Stephen Maxner: This is Steve Maxner, conducting an oral history interview with Dr. Edward Feldman. It is the 27th of November, the year 2000 at approximately 8:30 Lubbock time. I am in Lubbock, Texas and Dr. Feldman is in California, Thousand Oaks, California, correct?

Edward Feldman: West Lake Village.

SM: West Lake Village, excuse me. All right, Dr. Feldman, if you could, why don’t you briefly describe your childhood; where and when you were born, where you grew up, your family, things like that.

EF: Yes. I was born in New York City in the year 1941, February 26th. I spent my early childhood in Manhattan, on the west side of Manhattan until I was about 14 years of age at which time my parents, my family and I, moved to Forest Hills, New York which was then kind of a move up to us, so to speak, so much as we were able to now afford a modest, small, modest home in that community where there was a very exceptional regional high school. The neighborhood had become more intense where we had lived initially and there was some personal endangerment and my parents thought that my parents wanted to place us in a safer environment. My parents...my mother was a schoolteacher who taught in Spanish Harlem. My father had graduated from City College of New York in 1929 and worked throughout his life in a management position for a textile firm. I had one older brother who had proceeded me in College of Pharmacy.
He had attended the Brooklyn College of Pharmacy and I subsequently attended
Colombia University, their College of Pharmacy.

SM: Okay, now you only had one sibling, one brother?
EF: Just one sibling, yes.
SM: And when you were growing up in Manhattan, what was life like there for
you?
EF: I found life to be very pleasant. I had a small but close-knit group of friends
that we shared wonderful experiences with and participated in I would say unorganized
sports activities such as baseball. We called it hardball to differentiate it from softball.
We played half court basketball. We went on little adventures, little bicycling trips out of
our neighborhood to make it more adventuresome and then we had other pleasant
activities. The ones that I look back upon fondly was what we referred to as alley
exploring. We would explore the allies of neighborhood apartment buildings, kind of a
little adventure of finding our way through these courtyards and backyards and wrought
iron gateings, that sort of thing. Boyhood was pleasant. It was Saturday’s to the afternoon
movies and during the week after school join the [?] activities, tried to put a little time in
books. I was never a great student. I was a good student, but not a great student. I had
some religious experiences. I was Jewish, I was bar mitzvahed. I went to Hebrew school
for a couple of years prior to my 13th birthday. I never continued with it. It wasn’t a…I
think we had some religious feelings about us but they weren't reflected in weekly
attendance of temple. We had a close-knit family. We lived in close proximity to my
mother’s family and spent holidays at one or the other’s families houses having what
would be referred to I guess as dinner parties not formal as such. The summers were the
most, in my mind, the most pleasant time of my life in terms of going to a little cottage
that my parents would rent for about 10 years during the ‘50s when I was about nine or
ten years old, until my late teens, and those memories are very fond memories.

SM: Real quick, about this alley exploring, that sounds pretty interesting. Now
was this something - in terms of going into other neighborhoods and exploring the allies -
what were the dangers involved?
EF: Well, there were some dangers involved. I guess they could categorize the
dangers one could get into either from falling…we would climb and scale walls and scale
fire escapes. We would use ropes to go from...because many times there were hills and therefore the buildings were different levels and therefore the surface upon which they stood were different levels. We would find a variety of ways. We would borrow – I’ll use that term – borrow ladders and borrow planks of wood and we would create bridges. Then we were somewhat...I guess the word would be we were pranksters, and if we felt adventurous we would try to arouse the interest of the local porters that worked, employees, in the buildings. The buildings were older buildings from the early part of the 20th century that were coal burning buildings and generally there was a small unit, a small team, of employees – I will call them for lack of a better term porters or some kinds referred to as supers, superintendents, resident management types - that would have a staff. We would attempt to engage them periodically by maybe turning over a trash can filled with the ash of the coal or we would break some windows; not often, but occasionally. That would cause them to chase us. Of course we knew we would find our escape route, and that was kind of a little adventure that we would create. We would go out of our neighborhood. First, we were in the allies of our own immediate neighborhood, and then we would roam a little bit more. I guess we became more adventurous and we would move several blocks away and we would explore the allies tentatively, initially, in an effort just to get the lay of the land for a future opportunity to come back and perhaps do something of a prankster’s nature.

SM: How far would you travel outside of your neighborhood?

EF: Generally not more than a mile.

SM: Was anybody ever hurt or caught during these pranks?

EF: I would say minor hurts and occasionally caught, caught usually by one of the before mentioned employee types, and I think hurt because you could be swatted by one of these guys. It was not just catch, they would be mad! They never came down real hard. Of course there were three or four of us and although we were 13 years old and I guess we were in the sixth or seventh grade, we were kids so they wouldn’t hit us real hard or anything. There were a number of times that hurt, yes. I can remember minor falls. One time I broke my wrist trying to stop my fall from a gate that I just lost my footing on; you know, scrapes and minor cuts that you get when you’re doing that sort of thing, climbing. I can remember one boy getting caught on the fence by his pants and we
had to rescue him. He was not injured but he was simply caught by a sharp piece of wrought iron and we had these people chasing us, that sort of thing, so we had to rescue him. He oddly enough, as I think about it, he was of a…I don’t know what his faith was, but he was praying to God. I found that to be – as I think back in retrospect – humorous and futile at that time. You know we had tin knives and a couple of us had…we never had any serious knives but we had what we called sheath knives which were diminutive to the extent that they wouldn’t be like military combat knives but of a safe design, hunting knives we would call them, and we would always have our knives with us and certainly never to engage a person with the knife but just because it was cool to have a knife and sometimes we would want to cut something.

SM: Now when that person was caught, what did the super employees do, just give you a hard time? No one was ever turned in?

EF: They would usually just give a warning never to come back. If it was a broken window they would contact your parents to pay for it. I think once there was some talk about calling the police, but there was something else that happened. We got into a rock-throwing thing. One of these persons was either drunk or mean or both and he began to hit some people and we began to…he had rocks, there was some construction sites, there was a rock throwing thing and the police came. Nothing that I’m aware of ever came to head in a conflict.

SM: What about other kids, groups of other kids? Part of the mystique or mythology of New York in the ‘50s was gangs, things like that.

EF: There was some gang activity, yeah, and that was almost…it wasn’t a block-by-block thing as it sometimes was characterized, at least not where I lived. It was kind of a neighborhood thing, and you kind of knew where you should go and where you might not go. In Manhattan you tried not to go too far north, but we thought of our tactical area of responsibility being to the south and west of us. We thought Riverside Drive from 95th to 76th street was ours to roam. That included the playgrounds of which there were two, the basketball courts, the designated baseball fields, and the bushes. The bushes were another source of adventure. There were bushes, and we’d just refer to them as the bushes. But, there were trails and paths that had been present for years in the bushes and we would…I think hide and go seek would be a very mild way of describing
some of the activities. There were actually little war games. All of us had – and I think this would be during the younger times, maybe nine and ten and eleven years old – we had toy guns and usually what I called at that time soldier guns rather than cowboy guns, we had those too, and some of us…we found plywood and we’d build with little wood nails machine guns. What we never had, what I never had, was a gun that in any fashion simulated what I referred to then as a tommy gun, because we didn’t have that vertical portion that would either be the grip or the magazine, so we built them. We had areas that we had our war games in and it would be ten or eleven of us and sometimes we’d go to a hardware store and somebody would have some paint left over from maybe their apartment’s being repainted or something and we’d take it someplace and we’d designate areas and we’d designate teams and we’d have our war games.

