her diuretics. She lost what must have been 50 pounds or so, and her mother was just absolutely amazed about all of this. This kid walked off the hospital ship in real good condition, thin, nice.

I remember one unsuccessful candidate was a Chinese the marines had captured. He had been with the North Koreans. There wasn't very much wrong with this Chinese, no significant wounds. We put him in a room all by himself and the marines kept a guard on him and he died. He was so frightened, but we never could figure out why he died. I could never figure out why he died.

We had helicopters at that time that would fly back and forth and bring in prisoners. I recall one of the tragedies of our stay there. I had a bright, young doctor whose specialty was internal medicine. He had just graduated and finished his residency. He must have been about 30 and he was excellent. He had the duty and ran out to meet the helicopter. We always had somebody meet the helicopter to direct it where to go to surgical, medical, or whatever. This kid ran to the rear of the plane and ran right into that vertical blade. It took the whole side of his face off and killed him instantly.

The Consolation was the first hospital ship to be equipped with a helo deck on the fantail and I guess the Haven had one too.

Yes.

You operated most of the time off of the Korean coast.

Yes.

The Consolation would relieve you on station and then you'd go somewhere else.

Yes. We tried to set up a training program for some of the South Korean doctors. The South Koreans had their facilities somewhere along the western coast of Korea. I can't remember just where it was. There was a harbor there where all the Korean Navy people were. We pulled in there one time and visited. It was sort of an open house for the hospital ship. Then they entertained us ashore.

I can remember travelling to Seoul when the fighting wasn't so bad and visiting there. The Methodists, I think, had a missionary force there and a sort of a hospital. They liked to come and chat with us and they would borrow medication from us occasionally that they didn't have.

You yourself were practicing internal medicine. What kinds of things were you treating in that line?

Pneumonia, primarily. And strokes, high blood pressure, coronaries, any cardiovascular things that happen to people. There was always plenty to do although primarily you think of marines as being young, strong, healthy. But they had plenty of problems--ulcers, sores, stomach problems, dysentery--all that kind of stuff.

That tour aboard the Haven was a memorable tour for you.

Yes. We had good working conditions. Nice people. We had a fine nursing staff and it was pleasant. You could pick up your casualties and take them to Yokosuka, enjoy your stay in Yokosuka and go back and forth.

While you were there in '52 and '53 the war was going through periods of fight-talk-fight. Were you there during some particularly intense periods of combat where you saw a lot of patients?

Oh yes. They would come in in droves on occasion. There would be intense combat but for short intervals of time as I remember.

When you went back to San Diego after Korea, what was your position at the hospital?

I believe I was the assistant chief of medicine, but I chiefly ran the hospital SOQ.

You had done that before. What kind of duties did you have while in charge of the SOQ? Was it just administrative?

No. No. Actually it was a very active practice. We saw our patients at a certain time of day and then the rest of the time we'd take care of the in-patients in the hospital. We had training programs going, actually lots of residents and interns around at that particular time. We had a good staff. San Diego was chockablock with retired persons.

It still is.

I know. Everybody loves to stay in San Diego. So, we never lacked for retired patients. We had the whole gamut in medicine. You'd see everything.

Were there sufficient resources there to treat those who needed to be treated?

It wasn't so bad. They were heavily loaded in the outpatient clinics and we all had to take a turn in the out patient clinics. But I think it got to where it was just overwhelming particularly when the war was on.

Something I was going to ask you about Korea. After World War II, BUMED and the rest of the military shrunk because most Americans wanted to demobilize, forget about the war, and get back to peaceful pursuits. As a result, when the Korean War broke out in June 1950 we were caught essentially with our pants down for a second time. Then, it took a while to get up to speed. The Navy had to round up the physician that had gotten experience during World War II. The Navy then was forced to augment with reserves and everything else. One physician told me that the worst position to be in at that point was becoming one of the first patients in Korea. If you were one of the first 50 patients, you were not in a good position.

That's very true. The surgeons had to have a relearning experience. The surgeons who worked in the emergency rooms of hospitals and were familiar with treating trauma were the ones who were better equipped at that particular time to go in and do the things that needed to be done. The same thing is true to a lesser extent in the other branches of medicine because there are things that happen in wartime that you'd never see in common practice. Then there were the infectious diseases, malaria, and things of this sort. Hepatitis, for instance. We didn't know much about hepatitis. We ran around giving shots all over the place for everything, oftentimes without proper sterilization techniques. There was a time when you'd line up a whole bunch of people to give the typhus, plague, and cholera shots. You would take 40 or 50 needles and put them in an alcohol bin. You'd shoot one man, take off your needle, pick up the next one, and go over and over this until you finished your job. Well, now we know that's an improper technique. Undoubtedly, we generated some hepatitis from that sort of stuff.

It was just an alcohol bath in a stainless steel basin.

Yes, that was a standard operating procedure back then.

You'd have so many needles. As you say maybe 50 needles and 75 to 100 patients.

