

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH CAPT (ret) R.A. FISICHELLA, MC, USN

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TELEPHONIC INTERVIEW

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Telephone interview with CAPT R.A. Fisichella, MC, USN (Ret.), former commanding officer of Station Hospital Saigon, 1964.

Where are you from originally?

Brooklyn.

Where?

The Redhook section.

My mother's from Bensonhurst.

I lived in Bensonhurst, Bay Ridge, Flatbush, and all over the place.

Were you born in Brooklyn?

I was born in Brooklyn and went to Long Island University. Then I went to Marquette in Milwaukee.

When did you graduate from medical school?

In 1943.

When did you join the Navy?

Here's what happened. The war was on when I was in medical school. So I was commissioned. They immediately made us second lieutenants in the Medical Administrative Corps because we weren't yet doctors. We were deferred so we could finish our education. This was the Army. And then when the time came, I was in an internship in Kings County in Brooklyn. And after that I started a residency at the Lutheran Medical Center. My residency was in OBGYN. When they decided it was time to call me up I went into the Army. I served in the European Theater of Operations. I was in France, Belgium, and Germany and earned three Battle Stars.

I got discharged at Ford Ord in California and got to know the West Coast. So I was an obstetrician-gynecologist but the military didn't have an OB service. I was able to deliver babies for the military in the local hospitals and able to set up a residency service at the time in OBGYN for the Army. I left there for New York to complete my residency in OBGYN at Lutheran.

So I went back to New York to finish my residency. And at that time, I got called back to Monterey where I headed up the OBGYN service for the Army and lived on the military base. Then I decided to go into private practice in OBGYN in Monterey, California, which was beautiful. There were very few specialists in those days. Later on when they formed the American College of OBGYN, I was one of the founding fellows.

I should also say that there were no antibiotics when I went into the service. They had sulfa drugs and that's all. And by the time the war was over, we were washing our mouths with penicillin. That's how much of the stuff there was.

Then I ended up with a marriage that wasn't doing too good. The only thing I could do that was valuable to me was to go back into the service. And the Navy offered me a wonderful deal.

What year was that?

It was 1956 or 1957. They offered me full commander with 10 years seniority. It was like the Mafia: It was an offer I couldn't refuse. Then they sent me to Japan. I went to Camp Pendleton first because you couldn't go immediately overseas. At Camp Pendleton, I was again doing OBGYN. I was tired of it and didn't want to do it anymore. From Japan I went to Okinawa.

Were you at the hospital at Yokosuka?

Yes. But my job was to go to Yokohama and take over the medical facility from the Army, which had a big facility there. I was attached to Yokosuka but my job was in Yokohama. And because there was a shortage of OBGYNs out there, I was soon back messing around with OBGYN.

At Okinawa, I commanded the 3rd Medical Battalion with the Marines.

That was a whole new culture for you, wasn't it?

Not really. When they found out that I had combat experience with the Army, I could be with the Marines. Now I was Army, Navy, and Marines.

You just missed the Air Force.

You know, I would have gone into the Air Force if they had had more discipline at that time. And at that time, I needed discipline, something to believe in. So the Navy was a real gentleman's outfit and they treated me awfully well.

It was on Okinawa that I met my second wife. She was an Army nurse--a wonderful lady. When I left Okinawa, they assigned me to Twentynine Palms.

How long were you at Okinawa?

A little over a year.

What was your title in your new assignment at Twentynine Palms?

I was the Force Troops Medical Officer. And I established the hospital there. It seems that everywhere I went, I established a hospital. And I got married at Twentynine Palms. Soon after that

I got a call to go to Vietnam. I said, "Wait a minute. I just got back from the Far East. Why don't you send somebody else?"

Well, the story I got was this: "Why not go out to Vietnam and have a honeymoon? You'll get a big house with servants."

"But, I just got married, for crying out loud."

And they said, "You speak French, you're an OBGYN."

Well, it was true. I spoke French and by that time I had a lot of clearances. So, what was my job over there? It was to establish a hospital. It seems there was a Vietnamese gentleman who was the Minister of Health, who owned it. He had a 27-bed hospital in Saigon. The idea was to go there, look it over and see if we could make a deal to take over the hospital. It was too small.

Do you remember your arrival in Saigon?

