

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH LT (ret.) EDWARD FELDMAN, MC, USN

CONDUCTED BY  
JAN K. HERMAN, HISTORIAN, BUMED

14-15 FEBRUARY 2004  
SAN DIEGO, CA

OFFICE OF MEDICAL HISTORY  
BUREAU OF MEDICINE AND SURGERY  
WASHINGTON, DC

**Interview with Dr. Edward M. Feldman, formerly of the 3rd Medical Battalion in Vietnam, 1967- 1968.**

**Where were you born?**

I was born in New York City in 1941. I have one brother who is 3 ½ years older. I was from working class parents and educated by working class parents. I spent my first 14 years on the West Side of Manhattan and went through the public school system. We moved to Forest Hills, Queens when I was 14 and I graduated from Forest Hills High School. Then I went to Columbia University--the College of Pharmacy, never with the intention that I would ever be a pharmacist.

**Why did you decide to do that?**

My parents made me. [laughter] My brother was in his last year of pharmacy school. I was not a good student, and I'm not being modest. I was an average student and my parents wanted me to have a trade/profession. And a pharmacist had a wage scale of about \$125 a week then, which wasn't terrible. It wasn't a lot of money. They probably had it in their minds that someday my older brother and I would maybe get a drug store together or something like that. It was never my plan nor my brother's. And I'm not even sure it was my parents' plan but that's where I wound up.

I had an early acceptance and went to pharmacy school. And kind of hated it. I was there for 2 years and did not do well the first 2 years. I remember failing organic chemistry and having to take it during the summer. Then I looked around at people who I thought were not good students and thought ill of them because they weren't. Because that was the night-before study and suddenly there was too much to learn. And I looked at these other guys and said, "I don't want to sit here again in the dean's office having failed. So I made up the summer--took summer school--and I needed to be redirected.

I met a fellow while working summers in a retail pharmacy who suggested that I go to medical school. That was like, "Why don't I take a trip to the moon while I'm doing it?" I had no physicians in the family or anything. I didn't have the grades. I didn't have the inclination.

I thought about law school. I knew I wanted to do something and it had always been in my gut: I wanted to be a soldier or a Marine, and maybe even a Marine officer. I had all these ideas but wanted to do something where I could distinguish myself.

I know my father had this feeling of oppression having worked in one job from when he graduated from the City College of New York in 1929 until he passed away in December of '68. He had one job

working in a textile firm. I can remember as a young boy growing up, when the boss was coming to dinner, which was the boss-come-to-dinner day. My mother would be in a tizzy; my father would be all nervous. I can remember some depression my father had. And I remember the oppression he felt whether imagined or otherwise.

What I knew was that I didn't want to be unhappy in my work. I wanted to do something that would be meaningful to me and I was not getting any meaning working as a pharmacy clerk. And I wasn't getting any meaning in my perception of pouring from the big bottle to the little bottle. Or counting from the big bottle of prescription tablets to the small vials of prescription tablets. I didn't know what I was going to do and felt a sense of desperation. Unless I do something to make myself a better candidate for whatever it is other than pharmacy, I'm going to end up pouring from that big bottle. I'd go to work and work a 12-hour day on Saturday or Sunday and feel incarcerated. I'd look at that clock and felt like a prisoner. I'd rotate stock, dust shelves. It was enough to get me nuts.

I began applying to medical schools, not many of them because I didn't have the money for the applications. Say I applied to four or five of them. I had a BS and it wasn't in pharmacy; it was just a Columbia BS and wasn't considered premed. I began to ponder finishing and then going to summer school and taking a liberal arts education.

I met a fellow who was a practicing physician in the area where one of the drug stores where I worked was. I suspected that he was a DO [doctor of osteopathy], although I didn't know it. His prescription blank just said Dr. So and So, not So and So, MD. I went to see him and indeed he was a DO. I had heard a little bit about osteopathic medicine but didn't know much about it.

We seemed to connect and he encouraged me and I began to apply to osteopathic schools and was rejected. I applied to Kansas City College of Osteopathic Medicine and Surgery and was rejected. That was as a junior so I waited a couple of more months and applied as a senior.

My grades were improving and as time would go by semester by semester, I was having a better application. I was persistent and somehow was granted an interview after graduating from college. I had asked for two transcripts to hand carry with me, both of which bore the seal in a sealed envelope. So I opened one of them because I only had one interview. And I spent the night awake calculating in long hand my grade point average to be absolutely certain it was what it was.

Interestingly enough, the next day, the dean with the sealed application, which I had hand carried, had broken the seal and given

it to an assistant to calculate my grade point average. She came back and said something to him and he shook his head negatively and told me that my GPA was not what he hoped it would be, etc., etc.

I then began to feel the down side. I asked him what it was. And he told me but that's not what I had calculated. I didn't know what to say. After all I was 21 years old and asking the dean of a medical school, "Are you sure?" But somehow I communicated that to him and told him that I had thought that it was a little bit higher. So they recalculated and found out they had made a significant error. And he gave me a conditional acceptance contingent on my improving a couple of grades that summer. And that's what I did. That's the medical school thing.

#### **How was your time at medical school?**

I had a great time. First of all, I had this wonderful feeling of achievement just having been accepted. I used to say to myself, "Even if I don't make it here, I'll always have this letter saying that I was accepted here. I had the letter framed and on the desk in front of me as a reminder.

It was not easy but I didn't find it to be terribly hard either because I was a good memorizer and there was a good deal of memory involved in learning new terminology, understanding medical jargon, and a whole different vocabulary. I found it challenging and fun. I waited for the clinical years with great anticipation.

#### **How about the clinical years?**

They were wonderful. I'd see patients. Eli Lilly would give us a new gift--a stethoscope, a tuning fork for reflexes. I came home the first Christmas from medical school and was taking everybody's blood pressure at my house just like a doctor! I felt a sense of achievement. They were rewarding times and I was a good student.

#### **When did you graduate?**

I graduated in 1966 from the Kansas City College of Osteopathic Medicine and Surgery and was accepted for an internship in Mt. Clemens, MI, at Mt. Clemens General Hospital. I served a year of internship there and then was accepted as a resident in an OBGYN program in Detroit at Bi-County Hospital/Detroit Osteopathic Hospital, which was said to be the best of the osteopathic professions.

I knew I was going in the Navy because that spring, which was the spring of '67. . . And I was following the course of the war very closely for a couple of years trying to figure out how I was going to get into this thing and do what I really wanted to do, which was to have that experience. But they were not drafting DOs. I

understood that doctors of osteopathy had not been called to active service before. During the Second World War and during Korea as well, there was some basis for using DOs as physicians, but for political reasons this had never happened. And now with increasing needs, and with troop buildups becoming larger in volume, I think that the politics of the situation shifted and more respect had been given to doctors of osteopathy as full-fledged physicians. And so the new policy allowed DOs to be drafted in the numerical proportion to their representation in the physician community, which I think was about 5 percent. Anticipating that and having followed the war with the feeling that I was going to miss mine, I became excited and delighted at this opportunity. I remember almost having to hide it from my family. I viewed this as a great opportunity for service, adventure, a whole new spectrum of professional opportunities. I saw it as everything I wanted to do. I was a kid who went to every war movie and many times more than once. When I grew up as a boy on West 95th Street in Manhattan, there were parades on Armistice Day and Memorial Day up my block and I'd see those drums and flags and see these soldiers marching in formation. There was nothing in my life, before or since that turned me on like that. It wasn't sports. So here was an opportunity for my dreams to come true. As perverse as that may seem, that was my view of it.

#### **How did the actual draft process work?**

I had a classification up to and into my internship of 2S, which was a student deferment. Then it was changed in 1 week to 3A, which I think meant married with family. In as short a time as it took to change it from 2S to 3A I was changed to 1A and I knew what was coming. I was comparing notes with a friend of mine who was not having the same experience because he was married but had no children.

About May of 1967, I received my draft notice. We were very pleased. I say we because it included Steve Conte--who was a classmate from medical school and a fellow intern from an adjacent hospital. We wanted to do everything together. We were great friends in medical school, great friends through this process of licensure. We somehow knew we would be drafted but something came from my draft board to my home of residence, which was New York, and my mother forwarded it to me.

#### **Seeing that you were going to be drafted, did you have a choice of service?**

I was going to be drafted into the Army and so was Steve Conte. But we decided that we wanted the Navy. I knew that the Marines were part of the Navy and I thought here was the way to go with the Marines, go to Vietnam, but someone has to be able to push the right button.

And, using the same thinking, Steve wanted to be on the East or West Coast. So how could we do this?

Somehow he found this lady in Chicago whom he could call to express his desire for Navy. He got on the phone and told her that we had a long history of naval service in our families and that we wanted to go in the Navy. And if someone were to tell me even now that you could do something like that, I would find it hard to believe, but that's exactly what happened.

**Where did you actually sign up?**

My home of record was New York, but I hadn't lived there for 5 years. We took our physical in Detroit. It was big "Doctor Day" there. They put us around the periphery of this room with a wire basket for our wallets and watches. We had our shoes and socks on for our physicals. This doctor listened for lub on one person and dub on the guy next to him. One guy said, "You didn't listen to my heart." And the doctor said, "Well, you're living and breathing." Doctors were scowling and very unmilitary like. The doctor then said to one guy who was bitching perhaps more than the others, "What do you do?"

"I'm an OBGYN resident."

He said, "Well, think of it this way. Have you ever done an induction of labor? Well, you're being induced." It was all good natured comments and that's how it all began for me.

I knew that I was accepted and my father came with me to lower Manhattan, where I was sworn in by a Marine Corps captain. And that was probably August of '67. On the so-called "dream sheet," as I recall, there were three columns--stateside duty, sea duty, and foreign shore. That's my recollection. And I just checked off every column for service in the Republic of Vietnam. I was married then and afraid to tell my wife.

I got my orders to Field Medical Service School to report for active duty on 10 September 1967. I was then going to be assigned to what I thought permanently was MCRD [Marine Corps Recruit Depot], San Diego. When I got there and met the CO of my unit, who was a CAPT Harold Johnson, MC, he told me that I was a "rooster." So here amongst all this new terminology and all these acronyms that I couldn't keep straight, I asked him what a rooster was. And he said, "You're just here to roost for a while because you're going to WESTPAC. And I wasn't quite sure what WESTPAC was. And I asked, "Is that Vietnam?"

