

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH RADM (ret.) HORACE "RED" WARDEN, MC, USN

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**Interview with RADM Horace D. Warden, MC, USN (Ret.), Experiences during World War II, as White House physician, and involvement with space program and Pueblo crew repatriation.**

**I understand that you're from Montana.**

Yes I am.

**Did you study to become a doctor from the beginning?**

No. I started out to be a forest ranger. My father, who was a civil engineer, wanted me to get some science. I signed up for chemistry and math and did so well in those that I finally got a degree in chemistry. I had some friends at that time in the chemistry department that were going on to medical school and convinced me to apply, so I did. There weren't too many medical schools in that part of the world so I went to Rush Medical College at the University of Chicago. I graduated from there in 1938. I then interned for the Public Health Service for a year. While there I heard about the Navy. I didn't have any place to go after my internship. We took a trip to Bremerton [WA]. It looked good. I took the exam for the Navy. It was depression days and I understand that over 600 people took that exam. Only about 65 were accepted. I believe I was about number 61, right near the bottom of the Navy list. But I got in and it looked better to me than the Public Health Service.

**And then you were commissioned a jaygee.**

I was commissioned a jaygee at the Puget Sound Naval Hospital in Bremerton. I was there from August of '39 until about May or June of 1940 when I received orders to Pearl Harbor Naval Hospital. In those days we had about 15 medical officers there, 2 of whom were jaygees.

**What kind of job did you get?**

I was put on the medical service. Not long after that the other jaygee, who had more surgical experience than I, was flown out to the *Ramapo* (AO-12) for a medical emergency.

**Was that in a PBY Catalina?**

Yes. But it was damaged on landing so it had to be towed the rest of the way back.

**Did the doctor do an appendectomy while he was out there?**

Yes he did. Meanwhile, while he was gone, I asked if I could take his place in the surgical service to get more experience. They allowed me to do that. The chief of the surgical service was Joe

Logue [Joseph B]. When the other jaygee got back on the *Ramapo*, Logue didn't want to put him back in surgery; he wanted me to stay in surgery and I did for several months.

**You hadn't been trained as a surgeon previously?**

Oh, no.

**Then you were assigned to sea duty.**

I was actually assigned to Mine Division Two. The USS *Breese* (DM-18) was one of four destroyers in that division. The doctor I relieved had died in his bunk because of an overdose of barbiturates and alcohol. So I became the medical officer of Mine Division Two, part of what they called the old "Pineapple Navy." We would go and practice laying mines for 2 weeks and then be in port for 2 weeks. I was riding on the *Breese* because that was the ship that had a stateroom for the doctor. During the 2 weeks we would be in port I would go to the Naval Hospital to get some more surgical experience.

**What kind of sick bay did you have on the *Breese*?**

We had a small sick bay on those old four-pipers, not much space, just enough for one hospital corpsman to work in. It was very cramped but adequate.

**Were you on the *Breese* that Sunday morning when the Japanese attacked?**

Yes sir. On that Sunday morning we were moored to a buoy near Pearl City. I happened to be aboard the previous night because in those days they used to divide Pearl Harbor into three areas. There was supposed to be a doctor assigned to each area all night for medical coverage. It was my night to be aboard in Pearl City. I was due to go off duty at 8:00 on Sunday morning. I had changed into civilian clothes and was waiting on the deck for a whaleboat to take me to my car so I could go to breakfast at home on the far side of Honolulu. The Japanese hit at five minutes to eight and I never got off the ship.

**Did you see them coming?**

No. The first thing I remember was the sound of firing and then they called general quarters. We were not a large ship so we were not immediately threatened. After the Japanese delivered their bombs on the large ships they had to come up over us. That's when we got one of them with what I think was a 3-inch gun.

**Did you see that happen?**

No. I didn't see the plane get hit.

**When you went to general quarters, your station was in the sick bay below decks?**

Yes. But I didn't have time to get there. I remember one of our food handlers was milling around very upset and crying, a real basket case. We went to where we had the firearms stashed away and we got a rifle and gave it to him. Once he started shooting he was alright. The plane we had shot down landed right near us in the water. The pilot was still alive so they got a whaleboat to go rescue him. Apparently he made a move, put his hand under his vest or something, and so they killed him and then didn't have a live pilot to question. The sailor who shot him was told that he was going to get court-martialed. But later that all was quashed and there was no court martial.

We then tried to get underway and out of the harbor. Our ship was ready because we had had the duty the night before, but we were tied to three other ships and they didn't have many people aboard on Sunday morning. So we had to wait until enough crewmembers arrived on these ships to get them out of the harbor.

**Did you have any casualties to treat at this point?**

None. After about an hour or an hour and a half we were out to sea and started to patrol looking for miniature subs and dropped depth charges. We stayed out about a week and then came back. I can't remember whether we ran out of food or fuel. Anyway, we came back in to Pearl Harbor. Then we could see all the damage that had been done. Going out we couldn't see it because of where we were. While we were out we kept wondering why the big ships hadn't come out.

**What did you think of all that damage?**

It was just terrible. It was one of those things when you think, what's the world coming to? What's going to happen to us now? Everyone was all set to try to get even if we could, but my family was on the other end of Oahu so the first thing I wanted to do was get ashore and let them know that I was okay and find out that they were okay. That was probably the worst week of the war for me.

**What did you do once you got back to Pearl?**

We stayed there waiting for further orders. There was nothing really to do. I then got permission to go to the Naval Hospital to help out over there.

**Did you still have a lot of casualties to deal with from the attack?**

Yes. We still had surgery to do. One of the Japanese planes had crashed in the Naval Hospital yard and I have a piece of it.

**Did you still go patrolling with the *Breese*?**

Yes. We would go out for a few days patrolling looking for submarines and then come back to Pearl. I remember that on Christmas day in 1941 we were tied up right at Hospital Point. Meanwhile, my family came out to the Naval Hospital to have Christmas dinner with me. That was a wonderful occasion.