First of all, they were shooting at the aircraft. I had an interesting time. I was on this aircraft. I had left New York because I had to leave my new wife somewhere. So I left her in New York with my parents and flew out in a tremendous snowstorm. There was a wonderful lady on the aircraft and I kept bitching to her the whole time because I was leaving my wife and so on. And she never said a word. They were shooting at the aircraft when we arrived. So, we get in there and there was a huge crowd of people. I figured maybe I'm important but not that important. And they were there to meet this woman, who was GEN Westmoreland's wife. I was bitching the whole time to the wrong woman. Well, we got to be really great friends. She was a delightful woman.

The enemy also had a practice of putting prices on your head. I had got there when they had just blown up a theater. It was a mess.

Was this in '62?

It was '64, In '63 they had already tried to establish a building but it was totally inadequate.

When you arrived in Vietnam, where did they take you from Ton Son Nhut Airport?

They had just blown up a theater and there was mass confusion. They took me to the Brink Hotel, where I stayed for awhile.

Who did you relieve?

I don't remember the man's name.

Was it Lou Gens?

That's the name, Gens. Yes. I did not get to know him before he left.

So the hospital Bobbi Hovis was working in was the apartment house they had taken over.

It was on main street, Tran Hung Dao, one of downtown Saigon's busiest thoroughfares. It was a five-story concrete building which at that time served as the only Navy hospital receiving American combat casualties directly from the field in Vietnam. The 100-bed hospital was established in October 1963 to meet the need for an inpatient facility in the southern portion of South Vietnam. The need was precipitated by an increase in the number of casualties in the Mekong River Delta area and the distance involved in flying patients from there to the only existing American hospital at the time--the hundred-bed Army field hospital in Nha Trang, 200 miles north of Saigon. In addition, increased terrorist activity in Saigon itself supported the need for a hospital in or near the capital city.

The building chosen was an old apartment house and its age and layout of rooms and passageways created problems which constantly tested the ingenuity of the Navy's Public Works Department during the conversion. They had one elevator, which was the French type and it constantly broke down. No matter how we used it, it broke down, especially when we tried to transport a patient. Its unreliable performance complicated the transfer and feeding of patients. Food for patients was accomplished by transporting food in containers from a nearby hotel serving as an enlisted quarters. Directly behind the main hospital building and attached to it by a series of stairways was another five-story structure. This annex provided an excellent isolation facility. A one-story stucco building was quickly constructed in the courtyard to house a central supply, emergency room, and operating room. We were operating outside for a while on improvised stretchers.

At that particular time, believe it or not, no American flags were flown in Saigon. And we were not permitted to fly helicopters over the city. It was a weird situation. It soon changed. We couldn't use our own sentries. We were not at war. We were just support people. Every man who was sent to Vietnam at that time was supposed to be kind of an ambassador. And they picked the special people to go to Vietnam, especially the officers. In 4 months, most of the officers ended up with ulcers because they were hobbled. They couldn't do what they supposed to do in war.

Feeding patients was accomplished by transporting food in containers from a nearby hotel which served as enlisted quarters. The hospital didn't have a kitchen.

The entire complex was surrounded by a concrete wall and topped by wire grenade screens. Everything had wire grenade screens because it was easy to throw grenades over the wall. These

protective screens were common throughout the city. Terrorist activity was a constant threat making security a full-time job. In addition to the protective screen, military police armed with shotguns as well as Vietnamese police and soldiers were stationed around the compound 24 hours a day. The hospital vehicles, including four ambulances, were parked within this compound.

Some hospital equipment was already in Vietnam, but much had to be ordered from the States. Supply lines were long, creating some problems. Equipment improvisation and friendly borrowing, however, lessened the effect of a difficult supply service.

Directly across the street, two stories of a hotel building were taken over to serve as an outpatient clinic. The x-ray, pharmacy, laboratory, and administrative services were located there.

The senior medical officer was assisted by nine medical officers, including two general surgeons, an internist, a psychiatrist, and four or five general practitioners, seven Navy nurses, and eight Thai nurses. We used Thai nurses because the Vietnamese nurses weren't trained well enough. We had two Medical Service Corps officers, 76 trained hospital corpsmen, and 40 Vietnamese employees, clerical assistants, drivers, and janitors.