Yes, or even more. You'd do a whole battalion at a time or a whole division at a time, depending on where the division was going and no one really knew until the last minute. Then you'd learn that you were going to leave for Saipan in 5 days. Well, who knew anything about Saipan where cholera was rampant. So, you'd whip out all these strange and exotic vaccines and give them to these people. I'm sure we gave someone hepatitis because we had some hepatitis here and there.

These were the days before the guns.

Yes, before the guns and disposable needles and all that. This was standard practice. That's how you learn, by mistakes.

After your position in San Diego you went to Great Lakes in '56.

Yes, I went to Great Lakes as the chief of medicine in '56.

We had patients and it was a very good tour. During that tour we also established a relationship with the VA. Shortly thereafter or before I left, they had started a new VA hospital.

Was there anything about that tour that specifically excited you?

As I think about it, we lived in quarters and I was living right next to the chief of surgery. But medical wise I can't think of anything outstanding at Great Lakes that caught my attention or can catch it now.

From there you became chief of medicine at Oakland in '59 and you stayed around to become the XO.

Oakland also was a very good tour of good, practical medicine. ADM [Chester] Nimitz was retired at that time and he lived fairly close by and we were good friends. We had a party and entertained, and he and his wife came and I can remember it as being a delightful party because we vied with each other telling stories.

What kind of man was he?

A very gentle gentlemen, but very straightforward. If you were on the track, he was behind you. If you weren't you'd know about it pretty quick. We had several other very interesting patients at that time. We were running, again, a training program. And we were trying to function assisting the district medical officer. They don't have that anymore.

Did ADM Nimitz die during that time or did he live into the '60s?

He died later. He had a bad back and he slept on the floor because it was more comfortable for him. I can remember that in his medical record.

After Oakland, you got a chance to go back to Yokosuka, this time as the CO. That must've been quite a thing.

Yes. When my wife initially arrived in Yokohama, she saw some very strange sites. At that time, Japan was in the process of sanitary modernization, but there were still slit trenches. There were still honey buckets. There were still the farmers who came early in the morning and collected all the honey buckets. Many of them had a certain song or melody they'd play. So, when she started driving from

Yokohama down to Yokosuka, the smell was terrible. On the ride down, she saw at least two or three Japanese cars, little tiny cars. They were just getting into the motor phase at that time. Most of their cars were tiny little jeep-like cars or else three-wheelers.

You were there for about 3 years--from '62 to '65. So, I would guess toward the end of that tour we were already getting involved in Vietnam.

That's probably what is trying to creep into my mind. We had lived very close to the CINCPAC Fleet Commander, later Chairman of the Joint Chiefs of Staff, Tom Moorer. Tom was a good friend and his wife was a lovely lady too. When they had a medical problem they'd call me and I went to take care of them and enjoyed it. That's probably how I really made Surgeon General.

It probably didn't hurt.

I think ultimately that's true, although there was a committee and a selecting process.

So, you began a long relationship with him at that point and stayed friends for a number of years afterward.

That's correct.

Then you left there and went to Bethesda.

Yes, I got my orders to Bethesda.

You knew that when you were coming to Bethesda things were getting serious. Suddenly you were out there politically and everybody was looking at you. How did you feel when you got those orders?

Well, I don't know. The skipper of the center...at that time the command structure had a skipper of the center and there were three or four commands under him--the hospital being one. The research center was another, the medical school another, and then there was maintenance and supply as a fifth command. One of the things I remember when I was the center commander. The trouble with the center commander at that time, if you had good people there wasn't anything to do. So, you'd walk around and get into people's hair and you'd get them all upset. But it was the end of August and the outpatient department was heavily utilized and the schools there required the small children to all have a physical before they could go school. They had to be examined and you had to know if so-and-so has had his shots and all of this. This was a requirement I guess of the Montgomery County school system. And the doctors were all busy. So, I took off my rank stars and went down and went into the office to do school exams. Well,

that really shook the chief nurse. She recognized me and believe me, the service really picked up around there. But we really took care of that. I remember that because it was gratifying. I could see the shock on her face when I went in and told her we're going to start doing those school exams. And we checked out a number of kids, and I remember picking up one who had a murmur and sending him up to cardiology to take a look at him to be sure it was something okay.

So, normally in being the skipper of the center or even the hospital, you didn't get a chance to practice medicine.

No.

You were an administrator and this was a real opportunity for you to be a doctor again.

Yes.

Did you have many more of those experiences?

As commanding officer of the center, I visited SOQ and the medical type wards almost everyday. We had a heck of a lot of pretty good people coming in here. We had constant alert about one of the congressmen who liked to imbibe and who was a great supporter of military. So, we had to take good care of him.

Congressman Rivers?

It was always a congressman or senator around. I'm trying to remember one congressmen from Pennsylvania who had a stroke and was really out of it. During this time, he came up for election and he was re-elected.

How were those request made? Did you get a request from the White House or in this case it would have been from the Congress, maybe a referral from the attending physician.

Yes. We had George Calvert. George would call us. There was a congressional physician. It was Jud Pearson when I was there.

So, Calvert was the White House physician.

And we had a congressional physician.

The attending physician is the title or something like that.

