

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH RADM (ret.) JOSEPH YON, MC, USN

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**Interview with RADM Joseph Yon, MC, USN (Ret.).**

**How's the weather down in Tidewater today?**

Just perfect, the last two days. It was terrible before that.

**We had quite a winter, didn't we?**

We had a hell of a winter. Bad for the health too. A lot of the old people get a lot of colds with the changes in the weather all the time; that keeps them in the house. That's what's so bad.

**I'd like to talk to you today about your long illustrious Navy career.**

What are you going to do with this if you get it?

**Well, we have a very active oral history project here at BUMED. I understand that you're from Pennsylvania.**

Right. From a town called Coraopolis.

**Where is that town near?**

About 11 miles down your high river from Pittsburgh. It's a steel town.

**And you went to the local schools there?**

Until about the sixth grade, I guess. And I went down to Shenandoah Valley to school-- prep school--and finished that, and then onto Augusta Military Academy.

**And I understand that you're a VMI graduate also.**

No. When I finished and graduated from AMA I went over to VMI and I was only there a year. I went over so that my brother could go back to school. He's older than I am, and he had done nothing but go to two colleges and play football and quit at Christmas. So my dad said, "Look, times are hard." I'm talking about the 1930s. "Times are hard, and you'll go back to VMI with Joe, why you can go back to school. So he did and he went through and did fine.

But I still wanted to be a physician so I went over to the University of Virginia and finished my premed work and went to medical school there. I only had one year at VMI. That was 1930-'31.

**A number of years ago I did an interview with Dr. Lamont Pugh. And he told me The University--that's what they called it.**

That's what it was called then, The University. And if anyone called it anything else but The University, they said, where in the hell is that? The University was in Charlottesville, the University of Virginia.

**When did you decide that you wanted to be a physician?**

When I was about 17 or 18, I came across an accident on the Philly Road in Pennsylvania and stopped, and we had several people who were badly injured. And I stayed with them for a couple of hours and helped them in the hospital. I had a couple of people with me and they were no damn good at all. So that's when I really got interested. And it started from there on. That's about the time that I went down to AMA in the Shenandoah Valley in Virginia, as a young kid. And I was just interested in it. And I kept talking to my father about it.

The '30s in that area were terrible years and I was lucky to get to school at all. So VMI offered us, having been in Virginia for three years, and I guess the Military Academy is sort of a prep school for VMI. I was in on a scholarship. So was my brother. So it was pretty good. Then when I went to the University of Virginia, that wasn't as much as VMI because you had to furnish your own living and so forth. And the Depression was very, very deep and very hard on my family. And I hardly ever got back to Pittsburgh after I got over to the University of Virginia. One reason is I got married the second year I was over there. I was married when I was still in college, before I even went to medical school.

**Tell me about your medical school experience. Did you go to the University medical school there?**

Yes, I did. I was admitted to the university school, went there, and graduated in 1937. I went to summer schools and that sort of thing for the two years that I was there, after I left VMI, and so I was a year ahead of my brother Rex at VMI, who came over to medical school after graduating from VMI. What I was trying to do was cut corners as much as I could.

**So you graduated medical school and then you obviously at some point decided to try the Navy as a career. Was that because of the economic times at that point? Or did you just find the Navy to be a very good alternative to practicing privately?**

In those days when you finished medical school you took an internship and didn't get paid for it. And you looked for the best internship, the busiest one that you could find. And mine had another reason I wanted to go back. I hadn't been in Pittsburgh for some time, and my visits with my own family were very short and so on. So I was able to get an internship at the St. Francis Hospital in Pittsburgh. About February of the year after I went up there, it was time to go look for a job. I finished my internship and I wanted to be a surgeon. I looked around and I couldn't get a residency in surgery. They offered me one in gynecology, and I said

no.

And then what happened was the Navy . . . My roommate was in the same boat that I was except that he wanted something else besides surgery. So he said, "We've got a recruiter around here. Why don't we go and talk to him?" And I said, "It's fine with me, anything for a job." So he came out.

You may not know because you weren't in the Navy here, working for us in those days. But a recruiter was getting a residency in eye, ear, nose and throat at the Ear, Nose, and Throat Hospital at Pittsburgh. But in order to go there and maintain some income, he had to be in charge of recruiting for the whole district of Pittsburgh. So he did his residency as he could and did his recruiting as he could.

He came out. He was a nice young fellow, a lieutenant, j.g. And we talked. There was an examination going on in the Naval Hospital at Philadelphia. I guess it was the first of April or so. And he said you really like the Navy, fine. I suppose there was a Navy Reserve then but we didn't hear much about it. And he's talking about a week long examination for the regular Navy. And if you look back in your history you'll find out that they weren't testing people in the Navy then.

As a matter of fact, about that time, graduates from the Naval Academy were not all commissioned. They didn't have that many

openings. So it was several years after that they commissioned all those people. They gave them some sort of a reserve type thing.

But we went down and had a week's worth of examinations. If you failed any, they said so long. So my buddy, my roommate from the hospital, and I agreed that if either one of us passed them each time we'd stay on. If not, if we both failed some part, we would come on back to Pittsburgh. The Mother Superior at the hospital had reluctantly given us a week off and not only that she gave us a little money, which was very unusual. She said that was for the transfusions that you gave and didn't get paid for. And so we had about \$30 a piece to go down there and spend a week. But when we were taking the exam, the hospital put us up in a room on the fourth or fifth deck. That was a new hospital.

**Now which hospital was this?**

Philadelphia. It was a new hospital down at the end of Broad.

**And Pattison Avenue.**

Yeah, right across from the park. Anyway, my roommate busted his physical examination. In those days everyone took the same eye examination, aviators and everyone else. And he failed his eye examination. And he was through. And damn if he didn't just stay along. We were in his uncle's car, which he had borrowed. But he

stayed right with me until I finished.

And Lamont Pugh was the chairman of the board who was giving us this examination. And I had met him somewhere. I don't know where, down at The University or somewhere. And he remembered my name, which is not that usual. On Friday we had an oral examination before the whole board. And I was up there and got started on some things. And he said, "Well, how are they doing in boxing over there at The University now?" We had the best boxing team in the country in those days. And I told him what I knew about it. I had done a little boxing at AMA and in my freshman year at VMI, but I was too busy over at The University.

So we chatted about that and then the doctors wanted to ask him some questions, which I happened to know the answers to.

So Lamont said, "Well, Yon, I guess we'll be seeing you if you want to come in." And I said, "I want to come in." So that was my first view or connection with Lamont Pugh. I got to know him pretty well after that.

**He was quite a man, wasn't he?**

He was that. Highest decorated man in World War II, I guess, certainly in the Medical Corps.

**The exam that you were telling me about. This was pretty much**

**a written exam for a week?**

Oh, no . . . well, part of it. The first day, on Monday, it was the physical examination. You went through the whole works and if you passed that--and my roommate didn't . . . We had laboratory and pathology on one day. We had internal medicine on one day. We had radiology and dermatology, a couple of them mixed together, up thru Thursday. And each evening, when we were in these things, we had a test. Laboratory--you can imagine the kind of test that you got in laboratory doing staining and that sort of thing, and so on. (At St. Francis Hospital, the nuns had PhDs in laboratory work and they really rode us in the laboratory. The interns did all their work for them. But you learned something. The same thing was true in all the departments.)

Then on Friday they had an oral examination to finish it off. And that was where each one individually went before the board, which consisted of about eight people, which were the people who had given you the exam, or the test. And they could ask questions if they wanted to. And they were not really supposed to tell you whether you were doing good or not. You were supposed to wait until you heard from the Navy Department.

So I did. I heard from them and I got in. And I finished my internship the first of July. Then in August I got the word that I was in the Navy. I left for duty, I think about the 13th or 14th,

or something like that, of August of 1938 and reported to Newport.

**Was there any type of an orientation into military life or did you just report to Newport and you were in and that was it?**

Yes, there was a very definite, almost a year's program down at the old Naval Hospital in Washington, DC, where all new candidates for the Medical Department went in and it was under the Bureau of Medicine Surgery. And it was in the hospital where the Bureau of Medicine Surgery was, and I think still is.

**That's where I'm sitting right now.**

Well, that was a hospital that had this indoctrination period for new doctors coming in. And in those days they weren't taking . . . It wasn't like a whole class of 15 or 20 guys were coming in; maybe three or four is what was coming in. But in about three or four years before I came in, no one came in. They didn't have any money to pay them.

My orders were to Newport and the reason that I didn't have to go to indoctrination was that I had all this military training before. I'm sure that's one of the reasons. So I went up to Newport and my orders were to report to the commanding officer there to be assigned to this new destroyer. Well it wasn't a new destroyer, it was an old four-stack and it was one of four, and that was the first

time they got enough money for oil and only one was going to go.

That's something that you probably don't know. There were these numbers of excess military officers who were on active duty. And they were up to lieutenants. We went in as jaygees in those days. And these are lieutenants, which are pretty senior people in those days. Those who they couldn't afford or weren't in critical places, they sent out to CCC camps. Do you know what CCC camps are?

#### **Civilian Conservation Corps.**

Exactly. They were the medical officers for those camps. And then when I came in, it was the time that they were getting a little money and they were coming back. So I never did go aboard that old four-stacker. There was a lieutenant who came back and he had been up in the mountains building these trails and all, that the CCC people did, and he got in about a week before I got back to Newport. And he told the commanding officer, "Look I've been up in the damn woods I want to go to sea." And the captain said, "Go ahead, you take Yon's place, and I'll put Yon right here were you were going to go." So that's where I stayed.

#### **At the Naval Hospital there.**

At the Naval Hospital at Newport and I was there a year.

**What were your duties there?**

Well, I had the psychiatric ward. I had the contagious disease ward. I was on the surgical service, which I insisted that I wanted to be on in the first place. And I stood the watch, the OD watch. Everyone did that in those days.

So I wasn't in a residency program. I was just a general Navy medical officer. And in those days many people went out and went to work and never did do any more than an internship. Residency was a rather unusual thing and just getting well established. Certainly, I kept telling them in the Bureau, "Look, you promised to get me some surgery."

Well, they sent me down to the World's Fair detail then, in June, '39. And they had a little shed down there, Camp George Washington, where we had 250 Navy, 250 Marines, and 500 Army.

