Stephen Maxner: This is Steve Maxner conducting an interview with Colonel
Gerald Allgood on the 20th of May 2002 at approximately 11:00 o’clock Lubbock time, I
am in Lubbock, Texas and Colonel Allgood is in Colorado Springs, Colorado. Thank
you sir, and why don’t we start this morning’s interview with a brief description of your
early life if you would, tell me when and where you were born and where you grew up.

GA: Okay, I was born in Hollis, Oklahoma in 1934, August the 16th. We lived in
Gould, my father was the doctor and about ‘37 or ‘38 we moved, my father went into the
United States Indian service and the next ten years of my life were, I was raised on Indian
reservations. The first five were at Concho, Oklahoma, where there were Cheyenne and
Arapaho Indians, and the next five were at the Kiowa-Comanche reservation in Lawton,
Oklahoma and then we moved back to Altus, Oklahoma when I was about thirteen years
old. That's when I first joined the National Guard, in armor, with a tank outfit [the 245th
Battalion] and went to junior high and high school in Altus, Oklahoma. I was put out of
the National Guard when we went to Korea in 1950 because I was still too young to be on
active duty and I rejoined the 245th [Tank Battalion] Infantry division as a tanker until I
graduated from Oklahoma A&M [where I was the provisional 1st Sergeant for the 45th
Infantry Division students, then, as a commissioned officer through the ROTC program.

SM: Now, the work that your father did, is that what took you to the Indian
reservations?

GA: Yes, my father was a physician and he was in charge of the hospitals on
those reservations.
SM: Was this with the Bureau of Indian Affairs, or?
GA: Well, it was United States Indian Service in those days, then it went public health, years later, but in the ‘30s and ‘40s, it was the United States Indian Service.
SM: Was this something that he had just fall into, or did you have Indian heritage and that’s what drew him to it, what was it that took him to that work, do you know?
GA: Well, the depression. I do have Indian heritage. I had a relative killed in the Alamo that was a Cherokee Indian.
SM: Oh, that’s fascinating. Okay, what was it like growing up in the reservations?
GA: I loved it.
SM: Did you get along well with the other children, the Indian children?
GA: Yes, I was about the only white kid around and when we first moved on, the reservation, I can remember that to this day, a lot of them still lived in teepees, and that was one of the greatest times in my life was growing up with those Indian kids, and the Indians and kind of learning their culture. Those are some of the fondest memories I have.
SM: Were there many other members of the hospital staff, or the clinic staff, whatever it was, that were also white, or Anglo?
GA: Yes, most of them were. At the reservation at Lawton, they also had a nursing school there that Dad was in charge of. They were all Indians that were learning to be nurses, or nurses’ aids or LPNs, whatever you want to call them today. The teachers, of course, were all white, or Anglo, but they were trying to educate these Indians, you know, how to better their lives.
SM: As you were growing up and living in those, I guess it was primarily two reservation areas, was there any residual animosity towards whites at all?
GA: Not that I felt, because, well hell, I was one of the kids with them, we all played and did our thing together. Now, I didn’t go to the school that the kids went to that were there, I went downtown to El Reno, I started off grade school there, and then went downtown in Lawton, but the Indian kids they were all in the reservation school there.
SM: Did you have any brothers and sisters at the time?
GA: Well, my middle brother was born at Concho, and my youngest brother was born in Lawton. There was two brothers, one of them is five years younger than I, and the other is about seven or eight years younger than I am.

SM: Okay, so you’re the oldest child in the family?

GA: Yes.

SM: You said that eventually your family moved to Altus, is that right?

GA: A-L-T-U-S.

SM: Altus, Oklahoma. What took your family there?

GA: I’m having a hard time hearing you.

SM: Oh, I’m sorry, is that any better? Okay, what took your family there?

GA: Well, my uncle was a doctor there, and my dad decided to go into private practice so he went into private practice with my uncle, and that’s where I joined the National Guard.

SM: Just one last question about your Dad’s practice, is this general practitioner type of medicine?

GA: Right.

SM: Now, what led you to that decision in 1948, to join the National Guard at the age of thirteen?

GA: Well, all of my buddies, we all joined, it was, we thought the thing to do. It was a way to make a little money. It was away to get out of school. You remember at that time we were having a lot of funerals of Second World War guys and we would go and fire the rifles [The gun salute], do our thing, for the military type thing. I guess we all thought we were men, trying to be macho, and that’s where I started loving the Army. I really fell in love with the military.

SM: While you were going through school at the time, let’s say you’re thirteen, or turning fourteen in 1948, so you had about four more years of school left, three or four years of school left, of course this is a very tense time in American history, with the Cold War, and the Iron Curtain descending, and that kind of stuff, how aware, as a teenager, how aware were you of those types of events, did you watch the news and talk about these types of things with your family, that kind of stuff?
GA: Well, yes, the war, I can even remember at the Lawton, when we were on
the reservation, all we thought and did then was fighting. And I don’t mean this
derogatory now, but we were fighting the damn Japs and the Germans, and that was most
of our playing was fighting the enemy. And the kids I grew up with, that’s all we thought
about, nobody’s going to kick us around. You’re bringing up things I haven’t thought
about for years.

SM: Oh, I know, I can imagine. But later on, as you were say in high school,
maybe your awareness of current events, did that become at all more focused towards the
Soviet menace, Communism, that kind of stuff, was that what?

GA: Oh yes, for me that was very [I was very aware of what was going on], and
the guys I grew up with, we all talked about that a lot. Of course, we were all in the
National Guard, we were all keyed up about if things happened, what we would do. I’ve
got to bring this up to you now, while I’m thinking about it. Vietnam, my year there, all
put together to me, what I had tried to do my whole life and I was always afraid that I
couldn’t stand up to a combat situation, and then I proved myself there, to myself, that all
this background, all I thought about, I was capable of doing what it was, what my whole
life was about. If we hadn’t had that experience, I would have always wondered how I
would stood up in a combat situation.

SM: When Korea did break out, did your unit get deployed?
GA: Oh, yes. I was heartbroken that I didn’t get to go.
SM: You were what, fifteen, sixteen?
GA: I was fifteen.
SM: What did your family think about you joining the National Guard and doing
this stuff?
GA: Well, they went along with it. They knew my temperament. My dad was a
very quiet fellow, a very understanding man. My mother got quite emotional when we
were activated to go to Korea, and she made damn sure I didn’t go. I wanted to go at that
time, I was young and cocky, I didn’t think anything was in harm’s way as far as I was
concerned, I thought it’d be fun. It’s the best thing that happened of course, they put us
all out of the military, not just me the other guys that were the same age, and some of us
all went back and made a career out of the military. We went through the 45th, that’s how
we got our start. My best friends, as a matter of fact, ended their career in the military.

SM: And some of these guys were also in the National Guard with you?
GA: We all joined at the same time, and they’re both dead now.

SM: Oh, I’m sorry.
GA: It’s okay.
SM: Did they serve in the Army as well?
GA: Oh, yes.
SM: Well, while you were finishing high school, were there any subjects in
particular that you enjoyed more than others?
GA: Not really, I was in the FFA and I thought I was going to be a rancher and a
cowboy, anything that was wild and wooly I liked. Those were the Future Farmers of
America, where I really enjoyed.
SM: You didn’t have any desires to follow in your father’s footsteps?
GA: Not then, later I wished I had. I look back on the back, and I said, you know
I’d like to be a surgeon or something, which one of my brother’s became, and my son is
now, but in those days, no I wanted to ride horses and work cattle, that type of thing.
SM: How about sports?
GA: Oh, I loved football. I rodeoed when I was young, rode bareback broncs,
tried a bull once and that cured me. But I was too small to play football and that was my
favorite sport, but rodeoing was my sport.
SM: What made you decide on Oklahoma A&M?
GA: Just buddies of mine going there.
SM: What was the atmosphere on campus like while you were there?
GA: Oh, I loved the campus. I still go back there anytime I can. My daughter
went there and I was in, I was kind of a wild kid in college, I was on probation eight
semesters, and my daughter was a four point student there, and one of my fondest
memories is that Dean Borger. I was chief of staff and deputy commander at Ft. Regent
[Walter Reed Army Medical Center] at the time, called me and said, ‘Jerry,’ he said,
‘You know, Cardinal so and so,’ I think it was Cardinal at Notre Dame was retiring and
they were having the retirement ceremony at Jefferson Memorial. He said, ‘I can’t get
there,’ he said, ‘Would you represent Oklahoma State at that ceremony?’ I said, ‘Yes, I’d
be happy to.’ And I knew right then that he only saw my daughter’s background at
Oklahoma State, he sure as heck didn’t look at mine. So I got my cap and gown and all
that stuff that they sent, I represented Oklahoma Sate at that retirement ceremony. So
from being a wild ass, I finally grew up.

SM: I guess your interest and your previous experience with rodeo and animals
and like you said Future Farmers of America that led you to animal husbandry, for a
major.

GA: Right.

SM: So you anticipated, after graduating, that you might go into farming, or?
GA: No, I went right into the Army?
SM: Is that what you wanted?
GA: Well, I kind of thought I was going to get out and be a rancher, the more I
stayed in the Army, the more I loved it.