Bob Moran. Does that name mean anything to you? Bob Moran was the MSC officer running that office there. Bob is still around down there somewhere. He lives over across the river. But Jud Pearson took that office, and then they brought somebody in and commissioned him as a reserve and put him there and he's retired and down here now.

Into the congressional position?

He relieved Jud Pearson.

Let's see I'm trying to think of all of them. I remember Carey.

Yes, Freeman Carey. Freeman was practicing internal medicine here at Orange County Hospital. He was well respected. Jud and Freeman knew each other. I didn't know they knew each other, but after Jud knew he was going to retire, he worked a commission out for Freeman Carey to come down there and relieve him. He did that a little subtly but he did it anyway. Had I known about it at the time, I probably would have put a regular in there. I'm sure I would have.

Of course, you mean in the trouble later on.

Yes, but that's what I say. And I know Freeman. He's a good physician but old Jud worked around me there.

**So you got those kinds of request from both the White House...
Bringing them in.**

Bringing people in. Congressmen or Supreme Court or whatever who needed to be treated because since Bethesda was the flagship that was the treatment facility of choice. With an exception--Eisenhower would go to Walter Reed but most people would come to Bethesda for treatment wouldn't they?

No. There was about an equal number. Walter Reed got there fair share, I think, at least when I was there. We worked frequently with those people, but as far as how do they get into Bethesda, there's some sort of open door policy--if they want to come, they are accepted. I think that's through the Secretary of the Navy or the Secretary of Defense's office. I remember when John Warner was SECNAV. We had President Johnson in to get his gall bladder out and he did fine. Johnson brought his own surgeon, Jim Cane, down from the Mayo Clinic to do his surgery. We built that special presidential addition for him.

That was a standard practice.

Well, that had been done before.

It happened when Reagan was there. You know the impression was, from the outside, oh he's being taken care of at Bethesda, but they brought these Mayo people down.

At any rate they were nice. We had them over at the quarters. When Johnson was getting well, and he began to take on some duties

again, they would bring the things up for him to sign, and I had a big beautiful desk up there in that section. He liked that desk and so when he left, he said send me that desk down to the White House. So, we sent the desk down to the White House, and I sent a bill down to the White House for the cost of that desk. It was a thousand bucks or something. The next day, John Warner called me on the phone and he said, "George, Forget that da-- desk." That's all he said.

Well, that was sort of the LBJ way of doing things.

Yes, LBJ. I can remember LBJ going over to NIH. He always liked to tell a funny story and this one was the old one about two trains coming and both of them are on the same track going toward each other. It was in a form of a quiz. What are you going to do? He said this if they ever ask him that quiz, he would run and get his brother. They said why would you do that in the presence of the eminent catastrophe? And he said, well because my brother has never seen a railroad wreck.

I can remember another one that hangs in my mind for some strange reason. Hubert Humphrey. I was the CO of the hospital and Hubert, I guess, was Vice President at the time. Secret Service called and said Vice President Humphrey will be at the hospital such and such a time. I said well fine. Shall I meet him with an honor guard. And the answer from Secret Service was no. They said no, if there is more than two people who meet him, he'll stop and make a speech. That's a true story.

There are other things that I can remember. This, I think, was common knowledge up there. You always knew when Johnson was going to Texas because all the Secret Service people were putting on their boots. You knew he was going to Texas and get in that car and drive or walk over some cow chips.

Those were some memorable time.

Those things hang in your mind.

So, that happened while you were the skipper of the hospital or the center?

The one about Hubert Humphrey was definitely at the hospital. The others I remember for the President coming, we were beginning to get casualties from Vietnam and he wanted to come a visit some of them. So, we're talking and he grabbed me by the arm, you know buddy type thing. I didn't quite know how to handle that and then he said, "What will I say to them, doctor? What will I say to them?" I said, "Tell them how much you appreciated their help, etc," and that's what he said.

The Johnson girls?

The Johnson girls as well as the Nixon girls. When I was in Yokosuka, Richard Nixon, who was not president then but up and coming politically, flew in to Tokyo. He had something wrong with him. I think it was a bad cold or something of that sort and we sent our chief of medicine, CAPT Ralph Faucett to minister to him. He was going from there on over to China on some kind of diplomatic excursion. He must have been a congressman or something but those were old memories.

When you were at Bethesda, you were pretty much in the right position to be tapped as the deputy because that was your next position after Bethesda.

Right. After Cecil retired.

Who chose you? Was that ADM Brown?

Yes. ADM Brown.

Was that a personal phone call from the SG to inform you that he wanted you? Did he ask you or tell you? How did that come about?

Probably not as memorable as when they called you and told you they wanted you to be SG.

I really don't remember. I think it was probably done through the aides. We each had an aide at that time.

That meant a move down to the Bureau.

Well, the deputy does not rate quarters. So, we moved into a house actually. Jiggs Canada, I think, was taking my job at the center and Jiggs was moving into quarters so I had moved into his house that he was renting out in Rockville. But how I was notified to be the deputy I don't know.

It's probably not real important but I was more curious about when you went down the Bureau--your office and so forth. Your relationship and memories of ADM Brown.