**And this was near Flushing Meadows.**

That was in Flushing Meadows, right around the lake from the pool where they had all the swimming things, right around the corner there. I had a chief petty officer and five corpsmen. I had a sick bay with three beds in it, a dressing room. And the Navy Department--this was under the Navy Department, not BUMED--was running it. And the Navy Department obviously was trying to start to expand a little bit and they wanted publicity so they were very

good to us, not only the medical, but all the other people there.

We had extra rations and entertainment. And, of course, I had to have full dress and everything, four and aft hat and the rest of it. And my wife and I were invited to the dignitary things. They had princes and kings and everyone else coming in there. And they always had a big reception for it. And they wanted to show the uniforms. So we were always out there in full dress.

**Now, your role was meant to help with any medical emergencies that may have arisen among the visitors to the fair site?**

Hold on. No. I had a thousand men there--the Army, Navy, and the Marine Corps. And I was their medical officer. Now I did do some things because the Army is big enough and they had a staff man who went for guard mount, which we had every day and rotated in the services. But the Marine Corps and the Navy didn't have enough officers so they dressed me up, and I went on guard mount every other day.

**Dressed you up in an Army uniform?**

No, no. I was a Navy man, always Navy. I'd been with the Marine Corps a number of times and I've always worn a Navy uniform. Well, where were we?

**The fact that they had such a large military contingency at the Worlds Fair, what was the purpose of that?**

To show off.

**Just to show off.**

That's right. And to be involved and ... The men were not involved in standing any watch, security, or anything like that. All they were involved in was demonstrations and parades and being there to help out. Many of them were assigned and went down to the Brooklyn Navy Yard where the Navy, the big things were going on. The Naval hospital was down there then. And not only corpsmen, but the other people too. I'm not sure that some of the Marines were not assigned to guard duty down there. But they all came back up there and we lived in tents.

**Right down on the grounds?**

Right there on the grounds. The only thing about it was I had a car pass. And on Thursday, after six o'clock, those in the service could get into any exhibit that they wanted to just on showing their ID card. Now these were the military people, us. So I always loaded ... and you could take your guests ... and I always loaded my car up on Thursday night. That was the way that my wife and I entertained. That's the way the other people entertained, too. We had a good many

people in there on Thursday evening.

But the fair people were very good about it. The fair had its own medical service. The Worlds Fair in those days, which wasn't anywhere near as big as it got afterwards, but they had about six first aid stations throughout the fair area, and they were manned by civilian people on hire. They were not by government physicians at all. They were people who were hired by the fair--civilians--to take care of civilians who were injured or fainted or whatever they had. But they all quit at midnight. And my being the only military doctor there, one of the things that I did at their request was to cover the place after 12 o'clock at night. And that was whether I had the duty there or not. I was supposed to be relieved every other time by some Army doctor from Fort Totten. He showed up about three times and then he never showed up again. But I served right there at Kew Gardens, which was almost right across the street. And they could call me at home and I would get over there. And that's what I did for six months.

**It sounds like pretty good duty.**

We had fun. My wife was a little bit surprised because we had only been up at Newport for a little over a year. I had two boys, two little babies. But we were able to get help. In fact, she brought help up from Virginia with her. So we got along. But it

was quite a thing socially to be able to go out. Of course, they took pictures of us and sent them back to the local paper and all that sort of thing, part of the publicity for the Navy. And that was a reason that Camp George Washington was there.

**Where did you go after the Worlds Fair was over?**

My orders from there were to go to the Philippines. They had a naval hospital at Cañacao. So I had about three weeks. I went back down to Charlottesville. And I had taken my family--my wife and two boys with me. The Navy Department in those days was a little bit cautious, but they were afraid to stop any routine things. I think that's what I heard afterwards. But my wife, my two boys, and I all went out to the Philippines, and I then was stationed at the naval hospital.

**How'd you get out there, on a cruise liner or something?**

Went on a cruise liner, one of the President Line's ships.

**There was a *Cleveland* and a *Taft*.**

But it was a nice, new good cruising ship, and there were no restrictions on cruising in those days. So the ship was full of people. I had two staterooms with connecting baths. And the boys, my wife, and I did just fine. We ate in the dining room. We were

just regular passengers. There was a civilian friend out there who met us. I had been able to get a wire to him from Honolulu out there.

We were assigned to quarters right on Manila Bay. It was a nipa shack which was very nice, with mosquito nets and that sort of thing, a little fan going, and that was your air conditioning.

**Was Clyde Camerer the CO then?**

No.

**You got there what, in January of 1940 or thereabouts?**

Let's see, I got there, I left in '39, '40. Yes, just after Christmas time.

**He was a balding--he was kind of tall. I remember some of the nurses who knew him. They called him the Eagle.**

The Eagle.

**Yeah, because he was bald. They called him the Bald Eagle.**

I'm trying to think. I thought Camerer was one of my COs at Newport, but I guess it was out there.

**His name was Clyde Camerer.**

He was a OBGYN man, wasn't he?

**I think so.**

And his wife was nuts. She'd get out in her kimono. We had a sea wall behind our quarters, and my quarters were right beside his, and she would get out and parade up and down on that sea wall in her kimono. And he'd go out and get her in the house again. But anyway, I don't want to hurt the old man; he's gone by now.

But then my wife was recalled in September or October of '40. At that time, the State Department called all dependents, unless they were working for the government or for some other company and did not have any children. And then you could stay on, but a dependent who had children and that sort of thing, if they were not working, was ordered out. And my wife and two children had to leave and they came back to the States.

**So that was October of 1940?**

Yes. And I stayed on and transferred from the naval hospital then to the USS *Pecos*, which was a tanker and relieved a medical officer there who had been aboard her for a year. And he just switched with me and that was what the medical officer was supposed to do in those days. It was a two-year tour and you spent one year at the hospital and one year aboard ship. Of course, it didn't have to always be a tanker; it could be a destroyer. Because in those days, there weren't all that many destroyers out either; there was

a doctor in every destroyer. You had a lot of independent duty. Now I'm talking about the old four-stack destroyers, which were a lot more confining than the present destroyers.

**So you didn't have a squadron medical officer; you had one on each ...**

On each ship at that time. And, of course, it was after war came along and they started to expand the shipboard duty.

**Did you know a doctor Fred Berley?**

Oh, yes. Kind of a curly headed fellow, not too big.

**I saw him this past year.**

Oh, you did, where?

**He lives down in Jacksonville, Florida.**

A lot of them live down there, yeah.

**And he's got a farm in South Carolina and my wife and I were invited to stay with him and his wife. This was a year ago Christmas we stayed with them. Very nice folks. But he told me he was a squadron medical officer about the same time you were there.**

Well, you know the destroyers were a little different. Maybe

at times there was a medical officer for the squadron, for the destroyer. But when I first went out there, there was a medical officer on every destroyer. And back here in the States there was a medical officer on every destroyer. Because they had to use a medical officer for something rather than farm them out, you know. But they didn't have enough money to buy fuel for these things to go out and train. The Navy was in foul shape. But it was getting better in a hurry as you probably well know under Roosevelt. He came along and they got money in pretty fast.

The real thing that was surprising, when I got out to the Philippines, I was a young fellow then and they had a couple squadrons of submarines, the old S boats. They were all diesels.

And while I was there at the hospital before I went to sea, they brought a squadron of P boats in. Those P boats were a lot more advanced. It was the first time they really advanced much in submarines in eight or ten years I guess. And things were beginning to change then. More people were out. There were more officers around. And when we came into port aboard the ship, the officers' club was full and ready to anything you wanted to do. Manila, itself, was building up, even though the increase in military was because of the fear of what the Japanese were going to do. But it was quite a transitional period.

**Could you describe for me what the Pecos looked like as far as the sick bay. What kind of facility did you have on that thing, to treat patients?**

You have any idea what a tanker looks like?

**Yes.**

You've got a bridge structure up about a third a way back on the ship. Then you got the well decks come back and a cat walk that goes down the middle. Then you come to the living quarters and the engine quarters. And that's the last third of the ship. Now as you walked off the well deck into that area back there, half of the ship--mine was on the port side--for about half of the length of the structure was my sick bay. I had a laboratory type place where we kind of held sick bay. I had an office. I had a double deck bunk and a single deck bunk. And I had a chief petty officer--an old timer--and I had I think five corpsmen. And unfortunately I had a reception type area where you brought stretchers and that sort of thing right into it. And we had a framework there that we could put them on and take care of them there when we had some room.

Some real smart guy tiled the deck. And when we got in a little trouble later on and we started to get hit, well, that damn tile started to splinter and it just flew all over everything. We had to throw blankets down under it. It was just cutting people. So

one of my recommendations was never put tile aboard ship. This was a little tile as you can imagine in a bathroom somewhere. It looked nice. It was easy to keep clean. That's the reason that they put it down.

**So you were on the Pecos and you were all over the place, I understand. You went to the East Indies and Borneo and Java and a whole bunch of other places, and this was even before the war started.**

That's right. We were after oil and we would haul the oil back and reload the fleet and go back and look for another place. And we went to a number of different places, Borneo, and Java. We had to cross the sandbar when the tide was up and go on up into the river... This was Shell Oil Company was up there; Dutch, of course, in that area.

They had a golf course and we had some experiences there. The exec and I played golf. You had three caddies. You had a hand caddy to carry your bag, a fore caddy who was out front to see where the ball went in the jungles or not, and a drink caddy who kept your drinks. And they were all girls, all little girls. They were not young, but they were small people. It was a lot of fun.

**It sounds it was like a country club.**

Yeah, it was. It was a country club that we were playing on.

We were guests. They were very nice to us because we were buying their oil.

**Where were you on December 7th?**

I was in Manila. The Asiatic Fleet had come up there for the Christmas time, and they did that, oh, every 5 or 6 weeks. The destroyers and the cruiser would head on back for Manila and they'd reprovision and have liberty. My ship could do about 12 knots if you turned every fan backwards, you know. And we couldn't make it so we frequently . . . I had permission from the old man, I could put beer in my medical locker. I loaded up on a number of cases of beer and then we'd go down to one of the little islands down there along our way.

But Christmas time was a real ceremony. We had just gotten in, and since we went in behind the breakwaters, word came out that things were not too good. So in order to unload our oil into the tanks on the shore so it would be available if we had to get out of there... We had no more than had gotten started on that when at about 4 in the morning, when I was awakened and told about Pearl Harbor. But it was Sunday out there, instead of Saturday.