SM: Now was this something that your brother engaged in as well?

EF: No, my brother was – interesting question – my brother and one of my sons in particular are athletes. Their thing was playing ball all the time, and if they weren’t playing ball they were keeping [?] scores of baseball games, they were reading sports magazines. My interest was more along the cowboy and soldier type thing.

SM: And in terms of you said there were areas you knew you weren't supposed to go into. Now were these areas housing different groups of people in terms of ethnic groups?

EF: Yes, I think when you got a little bit further north you got into the Spanish Harlem and I think that there was probably the fear of being out of one’s element and not having the sophistication of knowing how to deal with it, and I had the notion – in retrospect, but also at the time – that there was more organization there whereas we were kind of very loosely organized. It was just a group of guys that hung out together but didn’t have any formal association, and I wouldn’t refer to them as gangs although I think that there probably was some gang activity. You just kind of knew not to go there. I can remember going to the public library which was on the border and having some trouble at the public library or outside the public library with a couple of guys. If you ventured north…we were doing one of these things that I just described and there is a statue, a monument, of whom I don’t remember, on 106th Street and Broadway, and we used to
like to climb those things, and it was looked upon as either their territory or disrespectful and kind of a fist fight broke out and you knew not to go back there; you just didn’t do it.

SM: When you say they seemed to be more organized, was this just the guys, the guys and the girls?

EF: You know, I don’t think the girls were even a component. I don't have any recollection of the girls other than girls that were in my class. The girls were sort of…I guess they were doing their doll thing or their other things that girls do and the boys were doing these sorts of things, and I think it was really divided into you did one of two things; I did both, but either you played sports of one sort or another or you did this other kind of stuff.

SM: Now what did your parents think of this?

EF: Well I never told them. They just thought…

SM: They never found out?

EF: No, I would [?] extent that they thought we’d be over at one or another person’s house. We’d take a glove with us or basketball with us and it would have all the appearances of going to play sports. They would never, they would never have allowed that.

SM: And how old were you when you started this activity?

EF: I was in fifth and sixth grade, I guess.

SM: Was there ever any incidence of…you mentioned the occasional fist fight if you ventured too closely to the other group’s turf I guess we could call it or tactical area of operations? When you moved into those areas was there anything or did you ever hear of anything of a more violent nature or was that pretty much it?

EF: I once was…I went into a building that was kind of I wouldn't say abandoned but in a large measure unoccupied and we used to like to go up to the roofs and go from one roof to the next roof which was not…the buildings were attached to one another so there would just be like a little wall and I got locked out; couldn't get back in, couldn't get back out. I started coming down the fire escape and I don’t think that I was alone but I was alone where I was and some residents of maybe two or three buildings up got really mad and thought that I was watching people, peering or maybe stealing, and I was too young to be a threat, too small to be a threat to anyone, and he started hitting me with a
shaving belt, one of those that you’d hone your blade with. I got to the…he was on let’s say the second floor and I got to the first floor that was above the ground and just dangled and just…I had to escape him, so I just sort of dropped off. But beyond that, I think that one of the events that prompted my parents moving for example was during the noon hour at lunch time when I was in junior high school, so I would have been in either the eighth grade or the ninth grade, I was held up by a gang-like -there were two guys, one had a pipe and the other one had a knife – right in front of the Western Union on 93rd street in broad daylight, and of my lunch money! I had .35 cents or so. It was lunch and we were sort of just walking around the neighborhood, not up to anything, we weren't trying to engage in any kind of activity, just go for a walk after lunch and sit on the park bench. We’d go to the candy store or go to buy some baseball cards or something. These guys…and no one was injured by it, but it was very threatening.

SM: Any other interesting incidents while you were living in Manhattan?

EF: There was one other activity as I talked about, we used to like to run out of the fire exits of movie theaters because that was very disruptive. You’d go on Saturday for a quarter or .35 cents, maybe a little bit more as I grew older, you could go to the movies and there’d be a double feature, there’d be the news, there’d be a couple of cartoons, and we never timed when you go. You went after lunch, you went after 12:30, and at 3:30 or four when it was over why exit the [?] way when you could have what we called matrons, they were these ladies in nursing uniforms that had flashlights that they would try to keep quiet in the children’s section and they had ushers that would chase you if you ran outside through this right into the theaters. Then we became bolder as time went by and we used to challenge one of them to see who would run across the stage. They had stages in those days, these old theaters, and guess who ran across the stage and then made it out the side door? These guys would chase you. They wouldn't chase you very far because they had their jobs, you know, you were gone, but that was…the funniest adventure of those – I don’t want to go on about stuff that you may not be interested in – there were two theaters, one was called the Riverside and the other called the Rivera, both of which were on Broadway between 96th and 97th Streets. Somehow I was disoriented. They were adjacent to one another, each of which had two side doors. Now if you went to the theater as you faced them on the left, you’d have to go out the
side door on the left, otherwise you’d wind up between the two theaters in a blind alley.

Somehow I was disoriented, thought I was in one but I was in the other.

SM: Oh no!

EF: You know what happens! They caught me and called my parents and said that I was a juvenile…the term at that time was a juvenile delinquent. So, that was just…

SM: What did your parents do?

EF: Well, you know, my father got upset and my mother got upset. My mother…my parents had…I don’t know that this is something that previous generations were more concerned with, my mother was a school teacher not far from where we lived and her embarrassment would be that other teachers would find out that she was raising what she referred to as, and which I was not, a pugilist. I didn’t know the word, raising a pugilist. I’m going to have a JD card. I’m not going to be able to get a job or get into college. “Wait until you go in the Army, then you’ll find out!” [laughs] That was really the only time I was caught by those kinds of people. I think the supers caught me a few times doing stuff, but they never did anything to you. They’d hit you a little bit or scare you, that kind of thing.

SM: Now while you were growing up during this period, TV was becoming increasingly prevalent?

EF: Yes.

SM: What did you think about TV? Did you get to watch it much? Did your family have one?

EF: All the time that I could. I loved it.

SM: Were there particular shows that you enjoyed the most?