**How long were with Mine Division Two?**

I was with that outfit for another year. We got to work laying mines throughout the South Pacific. Two ships of our division departed Honolulu early in February 1942 and went south to American Samoa. The four ships of the division never traveled together for the rest of the war.

**What were the other ships?**

The *Gamble* (DM-15), the *Ramsey* (DM-16), and the *Montgomery* (DM-17). They were four-piper destroyers that had been converted to high speed minelayers. On each of these ships there were two long tracks on the top deck holding the mines. They would roll off the stern of the ship. We went into the South Pacific to lay mines around American Samoa. Then we went over to Fiji. We were there around Eastertime laying mines. In American Samoa, we set up a little mine assembly plant. We then put the mines aboard our minelayers. We also had a mine assembly plant in Fiji and laid mines there as well as near Noumea and Tonga. Then we were sent up to Espiritu Santo and laid mines there. This was all before the Guadalcanal invasion.

**Were you the only medical officer for that division?**

Yes and lots of times we were traveling with three or four other ships that didn't have doctors aboard.

**Did you have corpsmen on the other ships?**

We had well trained corpsmen aboard. They were either first class or chief petty officers. There was quite a lot of independent duty. While we were at Espiritu Santo getting ready for the Guadalcanal invasion, four of our cruisers and our ship were detailed to go out and tow a target one night. We lost the target, the seas were a little rough or something. We were turning to get ahead of the cruisers and destroyers, had a new skipper and we accidentally hit the side of the *San Francisco* which didn't do much damage to that ship but took off the forward 40 feet of the ship I was on. In those days, the chief's quarters were up there. And the sick bay was in

that section. We thought we were going to sink. At that time I had a topside cabin with no air conditioning. I was lying topside on a straw mat because it was cooler that way. The word came to prepare to abandon ship because it looked like we were going down. The forward section then fell off. The Filipino stewards got very excited and proceeded to cut loose the life rafts and throw them over the side. So there we were with our life rafts gone. All I had on was a life jacket. After checking the personnel, we found that we hadn't lost a person and nobody was seriously hurt.

The ship was still afloat but the problem was how we were going to get back to Espiritu Santo. We ended up being towed stern first all the way back. They transferred me to another four-piper and I rode it back.

**You needed a new ship now.**

We put a temporary bow on the *Breese* with wood and concrete and so forth and from Noumea we got it back to Pearl Harbor at 8 knots. It was a long, slow trip.

Because I had been a reasonably good typist before I went in the Navy, I volunteered to work in the message decoding part of the ship. I liked it because I got to know what was going on. This was the time of the Midway invasion. The Japanese were coming toward Honolulu. As far as I knew my family was still there. Meanwhile they had left on a Pan Am clipper about 4 weeks along. Anyway, we got back to Pearl and patched up our ship. Again, I spent a lot of time at the Naval Hospital. Once the ship was ready we headed south again for Espiritu Santo.

Late in the fall of '42, our job was finished and our ships were ordered back to Pearl Harbor. On the way back, I was working on decoding when my orders came in. I was to be relieved and sent to San Diego for surgical training. In those days they would only give us 6 months of graduate training at a time.

**San Diego was getting to be quite a large hospital at that time.**

We had several thousands patients at that time. And it wasn't until about 1946 that I came back a second time.

**What do you remember about your surgical training?**

We had a chief of surgery who was Lamont Pugh, later Surgeon General. He had been out in the Pacific and he came back to be a good teacher for us.

**People who remember Dr. Pugh back during the war said that he was a marvelous teacher.**

He was not only a marvelous teacher, he was also a marvelous speaker and writer.

**You finished with your surgical training after 6 months?**

Yes. Then I was ordered to go to Farragut, ID, to be executive officer of the Hospital Corps school and spent about a year there. As the XO, I was also running the school while it came under the command of the Naval Hospital, Farragut. There were about 1,200 students. There was a large training center there. We could keep our Hospital Corps students for as long as 16 weeks but things got tough we cut that down to 12 weeks. At one point when I was there, during some of the Marine campaigns, they got very short on corpsmen and we had to cut our program to about 5 weeks. When we did that, we included Saturdays and Sundays. Nevertheless, a lot of those men did outstanding work out in the war zone.

**What subjects did they get?**

About the same things the corps schools have now: elementary courses in the medical and biological sciences, first aid, etc.

**Did they go to Camp Pendleton from your corps school to train for duty with the Marines?**

They could go to Pendleton or could go direct to Marine units, other naval hospitals, aboard ship--anywhere.

**If they were going with the Marines, they could go to the Field Medical School?**

I don't recall.

**What do you remember about Farragut, ID?**

I was originally from Montana and I very much enjoyed duty in Farragut because it was right near the Canadian border. There was a big fresh water lake there and it was easy to go fishing when we had the time.

We had about 60,000 men going through boot camp there at one time. We had three big boot camps there together and along with that we had a 3,000-bed hospital. And along with the hospital was this 1,200-student corps school.

I was at Farragut from about August 1943, stayed about a year, and then got orders back to sea duty as a medical officer on the staff of Commander Minecraft Pacific.

**You were involved in the Iwo Jima campaign.**

Both the Iwo Jima and the Okinawa campaigns.

**When did you join the staff?**

I believe it was in October of 1944 when I reported to duty at Pearl Harbor. At that time we had about 425 vessels in that command. They were mostly smaller ships like minesweepers, net vessels, and minelayers. We had a few dozen destroyers, supply ships. My job as medical officer was to provide materiel and keep medical personnel on all these ships because they were spread all through the Pacific.

**Were you stationed aboard ship at any time during that period?**

This was really the first time this command had really been put together and as the medical officer it was part of my responsibility to get aboard as many of these ships as I could to check out the supplies and ensure that we had a Medical Department representative on each of them, usually a corpsman. At the time I was at Pearl Harbor I think I may have gotten on about 80 or 90 of them. Part of our staff would go out with the invasion forces. When the advance staff went out, I went along. My first occasion was to go with the Iwo Jima invasion. At that time we used the USS *Terror* (CM-5). It was a heavy minelayer. We used it not as a minelayer but as a command ship.