**It was Monday.**

Yeah, Monday out there instead of Sunday, because of the date

line. And we had been pumping for about 3 or 4 hours when we got word to take it all back on and get outside the breakwater in a hurry.

**So you had to take the oil from the tanks and put it back on the ship?**

Bring it back to ship and take it out because they didn't know when the other ships were going to leave and they didn't want to leave their oil behind. We were a fleet tanker. So we got it back, and went outside the breakwater. We were there for 2 more days. And then when they hit Clark Field and then they had one run on the . . .

**On the navy yard there at Cavite.**

Yes. That's what I was going to say, Cavite. And the hospital out there was evacuated. And then they took that up as an administrative place for the Navy yard out there. And they hit Cavite pretty bad.

**Now could you actually see that going on?**

Oh, yeah. We were in Manila Bay then underway, not tearing anywhere, but just underway, circling, that sort of thing, so as not to be sitting still. They never dropped a shot on us, there. And on the third day we went out at night.

**So you guys left that area when Corregidor was under attack?**

Oh, Corregidor was not under attack then. They hadn't really hit. They were coming down the coast and we got out and cut south, as soon as we got out to fair water. And it was the next night that they started to bombard Corregidor. So we had been gone about 8 or 9 hours, when they came down during the dark. Of course, they had evacuated a great deal of the military to Corrugator from over in the Manila side which was under attack before that. And that's the reason that the crowd was there that had to go over and cross on the peninsula, and, of course, they made the march then, which was a terrible thing as you know.

**Yes.**

We lost a lot of people. We lost some of our medical department there. But they evacuated people from the naval hospital the first time they hit Cavite. They hit the naval hospital too, which was right across a little bay.

**So your ship was now out of the Philippines. You left with the rest of fleet?**

No one was together in those days. We were by ourselves and

we didn't have any escort or anything. We did though as soon as we got out and in about 2 days we began to refuel everything that we could see. We had some destroyers and a couple of submarines, and I think the *Houston* and the *Marblehead*. Anyway, we got rid of all our fuel and went off to Borneo to get some more fuel. We loaded up with fuel and then they hit the northern end of the island when we pulled out of there with a load and went down to the Java Straits.

**That was at ...**

At Tinchenjap I guess it was. We went in there and when we came back out again, that's when the ships were down and they all got beat. We refueled all those ships with everything that we could get. And then we left there and our orders were to go anywhere we thought we could get fuel. We thought we could try to get to India if we could. But we didn't get that far.

**So you had a couple of bad days as I remember, with the *Houston* hit and then the *Marblehead*, and then you yourself were hit. What do you recall about all of that?**

Well, we weren't with them. We had refueled them, but then we had gone on back down south through Java Strait and were there awaiting orders because we were empty. And they then brought in the *Langley* survivors, and some of them needed help. So they put some

of them on our ship.

The Japanese planes started to pursue and we got the word they were coming. And the old man took off and we started south. And then the Japanese carriers got us the next day and sunk the *Pecos*. I guess it was about 6 o'clock, 5:30, something like that. We got picked up about 9 o'clock, those of us who were picked up.

**What do you recall about the actual attack on the *Pecos*?**

They just beat the shit out of us. There was nothing but the air, just dropping bombs. And the Japanese in those days didn't have these good bombsights that we have and they were using Bettys and Zeros. And there was one time I was looking up to see where the damn bomb was going to hit ... It wasn't any fun.

**That's when you had some trouble with the tile?**

Yes, yes. Because we took a hit right in front of the bridge and then we took one right after the bridge. We had two 3-inch guns, aerial guns, one on each side of the ship amidship. One of them hit the platform there and knocked that out of kilter so they couldn't use it. That's the one that shook up the sick bay.

**So you weren't very well armed to defend yourself.**

No, you'd be surprised what we had. The machine department had

made some brackets up and we had about six areas where we put two .30 caliber rifles together, and a guy could man them and shoot them both and hope to do better with one hand on the trigger on each side. They were automatic rifles.

**These were Browning Automatic Rifles?**

Yes.

**And these were your anti-aircraft guns.**

Before we left Manila the last time, they put a couple of .50 calibers on them. We had two .50 calibers on top of the bridge, we had one up forward in the foscle, and we had two aft. And that was our anti-aircraft-- .50 caliber.

**That's not very encouraging.**

Well, we had a real battery. We had two 6-inch guns aft. And if any pirates came after us we just turned our aft to them and would shoot the hell out of them with the 6-inch guns. And I said to the exec, "Is there anything in the world that you can do with those big guns back there?" And he said, "Yeah, if you just get those bastards to get down close to the water, we'll splash right in front of them and maybe hit one of them." You don't have any idea what war was like then after all that time with no preparation.

**So did you have a lot of patients at that point to start taking care of, injured, from the bombing of the ship?**

Not very many. I didn't have any real bad cases from the *Langley*. But I guess I had four or five at one time, and we would do what we could with them and turn them over to a couple of other passengers to take care of. And even if they'd knocked a leg off, we had to get them out of sick bay so that other people who needed to be stabilized could come in. But everyone got some help. We took the mattresses off all the bunks and any wooden door. We didn't have much wood aboard that ship. We threw it off over the side. But we lost an awful lot in the water.

**Did you have a load of oil at that time when you were being attacked?**

No.

**You were empty.**

We were on our way to try to get some, which was fortunate because we did ... You see the tankers were equipped with CO2 bottles underneath the bulkhead. And they could turn that on to put out fires. But we didn't have any fires start. We had some smoking one time that scared someone. But we didn't have any real fire like you

might expect from a tanker.

**Did you have adequate supplies on board to take care of patients at that time?**

Well, I had enough cascacia to give to the whole damn fleet. You know what cascacia is?

**No.**

It's a laxative. That ship was 40 years old and I still had part of the commissioning supply on board. We didn't have a lot of things. There was no penicillin or anything like that in those days.

**Did you have any sulfa drugs at all.**

No.

**Nothing.**

We had been given sulfa drugs. They had come through the fleet surgeon who was aboard that cruiser. Sulfa drugs came out in bottles of a hundred. And it was dished out to us at five tablets per man in the crew to take care of casualties and that sort of thing. Well, you know sulfa takes care of clap about as well as penicillin does. And those pills didn't last too long, because the crew found out about it and we wanted to get them back on our feet and not have to nurse

them along.

And so when I got into this trouble and so did everyone else, *Black Hawk* and the rest of them, the same type of thing happened to them, we didn't really have anything to take care of them. So bandages and dressings and splints, iodine, alcohol, aspirin, morphine, codeine. We had some little bottles of brandy.

**Did you have any plasma?**

No. No one was using plasma then. Meanwhile I got my whole crew to volunteer for a transfusion to go to the naval hospital.

**The ship was finally hit. It was mortally wounded. It was going down and was there an abandon ship order given?**

Well, unfortunately these 100 or so passengers we had aboard, had no station and we were kind of getting into each other's way and that sort of thing. And someone said it was about time to abandon ship, and the word was heard and it went all over the ship--"Abandon ship, Abandon ship." We lost most of those visitors we had aboard. They all went over the side, took our rubber nets and our framework and all the rest of it, a couple of boats that we had. They all went with that crew. And some of our own people then eventually had some. But my crew, the crew of the *Pecos* itself --practically all of them went into the water when the ship went down.

**So there was no official abandon ship, just the word spread.**

Abandon ship came then about 45 minutes or an hour after those people left.

**Oh, they were in the water already.**

They didn't know where they were. We had our brass and everything so we didn't have those. That's the reason that they threw all this stuff over the side, to try to have some floatation. They don't say much about that but it's been recorded. And I'd just as soon not bring that up. The *Langley* has a fine reputation as you know, even though they had to sink their own ship. And all the survivors didn't come out on the *Pecos*. A number of them came out on a commercial ship, and none of them came out on some of the destroyers. So this wasn't all the people from the *Langley*.

**So when you finally got the word, how did you get in the water?**

Just walked in.

**You were low enough you just walked off the ship into the water.**

It was just rolling over and we walked in.

**Did you have any life jackets? Or did you just cling to pieces**

**of wood floating in the water?**

Everyone had a kapok life jacket, which didn't last too long until it got waterlogged. But that's what we had and we didn't have any life jackets left. And fortunately most of the *Langley* people had been through this and brought their life jackets from the *Langley* because they got off of that and went down the ladder and into the boats. So they didn't scavenge our

life jackets and we had extra life jackets. I don't know of anyone because I got a good many life jackets ...

Before we were under attack I had stowed in the sick bay. We had to put people in the water who were bed patients, you know, hurt, you know, I would put a couple of life jackets on them, wrap them around their thigh. And then we always sent at least one man, and this could get them two men from the area of the crew to go with the patient who was in that condition. We only had about five of them like that. And I don't know except for one who made it. He had his whole hip shot out. And his leg was just kind of flapping there.

**This injury was incurred on the *Langley* or during the attack on your ship?**

It occurred on the *Pecos*. He was up on the gun mount on portside when it was hit. It just tore up into his hip and hit the ride side of it and tore all the muscles and everything out of there. Now I

was pushing hard to know whether to finish the amputation he would be handier, so I left it on a splint and then we put the life jackets on him.

**Did he make it?**

He made it for a while but he died later on after he was picked up. He was picked up by a destroyer, as all of us were as a matter of fact.

**This was at night?**

Yeah, about 9 o'clock. That night the stars were all out. It gets chilly in the tropics at night, so it was getting chilly. The water wasn't that bad. But the only thing about the water is there was oil all over it because while the tanker didn't have a load of oil it certainly had enough oil to go out and ... it doesn't have to be too thick on the water to be very troublesome.

**So people were getting oil in their eyes and mouth. And the fumes coming off must have made people sick.**

Yes. It was oily. You wiped your face and you wiped oil.

**So how long were you in the water before you were picked up?**

I guess for 4 hours. And the destroyer that came through

couldn't stop and through the cargo nets over the side. And if you grabbed a cargo net and held on tight you could make it. And they had one launch that had the motor out and was in the skids up before the front of the bridge, which the . . . yelled at somebody. And a couple of guys got that one and got it out of the skids so that when it went over the side, they had it loose and they got it through. And the navigator got into that and got control of it and he...

We had a couple of injured in that boat. And I got in the boat twice to help out and then got out and let somebody else in, and to help out someone who was hurt and we'd get him in, because the boat was pretty low in the water then, you didn't want that to sink. But the navigator was in charge of it, and that was Scotty.