And he said, "Yes. That's likely Vietnam." So that's what happened.

**What did you do at Field Medical Service School?**

For 3 or 4 weeks while there, I learned very basic military etiquette--who to salute and the order of progression for both the enlisted NCO ranks as well as the officer ranks, how to wear the uniform, some physical training. We did some jogging. If the requirement then was 3 miles for the Marines, it was probably a mile for us. We were superficially trained with the .45 caliber 1911 pistol and the M14 rifle. For those who wanted to do more, the "gunnys" were happy to have us do that. We bivouacked. We learned a little about tropical medicine, a little bit about Vietnamese culture, proper behavior. We saw some film clips and slides of what we might encounter in the way of civilian aid programs, what were called MEDCAPs at the time. Everything was presented but not in great depth. If I were to be rewriting that script knowing then what I know now, I would change things a little bit. I would lengthen it and divide the teaching specifics into what the doctors would most likely encounter.

**Where did you go from there?**

I went to MCRD San Diego because that was my so-called permanent duty station. I kept asking when I was leaving for Vietnam but the captain said that he wasn't the person to ask. My job there was as a GMO [general medical officer]. I sat on a survey board to survey Marines who were unfit for duty.

I served there until early November. I drove my car back to New York and had Thanksgiving dinner in Detroit. I had been in California less than 2 months. I still wanted to know when I was going to Vietnam so I called the detailer each week and asked them when there was an opening. They knew I was anxious to go and I remember the name of the person I was replacing. His name was LCDR Phillips. I was pleased with that. I wasn't quite certain what to anticipate.

**Why did you want to go to Vietnam?**

For multiple reasons. I felt then as I do now but as a young man with less fear of potential consequences. I was in earnest about serving probably because I had always loved cowboy movies and World War II movies. I identified with soldiers or Marines. As a child I didn't really understand the distinction between the services as much as guys in uniform who were fighting for our country. I thought that was the highest achievement one could have. And I was probably wondering about myself and how I would do. I know that my dad, who was not in the military but who was an air raid warden in what was then our civil defense system during World War II. . . I remember having his helmet as a boy. I looked at him differently as I did my two uncles who served in the European Theater, and one first cousin

who retired as a lieutenant colonel in what was the Army Air Corps. I, too, wanted my chance.

But probably the most compelling circumstances . . . I came from very modest upbringing and now I had this used convertible. I had an education. I had gone to an Ivy League school. That could only happen here in the USA. My mother was an immigrant who came here as an infant. My life was very simple. I had a baseball glove. I had a record player. I could go to movies. I went to a nice high school. I was very grateful and I didn't think it was too much to pay. So if that was what patriotism and gratitude is, that was my chief factor. It was probably a combination of all that.

#### **So what happened with the detailer?**

I kept on calling him. Having spoken to the other doctors, most of whom were my age or a little older. . . At the time, I was 26 years old. Most of them had gone through the educational system and most of them maybe leaning a bit toward the left of center and I was not. I was sort of right of center. My point is that I don't think that they were getting a lot of calls making those requests. I sensed that in my conversations with the detailer that he knew I was in earnest. It wasn't a difficult task.

One day he called and said there was a place for me. I was the replacement for LCDR James Phillips and was expected to be in country by a given date. I have the original paperwork.

#### **How did you get there?**

I drove my car home to New York from San Diego and had my goodbyes with my family. I think I was home a week.

I then flew to San Francisco and was billeted at Treasure Island. Each day there was a manifest that would be published as to whether you were on a flight or not. I was in San Francisco for 3, 4, or 5 days. And one day my name was on the list. We took a troop bus up to Travis Air Force Base one evening. There was a great deal of activity there. It was December 11th; I remember the date.

While I was at Treasure Island I had met a Marine second lieutenant who had grown up not far from where I had grown up on Long Island. His name was Warren Mainella. We had orders taking us to Vietnam; I didn't know where in Vietnam. I was totally disoriented. I just didn't have enough in-depth knowledge. As it turned out, he and I began to hang together. We went out for dinner in San Francisco and wound up on the same troop bus taking us to Travis. I wound up on a Continental Airlines 707 military contract flight. And he was assigned to a C-130.

I said, "A C-130 can't make it all the way over there." Somehow I managed to get him on my flight and we flew to Honolulu. I had

never been to Hawaii. We spent a little time there and then flew to Kadena on Okinawa. We were transported overland by military vehicle to Camp Hanson.

At that time it was policy that you couldn't go into country until you at least "fam" fired an M16. I had trained with the M14 but they were being phased out at that time. That was a great opportunity because I met an NCO--a staff sergeant--who took me out to a cinder block building which was an armory. And they had all kinds of guns in there. I loved guns my whole life but never really had an opportunity to play with them. So he drew a couple of M16s. As I looked around I saw a [.45] grease gun [submachine gun], a Thompson [submachine gun], a Browning automatic rifle, pistols, revolvers, a .30 caliber air-cooled machine gun. He saw my fascination and said, "Would you like to fire these weapons?"

And I said, "I'd love to fire these weapons!" We took all of the above and then some in the back of his jeep and went to a range and spent a morning or afternoon--hours--just shooting this stuff and it was great fun. I recall that he taught me to field-strip the M16 into its major components. That would all serve symbolically as what Field Medical Service School was about--the superficial of everything but not the depth that one would expect if one were to be using the weapon on a day-to-day basis.

Every morning, as before, there was a manifest and I'd go to see if my name was on it. On 17 December my name was on it. That, too, was a commercial flight, a big 707. I remember that flight very well. It was very poignant in my mind. We went down to the airstrip and there were gusts of wind. I remember that because there were aluminum caskets down toward one end of the strip we had just passed. The wind was causing the tarp that was covering these caskets to fly up. It was a very solemn moment. I don't know whether those caskets were full or empty. I'd like to think they were empty because there was no one guarding them or showing them respect.

We boarded the aircraft and I guess I was the second in command of the unit. Some time in the course of this flight, which was about 3 hours, they began to play Christmas music. The troops then began to get angry and became disruptive. It was so incongruous. First of all, I had never been on an airplane filled with only men. Here were all these guys in stateside utilities and Christmas music, and flight attendants like you'd see if you were flying from Chicago to Los Angeles. The troop commander was a major. He said, "You need to put these people in order." So I told the attendant, "You need to stop the music." So they did. There was no riot or anything but a lot of anger which was a combination of things. I don't think the music was spiritually uplifting as it might have been in another setting and I think the message it was sending was shrouded in the

veil of "Is this my last Christmas?" The situation was anything but Christmas season as these young Americans would know.

We landed in Danang. What I remember most about that was the chaos. There seemed to be zillions of people around all wearing some shade of green, some bearing weapons, some not. Some people had helmets, some with soft covers. Some were in khakis or in working uniforms of one service or another. Obviously, there was a scarcity of females. And then trying to navigate yourself through all these complexes where no one was particularly interested in helping you simply because you really didn't really know what to ask.

But I found myself to the proper terminal soon thereafter and tried to get a flight to Phu Bai, where I was to be assigned. The way to get to Phu Bai, which was north of Danang, was to go further north to Dong Ha. Dong Ha had a limited capacity for caring for casualties. There was a medical complex there--Delta Med.

So the C-130 went up to Dong Ha, on loaded some people, and then came down to Phu Bai and landed at the so-called Hué-Phu Bai Airport. It had an aging, white concrete building. The casualty receiving or triage area was right across this road. Guys could carry the litters from where the aircraft would off-load right into the triage facility. It maybe was 50 meters.

#### **Had you been assigned to a unit before going to Vietnam?**

My orders said to report to the CG, 3rd MARDIV so I thought I had to see the general. But that's really not what happened. I knew I was going to the 3rd Medical Battalion. It was nighttime and it was rainy. When I got off the aircraft I asked where I was to go. They saw that I was an officer--a doctor type. They said that most people were at the "O" club, which was a shack two steps off the ground--a hooch. So I went over there to get billeted but ended up owing everyone a couple of drinks because I walked in covered.

The next day I reported to . . . I don't remember who it was. But that person explained to me how things operated in the 3rd Medical Battalion. And here's how it was. Your tour as a GMO would be divided into three separate segments. One would be with a line battalion and would be about 4 months. Another one would be with a support activity such as the Seabees and that would be 4 months. And then you would spend 4 months at the hospital. During those 4 months at the hospital but also as part of the other tours, depending upon where you were, you would do some work with the indigenous people. These were the MEDCAP programs.

During the first week or so, so the GMOs could get some understanding as to what the hospital could provide, you would spend time assigned to the hospital, which was Alpha Med, the major unit of the 3rd Medical Battalion in Phu Bai.

The first day I went to triage and here were these guys that had already served for 3 or 4 months. When casualties would come in, there would be stations with saw horses upon which would rest the litters, IVS and other equipment at each station. The corpsmen would take these guys' clothes off either with weck blades or bandage scissors and the wounds would be evaluated by the GMOs or the surgical type triage officer who was keeping his eyes on things. The triaging would occur. The troops would be stabilized with IVS and what ever else seemed appropriate and would be readied for some definitive care.

This was designed to be an orientation to both casualty sorting and also getting a notion as to what the hospital could provide. It was a brief but very good mentoring experience. The trained specialists there were essentially surgeons and orthopods [orthopedic surgeons]. They were enormously skilled. And they were basically young men, the oldest of whom would be approaching 35 for those who were drafted. And I didn't know who was drafted and who was a career officer.

One of the experiences that affected me then and affects me now was . . . I was tasked with going to sign out my first KIA. Here's what happened. I went to graves [registration] and here is this young guy lying there with no clothes. He has acne and blondish hair that is matted from dirt and moisture. He has a hole in his head where he'd been shot. I looked at him and was saying to myself, "He should have been at a drive-in movie or dating some girl or playing ball or something and here he is lying dead." Maybe he was 19 or 20 years old. I recall that I had to sign 10 of these things describing the wound. There was one corpsman at the head of the table and another at the foot of the table spreading his arms and legs and turning him over. This was to enable me to comprehensibly describe the wound or wounds--the cause of death. I had seen the casualty reports in the paper and I had seen the pictures at Field Medical Service School. But here it was right up front. It didn't really frighten me so much as it angered me. I couldn't believe that this kid had never gotten to be even as old as I was, which was 26 years old. I just determined that anything I could do . . . This was my chance to do something. That was the first KIA I signed out.