SM: And you wanted, Oklahoma A&M, is that a land grant school, did you have
to take ROTC initially?
GA: Yes.
SM: Well, when you graduated, did you know yet what branch within the Army,
you might be assigned to as an officer?
GA: Well, it was automatic, I didn’t have a choice.
SM: Oh, it was automatic?
GA: Yes.
SM: And they threw you in a medical service corps?
GA: Right.
SM: You couldn’t put in a special request to be reconsidered for armor, given
your armor experience in the National Guard?
GA: I did do that, and I did get accepted, a branch transfer back to armor, but by
that time I was loving what I was doing in the medical department, and I got changed
right back.
SM: Okay, so when did you go in the Army, active duty that was 1956?
GA: 56, that’s right.
SM: Where did you go first for your initial training?
GA: Ft. Sam Houston.
SM: What was that like?
GA: Oh, it was interesting. It was supposed to be a three, I don’t remember exactly how many months it supposed to be, but they were so short of officers in the medical service corps, that they cut the course down to about six weeks, so we went immediately to our duty stations. They did send me and eleven other guys through Ft. Hood to a food service course, which was a mistake. It was supposed to be for warrant officers, we went [to our assignments] from there, and then I went directly from there to Ft. Carson, Colorado.
SM: That was your first duty assignment, Ft. Carson?
GA: Right.
SM: How would you evaluate the training at Ft. Sam then?
GA: It was nothing, after having been in that NCO school, all they talked about it was nothing more than learning how to put on your brass and that kind of stuff. It was so condensed that they really, we were the first group that went through there, under that condensed thing, they really didn’t know what the hell they were putting us through.
SM: Okay, you mention, I guess that was the armor NCO academy that you went to in 1954?
GA: Right.
SM: Why don’t we go ahead and talk about that real quick, and if you would explain how effective that was in helping you and what you took away from that course?
GA: Well, I can tell you I was head and shoulders above my contemporaries when I made 2nd Lieutenant. In fact, the first thing they did was sent me up to Camp Hale, after I was right there at Carson because there was a [medical] unit in trouble up there. That was a Mountain Cold Weather Training Command, and I had to straighten that unit up, then I came back to the hospital at Ft. Carson – we closed down Camp Hale, and the Mountain Cold Weather Training Command went up to Alaska – and because of that school I made Major below the zone. I was a five percenter to major, and that's the kind of background it give me. I knew how to handle people, I knew how to handle soldiers and I wasn’t wet behind the ears when I went in as a second lieutenant like some
of them are. So that was probably the best growing up experience I ever had was the
Advanced Armored NonCom Off School.

SM: How long was that class?
GA: Fifteen weeks.

SM: Well, when you went from Ft. Sam Houston to Ft. Carson, you were going
as, what was your technical title in terms of what you were going to be doing?
GA: Medical Service Corps Officer, just a line officer until you got your MOS,
that you were going to do [throughout] your career. I wound up for eleven years, being
the consultant to the Army Surgeon General and helped her administration, no matter
what my other jobs were, but for eleven years I was consultant to the Army Surgeon
General and the healthcare administration.

SM: You said when you first got to Ft. Carson, one of the first things you did was
you went and helped out that unit in cold weather training.
GA: I was actually the Medical Company training basic trainees, and then at the
Camp Hale, which was the Mountain Cold Weather Training Command, they had trouble
with their leadership in the dispensary, so they sent me up there to take over that.

SM: What were the major problems within the dispensary, hierarchy or the
leadership there?
GA: Well, the guy didn’t know how to handle enlisted me, is the first damn
thing, and he was more interested in, the way I saw it, not taking care of the patients but
in his own lifestyle. I turned that around real quick, we were there to take care of patients,
not. I had a good fight with the command, I was still a second lieutenant, I’ll never forget
this. The post commander was a lieutenant colonel and he had a major who was a wimp,
this part doesn’t concern, they came down and pulled a surprise inspection on me. Of
course everything was fine, we got in my office and I said, ‘Colonel, I am going to make
an official complaint right now,’ and that major was sitting there, and I said, ‘There’s
some sorry son of a bitch on your staff, that had a problem with me and didn’t have the
goddamned guts to discuss it with me, and he brought you down here to inspect me, and
tried to screw me up,’ and I said, ‘I won’t tolerate that.’ I said, ‘If a member of your staff
has a problem, and he and I can’t work it out, then the two of us should come to you, not
him come to you,’ and that poor major, he liked to have fainted, he never thought a
second lieutenant would ever do something like that, but see that’s what I got from that
NCO school. You don’t tolerate that kind of crap. You’re either a soldier, or you’re not.

SM: Did you have any problems with that major after that?

GA: Hell, no.

SM: What was the colonel’s response?

GA: His response was, ‘You’re doing a fine job, we’ll leave it up to you, and if
you need anything from me, please call me.’ People admire people that stand up for their
rights, if they’re right. If they’re not right, then you’re going down the tube. You’re
giving me a good ego trip.

SM: Well, where did you go after you finished the time there?

GA: Well, I got married during that time, and we went to Germany. I took over a
small hospital, a little fifty-two bed hospital there, that had just flunked its IG and
command inspection, and I went there as the executive officer and company commander,
and I had to straighten that unit out. I became, my whole career, I was the guy that went
into units that were in trouble, it was my job to bring them up. That’s the easiest job in
the world, if you go in and have a place that's screwed up, all you can do is go up.

SM: Now, real quick back to Ft. Carson for a second, when you finished your
time there, at Camp Hale, how much longer did you have at Ft. Carson?

GA: I left there in ‘59. I went back from Camp Hale, I didn’t go back to the
infantry unit, I went back to the hospital.

SM: Okay, and when did you leave Ft. Carson.

GA: In 1959 we went to Germany.

SM: Oh that's when you went to Germany. What were the major problems you
encountered with the unit there, with the hospital there?

GA: Well, they had no leadership. In the first six months, I boarded fifty percent
of my unit out of the Army, kicked them out of the Army. Then I got good people in, I
wouldn’t accept poor people, and then all of a sudden within the command area, which
was Munich, was my headquarters, then they started sending me all the goddamn
problem children from out the whole area, which I though was piss poor, because they
knew I was the only one who would get rid of them, or straighten them up. That was a
great assignment. I really loved it, and our oldest boy was born there, and he, by the way,
is a West Point graduate and in the war college. He’s made major below the zone, colonel below the zone, and is going to be the Hospital Commander at West Point this summer.

SM: Now, in Germany, the men and women that you had kicked out, what were the major deficiencies and problems with those people?

GA: Most of those guys, that was a group. You’ve got to remember in 1956, until about 1962 we had a lull in enlisted persons and officers, I’ve got to say this too, that were not high school graduates, that were getting away with not working, not doing their job, just sitting around, and they defied leadership and you can’t tolerate that. They wanted to stand up and soldier, I’d take care of them and teach them. If they didn’t, if they wanted to defy and not do their jobs, I had no use for them. And I’ve got to say this, at that point in time, you’ve got to look at the Officer Corps too, a lot of guys that got combat commissions, during Korea were reverted back and lost their commissions and were made enlisted guys again, and they were very, very bitter, and you can’t blame them for that and so it was a very turbulent time in those six years at least, when I first came home. You either stood up and took care of the situation or you didn’t, and if you didn't you fell in with the rest of them and you didn’t last.

SM: What was the overall atmosphere like in Germany? Where were you in Germany?

GA: I was in Regensburg. I was on supporting the 11th Armored Cav, which was protecting the Czech border. I’m losing your voice again.

SM: Okay, how’s that?

GA: Okay, a little better.

SM: Okay, and what were the biggest health issues facing the members of that unit, and the soldiers in the units there, in the hospital command?

GA: Well, most of them were very young and healthy, that wasn’t that much of a problem. The biggest problem is during the winter when we had maneuvers, when the weather was so damn cold you couldn’t hardly move and we had frostbite and type of thing, those were the biggest things. But the soldiers in those days were young, and all of them on the border. The scariest part was we had young guys up there 18, 19 years old, 17 whatever and the Czechs, you know we had a big fence on the Czech border and all of
a sudden you’d hear these tanks and these guns, from their side and the whole damn division would come up over this hill, like in battle uniforms and you didn’t know whether they were coming through that damned fence or not. And then they’d get up there and stop and you never knew whether one of those young guys was going to start shooting before they were supposed to. Then the Czech Army and the Russians, they’d turn around and move back, but it was damn hairy.

SM: What kind of CBR preparations did you guys make, or was it NBC at that point, the Chemical, Biological, Radiologicals?

GA: Yes, we had CB . . . yes. I taught those classes but my responsibility if they came across, I was responsible, I was first lieutenant and then finally made captain, but it was to evacuate all the dependents from Regansburg, Straubing, Passau, and Andshut. I had to pick up all the dependents and had a convoy back to France where they would fly them out, and then I had a site there to set up a station hospital for the wounded that would be there, and I knew all that time, I’d never make it, there was no damn way I could get those people out of there, but once a year I did that practice.

SM: At that point, what was the, I guess the protocol for the hospital in the event that either chemical or biological weapons were used, was there anything special you guys had on hand, or?

GA: No, not really. We just knew it could happen. Actually, we weren’t worried about biological, it was more chemical that we were worried about.

SM: Ands how about radiological from atomic weapons?

GA: You talked about it, you didn’t think about it that much, chemical was what you thought about.

SM: What were the biggest concerns that you recall?

GA: The initial assault of course, is that we were worried about, and my responsibility, trying to get the dependents back to France, how in the hell, you know, I knew the major roads would be gone, and I didn’t know how in the hell I was really going to get them there. I had to figure out on my own different routes, because I knew I’ve never get them fifty or probably a hundred miles up the road, because if they came through they would have overrun us because we were right there on the damn border. But you had to have the plans, you had to make the dependents feel like, look, we can get you
out of here, we're going to do it no matter what, and knowing we were on the border, our
ass was going to get kicked right, and there would be a fallback position before we could
come back out, push them back. It was an interesting time.

SM: Do you recall any particular events that occurred while you were there, that
may have heightened tensions a bit?

GA: Oh yes, well the Berlin Wall went up for one thing, and I remember taking
my Dad up, well what happened, when our son was born we never told our families that
Cleo was pregnant, and Bryan was born, and I knew and let them know. My folks came
[to Germany], it was the first grandson. Our daughter had been born there, but they came
over and I took my Dad up on the border and showed him what was going on, and we got
fired on up there. That was kind of interesting.

SM: Yes, what did you get fired on with, small arms or?

GA: Yes, it was small arms, machine gun.

SM: I’m sure that got your attention.

GA: Yes, well that did throughout my career.

SM: Well, what was changed at all when the Berlin Wall went up, anything?

GA: Just higher tension, more realizing that hey, we’re closer to war than we
thought we were.

SM: When did you leave Germany?


SM: When, do you recall, what month?

GA: Probably around June or July, because I went to the advanced course over
there [after that].

SM: Just before the Cuban Missile crisis?

GA: Yes, that happened when I was at Walter Reed, but I went to the advanced
course in 1962 and then I went to Walter Reed as the Commanding General’s Aide in
1963, so the Cuban thing happened about that time I think.

SM: It was near the end, October of 62. When you went through the advanced
course, what was the primary focus of that, in terms of your training?

