

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH DR. ROBERT C. HARVEY

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TELEPHONIC INTERVIEW

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**Interview with Dr. Robert C. Harvey, anesthesiologist aboard hospital ship USS Haven (AH-12) during the Korean War.**

**Where are you from originally Dr. Harvey?**

Originally from western New York. I was born in Canandaigua, NY.

**When did you decide to go to medical school?**

I decided in 1945, right after the war.

**Were you in the V-12 program?**

Yes I was.

**How did that work with you?**

For me it worked great. I got 3 years of college in 2 years, and then I went to medical school. The Navy started us in medical school in the fall of '45.

**So right after the war was over then?**

That's correct.

**Where did you end up going to medical school?**

University of Buffalo, NY.

**How about your internship?**

I had that in Buffalo at the E.J. Meyer Memorial Hospital which was the county hospital associated with the University. I took my 2 years of residency there.

**You were involved with the Navy after that? Did they call you back to active duty?**

I was in the Naval Reserve after having been in the V-12 program. I was in the Naval Reserve all through medical school. However my tuition was paid for by me; there was no subsistence through medical school.

**Now things started heating up in June of 1950. Where were you at that time?**

I was finishing my internship, and at that point I was invited to come into the service. I could go anywhere I wanted, but I decided then to start my residency. I was 1 year into my residency when I got another letter from the Navy saying that they wanted me to come into active service. I wrote a nice long letter to the Navy saying that I was just starting my second year of residency in anesthesia and I thought it would be to our mutual advantage if I were allowed

to finish my residency before I was called into active service. I never received a reply letter from the Bureau of Medicine and Surgery except on the day after I finished my residency. That's when I got my orders.

**That actually sounds like how they do business today.**

They obviously read the letter I wrote to them. So I went into the service as a trained specialist in anesthesia, which was better for both of us. I went to Chelsea Naval Hospital in Boston for about 4 months, and then I went to Korea on a hospital ship.

**How did you learn that you had orders for Korea?**

I learned while I was at Chelsea. The orders were for a hospital ship.

**And that was the USS Haven (AH-12). That ship had been put into operation to replace the Benevolence (AH-13) which had sunk in San Francisco bay. The Benevolence had been re-conditioned and had been going to Korea and on its shakedown cruise in San Francisco it was rammed accidentally by a freighter and sunk. And so the Haven was pulled out of moth balls very quickly, refurbished and sent to Korea.**

When would that be?

**The Benevolence sank in August of 1950 and I think it was a day later that the Navy department activated the Haven and it took several months to get that thing ready and it was ready by September of 1950.**

I have a friend here who was on the *Haven* just ahead of me. He was a surgeon and I think his group was getting off the *Haven* just as we were getting on, which I think was the end of '52.

**So you were assigned in '52?**

I finished my residency in the summer of '52. That was June 30 and by July 1 I had orders to go to Chelsea Naval Hospital. I think it was 6 weeks before I had to report. I reported in the middle of August, and I was there until December. Then I got orders to go to the *Haven*. I did know I was going to go to Korea at that time, and I took with me some things I thought I would want in Korea which I wasn't sure the Navy would provide--some muscle relaxants and a special laryngoscope that I wanted to use, things like that.

**Where did you pick up the ship?**

Long Beach, CA.

**You had not been on a hospital ship before. What was your**

**reaction after seeing this thing for the first time?**

I was impressed with the size of it, of course, but I wasn't overwhelmed by it. I was impressed by the personnel we were going to have--we had 27 physicians and 27 nurses on that ship.

**How many corpsmen did you have?**

I have no idea, but I know that all specialties were represented on the medical staff. I was very impressed that we had a full functioning ship, good operating rooms.

**Would you consider it as modern as anything you had seen ashore?**

Pretty close to it. I didn't think we were regressing at all. We weren't compromising at all. We had a good blood bank and everything we needed, good equipment to work with, good anesthesia machines and all that.

**So you sailed it across to Korea at that point?**

We sailed it across to Japan, to Yokosuka, the Naval shipyard. And then from Yokosuka we went through the Shimonseki Straits and over to Inchon. We were based in the harbor at Inchon.

**Had the ship's helo deck been installed yet?**

Yes, that was there.

**And so you got a lot of your patients that way?**

We got a lot of fresh casualties that way. They came right from the aid stations. We were close enough that we could see bombs bursting and that sort of thing, flashes of light from gunfire. We got a lot of fresh casualties. Then if we had a big push we'd get ready for a bunch of casualties who came by train into Inchon harbor. Then they were brought by boat out to the hospital ship.

