

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH DR. G. GUSTAVE HODGE

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Interview with Dr. G. Gustave Hodge formerly of Delta Medical Company of the 3rd Medical Battalion in Vietnam, 1966-67.

Where are you from?

I was born in Oak Park, IL, on 14 August 1940. My father was a management consultant so we moved quite a few times so I don't call any one place home.

Where did you go to medical school?

At the University of Wisconsin, Madison. I graduated in 1965.

How did you come to join the Navy?

My uncle was a Navy aviator who ended up serving with Marines and I always wanted to be a Marine. I took the early commissioning program while at the University of Wisconsin so that I could be assured that I would be in the Navy. I did my internship in Panama at Gorgas Hospital. Although I had planned on doing tropical medicine, the rotation, unfortunately, came at a time when the Panamanian riots had occurred. So out of 16 interns we had only 8. And of them, 3 left, leaving us somewhat short-handed. So rather than working at Gorgas Memorial Laboratory during my internship, I had a port and starboard for the year. The head of the orthopedic department was an Army colonel named Walker, who gave me a lot of responsibility and so I thought I should become a surgeon.

I then decided to go to Pensacola for the flight surgeon program. COL Walker said that if I wanted to go into orthopedics, that I should go to Vietnam and specifically with the Marines. So I requested to go to Vietnam and in the return mail I found out that I was accepted.

That couldn't have been a big surprise.

[Laughter]

Did you first go through Field Medical Service School?

We went through Camp Pendleton and I met a fellow, Les Dornfeld, a Los Angeles urologist. He and I sort of walked through Pendleton together and had a really good time doing it.

Did you go to Vietnam as an individual rather than as part of a unit?

Yes. I reported to Vietnam as an individual. I think there was probably between 5 and 10 of us who flew in at the same time. We flew into Da Nang and I arrived there at 1300 hours on September 5th, 1966. I remember taking a hospital ambulance out to C Med from the airport

I wasn't there very long before I requested to go north. There

weren't too many casualties at Da Nang and wanted to see some forward action as a battalion surgeon. I was a GMO at that point so they put me with the 3rd Battalion, 12th Marines. I reported with them in Da Nang and went north to Route 9, then west to the "Plateau."

Where were they located?

The 3rd Battalion, 12th Marines opened up a plateau which we called the "Artillery Plateau." It was off of Route 9. We left Dong Ha by convoy and traveled west and north on Route 9 until we ended up at "Artillery Plateau."

What did it look like?

It was a plateau but without having any topographic maps, I'd have to say it was probably a thousand meter by 800 meter plateau which was fairly flat, a good platform for the 105mm howitzers and the 155mm self-propelled guns that we had at that time. Later it was named Camp Carroll.

Were there a lot of NVA in the vicinity?

There were reports of enemy in the area. The 4th Marines who we were supporting with our artillery were receiving casualties. They brought in nine wounded and eight more on their way on the 28th of September. There were some captured VC and a tax collector, among others. I got to clean him up a little bit.

As a battalion surgeon, what kind of facilities did you have to treat casualties?

The supplies were in a CONEX box when we arrived. There was a Chief Carter who was the hospital chief who helped get things organized. We built a little bunker, at least for myself and the hospital corpsmen to get in to. Our supplies were primarily dressings, pharmaceuticals for what we anticipated to find, and very little for treating casualties other than the initial dressings and resuscitation before evacuating them out.

So you really couldn't really do anything sophisticated up there. You could stabilize patients and get them medevaced.

That was all I could do. I remember that when I reported in, the chief told me that if I just followed his lead I would get through it just fine. Which was the case. Quite frankly, he was more used to sick call, triage, and what to expect. I was a little bit frustrated because most of the casualties were medevaced out by helicopter bypassing us and going into Dong Ha.