There was a doctor whose name was Lincoln from Louisville. He was my mentor in triage. So in comes this casualty who had been doing something with C-4 [explosive]. He had no upper extremities. We tried to start an IV on him but there was no place to start one. I was trying to get to his external jugular. I'm approaching his clavicle where the jugular passes beneath it. Lincoln must have seen the frustration on my face trying to salvage this casualty. He just took my hand firmly but gently and moved it away and said, "This guy's

gone." I didn't freak out or anything but it so impacted me. There were people who were dying out there and now they were in my hands.

There's another story which happened during these 10 days. We had very bad monsoon weather and there was a casualty with a head wound who had come in. They gave him 16mg of steroid and expectant treatment because he couldn't be flown out. We didn't have a neurosurgeon. The closest neurosurgeon was on the hospital ship, which could not be found in bad weather. That was always the complaint about the hospital ships. You couldn't find the *Sanctuary* or *Repose* if the weather was bad. So the next closest facility was the Naval Support Activity, NSA Danang. There they had sophisticated care. Ours was more rudimentary care. We had no urologist, no ophthalmologist, no ENT, none of the subspecialties.

They put this guy off someplace. He's had 16 mg of cortisone. He has his IV. His wound was dressed. And I said, "What's happening with that casualty?"

They explained to me that the tactical situation and the weather didn't provide for evacuation so he was just being treated expectantly. I said, "What do you mean no evacuation?" And they said that there was no aircraft.

"What about all those planes over there?" And I indicated toward the airport, where there were Army aircraft like Piper Cubs or Cessnas. They told me that they belonged to the Army. I said, "Who cares who they belong to. Where's the Army?"

They said that they were on the other side of the compound. That was very close walking distance. So here's this barbed wire fence. Here we are walking around in mud and as soon as you cross that fence, there are poured concrete walkways. I go walking over to the O Club where these aviators are gathered and these guys are in their flight suits wearing their shoulder holsters and their ascots. And I said, "Who owns the aircraft over there? I need one of those aircraft to fly to Danang."

And they kind of look at me as though I'm nuts. "Listen, there's a man who is going to die unless we do this." And I got someone--actually a pilot and a co-pilot. I told him what the situation was as I had understood it. The pilot said, "We'll fly, if you'll fly."

And I said, "Well, I'll fly, if you fly." It was like one of those standoffs. I said, "It has to happen now!"

So, without asking anyone, I got this casualty ready to travel and asked for a corpsman to volunteer. His name was HM2 Frank Plass and the two of us just kind of sneaked him out of triage. I was on one end of the litter and he was on the other. We went over to this single-engine aircraft. They had rigged it by removing the two rear seats. Somehow we got the casualty on the aircraft with an IV and

the corpsman and I got in the back with this guy and the pilot and the co-pilot took off for Danang, which was about 60 miles south. They flew from Phu Bai out to the coast, which wasn't far, and then used the coastline to go south. We landed and got this guy over to NSA. Then I couldn't get back to Phu Bai for a day or so but was able to get a message back letting them know where I was.

When I finally got back I had to meet with the commander. I didn't know about this "missing" stuff or anything. I figured someone would figure out what had happened. There was no disciplinary action but I was "disciplined." I wasn't trying to be inappropriate but said, "This man was going to die and it just didn't seem right with all those aircraft over there."

I knew that the CO, whose name was Robert Brown, was mad.

**While you were at Phu Bai, you were with B Company?**

Yes. The only other thing I did was to go on one MEDCAP with them. We had one or two 6 by 6s and some jeeps. We took them down to a place where we got on a Vietnamese gunboat over to an island. I had all these pills that looked like M & Ms. They were probably APCs, some antibiotic--some penicillin and stuff. We took along some Marines for security, an MSC officer, and a few corpsmen. We held some clinics there. Then it was time to leave because we had to be back by 1600 because of change in the weather and darkness. This was December.

When we got back to the gunboat, it was mired and we couldn't move it. So we all went into the water trying to get this thing off the sandbar. We finally got it moving but also took some mortar fire. It was very graphic as about two or three mortar rounds landed in the water.

Two days after the evacuation incident with the aircraft, I was assigned to Khe Sanh. Some people said that Brown was getting back at me but I don't think that was the case. How much intelligence he had regarding Khe Sanh was speculative. I was simply going up there TAD for a guy who had extended. He was the 1/26 battalion surgeon. The hill fights at Khe Sanh were in late spring of 1967. After that, Khe Sanh was thought of as some nice little R & R place--a little plateau in the mountains. These are the things I heard after the fact. That was my assignment so I just went.

**This was already into January?**

It was January 3rd, 1968 when I got to Khe Sanh.

**How did you get there?**

On a C-130. I had a pack like a carry-on suitcase in which I had all my gear--everything that I thought I might need. I asked a

friend of mine, Jack Dien, if I could stow some of my gear with him. So as I arrived, I had this suitcase. I got off the C-130 not knowing which direction to go..

I was to report to the CO of 1/26, which I did. He even invited me to have dinner with him. His name was Lt. Col. James B. Wilkinson. He's a great friend to this day.

#### **What did the terrain look like?**

The base was a dirty red clay base. Each unit had bunkers, all above ground. They were just dirty sand-bagged bunkers with some living spaces. The battalion aid station was housed in these large brown tents of which I had two, one in front of the other. One was for storage, the other for conducting sick call and seeing casualties. There was a bench or two and a nice red and yellow lettered sign reading: 1/26 BAS. There were medications, stethoscopes, an ophthalmoscope, dressings, and minor surgical sets. I don't remember the sterilization equipment but I'm sure it was there. There was electricity with light bulbs and visible wire going to what must have been a generator. The immediate north and northwest were mountainous (hills); to the south and southeast relatively flat land from my line of sight.

We had these great corpsmen. That night they had a place prepared for me to sleep but there were only two blankets. There were three racks but not racks as we know them. And each guy offered me his blanket, which was a poncho liner. I wouldn't take their blankets so I remember freezing my ass off that night. There was a tremendous weather differential temperature wise because we were much higher than at Phu Bai. It was pretty hot during the day even though it was January. And it got pretty cool at night.

The night I arrived or the night before I arrived five NVA officers were killed on the wire very close to my position and I went to see them. When challenged, they didn't have the proper response. They were wearing Marine uniforms. There were six but one got away; they found a blood trail. I went up to look at these bodies because I thought it was important to record my experience for posterity. On Okinawa, I had acquired an inexpensive 35mm camera and I was taking pictures of everything. So I took a picture of these guys laid out there. This guy in utilities but wearing no insignia of rank came over and said, "That's a really nice camera. Could I see it?" I thought, "I only paid \$40 dollars for it. What a nice compliment!" So he took my camera, opened it up, and took out the film, and said, "I hope you enjoy your camera but be careful what you take pictures of."

#### **Who was this guy?**

CIA. I learned that after the fact.

**Now that you were with 1/26, was there any connection between your medical unit there at Khe Sanh and the 3rd Medical Battalion back at Phu Bai?**

Only for back up and support. For example, a company had come in with a lot of diarrhea. The troops had run low on water and had filled their canteens from a stream. Some used halazone tablets; some didn't. You had to wait for a period of time for the tablets to work. And they didn't so a lot of people got sick. I evacuated one of those casualties and may have taken a sample of his stool. I had this little holding bunker for cellulitis and minor fevers--for people who could be held for just a few days and returned to duty rather than those who needed to be evacuated. It turned out to be amoebic dysentery.

The 3rd Medical Battalion was the unit from which all corpsmen would be assigned to Marine Corps infantry units and would be the asset from which the GMOs would be assigned to the various units in the 3rd Marine Division. That was the relationship.

**What was the personnel situation at your Khe Sanh unit?**

There was a regimental surgeon who really didn't have much to do because the regiment is composed of battalions. Initially, there were two battalions of the three battalions of the 26th Marines. Soon after the attack. . . In fact, by the next day, there were four battalions. There was 1st, 2nd, 3rd Battalion, 26th Marines and the 1st Battalion 9th Marines jumped in the very next day. Each had one battalion surgeon. There had been a small clearing company of either two or three guys assigned to Charlie Med there at Khe Sanh. There was one surgeon, an anesthesiologist, and maybe Jim Thomas. In total, there would be two, three, or four doctors. Each battalion had a doctor but their job was really taking care of the battalion which was really sick call. Charlie Med was the functioning entity for casualties and also the evacuation point for all casualties. The regimental surgeon went to all regimental briefings and we invited him to come to Charlie Med to help us because our view of him was that he didn't have a job.

**When did you start getting your business?**

We had one battalion operation. Lt. Col. Wilkinson told me before January 8th that we were going on this battalion operation. We were going to be airlifted over toward the west of us near the Laotian border and then sweep backwards. And he'd said that he'd like for me to come. It was almost like an invitation but I felt he really wanted me to go. I was also told to be prepared for a lot

of casualties. I made my corpsmen carry, in addition to all their unit ones, two or three IV bottles. In those days, they weren't plastic bags but 1,000cc bottles. I carried them as well. I wanted to be sure that I carried no less than what they carried.

The morning we were going out, which was January 8th. [Referring to his diary] It says here. "H-hour was 0700. Expected to be dropped by chopper but at the last moment, command decided to hump it instead."

We went--900 or 1,000 men walking sometimes two in a row but usually single file out of the combat base toward the Laotian border. While my physical condition was better then than it is now, even then, having sat on my butt through most of college and medical school, and being 26 and not having trained as these Marine officers had, I didn't have the stamina they had. It was very, very challenging for me.

We went on this 5-day operation. I had never done anything like that before. We had no enemy contact. While out there, I went on one platoon-sized patrol just to see what it was like. I should say that we went on this operation with soft covers and no flak jackets--the entire operation. This was so we could move along quickly. I had an M16 and a lot of magazines, and a .45; I knew about anonymity. I didn't stand out as the doctor. And we really humped on this one. I was keeping up but my heart was beating out of my chest. All of us wore camouflage paint. At one point we climbed the side of a waterfall maybe 40 feet on vines and elephant grass. When I came back I had many, many superficial cuts in my hands. It was very strenuous. As we were going back I broke the IV bottles. I lost 9 pounds on that operation.