GA: You want me to tell you the truth, it was a freaking joke. No, they had a lot
of stuff on nuclear warfare and it was a good course and we had good instructors and I’ll
tell you one thing, everything they did at the advanced course prepared me for the
Commanding General Staff College, and no, they were good. When I say it was joke, it
was thinking back at a young captain’s viewpoint, but they really prepared me for the
Commanding General Staff College, and I walked right through that, based on what they
taught me at the advanced course, and then from the advanced course that’s when I went
to Walter Reed, became the General’s Aide, above all my objections, turned out to be one
of the best jobs I ever had.

SM: What were your principle responsibilities there?

GA: Well, of course being a General's Aide, you take care of their social
calendar, to be truthful I was a hunting, fishing guide for two years, and as a matter of
fact, we were at Camp AP Hale deer hunting and we came up and General called us all
around, said I got some sad news and we thought maybe one of our hunters had been shot
because it was drive hunts, you see, and I was saying who the hell’s missing, who got
shot. He said President Kennedy just got shot and killed, we had field radios out there,
and he said the hunt's over. I’ve got to get back because they’re bringing President
Kennedy to Walter Reed, and of course I was driving, we were down there at my car, we
got over to the lodge and got our stuff, we hauled out, I was driving I95, I believe, that
road, I was driving about eighty and ninety miles all they way, and I said damnit, I can
get the General back to get his uniform, but I said, I have to go out to my apartment, I’ll
never make it back in time to do my job, and that’s when they in mid-flight, Sergeant
Shriber, who was Kennedy’s brother-in-law, diverted the body to Bethesda instead of
Walter Reed and that’s where all the screw-ups started on the autopsy. They should have
sent him to AFIP that’s Armed Forces Institute of Pathology which is the maybe the
finest pathological in institute in the world and it was right on Walter Reed. That was the
start of the whole blotch there, but after that I always left a uniform at the General’s
house, so if we were out somewhere and something happened, I could get back and be in
uniform. In fact, when McArthur died, I’ll never forget that, I took care of McArthur’s
family, while he was a patient there at Walter Reed. In those days, and I got a beautiful
medal that Mrs. McArthur gave me.

SM: When the plane was diverted to Bethesda with Kennedy’s remains, was
there much talk about that at the time, you and the general?
GA: It was a terrible mistake, the whole damn thing. As a matter of fact, when he was shot he was taken to Parkland Hospital in Dallas, and after I retired I surveyed that hospital and the CEO of that hospital was there when Kennedy was shot and I started telling him on my end, all the problems that happened at Walter Reed and then he started telling me the problems that happened at Parkland because he was there, and he said, there’s a safe right here behind my desk that tells you all the problems we had, there were just people that, Secret Service and this kind of thing, got involved that, by God, shouldn’t have had anything to do with what was going on, and there was such a cover up on that whole thing, we’ll never know what really happened. It was amazing, me sitting there talking to him, knowing what happened in Washington, DC, and what I perceived that was happening down in Dallas afterwards, how it all meshed so much. It was, I can’t remember that fellow’s name, but he was originally, went to Oklahoma University Medical school.

SM: What rationale do you think was used to decide to take the remains the Bethesda instead of to Walter Reed?

GA: There was a cover-up, there’s no doubt in my mind.

SM: A cover-up, I’m sorry is that what you said?

GA: Yes.

SM: What do you think they were covering up?

GA: Well, don’t you, just recall, they say it was one shot, recall about, they think there was really three shots, right. I firmly believe there was more than the one shot, and by going to Bethesda, what they did, they had a guy there, a Navy captain who was not really a forensic pathologist. I just can’t put my finger on everything that happened, but there was too much cover up, there was something going wrong there, and I can only speculate though.

SM: Was that shared with some of the other men you worked with there.

GA: Oh, sure, there was no doubt about it. Hell, I was just a young captain, sitting back listening.

SM: In terms of the cover-up itself, who would have been the principle orchestrators?
GA: Sergeant Schriber, the brother-in-law is the one that got involved and made all the manipulations.

SM: Okay, and what else, anything else occur while you were there at Walter Reed?

GA: Well, I got to meet Warner von Braun, you know he was the missile expert from Germany. He had cancer and we diagnosed it while he was there. Of course, McArthur came through and died while I was there. I took care of the McArthur family. Those are the, oh, Dirkson, you remember Senator Dirkson?

SM: No, sir I don’t.

GA: No, you were too young, I’m sure. He was a very outstanding senator and I can always remember, he had a very gravelly voice and the news would never let this out or let this get away now, but in those days, Dirkson had a few too many drinks and fell out of damn bed and broke his leg. This is on what we call Ward 8, that’s the presidential suite and so in those days too, Eisenhower even stayed there, he and Mimi. Eisenhower was kind of a nice guy, but Mimi was a bitch on wheels. She always had her Chivas Regal and filet mignon for breakfast and always had to have pink, we had to get pink toilet paper, pink flowers, and in fact the day I took over the chief of staff at Walter Reed later on, was the day she died and I inventoried all her personal belongings.

SM: She was in residence there, she was a patient, but was it long term patient care, or…?

GA: No, she had just come in, she was in the new presidential suite over in the new Walter Reed at that time. Gosh, it wasn’t shortly after midnight when they called me and said that she had died, so I went over, did the inventory and another Colonel and I can seen him but I’m blanking out. I’ll think of it sooner or later. [GA later remembers name - Max Hoyt]

SM: Well during your first time there at Walter Reed, form the time you started until he was assassinated, had President Kennedy ever come in?

GA: I only saw him once and that was at a DAR convention. He was making a speech and Cleo and I were there for that, and then we went to the Inauguration. Yes, we were there at his Inauguration. We got seats on the Senate steps, that was by compete accident. Fishbait Miller was Speaker of the House, he’s not the speaker, Keeper of the
Door, but he’s the one that comes to door and says to the Speaker of the House, Mr. President, so and so, and then he walks down the aisle; Fishbait Miller was that guy’s name. He, for some reason, I don’t know how I met him, but he took a liking to me so I could get down into the capital. When my parents came and all he gave personal tours too, that type of thing. It was very nice, and I’ll never forget, you come back on the Congress side, there’s kind of a break room, and there's a stairway there, and it’s [the railing] all wrought iron, and one of them had a figure of the snake, and he would say Sam Rayburn, you know who that is of course, he said that after they’d have a break, he’d come down there and he’d put his finger on that snake head, he said that damn thing bit me, I need to have a shot of whiskey. That’s what I remember about Sam Rayburn.

SM: Okay, and, I’m sorry go ahead.

GA: No, I guess you want to move along, I’m reminiscing.

SM: Right this is good, this is good. How much longer did you have at Walter Reed after the Kennedy assassination?

GA: I left Walter Reed in 1965.

SM: Oh wow, so you were there quite a while.

GA: Now let’s see, ‘63-‘65, two years at that time.

SM: Yes, okay.

GA: Now, I was back there then from ’79 to ’83 as chief of staff/deputy commander so that’s way down the line.

SM: Well, of course, while you were there, especially in 1963 before Kennedy’s assassination there were a couple of interesting events in Vietnam itself, a couple of weeks before Kennedy was killed, President Diem of South Vietnam was killed and of course we had a rather significant advisory presence in Vietnam and Kennedy had increased that advisory presence during his short time as President. What had you been hearing about Vietnam if anything, and was it even on your radarscope at that point?

GA: Well, we were getting a few patients back from there, but not many at that point in time. It really didn’t escalate, Vietnam as far as we were concerned, until just about the time I got over there. Let’s go back. I left Walter Reed, went to the hospital administration course where I got my Masters in Healthcare Administration from Baylor
University, went to Fitzsimmons then for my residency and then I went straight to Vietnam. That was in 1967. That’s when I took over as XO of the 24th Evac.

SM: Yes, so we were in full swing when you got there?

GA: Yes, things were moving fast, and then TET started in January of ’68, but you could see things getting more intense, right after I got there in ’67, and you’ve got to realize that we had the prisoner of war ward there at our hospital and also we had a clearing company that was right next door to us a hospital which also had nothing but prisoners and I had just come back from R&R in Hawaii, with my family when TET started, and that’s where I think we need to get serious, talking about what happened, and what happened that morning. Well, you probably might have heard some of the nurses and doctors and all, talking about previous to TET really starting, maybe about me, maybe not, because I came in and I had to kind of throw a hammer down on that unit, it was kind of out of control and I wasn’t the most liked guy in the [hospital]. Can you hang on a minute?

SM: Actually sir, it’s probably a good time to take a break if we could.

GA: Okay.

SM: We’re at point where it probably would make sense that if we’re going to take a break for today, we can come back and talk about Vietnam, and what I would like to do is, if possible . . .

GA: I can’t hardly hear you.

SM: I’d like to come back to TET after we talk about your introduction to the unit and get a good foundation the way the unit was and how things kind of evolved there, it that’s okay.

GA: That would be fine.

SM: I do have a lunch appointment today.

GA: No.

SM: I’m saying, I’m sorry. I have to go. We’re being visited this afternoon by a gentleman who is a former ambassador in Vietnam to the Paris Peace talks, and he’s coming into the office, probably anytime now, so I really do have to run for the rest of the day, but what I’d like to do is set up an appointment, maybe for Wednesday where we could pick up again. What’s your calendar for the rest of the week like?
GA: Okay, if we do it Wednesday, let’s do it early morning.

SM: Okay, what time would be good for you?

GA: Let’s shoot for nine o’clock your time.

SM: This will end the first interview with Gerald Allgood on the 20th of May.
Stephen Maxner: This is Steve Maxner continuing the interview with Colonel Gerald Allgood on the 22nd of May 2002 at approximately 9:10 Lubbock time. I’m in Lubbock, Texas, and Colonel Allgood is in Colorado Springs, Colorado. Sir, why don’t we pick up today with a quick discussion of your time taking the Baylor Hospital Administration course at Ft. Sam Houston, if you would, could you describe what those courses covered, and how effective they were in preparing to administer hospitals in the Army, after you finished that class?