**Who was aboard as staff?**

The admiral, ADM Alexander Sharp, and key members of his staff were aboard for these invasions.

**You were aboard for the initial invasion of Iwo Jima?**

Yes. In fact, we got ready for this at Ulithi and from there went on up to Iwo Jima, stopping at Tinian for 2 days of practice and rest. Then we went on to Iwo Jima where the minesweepers were to clear out the landing areas before the troops went in. We were up there about 3 days before D-day. Of course we had landing vessels that were checking beaches, etc. During those 3 days there was no hospital ship there yet but I had a good sized sick bay on the Terror and the ship's doctor could handle quite a few people. While they were looking for a place to evacuate the wounded, we volunteered to take about 100 casualties from among the men aboard LCIs and other landing craft who had been wounded. I went to work as a doctor taking care of these people.

**What kind of sick bay did you have on the *Terror*?**

We had a good sized, pretty well equipped sick bay. We didn't have an operating room but we could do surgery. As I recall, we had a medical officer, a dental officer and he had a corpsman, and there were two corpsmen attached to the medical side. Even though I was aboard as a rider, I helped out.

**These first patients then were personnel injured before the landings?**

Yes. They were others from small ships like minesweepers who had been wounded or killed from Japanese shore fire. After a hospital ship came in we transferred all our sick and wounded.

**Was that the *Solace* or *Relief*?**

I don't recall.<sup>1</sup> On D-day with things underway, our work was done so we went back to Ulithi.

**What did you do at Ulithi?**

We got ready for the Okinawa invasion.

**And you stayed aboard the *Terror* for that campaign. What kind of duties did you have at that point?**

Once again I helped the ship's medical officer when he needed help. We were anchored in Kerama Retto, one of the anchorages near Okinawa. When we were there I would go aboard other ships in our command to see how things were. Some of our destroyers were employed in picket duty so we had those people to care for. We didn't have a hospital ship in there so most of the casualties were cared for on smaller vessels like the one I was on. We had the sick bay and surrounding area loaded with patients. At the time we took a kamikaze, we were anchored in Kerama Retto near the USS *Rixey* (APH-3) I got a chance to get over aboard her several times before we got hit.

**I understand the *Terror* actually shot down a kamikaze on the second of April. On the 6th your ship helped shoot down two more and rescued survivors from other ships that had been hit.**

I don't remember that.

**Then it was your turn to get hit.<sup>2</sup>**

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<sup>1</sup> USS *Solace* (AH-5) arrived at Iwo Jima on 23 Feb 1945 and anchored within 2,000 yards of the beach. When enemy shells fell within 100 yards of her, she was forced to move further out. The first wounded were brought on board within 45 minutes of her arrival, and she sailed for Saipan the next day loaded to capacity. *Solace* made three evacuation trips from Iwo Jima to base hospitals at Guam and Saipan carrying almost 2,000 patients by 12 March.

<sup>2</sup> The plane picked a hole in the smoke screen and came in on the *Terror*'s port beam. The attacker then banked sharply around the stern and approached from the starboard quarter so rapidly that only

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one of the ship's stern guns opened fire. The plane crashed into the ship's communication platform, one of its bombs exploding. The other penetrated the main deck before it exploded. The aircraft's engine tore through the ship's bulkheads and landed in the wardroom. The attack cost the *Terror* 171 casualties: 41 dead, 7 missing, and 123 wounded.

As I recall it was on the first of May. I shared a nice stateroom with another officer up forward on the upper deck. As I recall, I was in an upper bunk. General quarters was sounded about 4 in the morning. I do remember this. I did not get to where I wanted to be on time. I was slow getting my pants on. I was trying to get to a door which would get me back in to the sick bay. I considered that to be one of the safest places on the ship with steel protection and so forth. But I was slow getting there, was just getting to a doorway to the wardroom when this thing hit. Pieces of the plane hit me and I didn't get any further. If I had gotten back to the sick bay area as I had planned, I would have been dead because that's near where the engine of the plane landed. Many of the people we had taken aboard from other ships were waiting for the arrival of a hospital ship. Many of them were killed. I was almost up on the focs'le.

**I understand you were pretty badly injured. You had a concussion among other things.**

Not only that, but I had a number of wounds. The worst one was to the right brachioplexus. Part of it was torn and badly injured. I ended up with a completely paralyzed arm for several months. I lost three front teeth and part of my maxilla. I had cuts on my face, a broken collar bone, broken right radius, and a broken tibia. I also had several pieces of shrapnel in the groin and in the leg so there had been a big slice in my calf, and I lost quite a bit of blood. They had to dig out several pieces of shrapnel from my right thigh. There was a fractured metatarsal, burns of the right foot, a pretty good sized metal fragment under the right achilles tendon. I still have that piece of shrapnel. At that time we had what we called PCERS (patrol rescue escort), small vessels that could take a few patients. I was transferred to one of those and I got into good medical hands right away. I was on that for about 2 or 3 days before an honest-to-God hospital ship came in. Then I was transferred to that ship. We were evacuated back to an army hospital on Saipan and I was there for a couple of weeks until we moved back to the States. The army hospital was a rough deal because of the heat. About 10 days later a new APA arrived from the States carrying troops and gear. It was to return carrying patients on the first trip. We went from Saipan to Pearl Harbor and went all the way back to the states on this APA.

**Did they do any surgery on you in that Army hospital?**

They fixed up casts on my leg. My right arm was paralyzed and at night it got very painful. I recall crying for something for pain. They were very slow to deliver. I learned at that time never to deny

a patient in serious pain. Give them as much painkiller as they want because that helped in the recovery. We could help any addiction later.