**Did you have any encounters with the enemy?**

None. We had no contact. In retrospect, we learned that they were there because Khe Sanh was all but surrounded. For whatever reason, they chose not to engage us. And I don't know how they could not have seen a thousand guys walking through the woods. We had some heat casualties, some sprains, and an accidental weapon discharge that injured a man. He had to be evacuated.

**How many corpsmen did you have with you?**

We had the entire battalion's corpsmen except whatever elements were left at the base. It would be hard for me to know. I don't remember the breakdown.

**Were you the only physician?**

Yes.

**What do you recall about the day the Khe Sanh siege began?**

It was the first day that the base itself was hit, 21 January [1968], a Sunday morning. There had been some activity on the hills--861 and 881 in the days preceding. We had taken one KIA and three severe WIAs.

That morning began at 0500 with a fierce mortar and rocket attack. I was very frightened. And I can underline the word very. I was trying to tie my boots and my hands were shaking. I was in no position to help anyone in this bunker by myself. Suddenly, a huge round landed just outside my bunker. If it had been in the passageway that led to the outside, I would have fallen into a hole the size of a Volkswagen. It had taken out our so-called shower. The EOD people later told me that it must have been an artillery round.

**Were you fairly well protected in a bunker?**

By the time the siege began, I had moved into a two-person bunker but there was no other person. It was above ground. It was a good bunker but it stood up above ground. There was a 55-gallon drum with a shower attached to it. That thing took a direct hit. That was as close to where I was as that telephone over there. It sounded like a freight train coming in. We had been sleeping in our boots. I had unlaced the boots a bit. We were sleeping in our clothes, sleeping in our boots, sleeping with weapons.

Fortunately, I had increased our defensive posture. I had two automatic weapons positions at either end of the triage bunker, our so-called holding bunker. I had obtained from Lt. Col. Wilkinson some additional Marine personnel to operate these weapon positions.

I waited a little while and then headed for the battalion aid station but it was on fire, having taken a direct hit. I have a before and after photo showing two tents. It was gone. I went into this above-ground bunker now, the holding bunker, and took the guys who had resided in that bunker in a 2- or 3-day hold situation and sent them elsewhere. They weren't wounded, just guys with rashes and stuff. We salvaged as much as we could from the battalion aid station tents and put all that gear into one corner. One person then started sorting things out so we could utilize the stuff efficiently.

About that time, casualties began streaming in. They brought one guy in on poncho liners or in a litter with an abdominal wound. Either I or someone else cut off the battle dressing and here was this pipe hanging out of his belly pointing upward from the upper left quadrant of his abdomen. It looked about the diameter of a hand-held flashlight. We didn't know what it was. A first class named Richard Asquith said to me, "Hold everything! That's something else."

When we realized that this guy could have this unexploded

ordnance in his belly, I backed away and had some of the men take sandbags from the side of the bunker and bring them in. We then put him in one corner and surrounded him with sandbags. We had his IV hanging and I was just talking to him. I told him that part of his gas mask was in his wound and I had to take it out, so to just lie still. Nobody was going to leave him and we were just improving our defensive position with the sandbags. He had no clue.

I gave him a syrette of morphine and then told LT Kim Johnson, "If anything bad happens, just get rid of these personal letters of mine."

"Oh, nothing is going to happen," he replied.

I got a corpsman to volunteer. We taped four flashlights together and then I sent for an EOD [Explosive Ordnance Disposal]. Well, with all the chaos, we couldn't find anyone. The ammo dump had been hit and our ordnance was exploding all over the place. There was incoming. Huge fuel bladders filled with JP-4 used to supply our choppers were on fire. The whole place was on fire and shells were cooking off.

Anyway, they found an engineer staff sergeant engineer. His name was Ronald Snigowski, He said he'd help me with the thing. He told me what not to touch. I had a few instruments that I had salvaged. One was a big clamp--a huge hemostat in my pocket. So with the instruments and my fingers, I got around this object. There was a lot of tissue adhered to it because the metal had been hot when it hit. I got my hands under the thing and lifted it up, then passed it over to the staff sergeant. He's the one who carried it outside. I had had the men create a safe area outside, a square area about 2 or 3 feet high with additional sandbags so we could deposit this ordnance.

#### **What did it turn out to be?**

I'm not really sure. Some said it was the warhead and fuse assembly from an 82mm mortar. I then evacuated the patient down to Charlie Med because at that time I was still attached to the battalion aid station for 1/26. He then went into shock because I had missed his liver laceration. They took him into the OR and sutured the liver laceration and evacuated him to what I believe was Phu Bai. I saw 60 more casualties that day.

This attack proved to be very newsworthy. The newspaper guys came from the *New York Times*, *Associated Press*, *UPI*, *The Chicago Tribune*, *Los Angeles Times*, I was instructed to tell them what had happened with that surgery.

[Reading from his journal] "A restless night but surprisingly no attacks. Slept on ward which was defended by several automatic rifles, a grease gun, a shotgun. Sent one to AM briefing and received

incoming mortar rounds. These were not as bad as rockets. Continued taking casualties. Today is clear and extensive repair and resupply is going on. Removed something questionable--a live 82 round from patient's abdomen. Thoughts of mail become less important during times such as this. Many brave deeds by young men.

**Is your patient still alive today?**

His name is Robert Mussari. I haven't spoken to him in over 20 years. He lived in a small town outside of Scranton called Olyphant.

**Was the attack still going on after you took care of Mussari?**

Yes. I think there was incoming throughout the course of that day. And then there were a lot of shells that were cooking off in the ammo dump. There was resupply going on by helicopter and fixed wing for a short time thereafter, but I don't have a firm memory of that. I know that we lost some aircraft--a C-130 and a C-123--on the runway during the approaches. And the scarring of the airstrip became more and more pronounced with more and more incoming. It soon became useless as a means of fixed wing resupply and/or evacuation.

**So, some of these C-130s were hit as they were coming in?**

Oh, yes. Or taxiing and turning around to leave the base.

**In the days immediately following this, what was the situation there?**

To characterize the incoming as sporadic would suggest that there was an occasional round but that was anything but the case. On some days you'd have heavy incoming and some days it would be considerably lighter. There is one recorded day of 1,309 rounds of incoming and that was in a relatively small place. That's a huge amount of incoming! I've heard figures that are substantially greater than that. I would say that we had incoming every day; some days more than others.

**What did you do about your aid station. Did you dig it into a bunker?**

We essentially just moved into the bunker in which I had done the operation on Mussari. We used the forward portion of it as a little triage area. But my mission, as to the care of the wounded at the battalion aid station level was really not taking care of serious casualties unless I was in the closest proximity to them. I directed the serious casualties to Charlie Med, which was equipped with doctors more skilled than myself.

The instructions to all personnel that serious casualties that

needed really complex care and/or evacuation were to be directed to Charlie Med, which was at the central portion of the base. Unless a serious casualty was in close proximity to 26 BAS, which I was attached to, I didn't see a large number of company casualties. I saw the less complex things.

**How many docs did you have with you at that point?**

I was still at 1/26 so there was just myself. Each BAS--and there were three--1/26, 2/26, 3/26, had one general medical officer. Charlie Med had three or four doctors. And there was the regimental surgeon.

**So you had plenty of work to do.**

Oh, there was plenty of work to do but the intensity of my work in terms of serious casualties... I don't have any recollection of that. I think what I was doing over the next few days--and I left 1/26 during the first week of February because earlier I was on TAD to them for a month. However, I found that I needed to stay at Khe Sanh. And the way to do that was to get reassigned to Charlie Med.

I had Lt. Col. Wilkinson, the battalion commander of 1/26 help and advise me with that. He was my commanding officer at the time I was with 1/26 and we had mutual affection and respect for one another. I told him what I wanted to do. I actually informed him that I felt the need to stay and what, if anything, he could do to help that come about. I expressed what I wanted to do to CDR Brown, who was the medical battalion commander. I should say that things were not working out at Charlie Med, as it had been told to me.

**You mean Charlie Med at Khe Sanh?**

Yes. Charlie Med at Khe Sanh. There were some doctors who were not functioning optimally. There was a surgeon who wouldn't leave the bunker and go outside. It was a serious problem and I think the Marine staff knew this. And the medical people knew this. I certainly had an awareness of it and I knew that changes were going to be made. I felt that I could do it. Now I had developed these relationships with these guys and felt the need to be there. So I did all I could do to get reassigned to Charlie Med.

I was reassigned and was the most junior person in terms of training, but these guys I worked with were very instructive to me and in very short order we developed this sense of triage and we all worked very well together. Over the next few weeks when there was the need for a definitive procedure, it would not be done by me. I had neither the training nor the experience to do it. In terms of putting in chest tubes and doing tracheostomies, taking care of very serious extremity wounds and getting the abdominal and head wounds

ready for evacuation. We all did that.

**So when you talk about getting reassigned to Charlie Med, it was like a lateral transfer since you were in the same place.**

Yes.

**When you were in school doing your internship, you probably didn't have much experience doing surgical procedures like this.**

Limited. We were a receiving hospital in a suburban community to the northeast of Detroit. I can remember getting some stabbings and maybe there was a gunshot wound or two. I was so far down on the totem pole of task responsibility that I would be barely more than an observer or second assist, or something along those lines. We certainly had a good number of motor vehicle accidents and the trauma resulting from them. But I would never get involved definitively. Coming from a private hospital setting, I never had the primary responsibility.

**When you got to Khe Sanh, that was really your first experience with real trauma.**

It would have been at Alpha Med or maybe Bravo Med before that, and then Charlie Med at Khe Sanh. Yes, that would have been my first experience with trauma.

**So you were being mentored by some of these people.**

Jim Finnegan and Don McGilligan. Jim had had 2 years of general surgery beyond internship and was trained and brilliant beyond his training as was Don. Joe Wolfe had had a year of general surgery. He had assumed the role of anesthesiologist, having had a crash course in anesthesia with an old McKesson unit back at 3rd Medical Battalion prior to coming to Khe Sanh. His designation, so to speak, would be the anesthesiologist amongst us. But these guys trained me and taught me and mentored me. It didn't take long because the principles were clear.