Gerald Allgood: Okay, the first year was at Ft. Sam Houston, it was all didactic. Well, we had a lot of leadership in there. We had a lot of how to build hospitals, we had a lot of, of course accounting and that type of thing, anything, any Masters program that you’d have for Business Administration except it was slanted more towards hospitals. Then we went, then we had a year of practical [experience] at a hospital and I happened to go to Fitzsimmons, so I did my on the ground work and finished my treatise there at Fitzsimmons. Of course we had a preceptor who we worked for at that time. We rotated through each department of the hospital and got practical experience in each area, such as plans, operation, training, in surgery, department of medicine, department of nursing, all the different departments, and you usually spent about a week to two weeks in those areas. My preceptor was good and I took this away from him when I became a preceptor of course, is a lot of the departments, all they wanted you to do was write a paper for them, you know, get you out of their hair, and he wouldn’t let them do that. They had to teach us something while we were there, and that’s the way I ran my programs, later on also. So it was a very good, hands-on experience. You still there Steve?
SM: Yes sir.

GA: Okay, I’m just rambling.

SM: No, that’s great. When did you finish that course?

GA: Okay, the course, ’65 to ’66 and then I went to Fitzsimmons from ’66 to ’67 and then that’s when I went to Vietnam, ’67 to ’68.

SM: Now, when you graduated, was this an accredited degree?

GA: Oh, yes.

SM: And then 1968 Vietnam, ’67 Vietnam, ’68? In terms of the information you were receiving, especially from 1965, ’66, ’67, the information you received officially, from channel within the military and also unofficially through open sources, news, newspapers, television news, radio news, whatever. What did you understand about what was happening to Vietnam, before you actually went there, and saw firsthand for yourself what was happening?

GA: Well, of course what we were thinking, then we were there to help free the South Vietnamese, also make sure the war didn’t spread into other areas. That was my thoughts. Of course, I was there during the TETs, after I got there I saw all the, the country was terrible. When I first got in, my first impression is what in the world am I doing here. The great thing was I was the second executive officer in that hospital.

SM: That is in Vietnam?

GA: In Vietnam, and so we had a lot of building to do, we weren’t finished yet, and so we just about finished building the hospital itself when the TET start, and that’s when we grew up in a hurry. I’ll never forget that morning, I’d been down to breakfast about five o’clock, was walking back up to my office and ran into the Hospital Commander and the CPS, the Chief of Professional Services, walking back down to eat breakfast, and they said come on back with us, and I said, well I’ll go have some coffee. We were sitting there and the first ammo dump went off. It felt like a round had landed right in the middle of the hospital. The commander and I immediately ran outside, everybody else was on the floor. We saw the hospital had not been hit, but you could see the, you know the concussion is what hit the hospital, they way they have them hooked up. And it wasn’t long after that that the choppers started coming in carrying the casualties. Well, everybody, when you have a tragedy like that everybody wants to be
there. Suddenly we realize (credit Bob Leaver), there’s just about half the people standing around in the way and we realized this wasn’t going to be over in just a few hours, so we sent half of their people back to their billets and so we went right to the twelve hour shifts, so that they guys would have a fresh crew there of 24 hours a day. Then the ammo dump blew again. I was standing outside and I saw it coming. The concussion with trees bending and all, I dropped down into a ditch there, but casualties didn’t stop for days. Now, what our normal plan was, we didn’t want to keep a patient over seven days, either we wanted him back to the field or we flew him to Japan or Okinawa, but mostly Japan. The problem happened and at Tan Son Nhut, the enemy had the Air Force pinned down, they couldn’t fly out so we were filling up the patients and couldn’t get them out of country. So we were just getting ready to double bunk the troops and start putting patients in our billet area when they finally got the airport open and then we could get the patients down there.

SM: What was the capacity of the hospital?
GA: We were a 400-bed hospital, it was a neurosurgical center, and I had the prisoner of war ward, and the clearing company that had the prisoner of war compound.

SM: Do you know what that patient number was, just before the Tan Son Nuht reopened?
GE: We were right at our maximum.
SM: Oh, you were right at 400.
GA: Yes.
SM: Well, in terms of the training you’d received there at Ft. Sam Houston through the Baylor Hospital Administration program, did any of your reading or your coursework or anything, cover any differences or distinctions, between Hospital administration here in the United States, which is your typical standard hospital facility, versus a field hospital or an evacuation hospital, which must be quite different, or is it?
GA: It’s not really that much different. It’s a hospital, you’ve got patients, you’ve got nurses, and doctors, administrators, it’s just they type of patient you’re getting is so much different than what you have back here. And then on top of that you had, and I’m not complaining about this because it’s nice, but we had many VIPs, movie stars and
people come through, and that was a good thing, they really wanted to visit with the
patients.

SM: A morale booster for the wounded soldiers, airmen, Marines, sailors.

GA: I enjoyed having them. Joe DiMaggio came. I have to tell you a cute story
there. He had an escort with him, and I was talking with the escort and I said, ‘Would
you get Joe to sign a baseball for my son.’ He said sure, he’d be happy to do that, and out
of courtesy I should have said, ‘Would you sign one too,’ because I knew he was ball
player but I didn’t know who he was. It turned out it was Pete Rose and he was just
starting his career. Just a little aside.

SM: In terms of the information you received in your training, what did you
foresee yourself doing when you arrived in Vietnam, just standard administration of a
hospital?

GA: Right, and building and getting the place up to speed, and we also had to
have some protection you know, for our area, but we were on a post and I wouldn’t let
my docs have guns because most of them didn’t know what the hell to do with a gun, but
we had the military police right there, so we had plenty of support as far as safety goes.

SM: There were conventional units providing defense for the area, weren’t there?

GA: Right, mostly military police though. As a matter of fact, that evening, over
at a little place called Bien Hoa, where everybody came in, out, and I got the MPs to give
me a couple of vehicles. We drove over there and got all the medics that were in the
compound before anyone else thought about them, so I had a little extra staff there for a
while, until everyone figured where I’d got all this extra help. Also, they had a thing,
Pacific Engineers, PA&E, they called them, those guys couldn’t get off compound to do
their normal work, so they all volunteered and came over and did the litter bearer work
for us, so that was a great help. (credit Bob Leaver)

SM: Now, you left when in ’67 to go to Vietnam?

GA: I left in ’68.

SM: No, I mean when did you leave to go to Vietnam, I’m sorry, from the United
States?

GA: June or July.
SM: June or July, okay, and if you would, why don’t you describe what the trip was like for you, over to Vietnam, and what your first impressions were upon getting there and getting off the aircraft?

GA: Well, when you got off the aircraft, of course they put us on a bus with screen wire on the windows, so they couldn’t throw a grenade on you. The place was filthy, the people were just, we got off at an airbase, and then they drove us over to the reception station. Fortunately, I had some friends there who met me and they got me into the job that I got. I had originally gone over there to take over a unit at Cu Chi, the 12th Evac, but what happened they had to get rid of the guys I was going to replace early so they put somebody else in that job, and then that’s how I got the 24th Evac, at Long Binh. When I got there, my duffle bag didn’t come with me. In fact, I saw it as it was being wheeled back from the plane, in Minot, North Dakota, my family stayed in North Dakota, so I flew straight from Minot out to the west coast and I caught a plane there and went through Hawaii and then into Vietnam. I had friends meet me at the plane in Hawaii, so it was kind of a pleasant, but once you got there then it was, the monsoons were on, and it was wet and it was miserable and then I finally, I had a hooch of my own, it took me early a year, but I finally got it livable. But at first it was terrible and our troops were living in Euro-canvas which was rotting and they were miserable. And I finally got some buffer buildings and I poured cement for the troops and everybody built their own, and the docs and the officers all built their own quarters. The nurses had quarters already, but we were not only building the hospital, we were building our living quarters at the same time. I remember, I didn’t have a hot shower for the whole year I was over there, except when I was R&R. But we had this shower and latrine and we had big rubber bladder we’d fill with water, and then the sun would heat the water up, ones that got there first got the warm shower and the others, we got the cold water. I remember I went on R&R to Hong Kong and we had so much latterite in our skin, and I know I soaked in the tub, and it just turned the tub red with that latterite, which was a ground up lava, and that’s what we… Oh and then another thing which happened there Steve, which was quite interesting. We had these MUST hospitals come in, you know what I’m talking about?

SM: No, I don’t.
GA: Okay, you blow them up. It’s rubber [looks like half a tire], and so they would come and the latterites would go right through the floor of those things, so all the new hospitals that came in, first set them up in my parking lot and we’d build platforms for them to be set on, and then they’d move them up country wherever they needed to go. The on one MUST unit that was down south of us in the Delta, Viet Cong would come and shell them every night, and so what they would have to do, they’d fly their patients up to us in the afternoon and then they [staff] would stay in bunkers there, and the next morning, they’d patch up their hospital, re-blow it up and take casualties again during the day, and again they’d transfer them up to my hospital, so we had an extra load there. There was another 400 bed hospital there on Long Binh that was the 93rd Evac, it was about four or five miles, maybe from us, and they were full all the time too, but what happened with us, because of all the head wounds we were the hospital for neurosurgery, anybody that had a head wound, you know whoever else was on that chopper, we got them all, so that kind of kept us real busy, and then Thanksgiving of ’67, sitting there and there was a whole company of transportation guys came down with food poisoning, so that filled us up, but our real worry was their sister company was down in the Delta delivering ammo, and our feeling was if they had food poisoning like this group did, Charlie’d just walk right over and kill every one of them, there’s no way they could defend themselves, but fortunately that group had eaten good food Thanksgiving. The other group got the poor food and so that was kind of quite a time, I never saw so much carp in my life. At least we had enough IVs to give them the fluids they needed, and it only lasted about 24 to 36 hours, something like that.

SM: Well, speaking of having enough IVs, what was the supply system was like, and was it adequate to the task, did you ever run into any shortages?

GA: No, we were well supplied. There was little depots supporting each one of the hospitals so beings that we were at Long Bin we always had plenty of supplies, no trouble there, never at there in my life.

SM: What were the biggest surprises for you, when you arrived in Vietnam and started administering the hospital there, things that you weren’t necessarily expecting?