ADM Brown was a very professional and skilled surgeon and an excellent one. ADM Brown was a perfectionist. He expected the very best and he did the very best. He was a bit reserved type--not loud or pushy or anything of that sort. I respected him tremendously. He wouldn't do anything that he didn't think that he could do as good or better than anybody else. I'm not sure of his ability to organize and get people to work for him as well as others might. Mainly, I think, because of the high standards he set for himself. This is definitely off the record. He had a problem with his wife. Not from man and wife relationship, but she was an alcoholic and this was a distinct problem for him.

But had really never seen the total Navy. Bob was a surgeon

imported with skill from the day he went into the service, and he really had very little true Navy experience. So, I'm not sure that he thoroughly understood the infrastructure that goes into this. I don't know what other people think about Bob but I thought he was outstanding for what he wanted to do.

I've spoken to a number of people who knew. One I spoke to fairly recently, within the last two years, I'm sure someone you know and that's Dr. Ben Eisemen. In fact, I went out to dinner with him.

Is he still around?

He's still going strong.

Still kicking.

In fact, during the Gulf War he was a consultant to the Army. He wanted to be to the Navy but they had had enough of him I guess. You know what kind of guy he is. He is certainly an interesting fellow. I spent some time with him out in Denver and we spent a couple of hours with a tape recorder. I had asked him a similar question about Dr. Brown and he, of course, thought he was a wonderful surgeon. I think they had been colleagues in Philadelphia. ADM Brown had asked Eisemen to go over to Vietnam and be his surgical consultant. Go over there and get a feel for the land and get a feel for what was going on so he could help out. So, he had glowing things to say about him as his abilities as a surgeon. I don't think we talked much about his administrative abilities and he probably wasn't that aware of it since he didn't have that connection in which you had with him. I've spoken to other people, and I think universally they thought he was a fine man. He did an incredible job and was very, very interested in doing the best that he could do as far as the medical department was concerned. I guess when Vietnam had really heated up to a point where it was an all-consuming type of problem. Of course that's one of the things I was going to ask because you took over in '69 when the nature of the war had changed to the point where we were no longer adding to the troops over there--The term Vietnamization was being used, I think, by the President (Nixon) to describe what was happening.

I'm getting ahead of the game here because you're still deputy under Dr. Brown. What were your duties as deputy?

My duties as deputy were like Mercury. One of the things we did was considerable inspection type things--visiting facilities, trying to figure out what the needs were and bringing back the reports to Bob. I think as a deputy was when I first made a trip to Vietnam. When did the Vietnam War start?

Well, we got pretty involved in '65. In '68, would have been the Tet offensive and I don't want to say that was a high point. It was certainly a low point in many ways. I think we had the most number of troops there in '68 or '69. Then, it started going the other way. But I think '65 would have been the big year. The Tonkin thing was '64. They had the revolution and then we really threw a lot of troops in in '65. But as you say as deputy, you went over on kind of a fact finding thing for the SG then.

Yes, I think I went to Vietnam during that period. I can remember having dinner in Saigon with Koo Lee Moore and Bud Zumwalt. Bud Zumwalt was the skipper over there at that time for the Navy. Then, going from there on up to the Marine place and visiting with several of the Marine generals. I remember the Inspector General of the Marine Corps and I were placed in a building overnight. It was sort of a BOQ type thing and during that night we got shelled and we both had to jump out of bed and go outside and get in a foxhole together.

You'd had some experience doing that.....

And there were a few shells. Nothing came very close.

So, you and Zumwalt were together had to go diving....

No. Not Zumwalt. It was the Inspector General of the Marines. I think he was a major general or maybe brigadier, I can't remember his name. But anyway, those are Vietnam experiences. Then we flew by helicopter to right at the line between North and South Vietnam where there was a Marine outpost. These kids were dug in. They had machine guns on all points of the hill. They were ready for battle at any moment but not for anything else. They wondered what the h--- I was doing up there, which was a good question. I remember visiting and talking with the nurses at their quarters in Vietnam and somebody had captured a large python snake and they had put it in a cage outside the nurses's quarters.

These were Navy nurses?

Navy nurses. Some of the Navy nurses were very unhappy. They Vietnam War wasn't bothering them, but the presence of that big python right outside in a cage was interfering with their rest.

Wasn't the fear of being shelled as much as that snake out there. Being on a fact finding mission, what kinds of things were you looking at?

We were looking at the quality of care where we could observe it, the morale, and we tried to individually talk not only to the doctors but I always made it a point when I walked into something to tell the

chief that I would be available for any enlisted who wanted to see me at such time. I set aside hours.

Did they feel inhibited because of your rank?

There were many I'm sure that did, but there were a few who didn't and they would come in and they'd usually have some types of complaints. I can't remember what complaints they were but they weren't strong or they would have impressed me more. But we'd sit down and talk with them and they appreciated that. They liked that.

That would have been your first visit probably in '68. How did you find the morale at that point? Was it high? Or were people pretty well disgusted by the whole thing and wanted to get out of there?