**There was another problem I understand. You had some Japanese submarines or sightings of submarines in the area.**

That's the reason that the destroyer got out without going back and forth through anyone who might have been left. And picked up the submarines and Captain Carp, Butch Carp as he was called, he was hit with the destroyer and he had a pretty hit miss and he said this is it, we've got to get out. And my commander was there too. He had made it. And he and Carp talked about it and they decided we got to go. So they pulled out.

Where did they take you?

They went down to Australia. You've about worn my memory out.

We're going to cut it right here, Dr. Yon, and we'll continue this. We can make another appointment and talk to you next week and pick up where you left off. How's that?

Okay.

Let me get your address first.

Here?

Yes.

3800 Woodmoor Court.

Okay, is that Portsmouth?

No, Chesapeake. I'm right on the edge of Portsmouth.  
Chesapeake, Virginia 23321. And you have my telephone number.

[Tape 2, Side A begins]

We were talking about your time on the *Pecos* and about the battle and we were just starting to talk about how the ship was eventually sunk and then we kind of cut it there. So if you can just tell be

**briefly what you recall about finally getting word to abandon ship and all that.**

The captain finally said "abandon ship"... Except for those who left about a half-hour or 45 minutes early who were mostly passengers from the *Langley*. And they didn't have any assignments on the ship for defending it. They took our rafts and that sort of thing and shoved off. Some yelled abandon ship or something, but about a half hour later the captain said abandon ship because the ship was way over on the port side and water was coming under the deck and all so he thought we better get off before we got into the oil. So everyone got off then. And then that was about 4 hours later.

So we were picked up by the USS *Whipple*, which was a destroyer. This was a destroyer that picked up the people from the *Freemantle* and taken them up to Tansanobang, I guess it is, where we were. Two of the destroyers picked the *Langley* people up, took them up there and they decided that they ought to get out of there. We were leaving so that's the reason that some of the *Langley* survivors got on our ship. We headed south.

Of course we got in trouble. And one of those had radio silence so it wasn't until we were abandoning ship went to the radio department the chief up there his antennae was gone and everything, he threw a water out across the well deck somewhere and tried to get a signal out. And much to our benefit, one of the destroyers which

had taken the *Langley* up was in the area not too close, but not too far away and got the signal. Didn't know who it was from exactly. Thought it might be the *Pecos*, but they hadn't heard anything because of the radio sound. So they didn't know what our position was. But he was smart enough to take what direction we were going when they last heard from us and follow that down, and he ran into us.

Now the skipper of that ship his nickname was Fish, his last name was Carp, Captain Carp, he was a commander aboard the *Whipple*. And he picked up as many as he could and then the Japanese force, the submarines had a screen for the carriers which had gotten us. And they took a couple of torpedoes close by and my skipper, his name was Abernathy, that's the *Pecos*, the two of them decided that they better get out of there, the ship and everyone else. So that's when we left and we headed south and we went into Freemantle on the coast of Australia, which was the naval base right adjacent to Perth. That's where I got out of there on the President line.

**Now you had not been injured in this battle, had you?**

The only thing I had were burns and I had a fragment in one knee which was not penetrating the knee but was hanging onto it. I put a couple of stitches in that myself aboard the destroyer, and that's the only injury that I had. I got the Purple Heart. I think that everyone had gotten the oil ... But I was not fractured. I was not

shot with anything. I had a fragment of one of the bombs because I was trying to get down the catwalk from the captain's quarters back to the sick bay when a bomb hit right in there and that's how I got my burns. I came up through the catwalk and it got me and the fragments got up there. If it hadn't been for the catwalk I guess I would have been bad off. But anyway I was able to walk. And except for some residuals for my burns that I had to have dressings on for a couple of months, I was doing fine. All I needed was a little drink.

**A little medicinal whiskey, huh?**

Right and I didn't have any because my sick bay was gone. But we went into Freemantle, and then we got on the President liner which had Australian troops aboard. They were coming back from Africa or India. They had been in action. As a matter of fact I took care of a couple of men who had some wounds on the 3- or 4-day trip we had running around the southern part of Australia. We went into Adelaide and then after we got those people off, we had a night there I guess, and then we went to Melbourne where we had a night or so. Then we came on home.

The ship was a good ship and our cruising speed was fast enough that in those days no submarine could catch up to us. So we had no escort. We headed out full steam until we got away from Australia

and cruised right on into San Francisco. But that's how we got back to the States. As a matter of fact we got in about 10:30 in the morning and that evening there was an extra in the San Francisco paper about the *Pecos* being sunk. Then it got into a story about the *Houston*. And that was the first news that got back to the States of ships being sunk. It was a peculiar thing, and you know that was a month later.

**So you came back to San Francisco and where did they send you from there?**

I got back to San Francisco and we were trying to get some records and some pay accounts straightened out. We had none, of course; they were lost in the ship. So we had to report into COM 12 every day. They were then going to get our pay accounts straightened out and give us new pay accounts and get a set of orders for each of us. Hell, we didn't get a damn thing. I was there for 3 weeks in San Francisco. And my wife was all upset. And finally after talking to her every day, "I'll be home tomorrow, I'll get some kind of plane home." You know, you just didn't walk out and get a plane in those days. They were all ... a lot of it was military.

But anyway she said "I'm coming out." So she was able to get on a plane by herself then and met me and she had about 4 or 5 days with me.

Then I got an order to go to Salt Lake City and pick up a captain in the Supply Corps who had had a heart attack. I was to accompany him back to Bethesda. And my wife and I got on the train and they had a special car on the damn train. I don't know who this guy was. We went to Salt Lake City and picked him up and brought him aboard through one of the windows in the stateroom.

**You brought him in through one of the windows?**

Yeah, well, he couldn't get in through the door and make the corner.

**Oh, he was on a stretcher.**

Yes. And he had two corpsmen with him. My wife and I had a nice area of one of the little staterooms. They had people to cook meals for us. We had an independent car.

**He must have been an important character.**

He must have been. I never did know what his name was. And no one ever did a lot of talking about it. So that's the reason that I don't know who he was. He had had a heart attack and I saw that he had oxygen when he needed it and that sort of thing. He was in pretty good shape but didn't talk a lot. So my wife and I were very happy to be together.

When we got into the station in Washington an ambulance met us.

They had an aide there with the ambulance to pick him up. And I said, "You get a room for my wife. I'm going on the ambulance. You take care of her and get her in a hotel and call me out at Bethesda and tell me where you are and send a car for me." And I was a lieutenant.

**With a lot of pull at that point.**

It was "Don't give me any crap. That's the way it's going to be." And it was that way. They got her into a hotel. Of course, I reported then to the Bureau of Medicine Surgery and they debriefed me over a period of days. And then I had temporary orders to the Bureau. And, of course, my kids were back in Charlottesville, and my wife needed to get back to the kids.

Anyway, I went to my boss and said, "Look, I just got back; I've been gone for 2 ½ years and haven't seen my wife and I've got a baby back there that's 18 months old I've never seen." I said "I want some leave." He said, "Fine, Joe."

"Captain, I understand it's routine when you have duty like that you get 30 days leave." He said, "Yeah, that's what you're supposed to get," but he said, "Joe, you take 10 days and see how you're getting along. If you really are bad off and you want any more call me, and I'll see if I can get you more."

And I said, "You mean that's all I get?" And he said, "See how that works out." I knew goddamn well ...

**You knew it wasn't going to work out, right?**

No. So I went down and then in 10 days I went back to Washington to my original orders which were to report to BUMED and I got leave from BUMED. So I had to get back to BUMED. Boy, that was a little bit of mess and I better not tell you about that. But potentially I was sent out to Bethesda. ADM Oman was the commanding officer of Bethesda at that time. And his executive officer was a lieutenant commander who suddenly came down with a heart attack and needed a (unintelligible), so I wasn't very happy in the Bureau and they knew it. And the detail officer sent me out to be ADM Oman's administrator.

**Well, what did they have you doing while you were here at the Bureau?**

Well, I was put on a committee that went over the physical examinations of applicants that were to come into the reserve, into the Medical Corps. I could send them out for special examinations. There were two crews. And I busted them so much about them not being interested and wanting to have 3 hours off for lunch and that sort of thing that -- that's the reason that they sent me out to Bethesda, to get rid of me. And then when Oman retired, I stayed with him for a couple of months and he went up to New York to a convalescence

hospital where they were sending people until they were fit for duty. They then came back and were on temporary duty. I went up and helped him get that established. And then he said, "Well, we can't keep you any longer, Joe." He said, "I'm retired now." This is a reserve-type affair here.

So I went back to the Bureau and stayed in the detail office. It happens that the detail officer was controlling the medical officer in the Navy in a little black book on his desk. And if he wasn't available, boy, it was rough.

So my job when I went back to the Bureau was to set up a filing system for the Navy Medical Department. I had three people working with me, a chief and two corpsmen, and myself. And we worked like hell for about 3 months until I got orders out of there, setting up a file system and that sort of thing, cards and all for the detailing and where our medical officers were.

But when he started out that little black book was enough. That was about all the medical officers who were in the Navy which was six or seven hundred. And then it went up real fast after that with the reserves and everything. But I liked him very much. He was rough, a little bit rough, but fair about everything. When anyone went in with a complaint he and I spoke the same language. We got along fine.

I'll tell you, I was not the calmest guy in the world then, and

I suppose it's the same feeling a lot of people get who are survivors. They get a sort of guilty feeling of being a survivor when they had lost so many of their shipmates. I suppose that was part of my problem. So I told the detailer that I wanted to go back to sea. So I was ordered to a new cruiser just being completed at Philadelphia. I was ordered to *Miami* (CL-89), after being ashore for about 14 months. That's when I started my second sea duty. We had a shakedown cruise south and all that sort of thing.

**Where was the ship homeported at that time?**

It was homeported on the West Coast.

**So is that where you met the ship?**

No, no, I met the ship up at the Cramp shipyard.

**In Philadelphia.**

Yes. I went to the Navy Yard in Philadelphia and put the ship in commission. I was there about 3 months helping to get the medical department properly equipped. We then went on a shakedown cruise and were gone about 6 weeks. Then we came back, got the rest of our crew, and took off.