I sort of settled into life in the artillery setting which was pretty enjoyable, quite frankly. I got to know a lot of the officers

well and was pleased to see how qualified, dedicated, and intelligent the Marine officers were. Whenever there was a unit that was short a surgeon in the area or someone was going on R&R or whatever, I would fill in. I went out on patrol with the 3rd Battalion, 4th Marines and I remember being less than comfortable. But all in all, it was pretty quiet at that time. This was September-October of 1966 so the action was sporadic and usually fairly isolated to the north of where we were--the DMZ.

So when you went out, you didn't get into any firefights?

No.

What was your chain of command?

I was very independent, now that I think about it. I would have my Merck Manual with me. I was able to communicate to a limited extent, but as far as having supervision or support, it was very limited. I consulted by radio more with C Med in Da Nang than with D Med in Dong Ha. But there wasn't much in the way of casualties that we were seeing at that point.

While you were up there at the fire base, did you have to communicate much with any facility further south?

Yes, for coordinating medevacs. Some of the units would be hit and our communications were better than the people on the ground and so we would relay messages and arrange for medevacs. That was one of my roles.

How many personnel would you have had to take care of up there?

It was an artillery battalion so we had four batteries on the hill and I can't tell you what the compliment was. I imagine it was on the order of 300.

Did you have any patients you really remember? Could you tell me about the tiger incident?

At that point, I was at Dong Ha with Delta Company, 3rd Medical Battalion. I started with them on the 11th of February 1967 coming in from the field. The incident that created a lot of interest was a fellow who was brought in on a medevac. He was taken to the triage area with an unusual wound in his right arm. I asked him what had happened and he said that he didn't really know. Something picked him up and shook him like a rag doll. I examined the wound and found that he had an avulsion of the anterior right arm with significant damage to the biceps and some individual punctures. He thought that he had been bitten by a tiger. Everybody sort of ridiculed this notion, but after looking at the wounds, we felt that this was most

likely the case. He had said that they had taken off from Route 9 and gone into the bush and had climbed up a hill and began digging in for the night. He had been in a shallow fox hole with his arms out of the fox hole with his rifle across the fox hole's edge. He was just about to doze off and that's when the tiger grabbed him by the arm. He began beating with his fists and didn't know whether he hit it in the nose or the eye but it let go and headed down the hill. He grabbed his rifle and fired a couple of rounds at the mass going down the hill which he said was fairly large. He didn't think he hit anything but suddenly realized that he had just shot his rifle so he couldn't have lost his arm. At first it didn't hurt but for a burning sensation.

We cleaned up the wounds. I have in my notes here that he went out to the *Sanctuary*. I don't know if the ship was offshore at that point or not. I know the *Repose* was there on station but I don't know what the rotation was. This would have been April 17, 1967.

Do you recall any other memorable patients?

Quite a number of people were brought in post-concussion from mortar or rocket attack. One fellow came in and he was pretty shook up. I was looking over him with my otoscope and ophthalmoscope and looked in his left eye. It was all black and I thought maybe he had blood in that eye. I asked him to move his eyes left and right and his left eye didn't move as well. Then he started chuckling. I asked him what was going on. He said, "That's my artificial eye." I asked him what his MOS [Military Occupation Specialty] was. He replied that he was a machine gunner. I asked him how he did that with one eye. He said, "My ammo bearer gives me the range and he's also my spotter so if I'm shooting over or under, we correct. It's even better than that doc. On Okinawa, I was an ammo truck driver." I asked him how he passed the physical. He said, "I'd be looking out of my right eye. And they'd tell me to cover my eye with my hand. I'd put my left hand to my left eye. Then they'd say, 'Other eye.' And I'd put my left hand to my left eye. Then I'd put my right hand to the left eye. And it worked three times.

There was another fellow who was disarming a shoulder-fired rocket launcher. He was disarming the wires that were attached to the rocket launcher and it went off while he had his hand up. I asked him if he were right or left-handed. He said, "My friends call me "Lefty" but I used to be right-handed." He lost his right hand and to about mid forearm. There was nothing left to reconstruct.