EF: I watched…well, I listened to the radio. See, I was from the radio generation. My father and I would lie in bed on Friday nights and listen to the Fat Man that was a radio detective show. Then I would watch detective shows, like in the ‘50s Roscoe [Clark], Rocky P. detective, and then I would watch the Cowboys, Gene Autry on Saturdays, Roy Rogers on Sunday night after dinner, the Lone Ranger I think was Friday night. No, I think he was actually Thursday night. Then, as the menu became more varied I would watch other things as well. I loved TV, loved to watch movies. Movies were not movies as we would watch on a sort of first run. Usually they were quite old.
SM: What about…speaking of movies, movies in the theaters, which movies did you tend to go to the most?

EF: Went to adventure movies and war movies and saw as many war movies as I could see.

SM: Do you recall if there was one or a couple that were your favorites that stand out in your mind?

EF: “The Sand at Iwo Jima,” and “Pride of the Marines.” I’ll tell you about “Pride of the Marines,” and “The Battle Cry.” I was older for “The Battle Cry” and I could more appropriately identify as a young adult or older teen “The Battle Cry” but I remember very clearly “[?] Baton,” and I’m trying to think of the name of the star of “Pride of the Marines.” It will come to me in a moment. I met him later on in my life, and I’ll think of his name in a second. He played in a movie called “Go Men, Go.” He played Abe Saberstein who was the first owner or manager, I think manager or coach, of the Harlem Globetrotters. I could picture his face in my mind, just his name slipped away. Let me tell you what happened years later. When I was dating my wife, her parents who are people who had some Hollywood connection, my father in law was a motion picture…he had two parts owned a company called New Visions. Anyway, we went to dinner with this fellow and Allen Alda’s mother, who is Robert Alda’s widow, and this guy, I can tell you he was bigger than life. He was older, of course, and I was probably…it was about 10 years ago and I told him that I remembered him from the movies and I was a little thrilled. Here I was actually sitting across the table from one of these giants. He was one of these…is Class B the proper term applied to these motion pictures that were not Class A? But that was a reflective experience for me.

SM: What was it about “The Pride of the Marines” that effected you or struck you?

EF: I don’t know that I remember the movie as well as I do the title, but just that this whole thing with the Marine Corps having watched “Battle Cry” and having watched John Wayne as Sergeant Striker, I knew and believed that they were the elite force, that they were the people to be reckoned with, that they represented the highest level of combat forces that we could muster and I used them admirably.
SM: And was John Wayne your favorite? Was he commonly a favorite amongst your…

EF: I don’t know if I could say it was he. I remember his character, and if I don’t remember anyone else’s name in terms of a person portrayed I would certainly remember Sgt. Striker. He embodied the American fighting man’s spirit he had with his troops. I’d seen the movie not recently but a number of times and I can remember some dialogue. The other movie [?] war movies was “High Noon.” That movie is emblazoned in my mind.

SM: “High Noon” with Gary Cooper?

EF: Gary Cooper. It’s so interesting that my wife’s father owned that movie, not like the movie of it but owned the rights to it as part of his film library and he was active in the motion picture business. It was subsequently sold off, but that was probably, that movie first occurred as Gary Cooper going up against the odds and principles and his whole reaction to all the things that occurred. I watched that…I can remember the day that I first say that as a boy. I took myself and a boyhood friend to the movie. I remember the day, the day of the week, why we went to the movies that day; it was because growing up in the northeast it would rain sometimes and a rainy day was a movie day.

SM: What day of the week was it?

EF: Sunday.

SM: Sunday? Now was that a day that you decided not to run out into the alley?

EF: No, actually it was Sunday during the summer and we were at this cottage and I remember our father driving us because we couldn't play baseball on the field because it was muddy. It was sort of overcast but it hadn't rained all day, so he took us to see this movie.

SM: Now in terms of the alley exploring and some of the other games you played in the bushes and the movies you saw and especially those concerning Marine war activities, how did these effect you later on as you were trying to find your own path, and especially as you were making your decisions to go into the military and things like that?