Initially, it was quite high. I didn't get back over there later but I know it went down from there. Initially, they felt that they were going to get in, wipe it out, and get home. When I was there, it was easy to get around. I remember Saigon is a city of bicycles. Everybody in Saigon had a bicycle. They were all out on the road and it was an amazing spectacle to me to envision all these people riding on these bicycles. The beaches in Vietnam are beautiful. They are white, sandy beaches, just gorgeous. You can see why the French would be very interested in having stayed there. I went down and talked with the South Vietnamese Army officials. They would show you around. The morale as I observed it was really pretty good. The problem of Vietnam as a failure to set a goal and say this is what we're going to do and do it, but they were fighting a war that had bounds on it.

Oh, you're talking about our leaders.

Our leaders. This is at least the way I had analyzed. As it became more and more evident that we weren't going to go beyond such and such a point, people began to get more and more disgusted. The Marine idea was let's get in there and wipe this da-- thing out and get home or go on and take over North Vietnam. They were afraid to take over North Vietnam for fear that Russia would come rushing in. But this to the average marine or navy corpsmen just to sit and wait and fight up to a point and quit was really pretty sorry. I remember taking a helicopter and landing on a small gunboat in the river there. I guess it runs up to Cambodia and I don't know where it goes from there, but when I got off of the helicopter there was a sailor standing at the rails on each side of the ship with a rifle. His job was to keep watch in the water down below him because the rebels would come in with grenades or some kind of ammunition bomb or something, stick it on the boat, and swim off, and expect to blow it off. That impressed me. I don't know whether that ever happened or not, but then we flew up into

a camp that was right at the Cambodian line. There were a number of Cambodians there trying to join up with south Vietnamese forces mainly to get ammunition, weapons, and food.

When you returned to Washington, you briefed the admiral on what saw. Had you any specific recommendations as far as better training?

I can't remember anything specific about that so it must not have been very definitive. I'm sure I expressed some thoughts about how Joe Blow is doing at the Naval Hospital Guam.

Specific personnel.

Yes. I think we need a little more representation here and there and yonder, that sort of thing.

Shortly, thereafter you got the word that you were going to be the new Surgeon General. I don't think it was fairly common from what I understand to take a deputy and make Surgeon General. I think there may have been one or two instances but it was pretty much a rarity for a deputy to get that job. Had you any suspicions beforehand that you were being considered?

I can't really remember if I had anything unusual about that but I'm sure that as the deputy I felt that I would like to be considered to be the SG. I know I raised that issue to Tom Moore when I talked with him. I said there are a number of good people here I just want you to know that I'd like to be it. He just said George thank you. We'll certainly consider it.

What had been the tradition before that? I guess from what I could figure out it was a pretty political thing. Someone had been noticed somewhere along in their career in a position to do something about at some point. But they always went through a procedure--a board would meet and they would toss it around. Is that how it worked?

Yes, and I'm sure that senior management of the line Navy is consulted. I'm not sure that the Commandant is, but he may very well had been. The decision eventually comes directly from the White House of course. At the time that I was selected, Johnson was leaving and Nixon was coming on. My appointment was delayed because, this is what I'm told, Johnson had okayed it or at least the people who okay it with Johnson's permission, but before they really wanted to put it in, they wanted Nixon to at least be informed about it. So, if he had any objections it wouldn't be so...at least this is what I was told...that Nixon or Nixon's aide whom he had designated for that sort of type of decision had said yea fine. So, from there I can't remember who notified.

Did it come via phone call?

I'm sure it came by a phone call.

So, you just moved your office down the hall to the suite.

It wasn't a big move.

But it was a big move because you had to move back to Bethesda to the quarters. Of course, you were taking over in '69. What were your initial plans? You had been deputy so you were in a good position to know what the issues were. You had been involved on a daily basis with the admiral. So, you knew what was going on in the medical department. Now you were in the position to be the man in charge. Did you feel like you were in a position to do something? The reason I ask this is because I've had discussions with more recently a deputy--ADM Paul Coddle who was deputy under VADM Zimble. He and I have been friends for a number of years. I knew him when he was a captain and watched him work his way up. I remember we had lunch one day and we were sitting there in the dining room at the Pentagon and he confided in me. He said you know you spend your whole career in positions where you can't make decisions. There's always somebody above you who makes the decisions and you just have to carry it out. Then, you get to be the deputy and you've got a couple of stars and you think okay now I've got my big chance and suddenly you realize there's somebody above you and you still can't make any decisions.

So, I was wondering in those terms did you feel that now you were the Surgeon General VADM did you feel you were in a position to make changes that you had seen in previous years and now you had that opportunity?

I'm sure there were some, but I don't remember any striking measures that I personally had in mind to do as soon as I became Surgeon General. I'm sure that I had in mind some changes among some of the senior commanding officers of some of our largest hospitals. I did some of that, but that was minor.

Being the Surgeon General you always think in terms of balancing the obligations of the medical department to the shore-based facilities and taking care of dependents and active duty and such and readiness. Here it wasn't a readiness as much as fighting a war. How did you balance those two responsibilities? Which did you consider to be a priority responsibility when you took over in '69?