**Then you were evacuated back to the States.**

I went back on the *Rockingham* (APA-229). We were allowed to pick a place we wanted to go for hospitalization. I asked to go back to Farragut because I knew the people in the hospital and I knew the facilities. It was a place my family could come to get housing so it all kind of fit together. I went by train unaccompanied. On the way up, my wife met me in Portland, OR, and I got off the train and we got to a hotel downtown. At that point I didn't have orders to stay over but I figured that my Navy career was over anyway so I had no desire to go any further at that point. We stayed several days in the hotel but while there got into some trouble. I hadn't had a tub bath in some time so I got into the tub. But with a cast on one arm and on one leg, I couldn't get out of the tub. We had to call for some help.

I finally got back to Farragut and was a patient there. I did a lot of working with the other patients and, with my good left hand, even got out on the tennis courts.

While up there, I had my missing teeth put back in.

**Your central incisors were missing?**

Yes, the upper incisors. The dentist who fixed them was a dentist named George Porteus. He had been a professor of crown and bridge at the University of Minnesota. As he was putting me back together, several dentists always stood over his shoulder watching him work. They bridge has stayed in till this day.

**Were you pretty well recovered by this time?**

It wasn't long after this that the CO put me to work in charge of rehabilitation. It was something to keep me busy as much as anything. Then I got ordered back to limited duty and I knew I was coming up for retirement.

**What was your rank by this time?**

While I was at Farragut, I was promoted from lieutenant commander to commander. The war was over and they were closing down the base. We had 3,000 beds in that hospital. We still had about 1,500 patients and that still involved a good-sized staff. I still had to have surgery on my bones, getting the blood clots out of one leg, etc.

Then while there, the executive officer got orders to move on and I became executive officer of Naval Hospital Farragut. I was

able to physically do my duties. My main task was to see that the 1,500 patients we still had were moved elsewhere, either to other rehabilitation institutions or home. And the staff was being dispersed. After we emptied out the hospital we had a lot of material to dispose of. We had about 40 barrels full of used glassware that had been taken off the various wards. That material could not go back into new stock but we got permission to give it away to other federal institutions. We also had many barrels of not completely used bottles of medications. We couldn't put these back into the system, but they could be given to church or Indian institutions and that sort of thing. I can't remember what ever happened to it but we did get rid of it. We also had about \$10 million worth of BUMED stocks to dispose of. We did it in such a fashion that we received a commendation.

Then I went back to San Diego, where I still had to have physiotherapy every day for my arm.

**So you left Farragut in '46 and went back to San Diego. Besides undergoing physiotherapy there, what other job did you have?**

They immediately put me to work running the sick officers' quarters. In those days we had about 400 patients there so we had to keep track of their condition, their rehabilitation, where they were, their boards, we had to retire some, all sorts of things.

Then the chief of medicine got short on help so I was made assistant chief of medicine even though I was still going for physiotherapy every day. My job was to appear on the enlisted wards every day to see whether the doctors needed anything and participate in all the medical boards.

I was getting better all the time. I wasn't a resident and I wasn't an intern but I was also working part-time on the surgical service to see if I could cut the mustard, so to speak. I hadn't been on that very long when I learned that my status might change. I found out that if your injuries were war injuries you could stay on limited duty status indefinitely and would not have to be retired. Well I didn't want to be retired at that point because I had no place to go and I needed more physiotherapy.

Not long afterward, I learned that BUMED wanted me to come back to Washington. I did not want duty at BUMED. However, several friends advised me that I should go. At that time, the Medical Department was setting up a system for training and retaining doctors. I was ordered back as a junior officer to work for CAPT Joe Logue, who was then head of personnel. I had worked briefly for him at Pearl Harbor when I had surgical training. It was CAPT Logue who had requested that I come back to BUMED. I hadn't been there very long when Logue came to me and said that he was going to loan

me to Admiral Joel Boone. Joel Boone, at that time, was Inspector General of the Medical Department, President of the Association of Military Surgeons, and he had just set up an inter-service medical force--Army, Navy, and Air Force. He had one helper up until that time, a CDR Bigelow, MSC, and he just needed more help. So my orders from Joe Logue were to go help Joel Boone. I was learning what was going on in the Department of Defense medically.

Eventually I learned why I was asked to work with Admiral Boone. Joe Logue assigned me to Joel Boone because I was to be a pawn in a deal. It seems that Logue was coming up for flag 3 months up the way and Logue wanted to make sure that Boone was well enough to be on the board. Boone had been quite sick on some occasions and had to be hospitalized for a few days. I was told to make sure that Boone ate lunch and that he didn't work all night and had meals and so forth. He was very knowledgeable but worked like mad. Getting him to stop for lunch was almost impossible. Instead of lunch, he would have a candy bar he kept in his desk. In the evening he worked till 7 or 8 routinely before he would quit and go home. I just had no way of stopping him. He was a workaholic. It turned out that he was healthy on the occasion of that board and Joe Logue was selected.

**Did you work with Dr. Boone at BUMED?**

Yes. You know, he should have been Surgeon General. He was a hard worker and a wonderful person. Anyway, I enjoyed very much working with him. I was made a member of an Army, Navy, and Air Force task force to come up with what the Defense Department would have to do to retain doctors. Two things were needed, more training and more pay. We made recommendations that the pay for doctors should commence at \$6,000 a year and should be allowed to go up to \$12,000 a year.

**So the top paid doctor would get \$12,000?**

That's right. In those days, that was considered too much. But that's what we were recommending.

**You were working with Dr. Boone on this task force?**

Yes. I got a call one day from the Surgeon General's office. They said, "Don't say a word about this, but you've been nominated for duty at the White House. I reminded them that I was still on limited duty and that I was really enjoying my work with Dr. Boone.

**Did Dr. Boone know about any of this?**

No, and I was told not to tell him. But I told RADM Swanson [Clifford Swanson, Surgeon General of the Navy] that I wanted to give Admiral Boone the courtesy of telling him. And he told me to go

ahead. So then I went and told Joel Boone and he said by all means I should go.