The humor that came through in the triage area was amazing. How resilient these folks were. One guy who was point for his company was brought in. He was wounded and we were about to evacuate him. He refused to be evacuated. He said, "Doc, I can smell 'em. If I'm

not there, someone's gonna get hurt." He said that his ability to smell the enemy got him out of a couple of bad scrapes.

One of the things I had to do while I was there was go to graves registration. The general was particularly interested in finding out if anybody had been tortured before they were killed. That's possible if you got the bodies in fairly fresh. But some of these had been out there for a week or 10 days before they could get a reaction force to go out and retrieve them. And then you couldn't tell if a body was that of a white man or a black man, let alone how they were killed. Nevertheless, these graves registration guys were very, very thorough and very good. How they could do that on a daily basis during their tour of duty astounded me.

While at Dong Ha, we began getting incoming one day. One of the rockets landed in the mess tent about a hundred yards away. They brought in, of all people, a kid who we all liked. He was a chaplain's assistant and was serving Mass for the Catholic chaplain when it happened. He got shrapnel through his chest and it hit his ventricle. We tried to resuscitate him and opened his chest. Don Hagen, who later became the Navy Surgeon General, stitched the hole in the ventricle and I had to do external cardiac massage. I could feel the heart start to fibrillate as the cold blood was being infused. We were able to get it started again and then closed his chest. Then he started to fibrillate again and we lost him. We were so frustrated. With the number of casualties we were seeing, we didn't even have a defibrillator, which may have made a difference. The hole in the ventricle wasn't that big and I feel the defibrillator might have made a difference. Here was a high school math teacher, a conscientious objector, who lost his life.

Were you the only physician up at the Artillery Plateau?

Yes. There was the chief and a couple of hospital corpsmen. Having recently left Panama, I had gotten malaria during the jungle warfare training school there and was still convalescing from that. I didn't want to tell anyone for fear they wouldn't let me go to Vietnam. During Field Medical Service School, I thought I was pretty fit but I was still a little winded because I was so anemic. When I got to Vietnam, we sort of sat around at Charlie Med until I got out to the Artillery Plateau. Making the bunker, I realized I would have develop my shoulders if I was going to continue to throw 40-pound sandbags around.

We had to cut open the CONEX box with a torch to get the supplies because nobody had a key to the lock on it.

Speaking of supplies. That was one of my biggest frustrations. I was at an artillery battalion with various batteries and all these people and we had very limited supplies. I had to steal IVS to have

them on hand if we did take casualties. We didn't have adequate supplies in that regard. One of my medical civic action duties was to go to a Montegnard village out near the Laotian border. I stopped at a Special Forces camp and these guys had underground bunkers, it was air conditioned. Their medic had instruments to do a thoracotomy, they had a defibrillator. At Dong Ha, we didn't have a defibrillator while I was there. The disparity between the Army and the Marine Corps, as far as what supplies were available was incredible. The best thing that happened to the Marines was when the Army moved up to where we were. Then the Marines would go into their camp at night and steal what they needed.

So you spent pretty much your whole year up on the Plateau?

I went with 1/26 for a while. We moved from place to place as a battalion and I was also attached to a couple of other units when they needed a doctor. I was at Cam Lo, Con Thien, and I can't remember the name of the place when 1/26 came ashore during an amphibious operation. I was still with an artillery unit down there. That was around Christmas of 1966.

So you were pretty close to the DMZ.

I was in North Vietnam twice, inadvertently, once on a Caribou that overshot Dong Ha, and the other was on a chopper going to Con Thien and it was foggy and we ended up in North Vietnam and had to double back. I never realized how close to the ground a helicopter can fly.

Did you have morning sick call and that kind of thing?

We had a sick call and we'd see 15 patients on some days, some days less. It wasn't a big sick call until I got to D Med at Dong Ha and then we'd see 60 or 70 patients there. We saw gastroenteritis, the clap, respiratory problems, and some malaria, primarily falciparum. We had a lab at D Med and they could make the diagnosis there and ship the guys back to Da Nang and beyond.