Patients seen at the hospital were not limited to combat casualties. I think that was one of the reasons they sent me there.

It was not limited to combat casualties?

No. We also cared for personnel attached to the U.S. Embassy, United States Operations Mission, and the United States Information Service (USIS). They had dependents there. Another interesting thing. When the troops would come in, they would keep their machine guns unloaded under their beds. And, of course, we had a big sign that said, "Clear your weapons. Clear your weapons." One time someone didn't clear his weapon and he threatened to shoot somebody, including me.

When was all this happening?

This was about April of '64.

General Kanh was president at that time?

General Kanh was the premier. We had to do a favor for Kanh. His daughter had a hemangioma so we were able to get a plastic surgeon from the United States. General Kanh's family moved into the hospital.

This was in the original hospital, the one already established in the apartment house.

Yes. We never had any other. I couldn't find anything else.

We negotiated with Madame Nhu for buildings but we couldn't find anything more adequate than what we had. So we tried to fix that one up.

And that's what was called Station Hospital.

Yes. So we had all these Americans from the different organizations we were taking care of. Dependents of American personnel were treated until they were evacuated in February of 1965. We were taking care of dependents there but when I tried to get my wife there, they told me that dependents were not allowed. This was a war zone. Now the evacuation of dependents was regretted for many reasons, not the least among these being the loss to the hospital of a fine group of American Red Cross volunteers who contributed greatly to the welfare and morale of the patients. While in Vietnam, these ladies, which included Mrs. Westmoreland, established a trained Vietnamese Red Cross volunteer service. We had Vietnamese patients admitted for emergency care and then we transferred them to local hospitals.

Then we established a heliport on a soccer field about a 5-minute ambulance ride from the hospital. Helicopter pilots carrying wounded or sick were able to communicate by radio with the hospital and ambulances and attendants would be there ready to transfer patients with minimal delay. At other times, patients arrived on fixed wing aircraft from Ton Son Nhut Airport and transferred by helicopter to us. That rapid transport saved a lot of lives at that time.

Terrorist bombs resulted in mass casualties more than actual combat for a while. On Christmas eve of 1964, a 200-pound bomb exploded beneath the Brink Hotel, which was the senior officers' BOQ in downtown Saigon. We had 84 admissions. Four Navy nurses who were residents in the hotel were wounded. As in all these emergencies, a routine was followed which proved most adequate in handling mass casualties. All personnel were assigned to prearranged stations in the courtyard, emergency room, operating room, blood bank, and each deck of the hospital. A space on each deck of the hospital, except the first, was set up as a battle dressing station with a doctor and four corpsmen, where we dressed minor wounds and performed minor debridements.

Triage was rendered in the courtyard and adjacent emergency room and we sent patients to the appropriate section for treatment. Patients were treated for shock and prepared for major surgery either in the emergency room or first deck of the hospital. Serious cases were always left on the first deck due to the unreliable elevator. As in all other emergency situations, a host of civilian and military volunteers quickly augmented the small hospital staff. The Military

Assistance Command Surgeon and his staff of Army doctors, the director of public health, and the United States Operations Mission and his staff of civilian physicians offered immediate aid. Navy dentists also were on hand to help treat the casualties. The small Air Force hospital at Ton Son Nhut and the Army hospital at Nha Trang called as soon as they received word of the bombing that they were standing by to help in any way possible.

Now this is important. We obtained all blood by employing the walking blood bank system. We had no way of keeping the blood so when we sent out the call, people would come. This system was most effective and there was never a shortage of blood at the hospital.

While this was going on, the local Navy commander instituted heavy security measures to protect us from bombing since the accumulation of so many Americans at one time in one place could make a prime Vietcong target.

In order to keep hospital beds open in anticipation of further casualties, we instituted a rapid evacuation system. Patients able to travel were transferred to the Army hospital in Nha Trang. This has been a common reciprocal system. The hospital employed a 30-day holding policy and two air evacuation flights per week were used to transfer patients to the hospital at Clark Air Force Base in the Philippines. We attempted to keep the hospital at no more than 50 percent occupancy in anticipation of possible mass casualties.

Diseases accounted for a good deal of the hospital's day to day work. Malaria was endemic and all personnel were required to take Chloroquine-Primaquine prophylaxis. Infectious hepatitis was not uncommon and all personnel received immune globulin prior to or upon reporting in Vietnam. By far the most prevalent and annoying disease was amebiasis. This disease responded well to a combination of Diodoquin and Oxytetracycline.