**What kind of sick bay did the ship have? What did it look like?**

Well, sick bay was sort of a reception area with a couple of desks and a double deck bunk over on the side of the bulkhead. It had an operating room, a little laboratory, and a place for crewmen. There was the chief petty officer who had a desk and pharmacy type business there. We had the pharmacy in sick bay. I had room for six patients back in a little room we called a ward, but it was really just a room with double deck bunks on the bulkhead. One of them had triple bunks on it. It was configured kind of half around one of the gun mounts which extended down to the keel of the ship. That took up a lot of room so we didn't have much room to work. And it was hot. But I got an air conditioning unit off the dock one day and my crewman and my engineer put it in for us.

**A regular air conditioning unit?**

Yes, a big one. There was an aircraft carrier there whose outfitting was delayed for some reason or another and I kind of figured that that was in the way. So I brought it aboard. My engineer put it in for us. Don't tell about that, I'll go to jail for it.

**Even after all these years they'll still throw you in jail probably.**

Yes. But I didn't take it home with me, I just put it back in

a different ship.

**That was legitimate. I believe that's called cumshawing, isn't it?**

That's exactly what we called it. Everyone called it except the old man. And he didn't know about it until they got to giggling one day. The executive officer told him about it. And oh, boy, he sent for me right away and gave me hell, and then he started to laugh. We were at sea then.

**It was too late to do anything.**

Too late to do anything.

**How many corpsmen did you have working with you there on the ship?**

I think probably nine or ten. I had a chief petty officer, a first class, a second class who ran my operating room and my sterilizers. I had a second class in charge of the pharmacy, which was in sick bay. They also had first aid stations too when we went to general quarters. So they weren't all there all the time. The wardroom was a big first aid station. Of course, my sick bay, and then up on the bridge, in the captain's area we had a first aid station. We had a first aid station in the crew's quarters aft.

**How about other physicians? Were you the senior medical officer?**

Yes, I had one other physician who was a reserve and I had one dental officer. His name was Howell. By then of course I was a lieutenant commander and he was a lieutenant. I had no problem running the medical part. And when we were commissioning the ship I took him down to the Philadelphia Naval Hospital and got the anesthetist down there to let him give some gas and that sort of thing so that we had someone who knew about anesthesia aboard ship.

Howell was at Philadelphia 3 months, enjoyed it, came back, and he was very good when we needed anesthetic of any kind. Of course, we used chloroform and ether in those days and a little gas. The gas was also used in the dental office. So the dentist could always come up and handle the gas machines for us.

**Were you using, nitrous oxide?**

I guess that's what they were using. In the sick bay if we used anything we used ether. Canned ether, just drip ether. We didn't have any machines to put a vapor out, just dropped it on the mask. And we didn't have too much because I didn't hesitate to use morphine when we needed it. Most of what we encountered were accidents because we had had some very foul weather when we got out. We went

back out to the Pacific but this time I was with the Pacific rather than the Asiatic Fleet.

**So then you took the ship out on sea trials from Philadelphia and then sailed out through the Canal and out to the West Coast.**

Yes, stopping first at San Diego. We were in San Diego for provisioning and then we stopped at Honolulu. That was a year and a half after Pearl Harbor. And Honolulu wasn't too bad then. I had an old friend in the Army, in the coastal protection area out there, and he came on ship and we went over to the beach. We were there about 2 days and then went on. From then on, we hardly stopped.

**Where did you go then? Where were you deployed?**

We were in the islands in the southern Philippines and worked our way on up. But we spent a hell of a lot of time at sea traveling.

**So you were involved in that battle of the Philippine Sea and that stuff?**

The Philippine Sea where they knocked all the aircraft out. So with Halsey, we went up the wrong side of the Philippines. He was going to cut off the Japanese fleet before they could get back to Japan.

**It was a wild goose chase; they were leading him away from protecting the invasion fleet.**

And then he turned around and came back, back down the way he came up and got in the last bit of it. But that was a long haul up there and back. But he missed a big part of that battle. But you know the carrier force was a screen, maybe 50 miles away from where they're making the action. You're there to protect the carriers. And you don't necessarily get in and get to fire your guns at your target. Planes are the ones that get the targets. So we had a good deal of that. What we did was to get in sometimes at night and clean up an island or snipers. We'd go in and bombard. Then one of our ships would put some Marines ashore and clean it up.

I don't believe that there were times when 3 months would go by and I wouldn't even leave the ship; no one would leave the ship, except maybe the captain or someone going over to another ship. And we did do that when we went to these places where we spent a couple of days refueling and that sort of thing. And that's where the kamikazes started to come in when we would be in a group together, toward the end. We fired at a lot of them but none of them hit us.

Our radar wasn't that good, even at the end of the war, to see something coming in 30 miles away or 20 miles away like it is today. You saw one of them when it was just over the horizon or just at the horizon or something like that. So they got in pretty close before

we went to general quarters.

A lot of our minor injuries were from fragments of our own anti-aircraft fire, because that stuff you put is going to come down somewhere when it explodes up there. But it was not that bad. The only thing bad about it was the isolation for months and months and not knowing when you were going to get out or when you were going to go home.

**Where did the ship go after the Philippine campaign?**

Well, we stayed on in the Philippines and made preparations for going into Japan and hitting a lot of the islands that still had Japanese troops on them. But we didn't get up there until February of '45 or something like that. And then we came straight on back to the States. We felt that we were going back for repairs and would be back out again, temporary duty for overhaul. We hadn't had an overhaul for almost 2 years because we had been underway all that time.

We had a wonderful engineer aboard. He had been on a ship that had been sunk, another cruiser. A sister ship of mine was sunk and he came to us. But he was in a pre-commissioning outfit and he fitted out his engine room. He, could do anything down there, and he kept the pumps going and everything else for 18 months. Then we were ordered back to San Diego for overhaul. When we arrived in Honolulu,

the orders were changed to permanent duty for all hands back to San Diego.

Then the *Miami* was outfitted and she didn't need anything but to get her engines repaired and that sort of thing. And then she went back to Japan and was one of the ships that made a couple of trips carrying our troops back.

**They called it "Operation Magic Carpet."**

We called them troop ships. That's what they were. There was plenty of place to feed and triple deck bunks and that sort of thing to bring as many people back aboard ship as they could. I wasn't aboard her then. I got off as soon as we got back to San Diego. I saw my corpsmen and everyone else transferred right away.

**Were you aboard when you guys hit the typhoon?**

Yes.

**Tell me about that. What was that like?**

You've never been on anything to see a ship as big as that roll as far as it rolled. If the carriers were taking on and taking off planes they had to head into the wind, at least they did in those

days, and I think that they still do. But you had to be damn careful how you maneuvered. And in a typhoon like that, if you got sideways you just go over. So you had to kind of at least partly head into it. Well, bang, it's up and bang, your bow goes way up in the air. I had three bad casualties during the typhoon. Both of them, or all three of them, were working up on the focsle trying to tie stuff down that had gotten loose and had broken the anchor chain and a few other things. We had life lines running all back so he could grab a hold of the life line. These men were old sailors and two of them together started back and the ship was up in the air and almost stopped. And they figured, well, that's the end, it will be a second force. So they ran and got halfway back and she slammed down and they were in the air bounced up and they got thrown back against the bulkhead. They didn't go over the side, but one of them had his head knocked wide open and skull open and the other one was cut alongside the shoulder where it hit some gas bottles that they had tied alongside the bulkhead.

**What were they that he hit?**

Gas bottles we had tied alongside--CO2 for fire suppression. And the other one was hurt down in the engine room. I think he just slipped. I guess the things were scrambling all around so much. That's a terrible thing to happen. Now you take a cruiser as big

as that and the focsle. . . my quarters were about a third of the way back on the ship, on the port side, right against the skin, of course. And I was down two decks.

Now on the deck above me was a focsle that was coming out, and the main deck was right there. That main deck opened along the skin, on my side, I think for 13 frames, just split open. Then they had to keep about 3 degrees on the rudder to get the ship going straight because it had even bent enough to affect at high speed the direction of the ship. Now this is a cruiser, a light cruiser. And, of course, we didn't do anything except that the crew closed those holes up so that it wouldn't leak down into the stateroom. But we didn't pay any attention; we kept on going, did everything, the guns all worked and that sort of thing.

But the damn storm lasted about 4 days. Everyone was dead on your feet. You couldn't eat. They couldn't cook. We had bologna type sandwiches when you could get them. As I remember, the thing came and went a little bit, but not too much. It was pretty bad for at least 2 full days. Just bang, bang, bang. And, of course, we had a few people who were sick and they didn't help anything.

**I was going to say you probably had a serious seasickness problem.**

Oh, yeah. Well, the crews of a ship like that didn't run into

any kind of sea that they had any reason to get seasick after their first getting used to the ship, you know. But this was entirely different. Now I had been in a typhoon before. I had been onboard the tanker. With that ship, we'd just fill the tanks with sea water and drop them down until the water was coming over the well deck, and the hell with it. We would just go along and then ... I was very much surprised the first time they did that. I said, "My God, you're mixing seawater with the oil." He said, "When we get up and get level, they won't be mixed." And then they just drained off all the seawater and the oil tanks are still there. It's a surprising thing.

You had to get them down in the water because if you didn't want to be light in a ship like a tanker with all that air in the tanks. So you dropped her right down and filled it with seawater and dropped it right on down in the water. This is how we handled it on the *Pecos*.

**Oh, I see.**

But you don't do that on a cruiser. You stay afloat as best you can. You don't have any tanks to do that with.

**So the ship sustained a good bit of damage in the storm then.**

Superficial.

**The hull buckling and such.**

Up forward. It didn't hurt anything else and didn't involve the integrity of the security of the water except for that area.

**I understand that sometime after that the *Miami* was involved in some other action as you had mentioned earlier supporting the carrier strikes and such. And at one point you ran into a kamikaze. You actually sighted one and apparently splashed it.**

Oh, no, wait a minute, wait a minute. We were all together at one of the atolls where we used to go in for recreation time. There would be a carrier or so in there and half a dozen destroyers and a couple of cruisers tied up at anchor. And we would go on one of the islands and have a little recreation and people would relax for a little while. That's where the kamikazes came in. Hell, there would be several of them come in. I don't know whether our people knocked down three kamikazes. But I wasn't watching them. But all the ships were firing at them. This was a real hornet's nest. I would think that in many instances there were as many as 12, 14 ships in there, at one of these atolls.