GA: Here’s what happened, which was a big mistake. When they first moved the unit over there, all the people were getting ready for rotate at the same time to leave so
we didn’t have the experience, after that, then we started moving people around so they
didn’t all leave at one time, so when I got there, I got there just as the first hospital was
leaving, and I was getting the all new people who had not been in country, so we had to
go through a relearning curve on taking care of these types of patients. And again, they
saw the error of their ways, the headquarters, so we started sending other people out in
six months and so we would get a new crew and so we overlapped and that was the
biggest problem right at first. And, then I’ll say this, there was drugs there, but they
weren’t being used as much, ‘67, ‘68, because we were fighting too damn hard. It was
after the TETs died down, that’s when the drug business really got bad. Of course, I went
from there to Hawaii, one of my jobs was to keep stats on the patients and the drugs and
that type of thing. We really saw it go from a minor problem to a major problem by ‘69,
‘70.
SM: What about alcohol?
GA: Oh, there was plenty of that, but you didn't see people drinking all day. We
had a little club and after evening we’d go down and have a few drinks, but you never
saw but very few people that were really hooked on booze. I do know the priest, every
now and then, he could tell when you were getting down and he’d always show up at the
hooch with a fifth. Then I’d have to get him home back to his quarters, but we had a very
congenial group. And once about a quarter, we’d have a little party at the club and have a
dinner at the mess hall, and then go over and dance for a little bit. The worst guys, I had
to put the club off limits, because every soldier in Vietnam, they knew where the round
eyes were, and they wanted to come to our club and try to pick up the nurses you know,
so I had to stop that real quick. The one thing I did though, the only way if you were not
a member of our unit that you could go to our club, if you got a pass from me, like when
we were building if I needed some cement or anything like that, I could trade a pass for
one night for a truckload of cement. So you used your ingenuity to get the things you
needed to build your place. Then we had built a heliport, it was when I first got there, the
heliport was all latterite and it’d blow dust right into the emergency room [when
medevacs came in]. So some of my enterprising young officers saw this macadam
[trucks] coming by for building the new post headquarters, so they were moving them out
of Saigon to Long Binh, and we’d get them to pull over and dump a load of that, and we
had the best heliport in Vietnam. And so when they were all in Saigon, they were
surrounded down there, they couldn’t get anything in and out. The quartermaster, with
all the food and ammo, was just a mile or so from us, and they would bring over all this
equipment and ammo and food for people in Saigon, and they flew off of my heliport to
get down there [Saigon]. In fact, they were mad at us for building that heliport without
proper authorization but after that happened, we never had another bit of trouble. It was
amazing how you had to scrounge around to get things, like when it rained like that, we
didn’t have the butler buildings connected and the engineers told me it couldn’t be done,
so I got a bunch of old farmboys, and said now this is what I want, and they built that
thing so we could go from ward to ward without getting out in the weather. The worst
ting I guess too, is that first year that I was there, there was no running water
whatsoever. You’ve got 400 patients and I had a water truck going around the hospital all
the time, we had five gallon cans on racks out behind each one of the wards, so that’s
how we got our water in for the patients, everybody. We did have a water tower, but
nothing was piped around and then we had to run our own laundry there too, so that took
a lot of time and effort, and we had that thing running just nearly 24 hours a day.

SM: Were there many Vietnamese employees to help with kind of work?
GA: Many what?
SM: Vietnamese employees, especially with the…
GA: No, mostly, GIs, we had Vietnamese there working, the guys hired, we
could hire them to clean our hooches, that type of stuff, wash our own individual clothes,
but we didn’t have that many working in the hospital.
SM: So, did you interact very much with the Vietnamese people?
GA: Not much, I was too busy. They couldn’t well some of them could speak a
little bit of English. I know the gal that cleaned my hooch, I had to fire one, who had steal
from one, and she would bring her little boy in, and they all had worms, so if you had
food around your hooch they would eat that, and I’d just have to give it to them because I
didn’t want the parasites they had. But I had a little TV, I’ll never forget that little kid,
first time I turned that on and he was that picture come on that box, he went ballistic, but
from then on, I couldn’t get him away from the damn thing.
SM: When you arrived there, in Vietnam and especially as you were, I guess, in
processing for the first time, what kind of briefings did you receive?

GA: Actually, to tell you the truth they said, ‘Jerry this is going to be your
hospital. I want you to straighten out some problems over there, and that’s it.’ We took it
from our own.

SM: In terms of, I guess the other Vietnamese that you might have come into
contact, was there any kind of an exchange, or?

GA: Piasters?

SM: Well, not so much monetary, I’m thinking about personnel, for instance, did
Vietnamese physicians, military physicians, ever rotate through the field hospital to get
some kind of training or just to work with Americans?

GA: No, they had their own hospital. The one thing though, that’s interesting
Steve, is in the Vietnamese hospitals, if the family doesn’t go down and cook their food
and take care of them, they starve to death, so that was one thing we had to be careful,
because we were getting so many wounded Vietnamese that would come in on our
choppers, and I don’t know how the hell their family would find out where they were, but
the next morning, you’d see their families squatting around out there. Of course we fed
them, our people did, but they felt that they had to come and take care of their family or
like I say, they'd just starve to death if they went to the local Vietnamese hospitals. We
did some MedCAPs a little bit, but during the TETs we certainly didn’t get down there.
And I’ll be sending some pictures of some villages we went into it after the Viet Cong
had shot and burned all these people. They’re pretty gruesome. I don’t have all that
many, but I’ll be sending some of those and see some of them here were prisoners that we
were bringing in at that time.

SM: You bring up an interesting question there though, with regard to the
Vietnamese, that were in the hospital, and like you said you had the POW ward, how did
you guys communicate with them, did you have translators? Were they Vietnamese or
American?

GA: Vietnamese. And then, like one time we got a guy in that a was French guy,
and military intelligence came and took him right away because he had been captured
before we got there and had been living with the Viet Cong all that time. He had been a
legionnaire that was captured.

SM: Were there any problems with any of the POWs?
GA: No, it’s kind of interesting. They didn’t want to leave our hospital, we had
to run them out because they had the best food and the best treatment they’d ever had,
and they knew when they left us they were going to a Vietnamese prison and those were
not nice places to be. No, they were very willing to stay right there on that ward, we
never really had any real trouble with them. We had military police there on that ward
too, guarding the ward.

SM: Yes, so that probably helped keep them in line.
GA: Yes.

SM: What about any kind of Asian or Vietnamese orderlies or other help in
wards in the hospital itself.
GA: No, it was our people. We had one or two that helped the crews on work
and building, but they were not, none of them were treating our patients.

SM: With regard to the MedCAPs, how frequently would the hospital be able to
send out people to engage in those activities?
GA: Well, we went out, probably a couple of times a month, but when the TET
was on, we couldn’t let our people go.

SM: No, too much of a threat, to their safety. Well, how about just the
Vietnamese people who lived near there, would many of them show up and try to get into
the hospital for help, or did they realize that that wasn’t allowed?
GA: No, they couldn’t get through the gate guards. That’s how come I never
could figure out how some of these got in there and had their parents, or, but they’d go
some way. That kind of kept you nervous because you never knew who the hell was out
there.

SM: And if they could get in…
GA: Anybody could.

SM: Okay, now with regard to running the hospital, administering the hospital,
was it set up in a traditional fashion; basically you had a budget you had to work with?
GA: No, no budget.
SM: You basically just had, either supplies came in and you worked with them, or you had to scrounge for whatever you needed.

GA: Well, we had the supply system, of course, and it worked fairly well but if you wanted some of the amenities of life then we’d trade, like my mess sergeant, I don’t know where he got it but we had shrimp all the time, steaks. We used to eat like kings, and about once every couple of weeks, I’d have all my medical service corps officers down to my hooch, we’d have a few cocktails and he’d bring over Mexican food or whatever we wanted for that night, so we’ve have a little bit of a camaraderie there. I only fired two officers I guess, while I was there, administrators, most of those [MSCs] were really great guys.

SM: Why did you have to fire two people; what were the reasons for firing them?

GA: Well, the first one, he had worked for the guy before me and he just couldn’t work for me, he wanted to do everything the way the other fellow wanted, and I said, ‘You either work for me and do what I want or you’re gone,’ because you can’t have somebody on the staff that’s undercutting you, you just can’t have that. And then I got a supply officer in who kept running to the higher headquarters to get things he wanted to get, and I finally had to get him and the guy from the 44th Med Brigade to Colonel down at the dock, Captain Bane, I’m going to fire you if you don’t quit coming around here telling me what he can do, and can’t do. He doesn’t work for you, he works for me and wound up that he had to go. You just can’t, in that kind of a situation, have somebody that’s not loyal to you. That’s true anywhere.

SM: Well, were they any other problems in terms of discipline within the unit?

GA: Oh, not that much. We had, for an example, there were some black dissidents that were sent in to us. Some of them were just bad news but I had a black company commander that was really good and he knew how to handle that situation. We had one or two of those, but we didn’t have that many. So, we got rid of those guys, got them out, but most of all everybody was so damn busy, you didn’t have very many discipline problems. Your worst discipline problems were these guys that were trying to get into our officer's club [from outside units] and I had to run them out. But once they found out I wasn’t going to put up with that crap, well that stopped too.
SM: Well, what about the drug issue, you mentioned that earlier, did disciplinary action, was that taken against those who were caught using drugs at all, or how was that handled?

GA: Yes, if we, in fact we had court-martials over there just like everywhere else. In fact, for a long time I was a president for all the courts [in the 68th Med Group], and they'd fly me to all the hospitals that had a disciplinary problem and I'd be the president of the court, but usually after the first court, I would be challenged off the board, because I didn't spare anybody if they were found guilty. I was pretty tough so it go to be that I had a little bit of fun going on these trips to do the court martial, because after the first one I didn’t have anything to do, like at Vung Tao, they had a beach down there, I’d sit out on the beach, enjoy that. But we had a discipline, we had the Long Binh jail right there behind us. But I didn’t put too many medics, most of the guys that were really going into there were GIs out in the field, then after I left is when they started some of that fragging, we didn’t have much of that at all around our hospitals. The medics are pretty intelligent kids, we got the pick of the lot during the draft. The kids with the highest IQ were the ones sent to the medics, and that means a lot when you got guys that are a cut above the average. So we had good people, good NCOs, though I did have to fire one NCO. He thought he was running the unit supply and he wouldn’t let any of our troops have needed supplies, so I said okay, he can go out, go to a firebase where he’d be there by himself, but that was very few and far between we had that kind of trouble.

SM: What about the relationship between the officers and the enlisted men, and women because of course there were a lot of women there, nurses?