To me, the necessities to fully commit medical facilities at the site of the war were most important. To be sure that you had the full capacity that you could get to do the best job for the people who were

actually fighting. That's basic I think to any good medical principles and that's what I think we tried to do. We tried to get the best men we had to be the actual leaders for that. That was sometimes difficult because there were some very good people from the standpoint of their skills who were very happy to stay where they were and continue to do a great job, but were not very happy to go to Vietnam. That, I think, was very understandable too. On the other hand, we had some very gong ho ones who were and some very gong ho ones I would hesitate very much to have them go to Vietnam, if you understand what I mean. They were gong ho but...

But for the wrong reasons.

Yes. They weren't the type of representative that would have been good in a war zone.

At this point in the war as things were getting more difficult as far as public opinion. The way the war was going and it seemed to be going on with no end in site. Did you find that it was getting more and more difficult to find people who wanted to go?

When I first came on there was none of this. I eventually got in to where I was seeing the end of my term I began to see more of this, but the first two or three years I don't recall that I had the problem, maybe after the end of the third or fourth year we began to have problems.

So, maybe about 1971 or 1972 things were getting difficult as far as finding qualified people who would want to go.

Good qualify people. You use incentives for the younger people--spend time over there and I'll give you some more training. If this job turns out very well I think you can expect a better one, and that's standard procedure and that can be useful. I don't remember this being any great endorsement. The think I do remember is that there were some very good people but they didn't want to go and you had to work around that.

How did you deal with that situation?

You deal with that situation by when it came time for placement in a better position you're going to give a little stronger thought to getting somebody else for that job. The fellow that has been part of the total team. I think that's the way it should work. I'm not sure that's the way it always does and I'm not sure that I always did it, but at least I thought in those lines.

You had an opportunity to go to Vietnam when you were SG. How

many trips did you make at that point?

I don't remember ever getting back there as SG.

You made one trip then.

I made one trip as deputy.

In fact, I have a scrapbook back in our collection back at the Bureau and it's probably that one trip where you're at the station hospital in Da Nang and you're in your cammies and you're visiting some of the patients at the hospital. I guess I was under the impression that that was when you were SG but I guess not.

I don't remember visiting as the SG and I don't know why I didn't go visit. It maybe that some people didn't think I should.

I think most people who work for the medical department are curious. They see from today's standpoint. The question is who runs the Bureau? The surgeon general is chief of the Bureau and surgeon general. I guess people are interested in knowing what types of limitations. Your reporting to the CNO obviously perhaps to a lesser extent to the SECNAV. How did your relationship work with SECNAV and CNO at that point?

The relationship with Bud Zumwalt was good, not as good as with Tom Moore simply because I think Tom Moore and I had been more closely associated before than I had been with Bud. Bud was more emotional than Tom Moore. Bud tended to be impulsive. His decisions were sometimes on impulse.

The Z-grams?

Yes. Middle management was difficult for Bud to accept. It was either top management or from there skip middle management and get down at the bottom, but middle management is the matrix that holds it all together. That's at least my conclusion after working under both of them at least to some extent.

The relationship with the other people in the line and supply and the engineering corps and commandant was always cordial. If they had a problem, I think, they all felt they could call and discuss it. I don't really have any unpleasant memories at all about those types of relationships.

Did you have any dealings with SECNAV? Was it Middendorf at the time? Who was SECNAV at that time?

SECNAV was John Warner.

You had dealt with him prior to that so there wasn't any problems

for the two of you.

That's correct.

After your tenure starting under VADM Custis, maybe the latter part of his tenure and certainly by the beginning of Arentzen's tenure things had gotten very strained as you might of heard between the line and the medical department. Had you felt any of that developing under yours or it wasn't?

No. There's always a little strain between what we knew as the Bureau of Personnel, I don't know what it is now, is it still BUPERS?

It's back to BUPERS again.

It was always a little strain or a little friction between medical and BUPERS in the assignment. The friction generally., again, was at a little lower level with the assignment sometimes being questioned. The assignment generally being a recommendation from BUMED sources to BUPERS to do this or that or such. BUPERS sometimes being reluctant to do it for whatever reason they may think of be it money or moving too fast or something of this sort. He hadn't been there long enough or he's been there too long or something of this sort can sometimes cause the clashes, but I always found that I could talk to...who was BUPERS at that time? There was two brothers over there. One of them was the chief of BUPERS and the other was vice chief or something. What were there names? Anyway, I had no difficulty talking with them because their mother who lived in La Jolla had been a patient of mine for years, and their father was an old retired RADM and had been a patient of mine before he died.

So, these relationships that developed over the years put you in good status.

That's correct. So, we could talk to those and we had a pretty good staff directing. I remember one of my MSC officers, the chief who sat right outside my desk I think his name was George.

What was your...I don't want to say what was your typical day like because there is no typical day on any job. You'd come in in the morning and start your duty day. Did you have your staff meeting?