**The kind of surgery you were doing at Khe Sanh was stabilization.**

It was stabilization. We maintained what I will call a surgical capability to perform a definitive procedure and we actually planned to do one. We waited for the right circumstance and the objective would be to be able to do a definitive abdominal procedure if the tactical situation was such that we couldn't evacuate that casualty. Or the wound was such where that if we didn't do it at that moment, we would lose that casualty.

Soon we had a South Vietnamese soldier who was wounded. The weather had closed in on us and we couldn't get him out. So Don

McGilligan did the operation, Jim Finnegan supervised it, I assisted, and Joe Wolfe gave the anesthesia. We definitively operated on this casualty in the triage bunker. We opened him up from stem to stern, did whatever had to be done. We did it because it had to be done but we also did it to convince ourselves that we had the capability and could actually perform if need be.

**Did you have suction? Did you have what you needed?**

We had suction. We had blood. We transfused a thousand units of blood at Khe Sanh during the course of the siege.

**Where did you get your fresh blood?**

It came up by resupply chopper. I would say that the vast majority of the blood was type-specific.

**Did you have x-ray?**

No x-ray.

**So looking for fragments was a problem.**

We never looked for them. As I said, the only open operation that we had done relative to an abdominal exploration was the one described on that South Vietnamese soldier. The chest wounds--and they were good in number . . . If someone got hit in the chest, we'd put in a chest tube but never did the definitive surgery. If they had a hemopneumothorax, it was treated by opening the chest and placing a Heimlich chest tube and valve. And that's how they were evacuated. If they had a wound in their neck or facial wounds, or anything that might compromise the airway, they had a tracheostomy and, depending upon the level of consciousness, evacuation was in order with an endotracheal tube in place with an ambu bag.

There were a few amputations in cases where extremities were all but traumatically amputated. But there were all manner of extremity wounds. We treated them with inflatable splints to stabilize the fracture and compression dressings.

We placed large-bore IV tubing directly into the lesser saphenous vein. We all became very good at that. I shouldn't say it that way. I became very good at that. They were already adept at that!

**Were most of the casualties you were treating being wounded by the incoming?**

All by incoming and almost exclusively by shrapnel.

**How many days were you there?**

I was there during the whole time of the siege. I don't know

the official date the siege ended but they say it was a 77-day siege and I guess the first day would have been January 21st. I left there on April 23rd. And at that time, the Army had come up in "Operation Pegasus." I can remember when they came up. They had hot meals that night. It seemed that every E-2 had his own chopper. It looked like a mosquito or a bees nest. The sky was filled with choppers.

**What were you guys doing for chow--C-rats?**

C-rats the whole time.

**Besides the South Vietnamese soldier you described, did you have any other special patients who you remember from Khe Sanh?**

Yes. Not by name but by circumstance. There are several that come to mind, one of whom was a young Marine who had been on a track scholarship at the University of Maryland. He had gotten into a thing with his girlfriend and enlisted in the Marine Corps that June and found himself at Khe Sanh. He was being off-loaded by a fixed wing aircraft. He wasn't at Khe Sanh 10 seconds when he was wounded--a traumatic amputation of his foot. The irony was that he was a track star. After I stabilized him, I recall talking to him.

We were taking a lot of heavy incoming in close proximity to the Charlie Med triage area. This guy was in shock and I was trying to get a cut-down done in his thigh. As a surgical error, I inadvertently transected his saphenous vein. I got the bleeding under control but I remember the feeling of guilt having caused this. That's not what he came in with but that's what he left with. And I did it.

I remember bits and pieces of other casualties. One of my men--a corpsman named Nieberr--had gone on an operation, a 5-day sweep earlier in January in which we had no contact with the enemy. I was very fond of him. And another one named Melvin Windham. Nieberr had come down once because we had a lot of weapons. We didn't evacuate the casualties with their weapons. And each unit had a Marine who would take charge of the weapons. We had a little receipt system so that when we gave weapons back, we could keep track of them. I utilized those weapons to arm my people. I was kind of like the weapons person. Mind you, we weren't particularly military but I always liked it so I was that person.

So Nieberr had come down wanting a few M16s, which I gave him. On the way back up to 1/26 he got killed. They brought him with a head wound.

Then Windham came in but I don't remember the circumstances of his death. Of the casualties, I had become involved on a one to one basis, it was the officer corps of 1/26, in so much as I had gone to all those briefings. That was my parent unit as I perceived it.

I remember the sergeant-major. His name was Gaynor. I remember going out on this 5-day sweep. He took a look at me and I had a harness that I was using to put my web gear on. He came over to look and see if I was squared away. He said, "Doctor, you need to make that tighter. You're going to lose some weight on this operation and that belt is going to be moving and you will get blisters." I remember he would give advice like that.

**This is the operation where you went out with the battalion to the Laotian border.**

Yes. Anyway, the long and short of it is that the sergeant major and the battalion commander, Lt. Col. Wilkinson, used to make rounds every day together and/or they would separate to cover all our lines. One morning Charlie Company 1/26 took a direct hit on their command post. The sergeant major became a casualty and the company commander was decapitated. The sergeant major came in unconscious with a head wound. Brain substance was coming through the wound. Lt. Col. Wilkinson was there as I was the one attempting to resuscitate him. The colonel was talking to him and saying, "Sergeant Major Gaynor. This is Lt. Col. Wilkinson. Can you hear me?" He said this repeatedly. And I said, "Colonel, he's not able to hear you." He never survived his helicopter trip back. This was a three-war, 29-year Marine veteran who didn't have to be there but chose to. Why else? He was a Marine.

In that same incoming there was a CAPT David Ernst, a company commander, who had gone on this operation with me. And when I was dragging on the way back, he was the person that said, "You can make it. Just keep going." David Ernst got hit very badly--bad extremity wounds. I didn't realize it was him. I saw the pallor of the casualty and I said, "Give this man blood. Get his blood pressure up," which meant infuse the fluid more rapidly. And I was at the head of the litter looking down but not recognizing his face. He said, "Hey, Ed. It's okay; I'll be okay." I turned around to get eyeball to eyeball. I couldn't believe it was CAPT Ernst. He survived.

There was a CAPT Bricklin who came to visit Don Magilligan. They had known one another from, I think, Boston College. Don was on R & R. So he sat with us for awhile. We just talked and maybe had some C-rations. CAPT Bricklin went up the ladder out of the bunker and a round came in. I knew something was very close and he couldn't have been 5 seconds out the door. I knew he had to be a casualty. I went up on top and he had huge, multiple wounds. We were able to successfully get him stabilized and evacuated. Here's this guy that just left talking with me.

I think of another guy. He was an Army captain or first

lieutenant from New York. He was in one of these Conex boxes with some classified communications gear. This was when I was in 1/26, not Charlie Med. He called me and said, "Come by. You wouldn't believe what I have." He had Coca Cola and ice. And I said "Okay. I'll be by." He told me where he was. As I was walking in that direction there was some incoming. After it slowed down I headed back to the battalion aid station in case there were casualties. (I shouldn't be off getting a Coke.)

When things slowed down I went over to see this guy and the Conex box was non-existent. It had taken a direct hit and he had been killed.

**Weren't there hills surrounding you?**

I think we were surrounded by hills on two sides. If we were not surrounded, they certainly had troop concentrations. They also had an anti-aircraft position just to the east of the base. There was enemy on the west of the base. We had enemy all around us and perhaps fewer enemy to the east of the base. I'm speculating on that because that was the approach made by the aircraft. They had an NVA gunner on the east side of the base they used to call "Luke the Gook." The dope on this guy was "Don't kill Luke the Gook because he's a shitty shot and they may replace him with someone who is a better."

**So he was a sniper.**

No. He had an anti-aircraft weapon. There's a lot of lore that comes out of this stuff, but the word was that they had guys like him chained to their guns. I don't know if that's true or not.

**Were you there when the B-52s began bombing the NVA positions?**

Oh, sure. I'm told that the closest they came was 600 meters from our lines. I have one photo which I'll forward to you in which you see these explosions. All you see is this brownish-grayish cloud of dust. What it was like when you were in your bunker . . . I guess the best way I can describe it is like a California earthquake. Everything kind of rattles. These were high altitude drops said to be from over 30,000 feet.

**So they were doing a pretty good job.**

I have been told that it was the air support at Khe Sanh that saved us. It was extremely effective. I think that due to the strategic bombing and the tactic of having Puff the Magic Dragon--the C-47 with three mini-guns that could cover every square inch of a football field-sized area in 1 minute with 1 round per square inch--was devastating if they tried to concentrate troops.

**What do you recall about leaving Khe Sanh?**

It wasn't clear what was going to happen to the base. There was a lot of rumor that it would be taken over by the Army and be destroyed building by building. One of my concerns was that there is a point that the critical mass of effective defensive positions and personnel would be lost and then there would be vulnerability. But the other side of that was that intelligence suggested that the enemy had left the area. I thought that as long as Charlie Med was a functioning unit that at least two of us should stay, and I think it was Joe Wolfe and I who decided to stay till the very end.

In the last week we were there--the third week in April--the Army's presence was more and more visible in this relief operation. There was a good deal of antagonism. We were living in dirt, filthy utilities, no underwear, no showers, and here these guys come up with great equipment and lots of it and an attitude like "We bailed you guys out." That didn't go down with Marines and rightfully so. And certainly not after what they had endured.

**Were there lessons to be learned from your duty at Khe Sanh?**

As it applies to having a facility, it was to sort and treat casualties. The one thing that's clear is that it can't be above ground and thus vulnerable to even the most simple attack. Two, it has to be placed in close proximity to a landing pad in which friendly forces are in control of the immediate area around the landing pad. (Choppers were known as "mortar magnets.") The way to achieve that given the terrain of the area, is to take a good hard look at the area, see who controls what, and choose the strategically most reasonable place, which is always the high ground. Then establish your position by digging into that high ground. Trying to use the timber indigenous to Vietnam to reinforce bunkers should have been used only as a last resort. We had 10 x 10s and other pieces of lumber designed for bunker use.