**I see.**

And so it wasn't us alone. We were never attacked by a kamikaze when we were by ourselves. On the *Miami*, we were very, very seldom by ourselves. We were with a task force as a screen, usually for

a carrier. It could have been with one of the battleships that was out there at one time. We had some heavy cruisers anyway.

**So you left the scene of the war and you went back to the States for the ship to be overhauled. And did you leave the ship at that point?**

Yes. I was ordered off the ship. We'd been gone for almost 2 years. And when I got off it I still hadn't had all of my residency for surgery. I was classified as a general surgeon and was practicing surgery, but I hadn't had all my official legal training in a hospital. I had grabbed it where I could and had had a lot of extra time when we were in some place. Even when I was at the Bureau, I used to go over to the hospital, fool around, go up to the surgical area and try to bum a job assisting somebody and so on. And I was very interested in being a surgeon. But let's see that was in '45.

**Yeah, that would have been '45 when the ship came back.**

In '45 I came back from the ship, and I had gotten a letter from the Surgeon General that things were easing up and they were beginning to communicate a little bit and he said, "Joe, you've been gone a long time and what do you want?" It was [VADM Ross] McIntire then. Anyway, I wrote back and said, "Well, I want to go some

place where I can be with my family. And I said, "Send me out to some ammunition depot where they don't know what an oar is when I put it on my shoulder and walk down the road.

I got a letter back from him saying, "We don't have any of those available, Joe." But he sent me to an ammunition depot in New England called Hingham.

### **Hingham, Massachusetts.**

Yes. I was sent up there to relieve the medical officer, who was the commander, and I was a commander then. He was a reserve and he wanted to get back to his job. So I had a couple of weeks leave I guess and got things squared away, and then got back to Charlottesville for a while with the family. So then I took my family with me up to Hingham and I set of quarters they had for me. And we got into that and we settled down and everything was great. My ammunition depot had had a platoon of Marines who worked guard duty and that sort of thing. They had a kennel of dogs. And they did a lot of transferring of ammunition back and forth to ships. And they had a sick bay with a chief nurse and five other nurses and 10, 15 corpsmen.

And when I got there, there was one nurse and three corpsmen, and the Marines were all gone and there was one dog up in the stables because the Marines used to ride horses around. And the old dog

belonged up in the stable, and he was there with one lieutenant and that . . .

**That's it.**

And they said, "We need you. You got two jobs, you can have either one. You can go to Bermuda as number one and take care of the people down at Bermuda at the Navy base, or you can go to Guantanamo Bay and you can be the executive officer down there of the hospital."

And I said, "You don't need to worry about that. I'm not going anywhere where I can be commanding officer or exec, I'm going to be commanding officer."

"All right, Bermuda, get ready to go. So I got my family all ready and we went to Bermuda. And I was supposed to have quarters right there on the base, and it turned out that an aviator came in. He was relieving down there as executive officer. And he took my quarters that I was to get. The admiral was holding them for him.

So I'm on the outside, and I got a beautiful set of quarters that hadn't been lived in, that was owned by a Bermudian. But he was going to rent it to some civilian employees. And he wouldn't do that when I came in. He rented it to us. A beautiful set of quarters, outside the base by about three-quarters of a mile, down the main road on a great big piece of property, which was very unusual

there, right on the water. I was there two years and when I left he tripled the rent. He wouldn't raise it a bit while I was there.

We got to be good friends. Sir Harold Wattlington was his name. His father had developed the water system for Bermuda Island. And he inherited the sir because he was on the board of directors or something. Anyway, we enjoyed that very much. I had a couple of girls working for us. Sally enjoyed it. There were some people that she knew down that way. And we had good social things going on.

My work wasn't too bad. I had a regular hospital, sick bay type. I got an assistant surgeon and I had another doctor for sick call. I had a chief nurse and five other nurses. We lost a couple of nurses because we weren't very busy, but we still had a nice sick bay. The corpsmen had quarters right there at the dispensary, the little hospital we had. And it was good duty. We had an officer's club and an enlisted club and all the rest of it.

Water was the only problem and they had a big catchment if you know what that is. That's where they concrete a whole hill and it all runs down into one gutter and into a cistern. If we ran out of water I could always call over there and the supply officer would fill a tank up and send it over and put it in my cistern. We got our water off our roofs.

**This is all in Bermuda?**

All in Bermuda. We were there for two years, almost on the dot. I had had a gallstone problem. Actually, on the way to the Philippines. And I never paid much attention to it. Of course, I dieted a little bit. But I had a bad time down there after about two years. The only time I had one, I bent over to put my shoes on and bang it hit me. And I couldn't get over it. It still hurt badly and I couldn't eat. So I went back to Bethesda and had my gallbladder out. And that only lasted a short time.

And then because things were quieting down and people were being discharged, they sent me out to Corona, California as chief surgeon. And that was a convalescent hospital, and that was for me to convalesce. And they said, "You won't be there too long now." I was there nine months and then I got my first formal surgical training.

I was enrolled in Northwestern University. And I was then sent over to Pennsylvania Hospital and Medical School for this training in surgery. And where it was done was at Cook County Hospital, which is a big county hospital in Chicago. And it was quite an experience. I was in competition with some of their own residents coming back from being in war, reserves, and they hadn't finished their residencies. They were coming back to finish. So we had quite a competition, who was going to do what, who was not going to do it.

But it was all under direction of well-qualified surgeons.

That's the reason that we were there. But us younger guys fought some, good naturedly. I had learned a hell of a lot there, because I knew my surgery and my technique. It was my judgment that I needed experience on and basic science type things that I needed. So when left there I went to Philadelphia Naval Hospital to finish my training. And I was there with Bob Brown, who was chief of surgery at the time. That's where I went to continue my residency. Well, I was there for two years. My second year I was qualified and I was made head of the department of general surgery. Bob then was doing all the neurosurgery and the vascular surgery. And then I was ordered to St. Albans as the chief of surgery.

**Let me ask you a question about Dr. Brown. I've talked to other folks who said that he was really quite a wonderful teacher.**

He was. He was a hard boiled teacher, but he was wonderful. At the time when I first went, I didn't like him at all. Bob was a little bit snotty. I say that and then I have to say this real fast. I got to know him. I was running a ward when I got there because I was within a year of getting qualified and doing my own scheduling. But I always had to get his approval. Every night we went to see the chief of surgery. Bob was not the chief of surgery at the time. The chief of surgery didn't have his boards and

therefore he couldn't have a residency program. So Bob had his boards, but he was not the chief. Sounds funny, but that's the way it worked. And the chief was working under him the same as I was to get his residency training so that he could take his board exam. He had been like me, sent off, but had done a lot of surgery. But he hadn't done the formal type training.

I would ask Bob a question when he made rounds going through my ward. I'd take him out and tell him what I was going to do and show him a case that was maybe a little problem. And I'd ask him a question and sometimes he'd just say, "Did you ever think about so and so," and walk off. Well, you know, I wanted to yell at him, "You're goddamn right, I thought about so and so, but it doesn't fit in this case." But I never did.

But I got to know him better and I was crazy about Bob Brown. I thought he was a fine officer in every way and he was an outstanding surgeon and an outstanding educator. But above all that, he was educated. He was as smart as can be. And then he made Surgeon General, you know. That was some time after that.

Anyway, after two years there I went up to St. Albans as chief of surgery, and I was there until about '52. And in '52 I was ordered as chief surgeon on the hospital ship *Consolation*, and we went out to Korea. I had about a year and a half out there and then we came back I was ordered to Camp Lejeune as chief surgeon. That was in

'54.

Dr. Yon. We're going to stop here. We've been going for over an hour, believe it or not.

No wonder I'm coughing.

Yeah, you're probably dry by now. You want to continue next Monday?

Let me look at my calendar, hold on.

[Tape 3, Side A begins]

When we left off last Monday, you began talking about your assignment in 1952 to the hospital ship *Consolation*. Could you tell me something about it? What was that like? How did you get your assignment to begin with to go to the ship?

Well, I had finished my residency and had gone to St. Albans on the medical service up there. And I was head of the general surgery department there, under CAPT Story. They said I would be there for at least two or three years. I was there about a year and a half and suddenly got orders to go to the *Consolation* as chief of surgery, and as executive officer of the hospital within the ship.

Then I went to the *Consolation* in Korea. My family was left in New York. I had had to buy a house up there because I thought I'd be there a little longer than 18 months. Anyway, that's where I went and I met the ship at Pusan in Korea. There were two other hospital ships there, the *Haven*, and I didn't see the *Repose* as I remember out there.

**It came a little later.**

It may have relieved us when the *Consolation* left. We had one ship, the *Jutlandia*.

**The Danish ship.**

Yes. She was about half the size of the U.S. hospital ships. She carried about 200 beds in her. Our duty was to take care of the injured and the sick from the Korean concern. And we would be there about six weeks or so, and then we'd rotate and take our patients to Japan and another ship would relieve us. We rotated that way. And then we would stay in Japan and get a little liberty and reprovision. And then we would go back and, of course, that took us about a week to get from one place to the other and take over again.

So we did that for almost two years, as I remember. And then I came back to the States. Now you ask what the duty was like.

**Yes, what was the duty like?**

Well, sometimes I would be in the operating room for over two days because I ran the operating room. I had another surgeon with me, a general surgeon and a neurosurgeon, who was good at doing some orthopedic work too. I also had two dental officers. Of course the ship had plenty of nurses and corpsmen. We took care of everything, medical. We were there primarily of course to take care of casualties. We would run sometimes a full load but what we did was take care of them there and then we took them back to the hospital at Yokosuka. So we didn't end up with patients for a prolonged period of time.

We were getting pretty light, and things were slowing down some. The captain got a message from the South Korean hospital, which was up at the South Korean naval base to pick up patients. They had a dozen or so patients with legs gone and they didn't have any facilities for prostheses out there. And so would we take care of them? We furnished them medical supplies, many times right from the ship, directly off a helicopter.

I had lined my whole crew up to go ashore and immediately when we got there, go down and look at all the patients they had and examine them and see if we could do any good. And to see what we needed in the way of prosthesis and what we needed to come help from the station to get out there to work on prosthetics if we needed them.