EF: Well, I had…I always had this great feeling of – I don't know if patriotism really says the whole thing, it would be nice if I could say it with patriotism – I always
had this notion of challenge, such that another member that effects me, I can remember
watching Vic Mictoure in “Samson and Delilah.” I once almost said to myself, “It would
be worth it to be Samson and be dead and gone if you could have the memory of it that
was alive and you could consciously think about what you had achieved.” So these
elements…I came from modest upbringing, and my parents moved to the area and in
college I was able to have a car, I saved for it, but nonetheless my parents helped me with
insurance, which was very high in New York City. I was very grateful for what I had and
I thought of the greatness of this place, of America and I just wondered if I would ever be
able to do anything that would be not payment of the debt but an expression of gratitude.
My uncles, I should say that talking about family, my father did not serve in World War
II. My father was older and had a family [of girls], so he functioned as what was called
an air raid warden, which was a civil defense unit where I can remember he had a helmet,
a white helmet where I guess if there was an attack that would be an air raid attack where
we lived he would be responsible to muster people and take them to the basements. I can
remember something along these lines. My uncles, however, my mother’s two younger
brothers served in the infantry in World War II and while I didn’t have any conscious
memory of them during their time of service I knew that they had done some, we had
some pictures of men in uniform in our house and in family albums, and I looked at them
in a whole different way than I did my father and I wondered about them. One of them
had seen some action and the other one perhaps maybe no action, but the one that had
seen action had earned a couple of bronze stars and had been commissioned on the
battlefield. I had enormous admiration for him. In terms of how these adventures
molded me, I didn’t know what I was going to do with my life and those things that
interested me the most I never thought I could really aspire to, for example, I never
thought I could be a doctor. The thought of becoming a pharmacist was getting me
increasingly agitated because I viewed myself as being a retail pharmacist, going into a
pharmacy and sitting there all day waiting for the clock and I had worked as what was
called a junior pharmacist - having gone through the delivery boy, stock clerk, sales boy,
junior pharmacist - having gone through that whole process I hated what I was doing and
I hated the college and I didn’t know what to do with myself; and here this war was
becoming, in my mind, because I would read the [?] magazine, I’d go to the barber shop
and they’d always have an assortment of men’s type magazines and I’d read about these
advisors and I wondered how I could get there. I met a fellow that was – when I was
junior – suggested I go to medical school and I thought I’d have no more chance of being
accepted into medical school than taking a trip to the proverbial moon. My grades didn’t
warrant being accepted and while I had great ambition I really had…I was not a high
achiever with my grades in the early part of college. I didn’t think there was any
possibility. So, in parallel, I made plans that I would do the thing that my parents would
probably never understand; I would become a Marine officer and begin to…I went to talk
to a recruiter instead of college and then they talked about going into the Navy as
something to do - I don't think the recruiter really understood what I was trying to
achieve – he thought I should be like a pharmacist mate and that was just more of the
same [?]. But parallel I was applying. I’d gotten the bulletins from some law schools
and some medical schools and I was conditionally accepted to one medical school. I
thought that was a big [?]. So, I entered medical school and I became a very good
student, a high achiever, in medical school. But my interest in this whole thing
continued, so when the opportunity as I came close to graduation, the war…this was in
1966, I became my internship and it was more in print, more in news print, about the
Vietnam War. I wondered if I would get there, and I had no way of knowing that it was
going to happen. I had a deferment as a student, I had a student deferment, I had a [2S]
derement, and I was trying to figure out how I could do all these things. I was married at
the time, I had one child, I was an intern, too, and just was trying to find my way through
what was a difficult marriage; nice girl, but different viewpoints. I was looking for an
opportunity at almost be a hiatus of my life and what occurred to me was that I would
satisfy all this unsettled business in my mind, trying to understand this military
experience that my uncles had had that I was in awe of and trying to be some of the
things that I hoped to be and I think I hoped to be someone who did something that was
worthy, and I don’t think I had the notion that I wanted to…I don’t think I could
veralize that I had the notion that I wanted to do anything specific as much as I wanted
to do something and I didn’t know what it was in a military sense of the word. But, I
began to call the draft board and see what I could do to accelerate my number and that
was without any difficulty because there weren't lots of people that were trying to do that
with my understanding. The other issue is that the government had put out an order for a
couple thousand doctors and I thought that was just perfect. How do I do this? My
degree is doctor of osteopathy and for many years the position that the military had taken
was, “Let’s not draft these doctors of osteopathy because they’ll have to work with the
MD’s,” and there still existed a good deal of prejudice between the groups. What I was
told was that over the years that evolved from World War II through the Korean War,
DO’s, doctors of osteopathy, were not drafted into the military because had they been
they’d have to forward them all the rights and privileges and opportunity for
commissioning that they did for MDs. So, I said, “This is not going to get in my way!” I
was determined that that wouldn't happen, even to the extent that I had considered that if
that were in my way and this being my only chance, I would forget being a doctor and I
would try to get commissioned in the Marine Corps just based upon having had an
education and therefore be a Marine officer. I explored that very superficially because it
was apparent from some of the journals I was reading that DO’s were now going to be
recognized by the military. They would be drafted in a proportionate number to the
number of MDs that would be drafted. That would reflect the relative population of
eligible, potential draftees. So with that in mind, I didn’t push hard at all. I just
expressed my willingness and I got a letter that I had to report for a physical. Then I got
something that…I don't recall what it was, something that I was going to be in the Army.
I had a friend – I have a friend – a dear friend to this day, who was interning at an
adjacent hospital in Michigan where I was, and I said, “Steve, we’re both going to get
drafted. Let’s not go. We don’t want to go in the Army. We want to go in the Navy.
We’ve just lived in the Midwest for five years, we need to go to the coast.” He didn’t
have any particular interest in going to Vietnam but I did. I said, “Let’s find out who we
call, how we do this thing.” His family had some connections, and he found this person –
it didn’t involve a lot of connections – in Illinois, in Chicago, that we would call and she
simply put us on the list for Navy. It was just that simple. The relative…I don’t
remember the numbers, but there was a far smaller number of doctors being drafted into
the Navy than the Army. But, we were Navy. It just got done. I don’t know if I
answered the question.
SM: Absolutely. Taking a quick step back, you mentioned your uncles and one uncle in particular who had I guess a significant amount of combat experience. Did he talk with you much at the time or perhaps later after…I'm not sure how long he lived after the Vietnam War, but did he talk to you at all after his experiences?

EF: He was…he talked to me intermittently over the years and I would even say more in the later years of his life. He died two years ago on New Year’s Day. He was my only remaining relative of that generation and I had this enormous fondness of him. He would tell little bits and pieces. I don’t know that he ever put a rifle to his shoulder as much as he was oddly enough a combat medic in the Rainbow Division, and he told me some what I think were harrowing experiences of being in jeep type of ambulances in which there was some shelling that was nearby. I think that was probably the extent of his experience. He never got into the specifics of how he earned his medals, but he sent to me even in his last years his citations, copies of his citations, and a photo of…I think that his medal had been lost, so either it was lost or the paperwork for it was lost. I have this family photo of him standing as a man in his ‘70s with his medals on in a so-called Army shirt, a khaki shirt.

SM: And I guess what we should probably do is take a step back and discuss your transition from high school to the osteopathy. How did that transition occur in terms of you said you were accepted into medical school one day as you were working in that pharmacy?

EF: Yes.

SM: What school was it, and could you talk a little bit about your experiences there?