In terms of flow of traffic through the facility, there should be a large triage area, and depending upon the mission, whether that be shock resuscitation or a holding area for those troops that will need debridements and minor surgery. There should be a place just for routine sick call.

**Given what Khe Sanh was and where it was, and what it symbolized, how could you defend it? Khe Sanh was an untenable place to be. You guys were just mortar bait sitting out there.**

Let me address the issues you just described. Number one, the enemy didn't really control the high ground. We had control of the hills that surrounded us. I think that's a fundamental difference between Dienbienphu, which has been compared to Khe Sanh. Air power,

resupply and, determination were chief factors in the outcome of the siege. Secondly, I couldn't agree with you more about above ground versus underground. There's just a world of difference. How did we do it? We did it because we had to do it. We had no alternative. For whatever reasons, the Marines were going to hold Khe Sanh and it wasn't going to be otherwise. Khe Sanh was being reinforced so that we could hold it. From the beginning of the siege, we spent every spare moment improving our defenses by increasing the number and height of the sandbags around us. We had tents at the beginning. Then we made our best case with the command for the construction of an underground bunker. Jim Finnegan, in the clearest of possible terms to the regimental commander, said, "If you want us to take care of your Marines, you better provide some protection because our troops are being wounded as they take care of the Marines and the Marines are being rewounded in the evacuation process."

We were having casualties we had already taken care of being rewounded during the course of their care and their evacuation. As far as lessons learned, we needed close proximity to a landing strip. The landing strip should be as secure as it could possibly be from direct fire and close to a well-coordinated team that could move casualties from the underground facility to the choppers. We also learned that two men carrying a litter doesn't work because they can't move quickly. Four men have to be on the litters so they can have the litter between and not in front and behind them. You can't move rapidly that way. And if a litter-bearer becomes a casualty, someone has to take that person's place. No one taught us this. It was all evolving knowledge learned by observation and remediation.

**Had did you get out of Khe Sanh?**

On a CH-53. One day it was my time to leave and they flew the remaining 10 or 15 guys to Delta Med at Dong Ha. We had hot chow. I think I had two steaks and everything else you could ever imagine. I didn't have to do any work for a day or two. We just kind of hung out. We had a nice welcome from the other doctors, none of whom I knew. These were the guys who had received our casualties over an extended time.

**Is that when the other incident happened, the incident when you went out to aid the Army unit under attack?**

That incident took place in early September at Quang Tri. Dong Ha was further north and well within the range of North Vietnamese guns. As I recall, the Army took over the combat base at Phu Bai, which was the 3rd Marine Division headquarters. The 3rd MARDIV then moved to Quang Tri across from a major air installation.

**I'm a little confused about the sequence.**

This was the sequence from Khe Sanh to Dong Ha. We stayed at Dong Ha from the last week of April thru May and into June, when I heard that the 26th Marines were going on an operation south of Danang. And there was an opportunity to go. I had heard about this operation and contacted someone and said that I wanted to be the person on this thing. They said they needed more than one doctor; they needed a surgeon. That's when I found Jack Dien and we went south but close to Danang, a place called Freedom Hill and, subsequently, to Hill 55.

There was a little incoming there but it was very limited and sporadic, and it was easy work there. We were looking for some surgical work to do. We found this 1st Hospital Company and became an asset of that outfit which was part of the 1st Marine Division.

I was there only a very short time. In July I went back up to Dong Ha for a while. Then the medical battalion and the division moved headquarters to Quang Tri. A large surgical complex was developed and it was very elaborate, very elaborate, and very well planned in terms of the flow of casualties into x-ray, into the operating rooms, into the wards.

I was there until early September when I got a call for this other thing. I was looking for something to do and Charlie Med became available. Khe Sanh had been abandoned and the next major Marine installation was a place called LZ Stud or Vandegrift Combat Base. I was able to plan the complex with the engineers there.

**Where was Vandegrift?**

It was along Route 9, way up north and just south of the DMZ. Lessons learned at Khe Sanh and used in constructing the new base were as follows:

1. Local timber taken from trees is inadequate for serious bunker building. You need 10 by 10s.
2. Above ground bunkers are not adequate. The best place for bunkers is at the top of a hill for defense and built into the hill.

We took this into account when you built this new base. We built this bunker complex that had sleeping quarters, a triage area, and what we called S and D area (Shock and Debridement). We had a very sophisticated triage area. CAPT Slemmons assigned me as CO of Charlie Med, and that was my last assignment. I was the CO and we had four doctors. Joe Wolf was also up there. This was September-October '68. The other two doctors had just come in country from Field Medical Service School. They were the "FNGs (Fuckin' New Guys)." We had a Dr. Golden. I can't recall the other's name.

**Tell me about the incident that took place in Quang Tri on September 4th.**

I liked Quang Tri. I liked the hospital complex but not the living complex. We lived in tents. Quang Tri had a lot of sand and the helicopters would blow the sand everywhere. You couldn't keep yourself or your quarters clean. On that particular night I was in the triage area. I didn't wear a sidearm there. I was wearing a soft cover because we felt pretty safe.

It was late afternoon about 5:30. I was just inspecting the area to make sure it was properly equipped for casualties. Suddenly a chopper came into the landing pad and a crewman said they needed a doctor out at the aircraft. I wasn't sure whether they had a casualty they didn't know how to move or whether they had a casualty who needed immediate care. I just followed him out to the Huey and got on board. And they took off. The door gunner gave me a headset and I began talking to the pilot or co-pilot. They told me they had troops engaged who had been attacked and couldn't get casualties out. It was an Army armored unit and would I come with them. I said I would.

We flew for 15 or 20 minutes at very low altitude in very bad weather being buffeted and with rain coming into the chopper. When we landed, we were taking incoming rounds on the left side of the aircraft. You could just hear them hitting. I jumped out onto the ground. It was dark, overcast, and rainy. I saw enemy off to the left beyond the armored personnel carriers. I also saw movement of troops but couldn't tell if they were friendly or enemy.

This person who I characterize as a senior NCO or field grade officer came and briefed me as to what was happening. I found a casualty in one of the first vehicles with a head wound. He was either dead or close to it. I took his helmet, flak jacket, his M16, and a pouch like a bandolier. The guy who was briefing me got pissed off because I wouldn't evacuate the man. I said, "He's not going out. Let me see some other wounds." He certainly was not going out on the chopper that just brought me in. He was either dead or close to it with that head wound and not someone who I could have salvaged. I said, very firmly, "That's not how it's going to happen."

We went to the next track (APC) and found some more wounded men. We were taking a lot of incoming--RPGs and automatic weapons fire. I remember getting to one track with maybe two or three soldiers on top who were not firing their weapons. I could see the enemy just a little bit higher than we were off to the left and not far away. I could also see the greenish yellow tracer rounds coming at us and at the other vehicles. I knew that there were a number of enemy there and we needed to return fire. I said, "You need to fire your

weapons." And I began to fire my newly acquired and mud-encrusted M16 in that direction.

And then they began firing their .50 caliber and M-60s. I then went down to another track and kept on doing this--looking after casualties. The enemy was getting closer and down at the last track I saw movement that wasn't friendly and we began firing at them.

It was clear at that point that no one was changing any of the dynamics of our situation. We were taking fire and just halfheartedly responding. We were dispersed and couldn't really concentrate our forces. We were clearly not in control of the situation.

**What did you use for medical supplies? When you got on the chopper you had nothing--no sidearm, no helmet, nothing.**

I had nothing. I found some gear, mainly dressings, in the APCs (armored personnel carriers) and had one of the NCOs bring me whatever medical equipment he could find. And he did. And we ended up just using dressings. I don't recall anything else besides some morphine.

**So all you had was battle dressings and maybe some morphine syrettes.**

Right.

**So all you could really do besides firing your M16 at the enemy was to try to stop the bleeding and administer morphine.**

Yes. We had people who were either dead or dying. I had to evaluate them based on their appearance or the condition of their wounds. If I knew they were dying or almost gone I gave them morphine. Do you know the casualty tags? I was signing my name on them with a pencil or pen but I know something else. It was customary that once the casualties were received they were evaluated freshly and the only information that anyone seemed to see or was interested in at that point was when their last morphine was administered. We would never pay attention to that but just look at their pupils and their vital signs and check out their wounds and then treat them accordingly. No one paid much attention to the description of their wound on the casualty tag because what you see is what you get.

By now, the helicopter was gone and I don't know who was evacuated. There was an adjacent hill but it became clear to me that we had to get to higher ground. There were hatches on the armored personnel carriers (M-113s). They were armed with two or three M-60 machine guns and a .50 in the turret. I wasn't seeing a lot of people around. Sometimes the soldiers were out and around the vehicles; sometimes they were on them; sometimes they were in them. When they

were in them I knocked on the rear hatch with my M16. Actually by that time I had two M16s. I said, "We need to move these vehicles." And we began to move the tracks up a hill. Sometimes I walked; sometimes I rode on one of them. It was raining and dark but we moved under mortar, artillery fire, RPG, and machine gun fire.

We got to the hill and lined up the vehicles, pointing them in the direction from which we had come. This hill has since been called Hill 162. I didn't know that at the time. I didn't have a map. We faced the APCs outward with armed soldiers in and between them. We put out some concertina wire and I was told that we had claymore mines so we put them out.

By then we had taken some more casualties during the course of this movement. We collected them in the center of the remaining eight vehicles in a kind of convex formation. There was a guy I was working with. I don't know his name or rank. One casualty I remember was LT Hesley. One of his eyes was gone and the other was closed. He had been wounded in the thigh, groin, or leg because I recall cutting off his pants leg. He was stable but really needed to be evacuated.

We got on the radio and called back to base. I asked the radioman to get me on the line and I would talk. I didn't know how to operate the set. I told them we needed a big chopper.

**Did you have any medics helping you out?**

There were no medics but I got guys to help me. We also had to clear a landing zone. I didn't know how to clear a landing zone so I said, "Clear a landing zone!" And they did that.

**Were you still under fire at this time?**

We were getting some rifle and automatic weapons fire but not RPG or mortar fire. So we got the casualties ready for evacuation.