**Well, he had been a White House doctor himself.**

Yes. For several years. He said, "You must do this." He told me about some of his experiences at the White House.

So then I left BUMED and went to work at the White House. I was assigned to the Presidential yacht, *Williamsburg* (AGC-369). My orders allowed for additional duty at Naval Hospital Bethesda so I could do staff duty there.

**What do you remember about your White House duty?**

Many fine things. I was there 4 years with additional duty at Bethesda during that time.

**I guess you had some personal connection with President Truman.**

Oh, very much. I was on a personal status with him for 4 years. I had the number two position on the medical staff. The White House had many people on its rolls assigned to the Army, Navy, and Air Force. These people would come through the White House dispensary for their primary medical needs. General Wally Graham was number one and had been there quite a while before I arrived. He was a family friend of the Trumans and was also on active duty in the Army. He had additional duty at Walter Reed. By the time I got there he had made enough trips with the President and wanted to stay in Washington. So I got to make most of the trips with the President. I got to know the President very well and his family and close friends. The Navy also had a dispensary up at Camp Shangri-la, now Camp David. And, of course, we had the Little White House down at Key West. I was always present when the President was at those places as well as the train and plane trips. I used to average four weekends a year at home. If the President wasn't out of town, he was on the yacht. He liked to get a poker group together on the river or on the Chesapeake Bay, or for a weekend. There had to be a doctor on so I went. I averaged four weekends a year at home, and this was rough on the family because we had three children all in school and any vacations we had had to be during school time.

However, that President was very kind to family members of his personal staff. He insisted that we go up and spend the night in his cabin at Camp Shangri-la on several occasions. I could take guests up for lunch in his cabin. We always did our entertaining on the *Williamsburg*.

**Did you report to Dr. Graham?**

Yes and no. We had a naval aide to the President, who also had quarters on the presidential yacht, Admiral [RADM Robert Lee] Dennison. I reported to him because I was one of the Navy staff attached to the White House. The White House had quite a few people on its rolls, just like they had Army Signal Corps people for communications, and Air Force for all the planes. There were also quite a few stewards who manned the White House messes.

**Was there anything in particular from that time serving at the White House with President Truman that really stands out in your mind, something about him as an individual.**

He was an outstanding person to work for. Any place we were whether it was at home or abroad, if a doctor had to tell him to change his schedule or cancel a trip, he would do it. He always did what the doctor recommended.

**What kind of office space did you have at the White House?**

There was a nice dispensary there as well as a nurse.

**What kind of sick bay did you have on the *Williamsburg*?**

We thought it worked quite well. We had all the minor facilities one could want in a small dispensary. We could do minor surgery.

**When he went aboard the yacht for an evening cruise with guests, were you the only physician on board?**

Yes.

**Do you recall any of those trips?**

We had lots of people aboard. The one I remember most was the time Winston Churchill and all his top people came aboard. Although we exchanged pleasantries, I wasn't included in the conversations. Unless someone were ill, I stayed in the background.

**When the President would go on these jaunts aboard the *Williamsburg*, where did you cruise to?**

It would depend on how much time was involved. We might go down the Potomac as far as Quantico. Or sometimes we would go into the Chesapeake Bay. For a longer period we might take a trip up on the Eastern Shore. The yacht would go to Key West, but it was too rough for the President after one trip aboard.

**Then you couldn't go down the inland waterway?**

No, it wasn't deep enough. The *Williamsburg* carried 108 officers and men plus facilities for about 8 VIP guests plus a

stateroom for the President and another one for the First Lady. And it was over 240 feet long.

**Did the President like to fish?**

Yes. I do remember going fishing on several occasions at Key West with the President. They would always fit us out there with an Air Force crash boat which had been converted into a deep-sea fishing boat for the President. We would get out to the fishing grounds several miles from the beach doing about 25 knots and once we got there we would cruise around at about 5 knots or bottom fish. Each of us in the party would be handed a fishing rod already baited and ready to go. The crew would also provide us with drinks, and then they would take the fish off the hook for us. It was a nice way to go.

**In the course of your duties on the *Williamsburg*, you must have gone on many trips. Were there opportunities to use your medical skills?**

Quite frequently in minor ways.

**Did you have a staff to assist you aboard?**

I had a chief corpsman, Chief Taylor. He was a well-trained corpsman and had been there before I had. We had another full-time corpsman at Camp Shangri-la. And, of course, Taylor would go down with us to Key West. Not only did I take care of the President and his official guests, but I learned early to take care of the White House Press Association folks who went with us on all trips because by taking care of them they more or less left me alone. Any information they could get about the physical status of the President is prime news. They would bug me, trying to get information. When I had been at the White House only a few weeks, one of the top White House reporters for one of the top magazines presented me with a proof of a story he planned for the next issue. He wanted my ok on it. I read it over and I would have nothing to do with it. Most of them were legitimate but others were always working the angles. But I wasn't about tell them anything. To keep them off my back I would take care of them when we were out of the city. So we maintained a very fine rapport that way. Before I did this, I had people come up and offer to take me out to dinner or provide me with women.

**Did you say, provide you with women?**

On more than one occasion, yes. And when we were down in Key West some of these news people would come back from a night in Havana a little worried about their escapades. So I had to take care of them.

**You mean you had to dispense a little penicillin.**

Yes. And I had to put a few people in the hospital now and then. On one of our first trips to Key West, I was very anxious to learn what our backup would be because we had international guests visiting there. The Key West Naval Hospital was a small hospital and not of the caliber I thought necessary. So I went back to BUMED with my concerns. Shortly after that we ended up with a first rate crew that I wasn't afraid to refer anybody to.

**Did the President undergo an annual physical back then?**

I don't recall.