Yes. We had staff meetings but not everyday. If I recall, it was only once a week, maybe twice, but this was productive. Staff meetings were good. But I can remember the Surgeon General's daily routine. That's the reason I can't drink but one cup of coffee now in the morning. I had 15 minute appointments and a cup of coffee with each one. By the time it got to be noon, I could jump right over the desk without any trouble.

Who was your deputy?

John Albrittain. Good man, excellent man. John, I understand is sort of sick these days. He lives in the Washington area. His wife's name is Lenore.

Bonnie's got a little dossier on everybody. The time after you left and when things got very tense between the line. I've interviewed a number of people trying to get to the base of all this and I'm still not sure I understand it all. The whole concept of the line looking at the medical department. This is one view and you can see if you can look into this and see anything. One view I got was you've got the medical department. They think they're something special. There they are up on the hill. And their physicians--their all prima donnas. You know how physicians are. This is all in quotes, mind you. The people out in the line out in the fleet, here they are in an aircraft carrier and they've got some physician serving at sick bay. Those doctors are always complaining about this, they're away from their families, not getting paid what they think they're worth, and this and that and the other thing. And here we are. We're line either pilots or ship drivers or whatever and we're away from our families. We're not getting special pay. We're getting tired of hearing about these docks. If I ever get in a position of leadership in the Navy. If I ever get to be VCNO or CNO, I'm going to put those docs in their place. That's one view I've gotten from all of this.

That was not an uncommon view during my time, and I'm sure it's grown.

Well, as the story continues when ADM Small, I don't know if you knew ADM Small.

Yes. I knew ADM Small.

He was VCNO right about the time I came to the Bureau. There was apparently not much love lost between ADM Small and VADM Arentzen because VADM Arentzen apparently his background was not in the line. It was in the treatment facility. He was a bedside doc. He obviously was looking to increase the resources at the hospitals, not so much in the readiness aspect of it. So, the marines were looking askance, the line was looking askance at this man.

He did something about it and made life essentially miserable. Of course, this is all after your time. I guess for years I've been trying to find a basis if there is a basis for the antipathy between the line and the medical department, which has finally developed to the point not as the Bureau has been reorganized, after the medical

command fiasco, and now we're back to BUMED again. It's BUMED but only in name. The line is centrally in control. It essentially tells the medical department--this is what we expect of you. It's no longer among equals. It's obviously much more unequal than it ever was. Did you see an unequally during your period or did you consider yourself to be obviously a service organization. The medical department was there to support the line. But it sounds to me like it was a very cordial relationship for the most part between the line and the medical department. But were you starting to see it on the horizon?

I saw that and that's been present for years and years. The cause of it is extremely complex. You've got this group of people who basically come out of an academy all exactly in the same tune to military, and that's what they're taught for four years. The physicians go through the same rigors in teaching but not for military--not for doing things the same way. As a matter of fact, as an individual doctor, you become more separated in doing it your own way than when you started in medical school. You get to the point, I now know what I want to know and I'm going to do it this way, and the hell with it. This is the way it ought to be. But the military man who's gone up and it's all organized. He's taught military, he's taught how to do everything in the military way throughout his career. This really is not a part of the basic medicine that's unique. That's why I have always been a strong supporter of the medical school there on the base. At the med school, those kids, at least, begin to see some of the military life. The best medical officers you can find in the Navy are the ex-line officers who has gotten out of the line, gone back to school, gotten his [medical] degree and rejoined the Navy. Because he thinks like they do. He understands. They can communicate and talk with each other. It's a hell of a lot more complex than that, but those at least are...

Now, I found that the relationships that were most cordial to me were good because of my work on SOQs. Sooner or later we had something in common with the senior officers because sooner or later they all got seen. And if you've taken care of them or their wives and done a reasonably good job of it, they feel that you know what you're doing medically. They respect your professionalism and they would talk to you and listen to you. That's at least my interpretation.

So, you were certainly aware of that problem but you didn't see it. It wasn't a problem at BUMED when you were there. You didn't think the line was starting to get really angry at things.

No. It wasn't that and we tried, as well as I could, we tried to communicate with the senior representatives of the line to call me directly if they had a specific personal problem. And I had no problem

because if they said look George, my 10-year-old kid is sick as a dog and he's been waiting for two hours out here in the dispensary and that sort thing. Can you help me? And I would help them. Now, that is our SIP I guess, but that's the way that you can expect that fellow to do you a favor later on if something comes up in the medical field.

So, the relationship was not a problem. What were some of the problems that you had to encounter during your tenure? What were your chief concerns?

I think my chief concern was to get physicians to remain in the Navy who we had trained and who were obviously skilled in what they did. The same thing is true now even more so I'm sure, but if you could take a young doctor and give him a residency and that sort of thing, if you gave it to him too fast, if he got this before he had his tenth or twelfth year, why he'll get out on you every time. The other thing is if he's married, if he won't get out his wife is going to get him out because she associates, when she gets into an area where she can in the city, with other doctors wives. And their income is so much higher than hers that she begins to get embarrassed and she works on him. So, unless he is close to that point where he can look ahead and see 20 years of service or creditable for retirement. And the second thing is the guy who is real good gets his 20 or 21 and says I'm sorry I'm going to get out because I've talked to Joe Blow over there, my compatriot whom I went to medical school with and he wants me to come into his group and he will pay me 150,000 dollars a year. That's the second one. It's even worst now I'm sure.