By this time, there was another unit that had joined us on the hill but I had made no contact with its commander. I was just taking care of casualties because there was no one else there. The main thing was to get the casualties out. I didn't know it at the time but I know from the log what time it was. It was 10:45 when they had a Chinook come out to pick up our five dead and some of the most serious casualties.

Then we started getting a lot of incoming machine gun fire into the landing zone. We loaded the casualties aboard the Chinook. I didn't know whether they were firing at the chopper on the ground, at the casualties and those of us loading them, or all of the above. Nevertheless, we got the casualties that we could out and some of the dead. And then the chopper took off under heavy fire after which everything kind of slowed down.

I stayed awake sometimes in and sometimes alongside one of the tracks, letting them know where I was. The next day there was just the occasional incoming round--nothing of any consequence. On that day they tried to get out some of the mired vehicles out of there by towing them with chains. Some of them were very badly damaged.

Eventually, we moved out and went back to an area called C-2 or C-3 and I met Lt. Col. Wheeler there. He was very laudatory as to what I had done. I also met a captain. I had written down his name as Mudder in my diary but his name was Mutter.

No one back at my unit knew where I was. I told Lt. Col. Wheeler that I had to get back to Quang Tri quickly so they got me a chopper and took me back. This was on September 6th. When I got to headquarters, I was treated like an MIA. It looked like someone had taken ice tongs, put them in my ears, dropped me into a mud bath, and pulled me out a day later. I still had one of the M16s.

**So they returned you back to your base and there was some question as to where the hell you had been for 2 days.**

Someone told me that I was MIA and that I was concerned that my family would freak out.

I went to 3rd MARDIV headquarters, not trusting anyone with that kind of paperwork. One big thing happened there. Here I was, an absolute filth box, unkempt, unshaven, in a mud-encrusted uniform still with the M16. Who do I run into but General [Ray] Davis. And I am a sight to be seen. And this was Division headquarters. It didn't matter where Division headquarters was. It was always squared away. It was policed. And all the people, both officer and enlisted, were wearing starched utilities. I see the general and salute him. I had met him 2 months before and had dinner with him twice after he had given me the Silver Star and once after that. He looks at me and says, "Doctor, if you're going to get yourself into trouble, you should at least have the good sense to do so with the Marines."

**So he had already heard about your adventure?**

Yes. He said, "There are some orders waiting for you." And then 2 days later, on the 8th, I had those orders signed by him by direction to go to Japan to inspect the medevac system for 10 days.

I got on a C-141 on 10 September and flew to Tachikawa Air Force Base. Imagine me going to Japan? I had already made a MARS call to my mother and father from 3rd MARDIV headquarters right after I saw General Davis and told them I had just had this unusual experience but that I was fine and was going on vacation. I then told them that I would call them from vacation, which I did when I got to Japan.

Needless to say, I had a great time in Japan for about 7 or 8 days. I went to see the giant Buddha in Yokohama.

I went back to Vietnam on September 20th. I was notified on October 21st or 22nd by the Red Cross that my father had had a heart attack. When I got the message that my father was critical and his prognosis was guarded, the general offered me his chopper that night to get me where I needed to go. I got a chopper the next morning to Quang Tri where there were orders waiting for me. I picked up a clean uniform, borrowed some khakis from Joe Wolfe, and got to Danang to wait for a flight. I caught a C-141 to Kadena, where we refueled, and then flew to Elmendorf Air Force Base in Alaska, where we refueled before going on to Robbins Air Force Base in Macon, GA. That was the end of my military flight.

I took a bus to Atlanta and got a commercial flight up to Newark. There I asked a taxi driver how much he would charge me to take me to New York. He saw that I was in uniform and asked me how much money I had. I said I had 50 bucks. He said he would charge me 30 dollars. I said fine. But the traffic was all messed up and I knew his day was screwed so when I got home I said, "Here's the 50 I have." He wouldn't take it. He had taken me to my mother's door in Forest Hills and wouldn't take any money at all. That was the whole thing.

#### **What happened after that?**

I went to see my father. His attending doctor, who I had known over the years, kind of prepped my father so I wouldn't shock him by my presence. I had been reassigned to the Navy dispensary at Main Navy at 19th and Constitution in Washington but had several days before I had to report. I tried, for lack of a better term, to decompress. I was not conscious of any need to slowly transition because everything in my life had been emergent between the Vietnam experience and coming home to a medical emergency.

My father passed away 5 weeks later and then I had to deal with my mother, who was widowed. I tried to pick up pieces of my career. I had applied for Navy residency training in OBGYN and was in the process of doing that. I had not been accepted for the program and was bitter about it.

I found an apartment in Alexandria, worked out some details with my mother, and went to New York every Friday when I had off for the weekend to see my family. I also was conscious that I would be discharged in less than a year and had no notion as to what I would do.

I began to make some initial inquiries as to what opportunities were available to me.

One assignment I enjoyed was helping provide the medical security for an inaugural function. The presidential election was in the first week of November. Richard Nixon was elected president and soon thereafter I was assigned to work with the Secret Service

providing some medical support to the President-Elect and his family. There were many briefings with the Secret Service and other people to develop some means by which I could attend and/or triage should there be an event.

The event that I was selected to support was the Inaugural Musicales at Constitution Hall. I wanted some on-site inspection just to get some feel for just what the physical structure was like and decided that the cloak room would be my medical facility and they would have to put coats somewhere else.

I remember going with the Secret Service by train up to New York, for what purpose I don't know, and sharing points of view with these guys. I found that mission to be exciting. There was also a small element of . . . I don't know whether resentment is a good word, but in the command at that Navy dispensary . . . to say that I was being considered as kind of a VIP would be overstating it, but I was absenting myself a good deal of the time working with these guys about something I couldn't talk about. So I'd say, "I'll be back later on or tomorrow, and have a good day." There was a little feeling like, "So, where are you going now?"

I was happy with the work in terms of this Secret Service assignment but it wasn't taking me to another place. There was one meeting I had with some CIA people in which I had some notion that I was being recruited and I went so far as to do the initial paperwork. I wrote a biographical sketch of myself and had an interview in an office building in McLean, VA. They had asked me what I would be interested in doing and I said I didn't know what they had in mind. What I wasn't interested in doing was doing employment physicals or checking operatives for hernias. I said that jokingly. The example they gave me was a cardiogram to look at. And, by the way, that wasn't never my strong suit. So I said, "As you know, I'm not a cardiologist." And they said, "Do you think this is a normal tracing or, if not, what's wrong and what does it mean."

I said, "I can do that." I guess I had this pensive look on my face and they said, "It could be Khrushchev's EKG." Of course, I was fascinated by this. They asked me whether I had any experience with sodium pentothal. I told them I had seen it used but just as an induction for anesthesia. We got to a juncture concerning the application and the anticipated pay. The fellow who was interviewing me asked me what salary I anticipated. I said that it would depend on what I'd be doing.

We never went anywhere beyond that but I remember getting a call telling me how much money they had expended doing a background investigation on me and that I had taken the application seriously and that I was being seriously considered for something that would fascinate me. I was wavering at that point and I don't recall what

my reaction was.

Paramount at that time was that I was divorcing and I wanted to maintain close physical proximity with my son, whom I hadn't seen for a year because I was in Vietnam. I didn't think a CIA position would provide for that and so I passed on that.

I got to meet GEN [Lewis] Walt. He came one day to the clinic and I was there. We were told in Washington during that time frame not to wear our uniform unless we were the duty officer. I was told that the reason for that was that they didn't want Washington to look like a military enclave. I found that very interesting. I always enjoyed wearing my uniform and I'd never really had the opportunity to wear it post-Vietnam and now I couldn't wear it even on duty days. I had to go in civilian clothing. Even so, I was told that I should have a uniform. I used to take it to work on a hanger with plastic from the cleaner.

Somehow I ended up with GEN Walt. He was a three-star general at the time. He had a neck problem and they knew that I was the DO so I should see him. And they also knew that I had been with the Marines. We kind of had this little thing between the Navy guys and the Marines.

He came into my examining room and saw my uniform hanging on the door and saw the Silver Star, and maybe I had gotten the Bronze at that point. And he said, "That's an interesting medal." And he asked me about it. Then when I told him about it, he remembered the incident. He asked how things were going for me and I said that I wasn't particularly happy with my work at that point and thought I could render better service if I were in a hospital setting. And he said, "What hospital setting?"

I told him that my father had passed away a month before and my mother was having a hard time. There was a naval hospital about 20 minutes from her house--St. Albans Naval Hospital--and I thought that I could do a good job there. I said that I would take any job they had there.

By weeks end, I had a set of orders to report to St. Albans Naval Hospital, but my travel would be at my own expense because it was referred to as a "hardship transfer." This was February of 1969.

#### **What job did you get at St. Albans?**

The chief of medicine asked me what I would like to do and I told him I'd like to be in the OB department. I did ER and general medicine during the day, but they gave me the OB rotation at night, which was very interesting. I wasn't qualified as an obstetrician from the viewpoint of operating but there was a shortage of OBs. Thus they wanted one more person in the rotation. There was a bit of irony to it because I'd applied for the residency and couldn't get it and

now I'm functioning as an obstetrician, although I would have to call someone at night if the case required surgery. And I'm working every fourth night. Some days I did medical clinic. Some days I did ER.

### **How long were you there?**

I was there until I was separated, which was September 10th. Let me tell you the best story of my stateside service which happened while I was there. Here it is, about mid-afternoon and an Army captain's wife is in labor. I go over to the chief of the department, whose name is CDR Patrick Golden and I say, "I've got this officer's wife in labor. How do you want me to handle this? I think she's going to deliver tonite and I'm on call. But she's a captain's wife.

So he says, "Do they know that you're a general medical?"

I said, "I never got into that discussion."

"Well, take care of the patient," he said, and he was looking at his watch. He lived east of where St. Albans was, out on Long Island. He had to get into that traffic pattern at a certain time or you could be made to suffer.

I didn't say any more about it. I had an intern named Elijah Washington. We called him Beau Washington. So I had this captain's wife in labor and delivered the baby. The way it worked with Washington is that he was the intern; I was the attending. I said, "Why don't you do the episiotomy repair and I'll go out and see the family." The patient's father-in-law was there.