GA: Enlisted people, it was just our nurses. Mostly it was GIs and we’d get together about once a quarter and have a beer tent and mingle with them. Of course, all of them were working on the wards with the nurses but I didn’t have any trouble with that, oh I’m sure there was a little hanky-panky going on, but you can’t stop all of it.

SM: What were the official regulations or rules regarding fraternizing?

GA: They had their own quarters area, and they weren’t allowed in the, well nobody was supposed to be allowed in the nurses quarters. I know some of them snuck in there, but they had their own enlisted club. A few of them worked as bartenders in our club but they weren’t allowed to come and party in the officer’s club and we didn’t go
down to their club and bother them either. Of course I’d have to go down there every
now and then, it’s my unit, but I didn’t go down and party with them.
SM: Just one last question about the drug issue, what were the most prominent
drugs used?
GA: Well, it started off with marijuana, then they got into the hard stuff, but
when I was there I just didn’t see that much of it. I saw the marijuana, but it was most of
the guys that could get to Saigon, that’s where they were getting the hard stuff. It really
got out of hand there at the end of ‘69, ‘70, that time frame. Like I say, the stats all came
through my office, it was just amazing how many people were on drugs, and then when
we’d have trouble was when they would be flying them home and they couldn’t get drugs
on the plane, had a problem there. I think methadone, was something they would give
them on the plane, trying to tide them over.
SM: What was that again?
GA: They use it now, this?
SM: Methadone?
GA: Yes.
SM: Okay, now in terms of the actual functioning of the hospital, how much
influence, how much, I guess, control did you have over things like establishing the triage
system, things of that nature? Was that all left up to the physicians, the doctors, the
nurses?
GA: Well, we were all in on that. When it first started, the triage was really a test
for the doctors, they didn’t want to have people to be expectant, they’d like to get them
through the OR, we just didn’t have the room for everybody, but you’ll see a couple of
pictures of the emergency room and the type of patients we were getting in there. I’ll be
sending you two or three of those. We, the administrators did our job and the docs did
theirs, and theirs and as XO, of course we had a commander and chief of professional
service, a chief nurse and myself and the administrators, and we had a good team, we all
worked very well with each other.
SM: Well, how did the triage system work to your understanding?
GA: Well, of course the first thing they do is bring them in to the emergency
room and that’s where the triage would start and then we had pre-op, we’d put the
patients in there, and those we could get right into the OR fine. The one thing I did, and I
know its against the Geneva convention, but we’d have the Viet Cong in there too and we
did all the Americans and we also had the Australians come through our hospital and so
we got them all done first before we’d do the Viet Cong. And we didn’t hardly lose any
of those guys, we’d stabilize them, take care of them, but they were the last ones into the
OR. We didn’t lose hardly any of them, but most of the ones that were dead came in on
the chopper dead, because we’re picking them right off the battlefield so we saved a lot
more than we would have. But our stats didn’t look that good sometimes because they
were dead by the time they got to us, and the worst were before they’d load them, they
died out in the field, so we really had a good system of getting the patients in.

SM: So that was something that you did monitor in terms of statistics and things
that you gathered?

GA: Right.

SM: Was that like a weekly or monthly report, or?

GA: Well, when I went to Hawaii it was a monthly report I got.

SM: Again, in terms of the triage system, was that developed in house or was that
something that had been?

GA: We’d been doing that for years and that was part of the training, before we
ever got there.

SM: Now, for military personnel who were brought in who were seriously
injured, if you got a large influx, say during the time around TET, or a similar situation
where you’ve just been inundated with casualties, and you’re trying to save as many lives
as possible, but also trying to save as many lives that will be productive as possible, were
those types of decisions at that point in triage, that is, if a person’s…

GA: Right there in the ER.

SM: If their wounds were just so serious then it was obvious that they probably
were not going to survive?

GA: Those were the last ones that got in surgery. Those were some hard
decisions.

SM: Yes, sir. What consideration was given to whether or not, even though the
person’s wounds may be very serious, more than likely we can save them, but even if we
save them, there’s no way their ever going to be able to be put back into the military, be
good, this is just going to be someone who we can barely save his life and
more than likely he’s going to be shipped back home, discharged medically from the
military and that’s it?
GA: We would stabilize them, where they could fly and then we’d send them to
Japan.
SM: Where would they fit into the triage system though, were they still a priority
or were they, where would they be put in terms of the operating room type of?
GA: Well, the ones that were really, really bad were the last ones in.
SM: I guess this really emphasizes the role of this particular hospital, the 24th
Evacuation Hospital, the patients were supposed to come in, be stabilized, and basically
sent off to either Japan or the Philippines or some other facility that would take care of
them for a longer term period?
GA: Yes, but see if we could get them back in the field we wanted to do it there,
because once they got out of country, you couldn’t hardly get them back in.
SM: So, what was the general recuperation time that you would allow a person to
stay in your hospital?
GA: Seven days.
SM: So if you could fix them and send them back within seven days?
GA: We did.
SM: You did, okay, and if it was going to take longer than seven days they left?
GA: Right, and then of course we had some guys with medical problems, not just
wounds.
SM: Right, because you had a lot of guys that had fevers of unknown origin, I
guess was the general.
GA: Malaria.
SM: Right, dysentery?
GA: Yes, we had a lot of that. Of course half of the malaria drugs that you took
gave you that. That's why a lot of guys wouldn’t take it.
SM: Were you all at the hospital required to take it?
GA: Sure.
SM: And you did?
GA: Yes, most of us did.
SM: Now, in the field, I’ve heard that described as being a highly regulated activity, that is basically the medic in the unit every Sunday would dispense the . . . .
GA: Make them take it right in front of them.
SM: Yes, would make them put it in their mouth, swallow it, and it was really highly controlled, highly regulated, because they really wanted to make sure soldiers were taking them in the field. Was it that heavily regulated back in the hospital situation?
GA: No, the reason was that most of these people didn’t want to get sick. They could see what these people were coming in with.
SM: What other, you mentioned some food poisoning incidents and stuff, were there any other strange or interesting illnesses that occurred at the hospital level, because of course, the personnel there, the staff there, would have been exposed to all kinds of things, because of the patients coming in?
GA: That is just like any other hospital, they do the proper hygiene and take the preventive methods, so we didn’t have many of our own people really get sick. I was trying to think, we had one doctor we had to evacuate, but he had a skin problem and I don’t think he should have gone back but I wasn’t a doctor so I couldn’t stop him.
SM: What was the skin problem, some kind of?
GA: Well, it was a real eczema type thing.
SM: Oh, well did you have patients come into the facility with strange or exotic diseases, you know things that were pretty much cured or done away with in the Western world, the developed world, cholera, typhoid, rufus?
GA: Actually, it was malaria type things.
SM: It was mostly malaria?
GA: Yes.
SM: But nothing more exotic or strange than that, that you remember?
GA: Not that much that I can remember.
SM: Leprosy was also common in Vietnam.
GA: Yes, but we didn’t have hardly any of that, with our troops.
SM: And plague, of course, bubonic plagues is still prevalent there, not prevalent, but exists there.
GA: Yes, but we didn’t have too much of that. We had more of that here in Colorado then we did over there.
SM: Oh, really.
GA: In fact, when I came back here as the hospital XO [at Ft. Carson] we had a terrible plague, thing start, and we had all these prairie dogs down range and we had, I brought a team in [from Ft. Bragg], had to take a whole brigade [from Ft. Carson], it took us weeks and we had to go and put Severan in every prairie dog hole on this post, you talk about a…
SM: Now what is this you put in the holes?
GA: Severan, it’s something to kill the fleas.
SM: Oh, okay, but it doesn’t kill the prairie dogs?
GA: No, but it was funny. I gave a talk at the Chamber of Commerce after we finished and this one guy said, ‘Now, how did you every prairie dog,’ and I said, ‘I put a soldier by every hole, had a rope there, just stick his head up, we’d rope him.’ I had them believing that.
SM: Oh, no. A bunch of soldiers roping prairie dogs. In that process, were the holes marked after they were . . . ?
GA: Yes, we plotted it. We took . . .
SM: So, you knew what it would cover.
GA: We started at the south end of the post and worked our way up to the north end of the post.
SM: About how many cases had there been?
GA: Oh, now we’re talking back in ’75.
SM: Right, about how many cases were there though?
GA: Well, none of our soldiers got it, but there were some people down Pueblo and different areas, civilians.
SM: So basically this was more preventive measure than anything else?
GA: Right.
SM: Well, that brings up an interesting question for your time in Vietnam, you mentioned of course, the antisepsis and asepsis, cleaning and things like that, making sure that you don’t spread disease through human contact, obviously the use of prophylactics like quinine and other things for preventing malaria and things of that nature. What other public health issues did you have to deal with in the hospital? You mentioned the water supply, did that have to be sanitized at all, or did it arrive sanitized?

GA: We had that water tower, we had our own well, so we did our own mixing the chlorine, that type of thing.

SM: Okay, so you did use chlorine, to purify?

GA: Yes, I’m not positive which one it was, but we had a crew, a preventive medicine group that took care of that, and then of course, I’m sure you’ve heard about how we got rid of the waste.

SM: Yes, the cut 55-gallon drums.

GA: Yes, burning those things. That’s a mess, but also getting rid of bodies and getting rid of limbs and that type of thing.

SM: Yes, so how would the, I guess, biological waste, the bloody rags and all that kind of stuff?

GA: We burned it, most of that stuff. Our sterilizers were out in the open, they were those field sterilizers, and then of course, the quartermaster came and picked the bodies up.

SM: Right, for grave registration?

GA: Yes. I can remember I had a little shed built. It could hold about six bodies, when TET started, I walked out there and, of course that thing was full and there were bodies stacked up like cord wood out there, and they were in rubber bags, but the wounded, we’d take them off the helicopter and the first thing they saw was all these dead bodies, so I moved that. We put the bodies back in a different area where they couldn’t see them.

SM: What was the standard procedure for someone who arrived dead? Was there any autopsy performed, or were they just processed into graves registration?

GA: No, they were just processed.

SM: Were there ever any autopsies performed while you were there for any
reason?

GA: Not at our hospital, if they did any of that it’d been after they died in Japan or somewhere. We weren’t set up for that type of thing.