EF: Yes, sure. I was a student at Columbia University College of Pharmacy; very, very difficult. There were no electives. The school was off campus. The volume of work was, in my mind, enormous; certainly larger as I reflect upon it then than was the volume of work in medical school, such that I think I had 156 credits after just four years, many of which were science courses and many of which were courses that just required rote memorization and not using deductive reasoning power and no opportunity for real expression. It was just, “Here’s the format.” It was just getting me crazy and I had a retentive memory so I could achieve reasonable grades with not a great deal of effort.
But, that was a large measure of what college was about. I had this job I think probably
during the last year of pharmacy school. I was a junior pharmacist which meant that
under the supervision of a registered pharmacist I would basically count the pills from the
big bottle to the little bottle, pour from the big bottle to the little bottle and type the label,
and maybe take a prescription by phone from a doctor calling in a prescription, always
would be rushed and I was always afraid of writing down the wrong thing. I met a
fellow, he was a salesman for the Merck company, it was then Merck, Sharp, and Dome,
and he suggested I consider medical school and I didn’t know what to do so I went to talk
to doctors that I had felt a talking relationship with. There were no physicians in my
family. Doctors who I had a talking relationship with were neighborhood general
practitioners that would call prescriptions into the pharmacy and occasionally come in
and buy sundries and other items for their families. I met two people, one of whom was a
DO and I had no knowledge about the osteopathy whatsoever. He introduced me to
another DO who was a relatively recent graduate and they began to tell me a bit about the
osteopathic profession. I think one man’s name was Ben Stein and the other man’s name
was John Cotter. Anyway, these guys, I was impressed they had these practices. What
stressed me in retrospect which I picked up on just a little bit was that they had doctor in
front of their name but did not have their degree after their name. They sent me to a
fellow whose name I don’t recall anymore who was an intern, so he was my first
exposure to an osteopathic specialty and this man spent the afternoon in between seeing
patients telling me how important it was, and showing me – I can even pick up on it as a
20 year old – he’d be showing me little papers of courses he had attended, and I thought
to myself, “God, this guy is really out there.” I just really didn't understand him. It was,
in my mind, a little bit of a syndrome in which in my mind, and this was my notion,
maybe a little bit of defensiveness about being a DO. I did not know the politics of the
situation. I had applied to two or three medical schools, a number of which…a number
of other schools had told me that I wasn’t pre-med by virtue of having too narrow an
education. I did not have the liberal arts background. So the osteopathic schools seemed
to be more liberal in their view of graduates from pharmacy schools, so I was encouraged
by that. There were at the time six osteopathic colleges, one of which in the course of my
application process was Los Angeles College, which in the course of that application
became the California College of Medicine. It was a merger in 1962, I believe, in California of the two professions. The schools that I had applied to, and there were five, I had rejections from four of them. I had interviews at three of them. The Kansas City school, which accepted me, did so in the eleventh hour basically. I had completed college, I had a copy of – a certified copy – in a sealed envelope of my transcripts from college. I flew to Kansas City for an interview basically that I had arranged for with the help of one of their alumni for whom [?] name I would tell you who arranged this interview which I thought under the best circumstances would be for the following year, not the year beginning that September. I sat down with the dean and he had three other people interview me. He had me take the Minnesota multi [?] personality test and then we sat back in his office and he told me that he’d like to accept me but my grades were not up to par and I listened to him and he told me what my GPA was. Well, I had taken two transcripts and I had told the registrar at Columbia that I had two interviews. I did not, I had one. But, the second transcript…and they had to be sealed for me to deliver them because there was no faxes and there was no overnight mail that I was aware of at that time…I had sat in the hotel room the night before calculating my GPA very, very carefully and I felt that the dean had made a very small error and I was trying how to say this to him without offending him, and finally I just out with it and I said, “Can I just look at that?” I said meekly and respectfully and I told him that I thought I had a higher GPA but not by much and I wasn’t trying to discount the fact that my early years had been less than great years, but I tried to emphasize that I had changed and that my last years reflected that change, and I was able to decide the small calculation error that either he or his staff had made and I asked him if he would just do it one more time and I’d come a great distance - and at great expense - $125 of money that I had to borrow in order to make the trip, and I can remember his looking at me in a very stern way, called one of his aides, asked them to re-do the calculations, and he continued to speak to me and made comments that the doctors that had endorsed my application [?] had had Dr. Benjamin Stein and Dr. John…I said Cotter but it’s Conlin, Dr. John Conlin, and doctor this, and they did not use their degrees and he said to me, “Edward,” he said, “If you were accepted in school, osteopathic college, how would you designate yourself?” and I told him and meant it everyday and done it proudly with my name and DO after my name,
just as the MD’s did. I knew he liked what I said, but I meant it, and I liked saying it to
him. Shortly thereafter whoever he’d asked to recalculate the grades came in and kind of
had an aside with him and he looked at me, and this man had a drama about him, he had a
command presence, and he told me that he believed that there had been a miscalculation
and that I had fulfilled the minimal criteria provided that I went to summer school that
summer and got better grades in two of my early courses, organic chemistry and zoology.
Well, my heart was beating, I just couldn't believe it, but I still didn’t think that I was
hearing him correctly. That’s how excited I was. I spent a year and a half being told that
I could not and I had no expectations. I didn’t know what I was going to do, and I could
barely contain myself. But when I left the office I went to a bank, I had an extra twenty
bucks, and I gave ten dollars to a bank person and they gave me a roll of quarters and I
began to call home to my parents, to my then-fiancée, to I don’t know who, my brother,
to tell them I was accepted but I had to go to summer school. I just couldn't believe it. It
was the first...in my mind, it was the first achievement of my life.

SM: Now you mentioned that you weren't fully aware of I guess the politics
involved between doctors of osteopathy and medical doctors?
EF: Correct.
SM: When did you first become aware that there was this rivalry and what was
the basis of the rivalry as you understood it when you learned about it?
EF: I think that I was aware as the application...through the time of my
application I became aware of – and how I’m not even sure as I look back – but certainly
that experience with that intern is...I felt he was psychologically [a parody]. He was
trying so hard to impress me that he was legitimate and it occurred to me that why would
somebody be doing this if they really felt so legitimate. Who the hell am I? I’m just like
a neophyte, I’m a nothing. I’m a perspective student and not with a lot of prospect! I
kind of put that into my thing. There was no one to really talk to about it, although I did
have a family doctor type who was an MD who had studied abroad, and he was very
sensitive to the fact. His name was Nathan Brody, he was an MD. He had gone to
medical school in Switzerland, and I asked him about it, and he said, “These guys
basically put on their pants with the same leg, one leg at a time like I do.” He said, “I
do’t know what all that’s about.” He reassured me. As a matter of fact, I didn’t tell you
this; I had applied to podiatry school at the same time and I had sent in an application to law school. I knew that I had to escape from pharmacy, and I wanted to do something where I could, as a single person, I wanted to have…I didn’t want to be like a team thing as much as I wanted to be a one-person thing; do you see what I’m saying, either be a doctor of some sort or be a lawyer of one sort. Anyway, in pursuing the podiatry a little bit they, too, seemed to have a thing about not being real physicians and the orthopedist being looked down upon. Well, that profession has evolved. They still, at least in some measure, have difficulty with their own identity. When I got to school, it was clear to me based upon the stuff that was told to me by upperclassmen was that never get into any of these political disputes – certainly never publicly – about what DO’s are or are not. I entered school in the fall of ’62 which was on the heels of the recent merger in California and so that was of course a common topic of the day to the extent that the people who knew far more than I could ever begin to know, of course they were there a year longer than myself, get my drift? The upper classmen I looked at just as giants. They had gotten through anatomy. The clinicians, which were the third year and fourth year students wore white coats and had stethoscopes in their pockets. They in my mind were even larger giants having finished the basic science portion of the education. Now, it was a preconceived notion that they were going to finish. I didn’t know that I was finished. I didn’t know that I was qualified having had all these rejections. I didn’t know what it would take. So, I was just prideful of having got accepted, but as for the notion of the difference, there were guys at school that said, “You’re going to graduate as an MD at this school, [?], it’s all the same,” and then other people would say it’s all different. There was a large number of my classmates from both Texas and Oklahoma where there was a significant osteopathic presence, many of whom were the sons of practicing DO’s that would be of the generation that preceded me that were almost invariably GP’s or had become GP surgeons, GP - I wouldn’t call them anesthesiologists - anesthetists, GP out of necessity because they couldn't practice at MD hospitals and they would come with stories of both prejudice and also of success in their own little places but what was clear to me throughout the course of the education, it was a separate but equal is how I like to conceive it.
SM: Well, as you got further into the DO program, what did you learn, or did you at that point ever learn anything about what was truly the difference between an MD and a DO, or was there?

EF: I think what I had learned, and I think what taught us, was we took six courses. We were on trimesters, so the first two years we had six courses of what was called the Principles of Osteopathy, and in large measures during the first year it was some additional neurophysiology, neuroanatomy, and then there were courses given – just an hour a week, but it was every week – in osteopathic manipulation. With the thesis being the structural integrity of the spine had something to do - and it was still defined - with the maintenance and the well being of the body. I viewed it as we were having something additionally taught us rather than different thoughts.

SM: And as you approached graduation, did you eventually specialize in anything?