When I was with 3/12, the artillery unit, we were up at Con Thien and an edict had come down from the general that there would be no more accidental discharges of weapons and made it the responsibility of every commander down to the squad level. Despite this, within a few days, I heard a round go off in one of the tents. A guy was cleaning his M14 and it had a round in it and it hit one of his buddies in the left groin. We called for a medevac but they couldn't get one for a while. Well, this guy was losing his blood pressure. His pulse was going up and he looked as pale as a white tablecloth. I grabbed the chief and asked him if we had any blood transfusion sets to draw blood. He brought one back and we drew 3 units of O negative

blood to give this kid, then shipped him out by helicopter. I learned later that the bullet had clipped his iliac artery and, while they were getting that secured, he lost another 14 units of blood. He ended up going to the *Repose*. I got a note back from the *Repose* censuring me for taking a patient with a different type of blood and using O negative blood which would then doom him to having O negative blood for the rest of his life.

I would think that would be the least of his problems.

That was my feeling at the time.

Having acquired the skills you did in Vietnam, did you find them useful after you got back?

When I was at Dong Ha, we were seeing between 1,500 and 1,800 battle casualties a month. We had five GMOs, an orthopedic surgeon, a general surgeon, and a couple of anesthesiologists. Sometimes when guys were coming in off the helicopters, we'd line them up and triage them. It got so I was putting in chest tubes, at least three in one day. After my Vietnam duty, I went to a general surgery residency in Boston. One day they brought in a Boston police officer who had been shot in the chest. He had no breath sounds on the left side of his chest where he had been shot. So I counted down to the sixth interspace and put in a chest tube and then was called on the carpet because I didn't have a chest x-ray before I put in the chest tube. They questioned my ability to make the diagnosis and insert the chest tube. I found the whole thing quite ironic.

Did you have Heimlich valves on your chest tubes in Vietnam?

No. We didn't. I do recall cutting off the finger of a sterile glove and putting the rubber over the end of a chest tube with a rubber band and this acted as a flutter valve. I'm pretty sure we were doing that in Vietnam.

While you were at the fire base, did you ever come under enemy fire?

We did take a few rounds where we were. While I was up at Con Thien, they took quite a few rounds and some of the guys were killed. I felt very badly that I wasn't with the unit at the time. I like to think that I could have done something. Yes. There was the occasional mortar round that would come in but not enough to really throw you off until I got to Dong Ha. There were getting quite a few rounds coming in at night two or three days a week. And then it started becoming more regular. Then the whole complexion of the war changed when they started dropping rounds in during the day. It's one thing to sleep in a bunker at night. At least you are somewhat protected. But when they start dropping them in at noon,

then you can never feel very comfortable.

It took a while for McNamara to realize that his "McNamara Line" wasn't going to work. It was quite a joke. I remember when he came to Dong Ha to inspect the line, I was out at the airfield at the time. I was still in the field at that time so I was wearing a helmet, no insignia, a flak jacket, and a .45 caliber grease gun. The photographers who were shooting pictures of McNamara and everybody who was standing around. One came over and took my picture. "We'll get this in your hometown paper. Where are you from?"

So I told him. He asked me what I did. "I'm a doctor."

"Oh, we can't use this! You've got a gun."

Did you find that you had to be armed while in Vietnam?

Moving up and down Route 9, particularly for the medical civic action, I routinely went out with just two jeeps. We did not have a security force that would go out with me when I was going out to the villages. We'd go to some fairly remote villages up in the Montegnard villages and up around Cam Lo and Con Thien. We'd go out, spend the day, and then come back. On one of those trips, one of our jeeps took a sniper round through a tire. After you got out of the ditch, you had to think about changing the tire, knowing someone was out there.

How did the MEDCAPs operate?

I was asked to go out and work with some of the villages in our area. We would organize as best we could with the supplies. One of my frustrations, of course . . . We would be going to a village and there would be people with TB--scrofula with these draining abscesses from the neck and so on. We couldn't give them enough medication to really treat it because the VC and the NVA would come in and confiscate the medicines we left behind. I was truly frustrated because I could go in and treat diarrhea, some minor wounds or whatever, but as far as doing definitive, chronic care, there was no way we could do that.