SM: How did you handle all the processing of blood and lab work and things like that, who handled that for you?

GA: Well, we had our own lab right there, in the hospital.

SM: Was it the 24th Evac Hospital Lab?

GA: Yes, it was our own lab.

SM: Did you have to utilize the 9th Med Lab, because they were located at Bien Hoa, I believe, not too far from you guys?

GA: Well, no we didn’t. We used our own people.

SM: How about any other interesting cases that you guys had to deal with, you know maybe, snake bites, bug bites, spider bites, that kind of stuff.

GA: We didn’t get too much of that.

SM: Animal attacks?

GA: One came in was eaten up by a tiger.

SM: Okay, wow. How badly?

GA: He was dead.

SM: The tiger killed him?

GA: Right, the way the tiger starts is they start at the head and eat down. That was gruesome.

SM: Yes, I would imagine. Did they kill the tiger?

GA: I don’t know if they did or not. They brought him in from the field, and of course a lot of the animals were killed over there.

SM: Was that the only time a tiger attacked someone while you were there?

GA: Well, that’s the only one that came into us. I’m trying to think of, of course, we’d always, not always, but several occasions, had guys with live rounds, like grenades in [body] cavities, we had to take them out.

SM: Yes, an unexploded RPG or something like that?

GA: Right.

SM: Did you have EOD personnel on hand to handle that?
GA: Well, we could get them over there to handle the, after we got it out of the body. We just called and they'd send a team over.

SM: Did all of those end in successful procedures, I hope?

GA: Yes, all of them while I was there, for a while I used to, when I was chief of staff down at Health Services command in [?Acka?], I’d give lessons to young doctors that were going to be in hospitals later on, and I’d give my talk on how to build a hospital in combat, and then I’d always bring up, when you have a round like that in a soldier, you don’t want your chief of surgery, and you’re chief of medicine [chief-surgical-nurse], all those people in there doing that because you can’t afford to lose the leadership, but you don’t have to put all the worst guys there either, the one you want to get rid of. But I just do that for kind of a joke.

SM: But at the same time, it’s a good point; you do have to protect the talented people in your staff.

GA: That's right. We had as many, we had several neurosurgeons, those guys, they were precious, we just couldn’t afford to lose them but we had a lot of general surgeons there too. We had to have something for recreation, so I had some Koreans that came in and taught karate in the evenings, and we had all kinds of little things like that going on.

SM: Now did you have Koreans come in as patients, did you guys handle ROC army soldiers?

GA: No, these guys were civilians.

SM: That came in and taught karate and Tae Kwon Do.

GA: Right.

SM: But what about, you mentioned for instance, that you had Australians come in, as well as Americans and enemy, but.

GA: But see the Australians, they were down at Vung Tao, and we were their hospital.

SM: Okay, the Koreans were farther north, so they would have gone to a different hospital if they were injured.

GA: Yes, see and they did not want the Australians to go to Japan, they wanted to send them straight home, so they'd send a guy up there whenever they were getting ready
to go on maneuvers, they’d send a warrant officer up to our hospital, to stay with us and he would take care of transportation for his people. Now that was one thing was nice, whenever he came, he’d bring a half a case of orange soda pop, half a case of Coke, and of course it was a rum and coke in a can and it was screwdrivers in orange pop in the can, so if you really wanted a drink, you could sit there like you was drinking a coke. We also had Thais come up.

SM: Okay, so you did have Thai patients.

GA: Right, they were down at Bearcat. We never had very many of them, but we would get them quite frequently. I’d forgotten about the Thais until we were sitting here talking.

SM: You mentioned earlier, the recreation, the Tae Kwon Do classes and what not, what other things were available to distract, besides you mentioned the clubs as well and the drinking and what not, but what other activities existed for the personnel there to, I guess, distract themselves from some of the . . .?

GA: Oh, I sent back and got some copies of football games, and we had a big screen there in the middle of the compound where we could show movies and we were fortunate because if they had built this big stage, all the new USO shows that came in country, they all performed there at our hospital before they would hire them, so we had that type of thing going on quite a bit.

SM: So you’re talking about like the USO shows that came from the Philippines or Australia?

GA: Right, you know, be hiring a band or something, they’d do their thing on our stage then they’d decide whether they were going to hire them or not.

SM: So, kind of like auditions?

GA: Right. Of course these were mostly programs for the big NCO clubs and that type of thing, then they flew them all over country.

SM: What about the bigger name USO shows, Bob Hope, that kind of stuff?

GA: He was there, but he was at the main post. I didn’t go to that one, but a lot of our people did, and there was another big name outfit that came, well, for one thing, when Lyndon Johnson came over to Cam Ranh Bay, we had him, we were the decoy
hospital for him. So they just did that in case they were going to try to plant a bomb or
something, we were that hospital.

SM: In other words, they said that President Johnson was going to come and visit
your hospital, but in fact took them some place else?

GA: Yes, he went to Cam Ranh Bay.

SM: How did you guys feel about that?

GA: Well, they thought we had a bomb in the hospital. I didn’t tell everybody,
we just had a squad over there of (decon) people trying to find it. We never found one. It
was funny, down in San Antonio, I was telling some of the guys about that, they said,
‘Damn, you never told us.’ I said, ‘No, I didn’t want you worrying.’

SM: Yes, and it turned out that there was not a bomb?

GA: No, we never found one, but it made for some excitement.

SM: I would imagine. How about, you mentioned bringing over football games,
having I guess, films of football games?

GA: Yes, in fact the general [Collins] and I had a bet, he went to Oklahoma
University and I went to Oklahoma State and if OSU won, he was the one that had to get
the film, and if OU won, I got it. Well, that was the year we beat Colorado when they
were number three in the nation, so they sent me the Colorado film, and General wasn’t
very happy about that.

SM: What about other movies and things like that?

GA: Yes, we had movies, but I never did watch very many, just to be frank with
you. I was always [too busy], and of course the guys played cards all around, I never
played cards with them either.

GA: Were there any particular movies that you remember?

SM: Not that I recall, all I recall is the football, and I’m trying to think of, I just
don’t recall. I know that they had a big Christmas Mass out there. I’m not Catholic, but I
went to it, and of course we had the chapel services every Sunday, I didn’t have a
Protestant preacher but the clearing company had a Protestant, so he used our chapel for
the Protestant and we had Catholics assigned to the hospital. I’m surprised, they were
well attended, those services.

SM: Now, were the chaplains an ever-present feature of the hospital?
GA: Oh, yes. The Catholic chaplain was assigned to us, he was there all the
time, in fact he, Father Reagan, we called him, he wanted to go up with one of the line
outfits and I wouldn’t let him leave the hospital before I got transferred, came back home,
but he just had a way with the troops and everybody, real well liked. The one before him,
poor guy, he wore the weight of the world on his shoulders. I thought he was going to
have a nervous breakdown before he got out of there.

SM: But this other chaplain, you said, his last name was Reagan?

GA: Father Reagan.

SM: I take it he would come to the hospital and minister to the wounded soldiers
and things.

GA: He lived there.

SM: He lived in the hospital?

GA: Yes, he lived with us.

SM: Wow, what about other faiths, were they represented as well, besides
Catholicism, Protestant?

GA: Well, we had a Protestant with the clearing company and he would hold the
Protestant services and Father Reagan would do the Catholic.

SM: How about coming into the hospital and ministering to the wounded
soldiers?

GA: They were there, yes.

SM: Okay, the chaplains, Catholic, Protestant?

GA: Yes, I never saw any Jewish or anything, the only two were Reagan, and I
forget the other fellow's name. He was a Methodist though, I remember that.

SM: Now you mentioned that the chaplain prior to Father Reagan seemed to be
dealing with the stress a little bit less efficiently or effectively, than I guess Father
Reagan did?

GA: Bambellow was his name.

SM: What mechanisms existed there in the hospital to help deal with those types
of issues? Were there psychiatrists or psychologists on hand to engage in any kind of
counseling to help with the stresses of the job?
GA: No, we didn’t have psychiatrists but I could tell when to talk to somebody and our hospital commander, he’d talk to the physicians. If Father Bambellow really needed, he didn’t really need help, I thought he did, they had on post, they had Senior Chaplains, church members up at the headquarters when they moved from Saigon. But they were always around visiting; he just couldn’t stand to see all those wounded soldiers that was his problem. In fact, I talked to Father Reagan, he’s no longer a member of the church, in fact he called me, I couldn’t find him for a long time, and stationed in D.C. and I get this phone call from him. I said, ‘Where are you, I want you to meet my family.’ He says, ‘Well Jerry, you may not want to see me.’ I said, ‘What do you mean?’ He said, ‘Well I got my wife and kid with me.’

SM: So he couldn’t have stayed in the church for too long.

GA: Well, that doesn’t bother me.

SM: No, no, I would imagine not.

GA: In fact he called me yesterday, talked to me about thirty minutes. He wanted to come to the reunion and his wife fell down the stairs and broke her back, so he didn’t get to make it.

SM: Is she going to recover well, or do they know?

GA: Apparently, he’s talking like she is, well I guess they had to fuse it, undergo quite a bit of surgery.

SM: My goodness, but she’s not paralyzed.

GA: Oh, no.

SM: Well, that’s good. Well back to the issue of stress, any soldiers come in, that in addition to their physical wounds were obviously suffering from some significant mental trauma that weren’t necessarily fit to be sent back within seven days?

GA: Yes, we had several of those that we’d ship to Japan.

SM: Okay, so the psychologically wounded, you would take care of them as well, and process them into Japan. What was the, for those types of cases, what was the criteria for that, because of course, a lot of potential there for malingering, a soldier who shows up at the hospital, starts faking psychological trauma, psychological injury, knowing that maybe he can get his free ticket back to the States.
GA: Let me tell you, you didn’t see much of that. In combat, a squad lives for each other, and these guys weren’t going to let their buddies down, so if you had one that really went off the deep end, he was hurting, it was obvious. I never saw that much of malingering.

SM: I wasn’t necessarily just looking at this from the standpoint of the infantry, but I guess some of the support units maybe, were people were injured maybe saw a way of?

GA: Well, I didn’t see many try to take a shot at doing that. I’m sure there's some did. They’d usually bring that to my attention, if we had something like that going on.