When the bomb went off at the Brink Hotel on Christmas Eve, I was thrown 20 feet across the room. I had planned on going to the Brink for dinner. Immediately, we got the word that the hotel had been bombed and we had to get to our hospital any way we could.

That night with all the confusion and all the sirens going off, in comes Bob Hope and his troupe. They brought him to me immediately because the hospital had to be the safest place in the world because everyone was trying to protect us. And everybody--Bob Hope, Jerry Colonna--got down to work.

What did you have them doing?

Helping with the wounded. I was loaded with wounded. And not only that, but we had to undress a lot of them because some we figured were Vietcong who were trying to get into the hospital to blow it up. Bob Hope and his group were wonderful. I have a picture of him

where I'm ordering them out of the hospital because we thought there was a bomb in the next room. And he had blood on his sleeve. And one time, he mentioned that it was the only time he was a little worried about his time out there because of the intensity of the situation. This picture is kind of cute because it appeared in the United States as "Captain Fisichella and Friend."

We evacuated our patients as much as we could, to GEN Westmoreland's quarters that night. Bob Hope then put on an impromptu show there for those wounded the next night. I thought that was a marvelous thing.

And he did this in GEN Westmoreland's house?

Yes. I don't know why they never published this stuff because it was a magnificent thing that he did. Every year, he'd send me a copy--tapes of the show. A few years ago, Les Brown and his band were here in Coronado. He saw me and we waved to each other. I said, "Do you remember the bombing in Saigon." And he said, "Yes, and I've been bombed ever since."

There was another sad outcome of that bombing. As the casualties came in and we were all exhausted, the chief nurse had a heart attack. There was also a dentist who was scheduled to go home in a few days. He was one of these straight arrows who never went out. He didn't show up and, as I was hoping he had escaped, they brought his body in. At that point, I just lost all my energy.

You wanted to evacuate some of the patients to someplace else?

We had to evacuate as many as we could fast because we didn't know how many we were going to get in.

Where were you going to send them?

We would try to get them to Nha Trang and to fixed wing aircraft to get them out.

The hardest thing in the world would be to have a hospital blown up. Everybody loses morale, like you don't believe.

You say that your biggest challenge while the CO of the hospital was that you never knew when you were going to get a mass casualty situation.

Exactly, because there was terrorist activity everywhere.

When were you finally relieved from that assignment in Saigon?

I got out in March of '65. I remember GEN Westmoreland telling me not to leave until he got back from a mission he was on. When he got back he said, "This is what I want to tell you. We just got the word that we can now bomb the hell out of North Vietnam." And

he wanted to tell me that personally before I left.

I then flew to Hawaii where I had a debriefing and then on to the Atlantic Fleet.

Where did you go when you got back?

They sent me to the Atlantic Fleet. And I ended up down in the Dominican Republic when we had the troubles down there. I went from one combat field to another. I was the joint task force surgeon for that operation.

When we were going to invade the Dominican Republic, the ambassador was holed up in a local hotel in Santo Domingo. He was in communication with the President of the United States. And we were right offshore. The invasion never happened.

What was your title?

I was Force Medical Officer of the Atlantic Fleet.

How long were you in Norfolk?

I was there after '65. My last assignment was here in San Diego as Deputy Director of the Naval Regional Medical Center.

When did you retire?

In March of '75. My best job was commander of the Naval Hospital Portsmouth, New Hampshire.

What have you been doing since your retirement?

I wanted to get back into clinical practice so I went from the Navy to the university at San Diego State, where I became the gynecologist for the students in their health service. Then a job came up for me in Poway, CA, in general practice, which was what I wanted to do. And I did that for over 20 years.

Let me ask you a closing question. After all these years, do you ever think about that time you spent in Vietnam?

I remember that in my situation there, I was privy to a lot of things. It was a highly political situation. We were professionals doing a professional job. Everybody was a real professional with a specific job to do. We were all expected to be ambassadors. At the time I was there it wasn't an American war. We were advisors. It became an American war after that.

For me, it was the pride I had in the men and women I served with who were so brave. I'm glad I played a little part in it.