**President Truman was always known as a man who believed in physical fitness, with his regular morning so-called constitutional walks. What do you recall about the President's general physical condition?**

He was basically quite well. Like anyone else, he would have minor afflictions, but no major illnesses during the 4 years I was with him. He was a man who liked to walk in the morning. In Washington, he had people to take care of that but when we were on trips, I was frequently called on to go walking with him in the morning. The people he would bring along--poker players and other friends--would be playing too long the night before and would want to sleep late. I enjoyed walking with him because this was an opportunity for him to use me as a sounding board as we walked about. He would be talking about many things. He wouldn't be wanting an answer or anything like that; he just wanted someone to talk to. Often he would invite me to have breakfast with him but again I would listen.

**You were there when the Korean War broke out. What do you remember about that period?**

I remember that I was very sad because we were going to send people right away into Korea. The Army couldn't round up enough physicians. They had been demobilized after World War II. They had not kept an adequate, up to date list of their reserves. Neither had the Air Force. The only organization that had a good list of their medical department people that could be called on right away was the Navy. So who was called on to furnish all the doctors for all the services at that time? The Navy. That was bad for Navy medicine, of course, because we had reservists who were called upon to immediately go to duty with the Army and the other services. That wasn't why they were in the reserves.

**You felt it was unfair to have the Navy provide all the active duty and reserve physicians and essentially clean out all the Navy medical assets here in the states?**

Yes, but Korea had first priority at that time because they figured the Navy was only going to be called on for a brief period until medical reserves from the other services could be made available. This thing cut into our naval reserve and active duty people a great deal.

**How did the White House atmosphere change when the Korean War broke out?**

I don't recall any change.

**What was a typical day like for you at the White House?**

In those days we lived near the Naval Hospital in Bethesda. Every day I would go down to the Navy Yard and check in with the corpsman on the yacht. Dr. Graham would be running things at the White House. Then I would go out to the Naval Hospital at Bethesda because I had additional duty there. When the President was in Washington, Dr. Graham was the primary physician but when Truman was on the road I was medically in charge.

**What about when the President took foreign trips?**

I was about to take some foreign trips and then General Graham decided to go. We had one instance when King Ibn Saud got sick over in Saudi Arabia. He had some American medical care but needed some more help. I was standing by to go when General Graham said that he wanted to go. He went and I did not make that trip. Another time I was all set to go to Wake Island with the President when he was to meet with General MacArthur because MacArthur would not come back to the states. Meanwhile a member of the White House staff became critically ill and I had to have him admitted to Bethesda. The President said that I should remain behind and take care of him. So Graham went to Wake.

**What do you recall about your relations with BUMED at the time?**

I was continually being questioned by the Surgeon General as to what was going on and how the White House looked at things. I had to be very circumspect about what comments I made because of what I heard as a doctor. As a commander, I had no business in being in on some of those things. And I heard a lot of things on the yacht and other places. I was privy to a good bit more than I should have been but I was very careful not to pass things along that I thought would be, shall I say, of an intimate or embarrassing nature.

**Did you ever keep a diary?**

Yes. I kept a diary but a lot of that has never been published and I don't intend that it ever will, at least as long as any of the parties in it are still alive.

**You probably had some contact with some of the leading people of the time. You probably met General Marshall and Dean Acheson, and some of those people.**

Yes. There were quite a few that I knew personally. When we were at Key West, I had collateral duty down there running the so-called beach setup--the restrooms, volley ball in the sand. I was head of one of the volley ball teams. One of the people I remember was Clark Clifford. He always asked to be on my team.

**While you were at the White House, Lamont Pugh was Surgeon General. Did you have a chance to deal with him at that time?**

No. We certainly knew each other. One time before he was made Surgeon General, I passed him in one of the Bethesda Tower stairways and I said, "Listen, I'm glad to hear that you're under consideration to be our next Surgeon General." I knew that much from what I had heard from the naval aide on the White House staff. Pugh said, "My God, that can't be." He kind of turned white and said, "I don't know anyone at the White House." I told him that I heard that this was being talked about and I just wanted to let him know. In those days, he still could talk and write well.

**Did you ever have any more contact with Dr. Boone while you were at the White House?**

One time I invited Admiral Boone for lunch aboard the yacht with the ship's officers. Of course, he had been on the old presidential yacht *Potomac* (AG-25). He sat there and started telling stories about what had happened when he had been with earlier presidents. We started eating around 12 o'clock and that wardroom was still sitting there intact until 4 o'clock. They were enthralled by the old man's stories. Another time, Admiral Boone was given a Pennsylvania citizen award and was invited to bring an aide for the 3-day celebration. The White House loaned me to Admiral Boone for that occasion.

**You were at the White House for 4 years.**

I got there late in '49 and left in '53 when Eisenhower relieved Truman as President. I was told that I could have the duty of my choice. I went to BUMED with my official request for a change of duty. I asked to go to San Diego and finish my residency training which I had 3 years yet to go. I was told that I couldn't go to San

Diego because the board had just met and wasn't due to meet for another month. However, they said they could send me for duty at Bethesda and await the opening there. I said I wanted to go to San Diego. Fortunately, I came armed with a White House endorsement suggesting that I be ordered to San Diego. "Pappy" [Allan S.] Chrisman, who was head of personnel at BUMED, said he would go down the hall for a minute. He came back in about 5 minutes and said, "Red, the board just met and you're going to San Diego."

So I went back to San Diego for a residency in general surgery. By that time I thought I had had enough time assisting in surgery. I thought I could make it on my own. My right arm was much better. Since my arm had been injured at Okinawa, I would come up for a physical reevaluation every year and they kept me on limited duty status for 7 years. In fact, I went to the White House on limited duty status. But I was put back on full duty status some time around 1951. My arm was better but it still had some deficiencies. But because I am left-handed, I could take care of most things. But it worked out very nicely.