SM: While you were there, what kind of news were you receiving form the United States, especially in the context of political news, about Johnson’s decision not to run for re-election, that kind of stuff?

GA: Well, of course we had that Armed Forces TV program and then we had, of the Stars and Stripes paper, and then my parents, I got an Oklahoma paper every day, so a lot of us got local newspapers from home. They were always sending, we had more news than we wanted at times, and we were well versed on what was going on. Let’s see I’m trying to think, no, I had this small TV and I’d watch the news on that, but that's about all I’d watch on that. So, I think we were well kept up on, and hell every time you turned around there were reporters there trying to get in to see your patients and the biggest trouble was keeping them off of my prisoner ward.

SM: Keeping reporters out of the prisoner ward?

GA: Yes, they’d want to go take pictures of the prisoners, and that’s against the rules of war, and several occasions we had to have the MPs escort them out of our compound. Then we had a French reporter got shot in the head, and we had him as a patient. God, everybody and their dog wanted to see him. We finally got him moved, but that was the biggest problem, people trying to sneak in there that weren’t supposed to be there and get interviews with people. But then, like I say, on the other hand, some actor and actresses that came in that were just great to be around. Ina Balin came.

SM: I’m sorry, who?
GA: Ina Balin, she had a low cut blouse on, just a beautiful gal, and she was going through, and this one young man was asleep and she leaned over and tried to wake him up, he opened his eyes and there was these two breasts hanging right in front. He thought he’d died and gone to heaven.

SM: What did you have in terms of a public affairs type of office, or did you have anything to handle the press and stuff like that?

GA: Oh, just me or the commander. One of us was always there. The big problems is our group headquarters was just a few miles away and I said if I ever get in a position where I can make sure what type of officers are going to be assigned to these group headquarters, I’m going to change that because what they did, they put [unqualified PO&T officers as EXOs and unqualified commanders], you know what I’m talking about when I say plans operations training officer?

SM: Yes sir.

GA: Okay, they had put one of those guys up there at headquarters as XO, most of it been passed over two or three time, were never going to get any higher grade and they were trying to tell us that knew how to run a hospital, how to run and they didn’t know what the hell they were talking about. And then the group commander that they put in there after the first one was a urologist who had been only assigned to William Beaumont down in Texas, it’s the first assignment he’d had, out of William Beaumont, and here he is over there running, trying to run several field hospitals and Must hospitals, and they just didn’t understand what the hell they were doing, and that just, and I finally got to a position where I was able to effect that. That was later on in my career. I learned a lot in Vietnam. I think one of the main things you learn is, if you’re like me, a career officer, you’ve been trained for something like this, you’re whole career and you always wonder how are you going to do, now once you get into that situation and it’s a real, makes you feel good and know that you did a good job. It was a very gratifying assignment for me.

SM: What would you say were the most significant lessons you learned from your experience there?

GA: Well, number one, is how to handle people in that type of situation, number two, how to survive and get something built, that needed to be done, and just seeing the
patients that we saved and knowing that you were so gratified that you were actually
doing something that was good for mankind if you will. That’s like when I was giving
classes, I enjoyed doing that because I talked about our experiences over there and tried
to warn these guys about what they’re going to face, and every now and then I’d give
leadership classes to the Air Force Academy cadets, I have done that a couple of years,
but is fun to draw back on experiences in Vietnam, and that’s what they want to hear, you
know, but I haven’t given one of those classes in a couple of years now.

SM: Well, when you left Vietnam, was your attitude about the war and about
what the United States was trying to accomplish the same as when you arrived?

GA: Oh, yes, I had no problem with the war myself and I, where you started
getting disgruntled was like when TET really started, and we had them, we could have
walked in to Hanoi, and then the politicians wouldn’t let us, now that’s when you started
getting mad, seeing everybody and such a waste of people when our politicians didn’t
have any intention of winning that war, that’s what bothered you. We should have
learned our lesson in Korea, but we didn’t.

SM: What was it like leaving, when you left, where did you come into the United
States and what was the reception like?

GA: Oh, I had no problem. I came, my family was up in North Dakota, and so,
of course, I flew through Hawaii and then to San Francisco, but I just, one plane to the
next until I got up there, down in a farm community and those people, they didn’t have
this peacenik thing, like a lot of them did, and then well, I went to my hometown in
Oklahoma and my brothers had a big billboard in front of the, [one brothers] father-in-
laws owns the billboard company, and it said, it had my name on it, welcome home Jerry
Allgood, the Cowboys need you or something like that [Oklahoma State football team].
And that little town where I grew up, it’s a very patriotic little place, so I didn’t see a
bunch of that. I just never felt that way, now I know some of the other guys I talked to
had they had people that spit on them and yelled and demonstrated when they came in
country, but I never saw any of that. I’d have probably been extremely angry if I had
seen it.
SM: Well, how did your service in Vietnam affect the rest of your career in terms of, were you able to integrate and use a lot of those lessons as you progressed through your military career?

GA: Yes, see I went from Vietnam and my next duty station was in Hawaii, so I was in and out of Japan, Korea, or Okinawa one quarter, the next quarter, I’d go to Okinawa, Thailand and sometimes back into Vietnam, for three years I was on that kind of a tour, then I back to D.C. a couple times. Then I came back and I went to Command General Staff College, then I was stationed at the Surgeon General’s office, and then for about eleven years as additional duty I was the consultant to the Army Surgeon General in Health Care Administration, so I was able to kind of get some changes that I wanted to see done, in some of those units and I came to Ft. Carson as the XO, the hospital here, then I went to Fitzsimmons as Chief of Staff, deputy commander for two years. Then I went to Walter Reed as chief of staff, deputy commander for four years at Walter Reed and my least three years I was the chief of staff, deputy commander at Health Services Command down at Ft. Sam, so I got in positions where I at least got to get my two bits in on what I thought should happen, and what did kind of happen.

SM: Well, what were the important things that you thought needed to be changed within the Army Medical Service Corps and the hospital administration system that you were able to effect change in?

GA: Well, putting knowledgeable people in positions of responsibility and that was always what I saw the worst leadership at that mid-group level, in Vietnam, they just didn’t know what the hell they were doing. For a good example, one of my officers had been speeding in the Jeep. The day TET started he was supposed to do a remedial driving course at the group headquarters, hell, we were just swamped with patients and all of us going as hard as we could, I get this call from the Colonel up there, saying, ‘Get him up here, he’s supposed to be taking remedial driving.’ I said, ‘For, God’s sake, son, we’re being swamped with patients, I need everybody I got.’ ‘No, that doesn’t make a bit of difference.’ You know, that kind of leaders we don’t need, so one of the things I really wanted to do, which I did, was with the TO&E units, I made sure we had the correct MOS’s for our people, instead of just the fuel and tea time. We needed people who knew how to run hospitals to be in those jobs, so I got some of that changed.
SM: How about when you were working with the Surgeon General’s office, any particular areas of reform in the hospital administration, not necessarily personnel, but other areas of hospital administration?

GA: Well, let me explain a little bit of what I did. This is additional duty. I oversaw the Baylor course down at Ft. Sam. I okayed the assignments of all hospital administrators in all the clinics and hospitals in the United States and Panama, and I was on the board that selected all the students for the Baylor program. So I was kind of in a position to make sure we got good people in those jobs, and I also made sure that some guys, that even though they'd finished the Baylor course, didn’t get a hospital because they just weren’t the caliber of people I wanted running hospitals.

SM: Well, while you were going through these tours of duty, especially immediately after Vietnam, what did you think about how the war came to an end?

GA: I thought it was a terrible the way it came to an end, but you could see it coming. I know one of the first things, on the draw down, we had five general hospitals in Japan, and I could see that they, we’re not even filling those things up, so I started cutting money back, trying to close those down, and tried to make that as orderly as I could. Hell, I was just a lieutenant colonel then, but I could see it coming ahead of everybody else, so I kind of got that done very smoothly, so that was fun although everybody was telling me it couldn’t be done. In fact, they sent a full colonel over from the Surgeon General’s office to see what I was doing. He spent a whole month with me and he just couldn’t understand how we could have the foresight to do what we were doing. But you knew the war was over. What they didn’t want to do was give up the money and personnel, and we didn’t need them.

SM: What do you think we should take away from the war as a nation, as a people?

GA: Well, I think one of the first things we ought to learn, if we’re going to war, go to war, if we’re not, stay the hell out of it, and I don’t think we’ve learned that lesson yet. Also, I see some things happening now that we don’t have people with combat experience in the Medics, very few. Of course, I don’t know how you are going to get that experience, but they should have some of us that have been there and done that, every now and then, like they did for several years after I retired, have some of us come
back and talk to the younger groups about what we learned. My oldest boy, he is a West Pointer, an orthopedic surgeon. He jumped into Panama during the invasion, he’s been with the 82nd Airborne, with Delta Force [Special Operations and Command] and had a forward surgical team, in fact he took his team into a international combat jump contest, their all medics, or his team was of course, and they won the international combat jumping thing. He’s in the War College now, and will be going to be the Hospital Commander at West Point this summer. He’s been promoted below the zone to Major, and is now below the zone to be promoted to Colonel, this September. So he makes me feel good to be kind of a chip off the old block, but I don’t know of many others that have got his background or experience. In fact, after you guys left Sunday, I had lunch with the former Surgeon General of the Army, who had been over in Vietnam, by the way, just before I got there, past chief, two-star general, chief of the veterinary corps and then Bob Cutting, who you met there, retired brigadier. And we were talking about what is going on with the medical department today, just saying what we thought should be going on and what we don’t see happening. Of course, I keep fairly well up because I volunteer at both the Air Force Academy and at Ft. Carson hospital, helping them get ready for their joint commission surveys, so the youngsters out there, I’ve got a good rapport with, and they let me know what their thoughts are about what’s happening, so that’s the best way to keep your brain [up with their perceptions of what is happening in the Army] its not talking to all the old colonels, but young majors, that are actually down on the ground doing it.

SM: Well, is there anything else you’d like to add about your Vietnam experience?

GA: Well, I don’t, I’m trying to think after we hang up I always think of something. If you have any other questions, I’ll be available.

SM: Okay, well, let me go ahead and pause this real quick. This will end the interview with Colonel Allgood. Thank you very much sir.