**Let's say you had a patient come via helicopter. What was the ordinary procedure for getting the patient from the helicopter to where you got to see them in the operating room?**

We had a triage team that met them right on the helicopter deck and then from there they could be put on a cart and taken into the operating suite, or they could be triaged and taken to a ward, and then come to surgery whenever it was indicated. Sometimes it would be scheduled. If it wasn't a true emergency, such as when they had several wounds that had to be closed, then they might be scheduled for the next day or that afternoon or whatever--it was a 24-hour operation.

**What would have been a particularly busy day for you? Would**

**you have gotten a lot of casualties at one time?**

We could. One afternoon we did 26 cases of secondary closures. There were multiple injuries to most of those patients. I recall us doing 26 patients in two operating rooms.

**How many ORs could you have going at once?**

We could have three. Usually we had two, sometime we had three because we had two trained anesthesiologists and one other doctor who had done anesthesia in general practice whose comment about his time there was "Boy, this is like a fresh residency for me" because he was working with two trained anesthesiologists. Then we had one nurse anesthetist. We could do three rooms at a time any time it was necessary.

**What would have been typical anesthetic that you would have used?**

Usually, it would have been pentothal, nitrous oxide, oxygen, a muscle relaxant--which at the time I kind of favored succinylcholine chloride (Anectine)--and maybe some narcotics for maintenance. I don't recall using ether but we may have. It seems to me that we were also using fluothane at the time. We were trying to stay away from the explosive drugs like ether.

**What about anesthesia machinery?**

We had good machinery. We had Hidebrink machines and we may have had a Foregger machine.

**What others duties did you have besides being an anesthesiologist? Did you have any assigned duties like being on the triage team?**

Not really. We were always available and if we had a severe injury we might be asked to go up to the helicopter deck. But most of the time we were available in the operating suite for whatever need be. Sometimes we'd be asked to come to intubate a patient or help bring a patient that was not breathing properly. But it was not our assignment to go out and meet the helicopters when they landed on the flight deck. I remember being asked to stand OOD watch and saying that we were on call for the OR 24-hours a day, and that was enough duty for us. That was accepted by the head of the hospital, CAPT [John R.] Weisser.

**CAPT Weiser was the skipper?**

He was the head of the hospital aboard the ship.

**Can you describe the types of injuries that you saw?**

Well we saw a lot of shrapnel injuries from bouncing betties, and I can recall specifically some bad eye injuries caused by servicemen tripping a bouncing betty mine. The mine would come up 3 or 4 feet in the air and then explode.

We also had shrapnel wounds and gunshot wounds. I don't recall seeing many injuries from hand to hand combat but a lot of bullet wounds and a lot of injuries from blasts. And then we had some people who were injured in other ways. I can recall an incident when a pilot was taking off from an airstrip with a whole lot of napalm. He couldn't get airborne, hit a steamroller at the end of the runway, and was badly burned. He had third degree burns over most of his body. He was so alert; he couldn't see but he could talk. The one thing I didn't do, which I regret, was to get a personal message to his next of kin. But before we could do anything he began to develop cerebral edema. We gave him some morphine which was all that was required for sedation and pain relief at the time. I don't recall if he lived a half an hour or an hour but that was a very traumatic patient for us to see.

We had a lot of patients who had open chest wounds or brain injuries. We saw quite a bit of brain trauma. We had two neurosurgeons on the ship and they were pretty busy. We had chest surgeons, orthopedic surgeons, an ophthalmologist. We had every specialty covered.

**Did you see any vascular repair work being done?**

I don't recall if we did any vascular repair work.

**That was a science in its infancy.**

I would say, very much in its infancy.

**There was a lot of experimenting going on in a lot of the Army MASHs. They were doing some vascular work but it was not authorized by the Army and I am trying to find out what the Navy was doing in that area.**

At least on the hospital ship I was on, we weren't doing anything with vascular repair. I don't ever recall us doing procedures where they were doing grafts on extremities or that sort of thing or even on intra-abdominal procedures. I don't recall seeing that at all.