**So you got a chance to do some surgery at that point?**

I went through the whole surgical residency program which was an additional 3 years. At the time, the Navy didn't have any training in thoracic surgery. I had assisted in a good bit of thoracic surgery by that time and I was brash enough to write a letter to BUMED with the permission of my CO there at San Diego suggesting that BUMED set up a thoracic surgery residency training program at San Diego. We already had everything there, including several specialists we had called down from Los Angeles once or twice a month to lecture and make presentations. We also had staff and patients. I volunteered to be their first resident. Well it went through and we got the program and I became the first resident. I finished my thoracic training and was certified in both general and thoracic surgery by the end of 1958. I then moved to Naval Hospital Philadelphia as a thoracic surgeon.

**Were you doing a lot of surgery at that point?**

Oh, yes.

**Was your right hand continuing to improve?**

The right hand was coming along very well and was usable. However, since I'm left-handed, I didn't have to be quite as skillful as with the left hand. I had no problem working at all.

**All your other injuries had completely healed?**

No. About once a year I would come down with an infection flareup from some of the dirt and bacteria that had gotten into my legs from the kamikaze attack. At Philadelphia, I felt one of these episodes coming on so I took some antibiotic but I got sicker and ended up with septicemia. So I was hospitalized for quite a while while they gave me streptomycin, intravenous penicillin, and intramuscular injections for some time but finally the recurrent infections were cleared up. And I've never had any recurrence since.

**So you were at Philadelphia at this point.**

The last year I was there, 1962, I was executive officer of the hospital for about a year. During the last 2 years I was there I became involved in the space program part-time. They were getting ready to fly astronauts and they needed a medical recovery team. It was up to the military to provide the wherewithal to do this. There was plenty of money but they needed medical specialists. The Army, Navy, and Air Force selected seven of us as a special team to help. We were called the Medical Recovery Team. I was one of the Navy designees to handle the general and thoracic surgery part. We had an anesthesiologist from Walter Reed. We had a neurosurgeon from Lackland [AFB], and two or three others. None of us knew what space flight might entail so we had a lot of learning to do.

**When did all this take place?**

It would be about 1959 or 1960. This was before any man had been flown. We were still flying chimps. We met together as a team and came up with a plan. Only two of the seven of us were flight surgeons, the chief of medicine at Walter Reed was one and the neurosurgeon from Lackland was the other.

**You were still working for the Navy at this time but were on loan to NASA part time.**

Yes.

**Where did you meet with your fellow physicians?**

We had one or two meetings in Washington and then most of the meetings were down at Patrick Air Force Base near Cape Canaveral. We also were flown to Langley [AFB], Houston, and Bermuda. The first couple of shots would be down the Atlantic Missile Range. We had a one or two-patient hospital constructed on Grand Bahama Island. I was given the chore of outfitting a prefab building with an operating room and all the needed surgical equipment. It was a one-patient hospital but we did have two recovery beds.

**This hospital would used if there was a problem in the recovery of an astronaut.**

That's correct. It was never used for humans but it was used for the first chimp that went up into space. In fact, there is a story of one of the chimps that landed near the Bahamas. His name was Enos. He landed and the recovery ship picked him up about a half hour later. These chimps were all wired with all kinds of sensors so we could monitor their condition. later. When they opened his capsule, they found a very mad chimp. These chimps were all wired up so we could monitor their condition. He had a little suit which came up under his armpits and encased the rest of his body. Supposedly, it required 150 pounds of pressure to tear that suit. He was an 18-pound chimp. He had ripped open the suit. Why had he gotten mad? They originally thought he had gotten seasick bobbing around out there. He had also pulled out his rectal thermometer and his bladder catheter with the balloon intact. He had pulled out the needles from his blood vessels that were used as sensors. The other sensors that were pasted on his skin were also off. These chimps were all trained to do what they called "useful work." There were three lights and handles. One light went on, the chimp would hit that handle and he would get about a spoonful of water to drink. The second light went on, he would hit that handle, and get a pellet of food. The third handle was a shocking device. A light would come on and he had to hit that handle within 20 seconds or he would receive a shock in one of his paws. These animals had learned to hit the handle in less than 20 seconds. Instead of hitting it in 1 or 2 seconds, they would wait until about 18 seconds before hitting it. In this case, the light had come on but there was a short. The chimp hit the handle but received a shock anyway. So he was getting repeated shocks. So that's what had made him so mad.

Anyway, we set up another little hospital on Grand Turk Island but that was never used. When the orbital manned flights were planned, they told us what orbits would be flown over water and friendly countries. We figured we would have to have a total of 21 ships on station and a few land-based hospitals. That's a lot of people. We then had to outfit these ships. On each ship we had to have a trained general surgeon, an operating room technician, and a fully trained anesthesiologist plus 1,500 pounds of pre-packaged and pre-sterilized medical gear plus an anesthesia machine so these people could go right to work. These ships also had to be ready to provide fresh blood. The crews had to be cross-matched and typed.

**So, you had a kind of walking blood bank.**

That's right. The ships were mostly destroyers but the prime recovery ships were carriers. To get 21 ships in position for one

of these flights took a lot of effort. Moreover, we had to get the 1,500 pounds of gear on each one of them. Then we had to get all those surgeons, operating room techs, and anesthesiologists aboard was quite a chore because we had to rob Army, Air Force, and Navy hospitals around the world. That would leave these institutions a little short of these specialists during the times they were needed for the flights. But we never had any trouble with people wanting to go. We had plenty of volunteers.

**Were you involved in the first suborbital flight of Alan Shepard?**

Oh yes. At that time, with the suborbital flight, it wasn't necessary to have the 21 ships on station. That would come later with the orbital flights. We mustered at Cape Canaveral where we had a dispensary set aside for us. We also had facilities at Patrick Air Force Base. Each time a man flew we also had an airplane at our disposal. This was before jets so these were all multi-engine planes packed with medical gear. But we never had to use them. Once the orbital flights got going and the capsules began landing very near to where the recovery ships were, we were able to reduce the number of ships on station.

**Were you and your colleagues involved in the selection of the original Mercury astronauts?**

No, they had already been selected.