EF: Well, I developed an interest in obstetrics and gynecology. One, I had a great exposure to it. We had the opportunity to care for our rotations and carry them to the course of pregnancy up to delivery and of course we had the rotations where by you would be on various of the specialties [?] and somehow I thought I could master the obstetrics thing. I had the surgery, the surgery [?], it had primary care which I enjoyed the contact with patients. I think strategically not anticipating that I would be involved with the MD’s and therefore not knowing whether I’d be in an area where there were lots of DO’s I’d use it as an opportunity to get patient referrals rather than physician referrals which would be the necessary means by which one would have a specialty practice in the more traditional sense.

SM: Do you remember anything else from your days in the School of Osteopathy, or anything else that you’d like to discuss about it?

EF: Yes, I had one experience. I had a number of experiences but one that I tried to think about some of the commonalties of some of the things that I’ve done in my life, and here was the experience; we had on campus this small maternity hospital and it was staffed by the professor of obstetrics and his resident staff. For some reason, I, as a junior student, was alone in that hospital. Now how that could ever occur – mind you, a small hospital, let’s say 15 beds – but how that could occur God only knows, but I think that the
residents [?] and someone else was having lunch and the professor was lecturing or out of
town or something, but in comes this patient in premature labor and the breach has come
first and the head…so I was the only doctor type. Now of course the nurses knew far
more than I did but they were not able to do anything other than catch a baby. They
couldn't do anything proactively. This baby, the mother made it to the delivery room
with the help of the staff but the head became…was trapped. Preemies have a
disproportionately large head and do not require full dilatation of the cervix because the
head comes last in a breach and I asked the nurse to give me the appropriate forceps to
deliver this baby, which was [?] unprecedented. What would even possess me? I thought
about it over the weekend because I wanted to tell you about it. I don’t know, but I did; I
successfully delivered the baby, which subsequently died. I remember the gender of the
baby. The professor who was a very stern man, and I knew that he – for what reason, I’m
not sure – did not particularly like me. I wasn’t sort of the policy apple type, I just kind
of stood there. I didn’t ask questions that some guys ask when they know the answers to
show that they’re smart. I just was there. He admonished me, he reduced me, and I told
him, I said, “It was not my fault,” and that they should not have trust me into that
situation. I tried to do what I thought was best, knowing that I’d never done it before,
that I’d read of it, I’d seen it done before. I’d never done it before, but in absence of that
it was certain death for the baby. He didn’t disagree with that. So it wasn’t a bad thing
that I did, and it was their fault, not my fault, is what I said. I was not pleasant with him,
but he attacked me. Anyway, I don’t know that he threatened me with anything at that
moment in time but in the yearbook, what brought it to my attention, there’s a photo in
my yearbook of this Dr. Davidson raising his finger admonishing me, and the caption
beneath it is, “You’ll never be a damn obstetrician!” That was sort of…I know that it
was inappropriate for me to offer a delivery as a junior or senior medical student but it
left me no alternative. If I didn’t do it, no one would do it, that baby was literally
hanging by the head, so I did it. I was glad that I did it. My classmates told me I was an
asshole.

SM: Your classmates said that?

EF: They told me, “You should have done nothing.” You know how everyone
has an opinion about whether you should or shouldn’t do something, and they told me,
“How could you jeopardize...” I must tell you that the obstetrician was the brother in law of the president of the college. It was very incestuous, this little school, although the number, I think we had 89 in our graduating class. But the normal routes in which one—and I was never threatened with expulsion, it was never anything like that—the normal routing in terms of having an element of justice, you were not going to get it if you got into trouble there because it was very, very incestuous. How should I... I can't say it better than that, I guess, but you know what I’m saying. So that is an event that is in my memory.

SM: And you said this picture’s in the yearbook?

EF: Yes, this photo in the yearbook of this Dr. Davidson raising his finger with his finger and pointing it at me admonishing me and the caption that was placed beneath it.

SM: Okay. I guess they were wrong?

EF: Well, you know. I don’t know that he ever said that. I think he was angry with me and I think that it was...the photo was one that was taken I’m sure at some point when he was saying something to me. As I say, he didn’t like me so he may well have been in my face about something and the story was not unknown amongst my classmates and I think it was just put together that way.

SM: Now just out of curiosity, if you had done nothing as some of your classmates apparently thought you should have done, what was the potential outcome for the mother? Wasn’t her life in peril?

EF: I don’t think so. It would be...the absence of some doctor type in that building was I’m sure very brief. It could not be anything stayed at. So, she could have bled some. It didn’t even occur to me to be perfectly frank about the mother, but I didn't think anything...I didn’t know enough to know what would happen to her. It’s kind of like when you’re a medical student and you diagnose appendicitis and you’re correct because the patient had some belly ache and some nausea and you say, “Well, that’s appendicitis,” and they take the patient to the operating room and sure enough, it was, and you think you’re smart until the next semester when you learn all the other things it could have been.

SM: Got you.
EF: I don't think that I had, in my mind…I don't think anything terrible would have happened because someone would have gotten there soon thereafter. Obstetrics is always about bleeding.

SM: Also as far as the outcome for the baby, as the baby died…

EF: It would have been fatal for the baby, I knew that.

SM: It would have been fatal had you done nothing?

EF: Yes.

SM: Absolutely fatal, but there was a chance?

EF: Without a doubt.

SM: Do you recall at the time, I don’t know if it was common to keep track of these things for medical school purposes, but premature births, what was the mortality rate generally?

EF: I think whatever it was then it’s much higher than now and no neonatal intensive care units that we have today. I wouldn’t be able to tell you the numbers but this baby was about a seven month baby, about seven or eight weeks premature, and while in today’s society and in recent tests those babies, if they don’t sustain an injurious experience with all the support that we can bring to them they almost always survive and survive intact. But in those days it would have been a very perilous journey for the baby.

SM: So the likelihood of that baby surviving, regardless of who was there to deliver it, was very slim?

EF: No, I think that the baby had a reasonable chance. The only thing that came to my mind was that the baby had to come out of there because staying in the uterus when…the baby must breathe at this point because it was no longer fetal life. That baby had to be delivered and then the people who took care of babies, the pediatricians, there were no neuroneurologists, they would have to deal with the by-product. I’m sure that was in my subconscious. It certainly wasn't part of my thought process. The only thing that occurred to me was the baby had to be delivered period. I tried to deliver the baby with my hands, with manipulation, but I could not.

SM: Were there any other important forms of experiences for you there at school?
EF: Just the pride that I was so proud to be a student that was accepted and I studied very, very hard. I couldn't quantitate my studying. I didn’t know that if you studied X hours that would be for B and Y hours would be for A. So, I studied very hard and I became an honor student. I graduated ninth in a class of 89. I was very pleased, and that brought to me a little bit of ego fulfillment because instead of being viewed…I had this view previously as being quite mediocre which was an accurate assessment of my prowess, I was viewed as one of the smartest and it feels good. People would ask me thing, and it feels good.