**Do you recall any particular episode above any others that you saw while you were there?**

I recall one of our medical doctors going out to the flight deck one afternoon at lunch time. A helicopter was coming in. He was an internist and he went out to flight deck to receive whatever was coming aboard. As he got out there they landed, and then the

helicopter pilot rotated the helicopter around just a little bit and this guy walked right into the tail prop. It took the front of his face right off. You couldn't tell who it was at first but he was also conscious at the time. That took care of lunch in the officer's mess that day. Nobody ate anything after that. But there weren't a lot of things like that. There were some very young patients with injuries to both eyes and you knew that they were going to be blind. Things like that were very disturbing. Open chest wounds were interesting. We did help a lot of people. I had the impression that when a wounded Marine finally arrived on the hospital ship he felt that he was now safe. You could tell that they felt that now that they had arrived aboard a hospital ship, they were going to be alright. And most of the time they were.

**That was a pretty advanced form of medicine to be in the middle of combat then suddenly you were in the most modern hospital you could find.**

That's true and I'm sure it was very satisfying for the fighting personnel too. But we obviously had the best of what was available and I had a lot of medical friends who came from MASH units or an aid station and they couldn't get over what we had to offer in the way of patient care.

**I guess the hospital ship would have been the ultimate in terms of medicine in Korea--the absolute top of the ladder.**

Sure it would have been. One day when we were in sea, I think we were going to Japan from the West Coast, we received an acute appendicitis patient from another ship. It was interesting for us to watch them use the "breeches buoy," sending the patient across lines from one ship to another. There were respectable seas at that point and he were bouncing around. Anyway, we that was one of our interesting experiences on the way to the Far East.

**When you were at Inchon was the ship there the entire time you were aboard?**

We made two trips back to Japan. We would get to the point where the ship would be full of casualties and they needed transport to somewhere else, say the hospital in Yokosuka or somewhere in the States. Our capacity was 800 patients. When we would get pretty close to that, the ship would go back to Yokosuka. There they would be unloaded to the Yokosuka Naval Hospital. Then we would take on fresh supplies, we would be there for about 10 to 14 days, and then we would go back to Korea. We did that twice and we were there at the end of the war. Then we repatriated a lot of the prisoners which we took all the way back to the States. They were servicemen from

the Army, Navy, and Marine Corps, and most of them still needed some medical attention.

**Were these people in poor physical shape?**

Some were and some weren't. There were some that were in quite poor physical shape, but in our anesthesia department we didn't have a lot of contact with any of them unless they had a surgical problem. For those who just needed medical care they would be on the medical wards and we didn't see much of them.

**Were you at anchor when you were in Inchon or was the ship tied to a pier?**

No, we were at anchor. We were well out in the harbor.

**So the best way of getting patients was by helicopter.**

Helicopter transport was the quickest way to hospital care. Also, we had some that came from the advanced areas by train to Inchon, and then were brought out to the ship on small boats.

**While you were at Inchon did you ever get ashore at all?**

We did go ashore occasionally on a Sunday afternoon to have a softball game. One time ashore we went to the 38th parallel.

**What did you see up there?**

Not much that I recall. And I don't recall exactly how we got there. One of things that stands out in my mind was that we were told we would need a sidearm to take with us. I never operated a pistol in my life. I don't know what I would have done with it if I had to use it.

**Probably throw it at the enemy.**

(Laughter) Anyway, we didn't do a lot of touring. We were invited to South Korean President Syngman Rhee's summer residence. It was on an island and we stopped there on our way out of Korea. We were there to be thanked by some Korean physicians for our help and instruction to them. But as I said we did not go ashore very often.

**How long were you aboard the ship?**

My tour was 10 months. I boarded the ship on the 1st of January, and. I got off the ship by the end of October.

**How did you get back?**

We passed beneath the Golden Gate Bridge and went to Oakland.

Then from there I knew I was going to be assigned to a hospital in the States. I was given a 14-day leave and came back east to see my wife and son. While I was east I received orders to go to the St. Albans Naval Hospital. When I had been in the east I did go to the Navy Department in Washington because I was told I could go to most any hospital I chose. Since my family was in Rochester, NY, and I had a brother who was in New York, I decided that I wanted to go to the St. Albans Naval Hospital. So that's where I spent the last 10 months of my Navy duty. I was there from November till the following July when I separated in July of '54.

**You certainly didn't see anything at St. Albans that compared to what you saw in Korea?**

Not as far as traumatic injuries. St. Albans was a big hospital and we had a lot of consultants. We had good consultants in anesthesia, and a lot of good surgical consultants there. We did a lot of open chest surgery and much reconstructive surgery. I don't recall anything too remarkable there. They also had a big obstetrical facility at St. Albans for care of dependents.

**Well, Dr. Harvey I would like to thank you for spending time with us this afternoon.**

You're welcome. It was overall a great learning experience, and the U.S. Navy was good to (and for) me.