Yes. It's a continuing problem.

Again, the secret of military medicine as you look back on it is that dedication or that idea of trying to get them to learn something military as they go along in their medical career and to enjoy it. Your reservists who come back and stay exemplify that. I've had the guy come into the reserves and say gee I went to sea and boy it was wonderful. I want to become a regular. But he is one in 20 if not less.

What do you remember about your tenure that was really a high point? Maybe it was an accomplishment or something that you really felt good about when it was time to retire and leave the Navy. Was it something that happened during your tenure as Surgeon General or was it something else that you can look back on and say boy, I not only enjoyed that but I really think I made a contribution there? It's a tough question I know.

Yes. That's a tough question. I can't think of anything that

was highly and truly sparkling or anything. I felt very good, I'm sure about many things that we did. But still my basic instinct Jan is the practice of medicine instead of the military part of it and my gratification comes mostly from seeing people improve when you have done something that you think might help them. That pleases me more than an award or something of this sort.

That's really a physician's point of view than an admirals point of view.

I'm sure that's true and that's certainly mine. That is still. The kids in the office that I work now when they have something wrong they come in because it's free.

What are you doing now?

Disability determination. I work for social security.

Bonnie had said that you work 2 or 3 days a week.

Three days. I'm going to quit that shortly simply because I'm getting to old, driving out here on the war zone--I-4--twice a day. I'm going to have to call it quits.

I want to ask you one more question and this is really something I've been curious about and I don't know the answer. Maybe you can tell me. A few years ago one of our physicians, you might recall he worked at the Bureau at one point I can't recall his name at that moment, the name will come to me, but any how he sent a paper to the Surgeon General that had been written by a MSC officer in the early '70s. They were trying to determine to the true birthday of the Medical Corps. So, the deputy, RADM Higgins, who's my boss called me in and said look you're the historian and I want you to do a little study here and I want you to try to figure out what the true birthday of the Medical Corps is. There seems to be some difference of opinion. Carl Pruett?.

Yes. I know Pruett. He was chief of the aerospace.

That's right. He died a year or so ago.

Did he really? I didn't know that.

Anyway he was the one who sent this thing out. The question seems to be when VADM Zimble was SG, he thought that wouldn't be nice if we could trace our lineage of the Medical Corps back to the revolutionary war. In essence, they had already made up their minds that they didn't like the 1871 date that was fairly traditional. They wanted to see if we could trace our lineage back to the revolution the way the Navy

could. So with that in mind, ADM Higgins said I want you to go do your research and come back with some kind of determination here as to when the real birthday of the Medical Corps is.

So, I went out and found a lot of documents from the period when you were SG--1971 and that period--and found some legislation that had been created back in 1871--a hundred years prior--in which there was a congressional act creating the Surgeon General position. There had been a chief of the Bureau going back to 1842 but that was the only title it wasn't a Surgeon General. I guess, ADM Wood became the first Surgeon General and Chief of the Bureau in 1871. Then physicians in the Navy got special pay and recognition. So, they determined that this was the birthday of the medical department.

You, of course, remember having gone to the Medical Corps ball and everything and they celebrated the 100th anniversary during your tenure. But having done all the research, I came to the conclusion that it wasn't really 1871 at all. It was a bit earlier, but it wasn't as early as VADM Zimble wanted it either. VADM Zimble, of course, wanted to connect it to the 1775 or the Declaration of Independence in 1776 and I couldn't find that. So, I compromised and determined that if one wanted to trace the beginnings of the corps, and when I think of the corps I'm thinking in terms of individuals joining an organization, 1842 seemed to be the best date. Of course, that was the year that the Bureau system was created, but that was also the year when there was an institution that could hire surgeons to get aboard ship.

Prior to that, it had been a hit or miss kind of thing. The individual captain would hire a surgeon, a surgeon's mate, and that type of thing, but there was no real organization as such to do that. It wasn't until BUMED was created that this would happen. So, I wrote a long memo and I turned it in and VADM Zimble wasn't happy at all with that. He said no I think it's sometime during the Revolutionary War. What he wanted was the first instance when a surgeon served aboard a Naval vessel. He thought Ah hah, there's our first instance. But unfortunately it was the continental Navy it wasn't the U.S. Navy. The continental Navy went out of business of course after the Revolution, and we didn't have a Navy until 1798 anyway. So, we're still involved. We're embroiled in this little controversy as to when they...it probably isn't all that important, but I wanted to mention that to you.

Well, it's funny. I went through that myself a few years ago and I came up with...I think if you look you'll find an individual here and there that was hired to be on those ships but it was the skipper that hired them or some company that was renting the ships that they were getting that hired them. There's was nothing that you could really call a Bureau or an organization.

Or a corps.

So, I looked into it. I'm sure not as thoroughly as you, but I gave up after I got into the area just before the Civil War.