By virtue of doing this, however, was that I got to meet some people who had some medical training. They were usually French-speaking. I had taken some French and so we were able to communicate. That came in handy later when I was in charge of setting up camps for the refugees we evacuated from the DMZ. I took that on as an additional duty while I was at Dong Ha and got a citation for it.

Why did you have to clear the DMZ?

There were people who lived in the DMZ and they were evacuated because the B-52s were bombing in that area. To take care of these

displaced people, we set up a tent city with water and sanitation, latrines, etc., and a medical facility where we were able to do more than just the band aid type of treatment. We were given pretty good support from Division as far as getting things organized to do this. They were mainly women and children. You didn't see many men in their '20s and early '30s among them. I was able to follow with people, give them medications, treat chronic illness. We had a dentist who was working with me. I got so I could pull teeth pretty well. From the humanitarian aspect, I felt that I made at least some impact. With the MEDCAPs in the villages, I do not feel that made much of an impact.

(Reading from his journal, April 23, 1967 doing MEDCAP out of Dong Ha) "Saw about a hundred people. The usual abscesses, coughs and dermatitis. One woman had definite TB." My option was to send her to Quang Tri to a civilian hospital. I had gone there to see the hospital and was escorted by a reserve medical officer who indicated that he had volunteered to go to Vietnam but told his wife he had been called up. He wanted to work in that type of a setting. I thought it was impressive that he was doing that. They would have two or three people in a bed. They had no facilities for cooking so the families had to bring meals to the patients.

How long were you in Vietnam?

Thirteen months. Jay Cox came in to replace Newt McCullough as CO of D Med and when Jay came in we said that everyone was shipping out. He said he needed some people to stay behind and train the guys coming in. I said that I would and then I found out that the replacements were still at Okinawa. So I didn't rotate back to a rear area until just a few days before I left Vietnam.

Where did you go after you got back from Vietnam?

I was battalion surgeon for Fleet Marine Force Atlantic, Norfolk, VA.

What were your duties there?

Taking care of pretty healthy Marines and I enjoyed it thoroughly. I got out of the Navy in June '68 so I could report for my residency at Boston City Hospital on July 1st.

As a battalion surgeon, particularly in the triage area, when I was with D Med, you had to make light of things. You had to keep your head down and keep going. When I came back from Vietnam, one of the first movies I went to was M*A*S*H. I was laughing hysterically through most of it and my date--my wife now of 35 years--kept jabbing me in the ribs and telling me that I was the only one in the theater that was laughing, particularly at some of the things that were pretty gruesome.

Were you laughing because you saw things that you recall?

Yes. I thought the movie was pretty good. Of course, we didn't have women where we were at Dong Ha, but beyond that, I thought it was a pretty good portrayal.

What did you do after you finished your surgical residency at Boston City Hospital?

I should tell you that I had been accepted to the Navy orthopedic program at Portsmouth and had to make a decision whether to be a full-time career officer or to get out and go into civilian life and I chose the latter. I have to admit that there have been times when I wondered if I made the right choice. I think I would have enjoyed the military as a career.

So you became an orthopedic surgeon?

Yes. I went from Boston City, which was general surgery, to the University of California San Francisco and finished up that program in '72. I've been in Bellingham, WA, since that time. My younger son is at my same program at San Francisco and he'll come and join my practice.

It's been some 37 years since you were in Vietnam. Do you ever think about it these days except when you come to events like this?

Yes I do. The numbers of casualties that I saw, I was always surprised at how few amputees I saw when I got back to the states because I assumed I would be running into these folks all the time because there were so many amputations. One of my frustrations was the lack of support for the Vietnam veteran. Early on, after I returned, there was a church service on Memorial Day. The pastor made no mention of the contributions of our armed services. And I got up and asked for a prayer.