We were wearing pink scrub suits and I had just a little bit of blood on me--on my leg. And this Mr. Connor or Connors was waiting. It was probably 6:30 or 7 o'clock at night. I said, "The baby's here." The baby's father was a West Point captain who had been shot in the chest in Vietnam and was recuperating in a hospital in Japan. I said, "We're going to make some arrangements for your daughter-in-law to call your son and everything's fine. She only needs a few stitches and it's being taken care of now." I was non-specific about it. "You can see her any time now."

He said, "Doc, can I buy you a cup of coffee?" St. Albans had these long passageways. I told him I had to change. It was summer and it was whites and that means with shoulder boards and ribbons. I put on my uniform and we walked down the passageway. He said, "Oh, I see you've been to Vietnam." And he looks over and sees the campaign ribbons and the Silver and Bronze Stars at that point.

"It looks like you had an interesting tour of duty."

I said, "Yes. It was interesting." And we didn't say much more than that. We had a cup of coffee and maybe a piece of pastry or something and walked back down this long passageway. We just made very pleasant chit chat. He was a nice man. And that was kind of the end of the evening. Then I went to bed in the on-call room and

didn't get called out that night.

The next morning, rapping on the door, was CDR Golden. He used to leave a little bit early but come in a little bit early also. He did his day's work but did that to avoid the traffic pattern. And he said, "What happened with that patient last night?"

I was disoriented. And said, "What patient?"

And he said, "That captain's wife."

"Nothing happened. She had the baby."

"Come to my office."

I got dressed and brushed my teeth, and ran down there. And sitting in the office was this three-star general who was LGEN Connors, the commander of the 3rd Army.

**That was the guy who took you out for coffee.**

Yes. My mouth was agape. Golden was looking at me not knowing what I had said or didn't say, not knowing that Washington, who was a southern gentleman, had done the episiotomy on the captain's wife. He told us how pleased he was with the care she had received.

St. Albans had been laid out with long passageways and these islands coming off it. And there were parking spaces in these islands. There was a parking space for the CO, the XO, etc. Most of us used to park close to where we worked. And, of course, CDR Golden, being the department chairman, would park in this space. And I could see out the window. And I saw this big staff car with the flag on the fender with three stars on it. And it was one of the great, fun moments.

The general left, and I remembered that the 3rd Army had been commanded by Patton. I didn't get to talk to him about it but would have liked to.

In those days, the length of stay in the hospital was longer. Today, you're in and you're out. The woman was there about 3 days. She needed some sitz baths for her episiotomy. CDR Golden used to sit outside the room while she was in the sitz baths to chat with her and make sure that everything was just fine. That's my most interesting anecdote from that time.

**So you were separated in September.**

Yes. September 10th. By then, I had been accepted for a residency in anesthesiology at Newark, New Jersey Medical Center. That came about with a fellow Navy physician, a friend of mine who was accepted in the same hospital for a radiology residency. I moved to Newark and was an anesthesia resident for about a year.

I missed the OB. I had been an OBGYN resident for just about 6 weeks prior to going on active duty. During the course of this anesthesia residency, the powers that be in the American College of

OBGYN and the American Board of Obstetrics and Gynecology and others had made DOs candidates for board certification. Thus DOs were now being accepted to residencies. I applied for residency at the New Jersey Medical School, which was close to where I lived and to my son, Stu, in New York, and was accepted into the program. The director liked the application and was a very patriotic man. I wasn't quite aware that the change had occurred. He said that he was going to Chicago and Chicago was the headquarters of the American College of OBGYN. When he came back he called me and said that I was board eligible and had been accepted, provided that I was licensed in any state. And that began another training experience. That took place at the New Jersey Medical School from 1 July of 1970 thru the 3rd of June 1973. It was a challenging program in the City of Newark. The hospital was then called Martland, and is now University Hospital.

At that time, Newark had been a city that was under siege because of the tumultuous '60s, the racial differences, and the unrest. I became interested in some other things that had to do with equal rights. I felt that I didn't have all my equal rights and was sensitive to others who didn't have equal rights. I was elected to the Board of Concerned Citizens of the city and then initiated a program called "TEAM," (Total Employment And Manpower). The object of this organization was to take these hard core unemployables, mostly who had been street people and drug addicts, and bring them back into the mainstream. It was a great challenge because they could make a ton of money on the street versus minimum wage. And I would use psychological techniques on these people.

I'm not now able to measure the success of the program. I would say, "That's okay for you. But what about your kids?" So I tried to instill a little bit of guilt and raise consciousness that way in an effort to say, "You've made your decision and you're going to be on the street and you might not only end up strung out, but shot. But what about your kids? What do you want for them?"

And I managed to get the interest of the Prudential Life Insurance Company, which was headquartered in Newark. Through other people, I managed to get to the charitable arm of Prudential. I sensed that they would have some community interest and some asset they could provide if we could convince them that what we had was a viable program and was a good asset for both the community and the country and themselves.

I became vice president first of the house staff association of the interns, residents, and fellows and became involved in the negotiation for salaries with the state because the College of Medicine and Dentistry of New Jersey was a state property. I was a reasonably good negotiator. I was honest with them. I didn't

threaten strikes or job actions but tried to convince them in earnest how hard we were working and we were deserving of a living wage.

My professor became the acting dean of the medical school, and was subsequently named dean of the medical school. He later became president of the American College of Obstetrics and Gynecology but not in this time frame. While he was acting dean, I was somehow on the search committee for the dean of the medical school. I was the token resident. And they had the token student, and non-faculty members. I would go to these meetings and become acquainted with people who knew people. I wanted to achieve the objective of trying to do something for this city.

I didn't have a lot of time as I spent most of my time in the hospital when I should have been doing some other things, concentrating on how I could do this. In the category of mild, moderate, and great success, we had a very mild success. It was a worthwhile program.

**How long were you at Newark?**

Four years altogether, but 3 years at the medical school. I went into private practice after that first in Teaneck and then in Fort Lee, NJ. I initially joined a group and then one other person in practice. I practiced OBGYN in a private setting in northern New Jersey--Holy Name Hospital.

**And then you decided to move west at some point.**

I had been in touch with my medical battalion commander from Vietnam. I had seen him at an American College of OBGYN meeting a couple of years consecutively. We thought well of one another and continued to communicate. He asked if I had any interest in coming. I was tired of cold weather and was looking for something new and different to do. I wasn't licensed and that would be an impediment to coming. And I had been out of medical school for some time now and would have to sit for an examination. That was given just twice annually. I made a thing to myself that if I could gain license in one examination, I would then consider it but I wasn't going to spend my life preparing for exams in which I had to go back to do anatomy, microbiology, and biochemistry all over again. It didn't seem to be a worthwhile expenditure of time and energy.

I became licensed and then moved to California. By then, I had remarried. We moved to Westlake Village adjacent to Thousand Oaks, and I've been here ever since.

**How would you now classify your professional situation?**

I'm in the private practice of OBGYN, which I've done for 31 years now. I have some other activities that interest me. I'm

always looking for another challenge.

**How did you get involved with the California Veterans Board?**

Well, quite frankly, I was pursuing that. I was dissatisfied with what I was seeing out there. I wasn't quite sure what the mission was of the Veterans Board. I had discussed it with some Marines whom I had known for many years from the Vietnam experience and I told them I had this desire to go forward and learn more about the Board and let it be known that I was interested in seeking support for it. I don't know that sought after would be the proper term but people want to be on it. I know that.

What I wanted to do with the Board is not really what I have done with the Board. What I wanted to do was do what I could do to change the image of Vietnam era veterans. I didn't think that I could be as global and equalize my efforts in every direction because there are too many directions in which to go. I felt that if I could focus upon one particular mission that had to do with changing the notion that Vietnam veterans were baby-killers or had scraggly beards and wore utilities and sat beneath underpasses near freeways looking for something for nothing . . . That was a mis-identification for the mainstream of Vietnam veterans. It's not to say that those folks don't exist but it was an affront to who I thought I was and who I thought most Vietnam veterans were. These folks gave enormously of themselves in a situation unique to that experience, and ought to be perceived in a far better light. That was my initial notion.

In subtle ways, I attempt to do that by speaking engagements and by establishing policy that gives veterans rights and opens up areas whereby financial resources will be utilized to address the problems that, if they're not unique to Vietnam veterans, are somewhat unique to them. These include substance abuse, post-traumatic stress disorder, other mood disturbances, and, of course, all the other conditions that have been found by the federal government such as type 2 diabetes, prostate problems, and other things perhaps related to the use of defoliants. Post traumatic stress disorder and other problems such as substance abuse are, in my mind, enshrouded by a cloud and require a good deal of understanding and support. That's where I'm thrusting my energies.

**What's your official title?**

Board member. I had been head of policy at one point and I still help direct policy. I was vice president also but now I'm just a board member. The California Veterans Board is a state agency created by statute. All members of the Board, of which there are six currently, are all gubernatorial appointees.

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

All the time. If the answer to that question is in the present, it comes into my mind always daily with different kinds of thoughts, mainly about the people with whom I had relationships with and sometimes the circumstances under which I encountered them. Sometimes individual experiences that are actions and events rather than people. But those memories are daily in my life.

**Does Khe Sanh come up in your head very much?**

Yes. Khe Sanh and one other incident, in terms of places or things that occurred more than anything else. I'm very proud to have served. If you had asked me this question 15 years ago, I would likely have had a different answer. I think for a very long time it was never buried but it wasn't in my foreconscious. I wouldn't say that it pervades my thoughts, although now that I'm involved with veterans, it has come to the forefront of my thinking more often than before. We're sitting right now at this veterans' activity of the 3rd Medical Battalion and seeing these guys, a few of whom I knew well, one in particular. It's very heartwarming for me to see people who shared a common experience, even though we were not doing it together. We were doing it somewhat in parallel. The mission we had wasn't a unique mission; doctors have served in the military for many years. But the mission was different from being a combatant and it wasn't asking too much. And for me, I wanted to do this thing. For one thing, I had this great life and I felt a sense of indebtedness. It was fulfilling many things for me.

As I grow older and I recognize that I'm not any longer in the time frame of doing things such as Vietnam or even my early years of practice, that experience becomes even more important to me. In a phrase, it was the crowning experience of my entire life.