SM: And the professors and the instructors that you had there, were all of them DO’s as well or were some of them MD’s, mixture?
EF: There was one person who had both degrees. He was a cardiologist. But, in a large measure they were Ph.D.s in the basic science years, and DO’s.
SM: So when you graduated, this was close to…this was in ’66?
EF: 1966, right.
SM: Then you went straight into the Navy?
EF: No, I went into the internship.
SM: Oh, the internship, okay. Why don’t you go ahead and discuss that experience?
EF: I went with friends of of mine, classmates, up to around Michigan. Michigan was the stronghold for osteopathic medicine. It had the largest concentration of large, of larger osteopathic hospitals, which ranged from a place that I went to which was about 250 beds to 4 or 500 beds. Given that California had merged, it was the stronghold as I viewed it across [?]. So my friends and I went to Michigan. We interviewed at two or three hospitals, and I wound up at Mount Clemens General Hospital in northeastern Detroit as a so-called rotating intern with an emphasis in surgery in obstetrics.
SM: How long did that last?
EF: That was one year.
SM: Any interesting experiences while you were there?
EF: You know, I had a number of mood experiences. That’s the year that the war was building and that’s the year that I was alluding to when we talked about my draft status and examining my options. I had one – I don’t want to sound like a pugilist – I had
one bad experience at the hospital with an anesthesiologist that physically attacked me. He had a mood disorder, and he threw an anesthetist mask at me and bounced it off my head in the delivery room while I was delivering a patient for a doctor who couldn't get there in time, and I was doing something that was wrong. I examined the patient when he was trying to put this woman to sleep and you’re not supposed to do that because during the exactation phase of the induction of anesthesia the patient can become aroused and react as this one did somewhat violently. She just grabbed his arm. He became frustrated and threw the mask at me and bounced it off my head from a distance across the delivery table. I just…you know, if you’ve had a lot of stuff in your personal life that is going on…my reaction was I overreacted to that. I threw an obstetrics forceps at him. I should never, ever have done that, but it grazed off his head and he was injured. He lacerated his forehead [?] with that. The nurse didn’t know what to do, I mean here was this patient, the baby’s coming out, and the anesthesiologist is bleeding and there’s violence. It was dreadful. She called Dr. Hart, that was the Code 99 type of thing. They just bring people as if someone had a cardiac arrest. He went to the [?] room and the administrator tried to fire me from the internship without even finding out what specifically had occurred and I had enormous fear. I lived in the hospital apartments. I had no money. I was being paid. I was netting…the pay was 500 dollars a month but 160 went to the apartment. So, 240 dollars a month and I had a two year old son and the osteopathic profession being small I didn’t…where am I going to find another internship during the Christmas holidays, halfway through? I was just very vulnerable and my response to that was I attacked back. I called my brother and he didn’t know what to do. He said, “You need a lawyer.” So, I threatened to get a lawyer. I never got a lawyer. But the term I was looking for before when I said medical school was due process. I knew that I was not getting my due process, and I said, “Listen, I did nothing but defend myself. This man attacked me. I did nothing to provoke it. I am a student by definition. I should not have done what I did but he should not have done what he did,” and the other interns who all said they’d back me, they sort of backed me a little bit, but no one could really do much. They certainly weren't going to go on a job axe. It just wasn’t organized that way. So, they told me not to come to the hospital and I didn’t know what the hell to do. I finally went to the administrator and said I was going to the newspaper about this and that I’d been attacked
and that I was going to the police department. I was going to go to anyone that would
listen to me and fight back and they said that they’d had a meeting about it…that they
would have a meeting about me, and then they did have a meeting and that they would
count the week that they had sort of told me not to come into work as a sanction and they
would dock my pay for that week but then I would come back. That seemed more than
reasonable to me since I was only in fear of being excommunicated. So that was the…I
never had an experience like that in professional life. I had some people that are
obnoxious, but I was, at that point, vulnerable to the extent that I should not have done
what I did, but this guy should not have done what he did to me and I was impotent and
he was omnipotent, you know? So you know it ended, he never had anything to do with
me after that. He was one of these…he was a Norwegian man who had a sailboat, invited
all the interns on his sailboat but me. I didn’t care. Invite all the residents, I didn’t care.
But, he would see me in the corridor and if someone had did to me what I did to him I’d
remember that for the rest of my life. He didn’t bother me again, and I just didn’t want to
be involved with him. All I wanted to do was finish and get the hell out of there.

SM: Now was he a DO as well?
EF: Yes.

SM: And were the physicians that you were working with during your internship,
were they almost exclusively DO’s or some MD’s?
EF: Almost, almost; we had some sub-specialists that would come,
neurosurgeons, I think there was a neurology team that came. They were almost itinerant
surgeons. We were on the northeast of Detroit and in areas in which we had some
weakness they would find doctors that were willing to come work at the DO hospital and
that’s kind of how that worked.

SM: And what was the clientele of this hospital?
EF: It was I would say relatively affluent. It was in a very nice area. Mount
Clemens [?] was very pretty. We had a number of patients during the course of my
internship that had been executives at motor vehicle companies.