We got up there and they had given us quite a story of all the people they had in there that they couldn't care for. And we went ashore, and I had my medical officer with me, a neurosurgeon and another doctor. And we went ashore. We went all through their hospital and all through their outpatient bay. They had one patient that we could do anything for, that needed anything done. And this guy had a ruptured appendix and had peritonitis. That's the only case we had. So I said we're not going to take him. "We'll give you some penicillin and that sort of thing. But you got him in that trouble, now you take care of him. He's not a war injury." And so we didn't even take him out of there. Oh, they had some people sitting around with legs gone. But their leg stumps were healed and that sort of thing.

**Did they have a lot of patients?**

None. Everyone was ambulatory, except this ... well, they had some laying around in beds, sloughing off. But the only patients that was sick at all was this guy who had the ruptured appendix, peritonitis. All they wanted was medical supplies. They wanted us to send them a load of medical supplies. You know what happens in that area with medical supplies; they get sold.

**They sell them on the black market.**

Of course. Morphine and that sort of thing and they get a real good price for it. No, so we were pretty much upset. I had met the surgeon general of South Korea back in the States when I was in the States before I went out there. And I couldn't find him to give him hell. I was going to really read him up.

I was exec in the hospital in the ship at the time. I was chief surgeon and executive officer. And I had lined my crew on up, all the doctors and everything and had given them pep talks on what we had to do now. "These patients won't speak much English and you're just going to have to use signs." And they were so disgusted. They were having not a bad time, not doing much, they could go over to Inchon, you know. They had a little bar over there and they could go over there and get a drink once in a while.

And it took us about three days to get there, going down and around and back up that inlet to where the Korean naval medical school was. That was one interesting thing. The other things we had were routine things that you would get sometimes. As I said, we would be very busy, and I'd be in there because I had to kind of guide things as to who goes where and who's working on this one and you get over there with him and help out as you can and so on. And I'd be in there for about two days sometimes.

In between cases, the operating room supervisor would fuss at me and get me on a gurney and push me in the linen closet in between

cases while they were cleaning up the room for the next case. And you didn't get much sleep, but I was all right. The others were doing this as much as I was, if not more.

**I guess you kind of saw the range of injuries that you might see in combat.**

You saw everything. You see, they had Able Med, which Red Bock was in charge of. He later had charge of the hospital at the Marine Corps base at Lejeune.

I knew Red pretty well. He would come down and visit us and bring patients down and then I would go up there for consultation. And when you get slacked off. In those days, as doctor, you didn't want to sit there and not do any medicine, any surgery. And if we were very slack I got the idea that they were trying to do much more than they really should be doing up in the field hospital at Able Med. Their doctors up there wanted to so they would do a little bit more surgery. Occasionally we had to help them out. But we had a routine rotation to get them down to us as quickly as we could.

We had better facilities than they had on the ship, on the other ship too, than they had up in the field. But you know a guy likes to do his work. And I would have to go up and say, "Get those patients down to me now." We usually didn't have any trouble. I got along fine, and I think the doctors all did fine. They were hoping that

the war was over and they would be able to get home. That was after we'd been out there. I had been out there about a year. Things slacked off. As a matter of fact, they slacked off so much that about six months before I was detached, we were coming back from Japan and the old man said we don't have any one over there. So he got permission and the ship went down to Hong Kong, and we had a little liberty down there for about five days and then went on back up to Inchon again.

People were thinking about what to do in the future and so on. Trying to take care of personnel and keep their spirits up and all. A lot of people, you can get along all right if you're busy as hell and there's a reason for you to be there. But when you're not doing anything and just sitting and writing letters home you went to get out of there then.

**Dr. Yon, do you remember any specific cases that you worked on that just kind of stand out? Or did they all pretty much run together?**

No, there were many fragment wounds, many compound fractures, from bullet wounds, not from injury, where bullets would hit bone inside and fracture the bone as well as having an open wound. Chest wounds, head wounds. Unfortunately, many of the head wounds done by fragments didn't live too long. We didn't see too many of them.

But those we did see... we had a neurosurgeon who had completed a couple of years of residency. And in those days. It's been 30 some years ago. All the young doctors who were out there had not completed their residency. They were taken right out of their residency and had gone out there. And that's really true. There were Navy doctors in residency. If they were civilian residents they didn't take any of those people that I know of.

**That was quite an education to get as a resident, going into a situation like that.**

But they were well indoctrinated in surgical techniques and that sort of thing. You didn't have a lot of differentiation and that sort of thing to do, it was pretty obvious what we were dealing with. And, of course, chest wounds and belly wounds and neurological wounds. It was pretty much sew them up, and put them together some other way that works and that sort of thing. There was not a lot of sitting there with a group of us and deciding what to do with this person if we couldn't determine what's wrong with him, you know.

**I had interviewed a surgeon who was up at Easy Med. And I know in some of the Army MASH units some of the younger doctors began doing some experiments and doing vein grafts and that type of thing and**

**anastomosis). Were you doing stuff like that on the ship?**

No. We weren't letting them do it up in Able Med either. Now that's a different thing now. You get an artery that's lacerated and you may have to put an extension in there, a vein graft. But that's emergency to establish circulation again, that's not replacing coronaries or doing things because they've got a little bit of obstruction in a femoral artery.

**No, I was talking about injury to restore circulation in a limb, let's say.**

Oh, yes, we did that. Yes, of course. Had to. You had to keep the limb alive, keep it going, but not elective type things. That's not what I call elective at all. That's emergency type work.

**Do you remember who the chief of surgery was on the ship?**

I was.

**You were the chief?**

I was the chief of surgery and the executive officer.

**Who was the skipper?**

I can see him. He didn't have much to do with us except that he lived up in the captain's quarters with the captain who was a Navy

reserve, really a merchant marine skipper who ran the ship. And he ran it. He had mostly Navy sailors under him, because he was on active duty as a reservist. Now that's the captain of the ship. The captain of the hospital in the ship was a captain Medical Corps officer, and he had been executive officer of a small hospital when he was sent out there as commanding officer of the hospital within the *Consolation*. I was executive officer. The captain of the ship had a lieutenant who was his executive officer and he ran the deck crew and all that sort of thing.

**When you were on the ship and it was in Inchon, anchored out in the harbor, because the tides would preclude it really parking or mooring at a wharf because of the tides. You were always out at anchor somewhere.**

Yes.

**I think that by that time the helo-deck had been installed on the *Consolation*, isn't that right?**

It was installed before I got there. They were using a float. The commanding officer before had tied a float alongside and the helicopters were landing on that float and then they would pick them up in a litter and bring them to shore. And it was so good that when we went back before I went aboard, they put a platform aft. And the

helicopter would land on that platform in the after part of the ship. And then, of course, he didn't need the floats. But that then went to all the hospital ships got that benefit. We took I think as many as eight helicopter landings an hour at times, just one right after another. And you don't put those down in 30 seconds you know. And you don't get your patients off and out of the way in 30 seconds either. So that's a lot of it. I think that we did as many as 32 in a day or something like that, when we were busy. We were busy then.

**When you left the *Consolation* you went back and I understand you became the chief of surgery at the hospital in Camp Lejeune.**

Yes. I didn't know what I was going to get except I wanted a surgery billet because I was in a bite. I had taken the first part of my board examination when I was finished my residency and went up to New York to the general surgery department at St. Albans just before I went to the *Consolation*. I finished and passed the first part, which was written. And then the oral part I never got to. I got a couple of residents who were due for them, and I let them leave the ship one at a time and go back and take their exam, but I could never get away until I got back. And I wanted to go where I could get some active practice.

Camp Lejeune was busy as hell, I'll tell you when I got down

there. The former chief surgeon was a reserve on active duty and he was sending a lot of things to Bethesda. I had a good active surgical team and we did a lot of that work that they were sending off. The hospital was really busy. I was there six years and it wasn't until I had finished four years there that I could get away and take the examinations. And then when I passed those and had my board I only had about two more years of practicing surgery before I got in the administrative side of it. Then I went up to Newport there as commanding officer of the hospital. And that was in 1960.

**That was in 1960 you say. That was a pretty small base by standards. How was that different from Camp Lejeune?**

About the equivalent of one to fifty. Newport was practically closed. See I had gone to Newport as one of my original orders, you know, as I told you. That was back in 1938. And we didn't have very much then either. Maybe nine or ten medical officers, including the captain and the exec. And we had a lot of old World War I reserve group and the retired group of veterans who came to Newport in the summertime and went to Florida in the wintertime, you know. We had that group, but not many active people.

I told you about how we got in the regular Navy in those days and they didn't have any money to take the ships out. In the hospital

it was the same way. They just weren't busy in the service. Now I went back up again and they had modernized other places in that 20 some years since I was there first, so that there were active and building the hospital down at the submarine base. And Chelsea was still going pretty strong and their crew, their personnel and their facilities. Newport was just coasting along. And then they were planning to build that bridge across the island there which was coming right over the north end of the property, which would not be very handy. That's over at the hospital at Newport.

So when I go there to take command, it wasn't much. It was kind of a retirement place for medical officers who wanted to live up in that area. And the man that I relieved up there, and I can't tell you his name right off, was that way. He had been up there for a year and a half and he wanted to live up in Newport. And he got himself organized and retired up there but we didn't have much. I was there about two years. And then I was ordered down to New York.

**You went to St. Albans?**

I was the commanding officer at Newport, went to St. Albans as commanding officer. It was spread all over one story high, all over the place. We got pretty busy there, I don't know why. But we did a lot of training because we had access to facilities to many of the civilian clinics around for educational purposes, just gratis. I

could call down and make an appointment with one of the doctors, or head of one of the big clinics in New York and could I send a man down there every Thursday afternoon for your program? "Oh, yes, we'd be glad to have you." If it was someone from the civilian side that would be pretty expensive.

But it was good and I enjoyed it. I was in the operating room practically ever day up there because we had a lot of places that had formally had doctors and that sort of thing, no longer had them, they didn't have many people there. But they were all sending them to St. Albans if they were Navy or Marine Corps. Even though St. Albans took the place of the shipyard where the original hospital was.

**Brooklyn?**

Yes. That's where the original hospital was that's where I took my entrance examination, my physical examination. So St. Albans was a lot busier than Newport was. It was a pleasure for me to get down there and get into people and have meetings going and that sort of thing. And then the next thing that was going nicely about that was the World's Fair came along and I was there during that. And they were also very nice to a four-striper. I'd go down there for their banquets and entertaining people. I always got an invitation to things.