**Did you have much contact with Shepard, Grissom, Schirra, Glenn, and the others?**

Oh, yes.

**What do you remember about those fellows?**

They were all top-notch test pilots, smart, and they knew what they were up against. One of them, Wally Schirra now lives out here and we're in the same monthly luncheon group.

**What do you remember about John Glenn's three-orbit flight?**

That was a real cliff-hanger. On each of these first flights, I had a desk in the Mercury control center. When a capsule landed and we figured who was closest, I knew what kind of facilities we could count on. That was one of my chores.

**Were you there for the launches?**

Yes. The first time I was in Mercury Control was for the orbital flights.

**You said that this duty was part time.**

Yes when a flight was scheduled, we would go to the Cape a few days early. During the 5 years I was attached to that program, I made 41 trips to Florida.

**After the Mercury program you stayed on for the Gemini project.**  
That's right.

**How was the Gemini project different from the Mercury program as far as your participation was concerned?**

We certainly knew much more as far as what we thought was going to happen. The capsule was larger. Lots of the details had been worked out. We knew we didn't need all the ships at sea waiting for them. It was a simpler operation medically. My role remained supervisory.

**Did you stay on for the Apollo program also?**

I stayed with the program part time. I left Philadelphia and went to Charleston. After Charleston I went to San Diego in late '64. But in '65 I really didn't have time to carry on with the space program job too, even though I had made several trips back to the east coast.

**You were Commanding Officer at the Naval Hospital in Charleston.**

First I was Executive Officer at Philadelphia and then CO at Charleston. Then I became CO at San Diego Naval Hospital in '64 and CO of the Corps School at the same time. In addition, we had what was known as a district medical officer, which was an additional duty for me. I had additional responsibilities for all of Navy medicine in southern California, southern Nevada, and southwest Arizona. I had to make visits to naval hospitals, provide people, and sometimes materiel to Long Beach, Camp Pendleton, China Lake, Twentynine Palms, the Marine Corps Stations at El Toro, and Yuma. I had my hands full.

**I understand that while you were CO at San Diego, you took part in a project called "Breeches Buoy," which concerned the repatriation of the crew of the *Pueblo*. What do you remember about that?**

That was a rough deal. We got word that the people from the Pueblo were being sent back to the states after being freed from North Korean captivity. We had about a week to get ready for them. The Naval Hospital had full responsibility for the men until we found out that they would be OK physically and mentally. The whole thing had international interest. We had to set up special telephones for the press, etc. Having had a lot of experience in these matters from my White House days, I argued that we needed much more than four or

five telephones; there would be a large number of members of the international press there. We had a whole building including a movie theater and meeting rooms. We set up about 15 telephones, long distance, Western Union. We would keep the press on one side of the compound isolated from the *Pueblo* people. I had another building set up for them. We had them in one and two-man rooms. That was real good living for them.

**What kinds of things did you expect to find among these former prisoners?**

We didn't know for sure. We prepared for the hospitalization of as many as might need it. All 80 came home on the same plane. I had one building set aside for their quarters, and another, a former enlisted club, became a dining room for *Pueblo* crewmen only and visiting rooms for their families. All this was isolated on one side of the main compound. The only place that wasn't really separate was the naval exchange. At certain intervals, we could close the exchange to everybody else.

When they came in on the plane, I had another little complication. Senator Margaret Chase Smith was there at the time receiving physical therapy treatment for a bad hip, using our therapy pool. She heard they were coming. She was on the Senate Armed Services Committee and wanted to be present when they arrived, so one of my jobs was to be her escort to meet the plane as it came in at Miramar. We then got them all into our hospital area. They were all ambulatory. We had a medical team examine all 80 of them. We kept them away from the press and well isolated at all times. Our medical examining team under CAPT Don Kaufmann did an outstanding job checking all *Pueblo* personnel.

After they were officially admitted to the Naval Hospital, I was their commanding officer. [CDR Lloyd] Bucher wouldn't give up. He still considered himself to be their commanding officer. He had done a lot to keep them together during their captivity, there was no question about that. He was constantly making calls and it got to point where he was spinning his wheels. One evening, I had to escort him over to a room in the sick officers quarters where he wouldn't be bothered by anybody. I told him there would be a Marine outside his room, not to keep him in but to keep other people out. It wasn't really the truth but...

**I recall that he was pretty sensitive about the criticism he had gotten in surrendering his ship to the North Koreans without putting up a fight.**

Yes. I remember we had given him a telephone. He had complained that we wouldn't let him talk to his wife. The next day

we found out that he had been using the telephone almost continuously so we disconnected it. After about 2 or 3 days he calmed down and everything came back into focus and we moved him back with his men. It took a few days for us to examine each one of those men physically and mentally but we did.

**What did you find?**

I think the official record is somewhere at BUMED. There had been a few people who had been wounded, but the majority had nothing too bad.

**They had been tortured, hadn't they?**

Yes, but they appeared to be in pretty good shape. After a few weeks when we were certain that none of them were in need of hospitalization, we released them to Commander Aircraft Pacific at the headquarters at North Island. They were either released from the service or made available for the court of inquiry to testify. That was a necessary thing and it was properly done.

**Wasn't a court of inquiry convened after they were moved from the Naval Hospital?**

Yes.

**I remember that Bucher wrote a book defending his actions.**

You don't have to believe it.

**His claim at the time was that he could hardly defend his ship with a .50 caliber machine gun against a bunch of North Korean torpedo boats.**

I don't know too much about that part of it. He was really a man put in charge of a job that was probably too much for him. That's my personal opinion.

**After that episode you stayed in San Diego for a while after that.**

I can't recall just when that happened. I had command of this hospital for almost 8 years.

**You decided to retire from there in 1972 after 34 years in the Navy?**

Yes sir.

**And that's why you decided to stay in a place like San Diego with such a "boring" climate.**

Yes. Isn't it too bad?