**This was the '64 World's Fair at Flushing Meadows.**

Yes. I had been there for the '39 Worlds Fair. For a change I wasn't stationed there, I had a command. But I was invited to a lot of social things there because, like always, New York knows how to work things. You never came in a tuxedo; you came in full dress uniform. And that was part of the show, you know. That was all right. Mrs. Yon and I enjoyed it very much. They were very good to us. Our boys were both gone by then in school. And Sally was with is. She had just finished at Sweetbrier. And she got married there while I was at St. Albans, married an aviator.

And then it was almost two years to the day I think when I got a call from Washington saying that I had been promoted to a broad stripe and I was going to get orders. And I didn't even know where I was going. I had no idea where I was going, to tell you the truth. I thought maybe I might be going back to your area there in Washington. I sure didn't want that. Had been fighting that for 25, 30 years.

**Successfully too.**

Yes. I had a year there, you know. When I first came back from the *Pecos* I was there for a year. And I had all of Washington I wanted. I didn't belong to that fraternity. I had my own

fraternity down south. And, of course, in the eight years I was at Portsmouth, you know more than I do about what they think about me in Washington, because I don't communicate that much them or didn't.

**Well, Bonnie [Schnieder] has the kindest words to say about you Dr. Yon.**

Oh, she's very nice. I was very fond of Bonnie and she helped me out a lot of times. My God, that gal had the information. And I'd call her and she'd always be very nice. If she didn't have it right off she'd get it and call me back.

**Well, she still does. She still tells me what's going on here at the Bureau even though she's been retired for five years.**

She called me when one of the senior people that I would know passes away or their wife. She calls me. When I lost my wife she called out to the West Coast and called the former Surgeon General out there. And she told me when Red Warden died and so on. She's great. I hope that she never would be separated from the Bureau by at least the contacts not been separated. And apparently as you say they haven't been.

**Not at all. In fact, if I want to know who's on the next retiring board, all I have to do is call Bonnie and she'll tell me.**

Oh that's great. You give her my love.

**I will. Well, from St. Albans you went to Portsmouth.**

Yes. Went to Portsmouth and I relieved Marty Macklin. Admiral Van Peenan had been here as commanding officer. He was a prisoner of war. And then Marty Macklin was due to relieve him. The day he put his white uniform on and was fastening the top button with the hooks, he felt something in his neck. He went through the ceremony with Van Peenan and relieved Van Peenan as commanding officer and the next day he headed for Bethesda and they did a biopsy and he had a malignancy. So he came back and tried to carry on. He was executive acting commanding officer most of the time, but he was only here about a year, and the last three or four months he was in the hospital.

When I got orders down ... So I came down after his time was ... I was a little upset with the commanding officer not being aboard all the time. It's a big hospital. It is now. It was then too. So it was hard times here in Portsmouth, the eastern part of Virginia. This was the largest community so they told me in the state, and in the country that didn't have a medical school. Anyway, as we got along, our residencies had all gone to hell. The only residency that I had here when I arrived was a surgical residency, which was in probation. And they had to do some things to get it better. And my

job in my mind was the first couple of years anyway, that's what I thought I'd be here for.

Let's get this thing back now. Over in Norfolk, which is the Norfolk General Hospital, which is now a big complex. Their residencies were in a bad way too. We just didn't have the facilities here because anyone who got the least bit sick went to Charlottesville, where the University of Virginia is or they went up to Washington, which wasn't that far away, or they went down into Raleigh, North Carolina, or they went to Richmond. Richmond College had a two-year medical school there. And there were good hospital facilities in Richmond, and people would go there. They just didn't have things going down here. There was no medical school or anything like that.

The number of doctors here was . . . They didn't have really any top notch specialists at all. We had pretty good general hospitals. But you know we were kind of out of the chain of things for medical care. So I worked hard, and the people at the Bureau were very, very understanding. We would have to send our patients to Bethesda, which wasn't good at times. We would get them from all the other places around, from Camp Lejeune and so on. And if we didn't have the crew to do it with they would go to Bethesda.

Well, Bethesda was training and they liked that sort of thing, but I didn't. Then we got to talking about doing something about

it. And I got involved with the civilians here and they were some of the big people in the area who were making a lot of industrial type things. And they wanted a medical school. There were two or three doctors, old timers down here--Dr. Mason and his two sons, both doctors, were behind a lot of it.

We had a terrible time getting the hospital approved because the government had started some 20 medical schools by then. They furnished funds for them and that kind of thing. But they finally got the things worked up and got some of the public behind them and so on. And that's where I went when I retired from here.

I had gotten to the Surgeon General, had talked to him, and I said, "Look we got to get this naval hospital into this school business. And I want be able to tell them that the naval hospital will be available for training of interns and resident doctors from this school." Well, they were really interested in that. And [VADM George] Davis was there from my last two years down here and boy he was really interested and we worked the thing up and I got a couple of things going down here. First of all, the regional medical center. I felt that we had to have something like that if we were going to get involved in the medical school. So I had many, many conferences in Washington with Davis and Harry Etter, who was the financial officer up there then, Admiral Etter.

He ran the financial thing at the Bureau along with a civilian.

I can't remember what his name was. But they had always been very accommodating and when I came up and gave him the word of what was going on what we needed. And when Davis got in, got behind us on this thing . . . Of course, I was showing the regional medical concept to them before I did to Washington. I said I think that we can get thing so that the naval hospital could be a big part of the training of your students and all.

We would have clinics over at the naval hospital and so on. And, of course, in the regional medical center, I did that because I wanted to handle the doctors all in the area. You've got five doctors over here just sitting around doing physical examinations and they're not happy about that. I want them under mine, I'll rotate them around

Well, the CNO got into it and I sold him eventually on a number of trips up to Washington and he put the word out and then a lot of them backed down. They weren't happy. They weren't happy with it, but they backed down. They said okay, Joe, if you want it sell it up there, we'll go along with you. So that's how we got into it.

Don't get 90 years of age. When you do you lose everything. You lose names. I'm trying to think of the man, the Surgeon General. He's on the West Coast now.

**Arentzen.**

Will Arentzen. Will had been number two on the medical service at Camp Lejeune when I was chief of surgery there and I got to know him very well. We've had several chiefs of medicine. A couple of them were reserves trying to get out of the service. And Will was number two. Will he was a good doctor and he knew what he was doing and he jumped right into anything that I asked him to do. So when I saw what was going on . . . I had additional duty to the Fifth Naval District. I had all the medical schools insofar as recruiting was concerned in the area from the Mississippi River down to Charleston. And all the clinics, all the medical facilities between those areas belonged to me under the Fifth Naval District.

So I talked to the Surgeon General about Will Arentzen. And I said that I would like to have him come up as my deputy and take over running this business of developing this concept we're talking about. But I said there is one thing that you've got to promise me. "He's in command now at the hospital at Camp Lejeune and the last thing I want to do is take away his chances. He's in the chain now for admiral, and I don't want to take his chances away for that by asking him to come up here and be my assistant." And he said, "I can put a special fitness report in on him." And I said, "I think that ought to do it. Let's see what happens. If he doesn't do the job up here well, he can do something else."

Will came up and took over and he was then my deputy. He wasn't

the executive officer of the hospital here. He was my deputy, which was kind of a new title. And Will and I could talk very easily, very factually about anything. And he had his office in the old building. He didn't interfere with me at all. He had his own secretary and that sort of thing. And he just jumped right into it.

But you know the details. We had to take over all the supplies for all the hospitals. They didn't get their supplies through their commanding officers, their region any more. We had to furnish those. We had to furnish the clinics with outpatient service and all the rest of it. And we needed someone. Boy, he did a fine job. And we finally got CNO sold and they came down and looked it over with the Surgeon General.

Things seemed to be going very well and they did. So in 1970, I guess it was. Let's see, I retired in 72. It was pretty well agreed that that was where we were going. By then the medical school people had gotten a little bit more. They had one or two examinations by this Joint Committee for Accreditation to Hospitals. And they hadn't passed any of them yet because they didn't have the facility, there was no hospital that they had or anything like that involved. Most of these new ones were put in where there was a big hospital and the hospital had sponsored it. Well, these were a bunch of merchants. Some of them were on the board of Norfolk General Hospital and that sort of thing, but except for the few doctors we

had on that group . . .

We all helped along and we got up and set all our plans up the way that we thought it ought to work and we've been working on it for about three years and they approved it. George Davis was right there pushing behind it the whole way.

Then that last year that I was here, Will was as busy as he could be there. But I got him over and got him to kind of sit with me occasionally from time to time in the front office, hoping that he would take over the hospital when I left. And George did put him in there. He relieved me then and made admiral.

**You say you retired then in 72.**

Yes.

**And when you look back at your career from that point, how did you judge it?**

Well, let me tell you. I went into administration in 1960. I had been a semi-administrator for a number of years aboard the hospital ship and down in Camp Lejeune. My last year of the six years at Camp Lejeune I was also executive, I was chief of surgery. And I kind of knew that I was going to get into administration if I stayed in the Navy. So I went up and saw the Surgeon General then, I think he was Bob Brown, but I'm not sure. And I said, "What have you got

planned for me, if anything. Can you look that far ahead?" And he said, "Well, I think that you just stay in the chain of command, you go right along and you'll have to go into administrative work, go get yourself a job as exec somewhere or something like that." And I said, "Well, I'm still doing surgery, you know, every day, at Camp Lejeune. We're busy down there. And, of course, the troops are increasing in size all the time and doing more maneuvers and more action. So I'm enjoying that very much. That's what I'm in this place for." And he said "Well, think about it and let me know what you want. Put it in writing, let me know what you want." And I said, "Well, I will."

I went back and Sally said, "Well, what did you do?" And I said, "I didn't do anything." And I said, "You've got to make up your mind, what do you want to do? Where do you want to live? If I get out of the Navy I've got to get a job."

So we took about a week off. Times weren't that good 35 years ago. So we came back and I said "Sally, I guess my surgery is gone so I wrote a letter up and said whatever you need to do, whatever you want me to do I'll go, no problem."

The next thing I knew, I had orders. That was to Newport as commanding officer. And from there to St. Albans and then from there I made admiral and then came down here.

That's the end of my active duty except that I got called back

a couple of times, went aboard, and the personnel things that I had to take care of for Arentzen when he was Surgeon General. As you know, once you retire with 30 years, you're never out of the Navy. They can do whatever they want to, and that's fine with me.