SM: Did you ever encounter - before you went into the Navy, as you were going for your
internship perhaps – any prejudice or hostility from MD’s that you interacted with
because you were a DO?
EF: None, none.
SM: So it was while you were an intern that you were pursuing the Navy?
EF: Yes.
SM: Actually before we talk about actually getting into the Navy there’s a
significant amount of activity going on in the world between the time you graduated from
high school and the time you graduated from the DO school, medical school. What
would be interesting to know about would be your reactions as a young man to things
like…oh, let’s see, let’s start with the launch of Sputnik. Do you remember that?
EF: Yes. I remember that exactly and I was disappointed that the Russians were
ahead in the space race. What I remember was going to John Glen’s…not John Glen’s
parade…maybe it was John Glen’s parade in June of 1962. There was a ticker-tape
parade to celebrate the return of the – or an – astronaut. I don’t think it was Shepherd,
but it could have been, and I remember how prideful I was of that and I have a
competitive side of me that made me very disappointed that the Russians were first.
SM: And was that a common feeling amongst your family and friends?
EF: I don’t think I ever really discussed it. One of the things, I guess either my
shortcomings or maybe it was just in my family, was we never had a lot of heavy political
discussions. My parents did not really - despite their love for me – understand who I
was. It always seemed natural for them, for example, for me in their eyes to pursue a
career where you could make a living. Maybe that’s coming out of the depression era.
Maybe it could have been fostered at least in part by my failure to perform well as a high
school and college student. They, for example, did not encourage me to go to medical
school and it’s not because they weren't prideful and not because they wouldn’t have
liked me to, and not because they were unwilling to support me because they did, but I
think because of fear that I would not be accepted and I’d be disappointed. It was almost
a protectiveness. We never had a lot of discussions about what I thought I had to do. I
didn’t think I had…I used to talk to myself about it. I think that amongst my fears was a
fear of - and it’s not fair to say this maybe, but it’s how I felt – of mediocrity, that I
would just become one of the masses and never do anything that I wanted to do. I didn’t
know what I wanted to do but I knew I wanted to do something that counted and I
thought I could so easily get caught up in…mediocrity is the word that comes to my mind
but I don’t think that’s a fair word, just in the routine of things. Even today if I don’t 
have a lot going on, I’m restless. I just had a restlessness that I could not explain to them. 
I had this notion that I had difficulty explaining to anyone and I was not then, nor am I 
now, eloquent to the extent that I could expound them and have someone really 
understand but there is stuff that really comes into my mind that I really don’t feel 
comfortable explaining to other people because one, they might think that I’m crazy. I 
have notions of grandeur, I wouldn’t say dillusions, but notions of grandeur. But I had 
this notion that I wanted to do something big and I had no one to really explain that to. I 
couldn’t explain that to my first two wives. My wife Patty understands. It is only with 
her that I’ve had this, and even to my children they get little bits and pieces if I get 
involved in a conversation which I try to encourage them to participate and I try to 
understand them in a way that I thought that I was not understood by developing a forum 
for discussion. But in my time, in my formative years, most of my stuff was hidden. The 
alley exploring, that was just hidden. If I got into a little basketball court fight, a couple 
of shots back and forth and even some pushing that never went to a punch thrown, I was 
afraid to tell them. They were not strict to the extent that they would punish me, but they 
couldn’t understand. I didn’t think they could. If someone took my glove…two boys 
one…I got this baseball glove. I had three baseball gloves in my whole life as a young 
boy and so that was a big thing for me to get my second baseball glove. I wanted it for a 
long time. My parents took me to the sporting goods store and I chose this beautiful 
Rawlings Playmaker and I used to sleep with this glove and I had beechnut oil and I had a 
piece of rawhide that I wrapped the glove with, baseballs, you know? It was my pride 
and joy. These two kids that were rich kids that lived across the street from me in this 
beautiful high-rise were in this empty lot, we started playing some ball, and we wound up 
climbing this fence and going into this alley and they must have been doing something 
with tar at the fence because there was this can, like a paint can, but filled with tar and 
these guys took my glove and they put tar in it and then they played this game saluji, do 
you remember that game, saluji? It was sort of monkey in the middle with my glove. 
This glove, I hate to put great value on a piece of leather, but you know, that was my 
glove and I got so frustrated - they were a year older than me and one was the cousin that 
had come during maybe an Easter vacation or something – that I wound up in a fistfight
with these kids, fighting with these kids. No one was hurt badly. But, his mother came across the street to where we lived and knocked on our door and tracked my mother down and my mother came in and gave me that pugilist stuff again. She couldn't no more understand that my honor…that these guys symbolically had in my mind devastated me, and I would not put up with that. I don’t think that she could really understand it, do you know what I’m trying to say?

SM: Oh, yes sir.

EF: My father, in retrospect I don't remember any reaction on his part, but I just wouldn’t put up with that kind of stuff. I don't think I ever started up with anyone. I can remember running from one guy once. This guy was a kid I was afraid of, one of these kids that there’s something about him had me scared. He was a bully, you know, and I told my brother about it. My brother smacked me around for running from him and then my brother went to the park a few days later and took care of this guy for me. He was a year older than me and my brother was a couple of years older than he was. But anyway, I forgot where we were. I’m sorry.

SM: Oh no, this is a very interesting story. Now you said your brother smacked you around for running away from him?

EF: Yes.

SM: What did you think about that? How did you feel when he scolded you for running?

EF: Well, the first thing was, “Well I’m never going to tell this fuck anything again,” you know!

SM: [laughs] Yeah.

EF: But I think the message he was giving me was, “Never run,” and in those days they would talk about if you got into it with the wrong guy somebody might cut you with a knife. There were no guns. I knew a guy, a classmate of mine in junior high school that made a zip gun with a car aerial and a toy gun and we fired it in the park but never at anyone. We had a heavy rubber band to activate the hammer. We took off a car aerial that was no [?] at all. We took a saw, sawed it down, put a .22 in it, took it and held it with one hand around the trunk of a tree so that it couldn't backfire, you know what I’m saying, and just used this heavy rubber band as the action or single action – no
trigger operation – just pulling back the hammer and firing it on the .22 which was in retrospect it was a rim fire but I think the hammer just hit the hole thing. But there were no fights with kids that had guns. There was no gang. I read about gang wars when I was in junior high school. There was a book called The Amboy Dukes and I think the movie at the time that comes to my mind was The Blackboard Jungle and I think that was Sydney Portiere’s debut. I never saw anything like that. I think it happened, but not where I lived. Hold just for a second. Okay.

SM: Well let me ask you…I’m sorry, were you going to say something?

EF: No, no, I was just walking back into the room.

SM: Let’s explore your understanding of what was going on with other events, in particular concerning the Soviets and buildup to what was happening in Southeast Asia. What about the Bay of Pigs invasion, do you recall that and what your response was to that?

EF: Yes. Well, I didn’t understand very much of the matter. I thought there was a possibility that I was going to be drafted into military service. I think that was probably ’62 and if my memory serves me…was it not the fall of ’62?

SM: It would have been just when Kennedy came into office in ’61.

EF: Okay, ’61?

SM: Yes sir, because the plan was actually created by Eisenhower and implemented by Kennedy.

EF: When was the actual invasion?

SM: I think it was one of the first things Kennedy did. Now there was the Bay of Pigs invasion, I think it was in early ’61 and then there was the Cuban Missile Crisis in the fall of ’62.

EF: Okay, that’s what I’m…I’m confusing the two time wise. It was during the…and I know you asked me about the Bay of Pigs…

SM: Actually I was going to ask you about the second one next, so you can tackle them both.

EF: Well, the Bay of Pigs thing, what I remember about that was little. I think I was very involved in my own stuff then, trying to figure out what to do. I was very enthusiastic about Kennedy so much as I could identify with him as a young person. All
of our presidents were old men. I think that I was not an activist as a young Democrat but I think emotionally I was. When that occurred my whole thing was a lack of understanding. I did not really understand very much about the Cuban invasion, the Cuban communist movement, other than the following: I had a friend who I was a college student with who was a couple of years ahead of me, had been an engineering student, and then came to Columbia as a freshman. He had gone to Cuba during…is it Batiste, would that be right?

SM: Yes sir.

EF: Prior to Castro, and had gone…he told me what a great time he had down there. He showed me…in fact I can remember the card that he showed me. It was a little tiny business card that said, “Nillie’s - English Spoken,” this whorehouse there. He told me what a great time he had. Then there were the communists and I had in my mind that there was the Soviet Union, there was communist…I used to just refer to it as Russia was my lack of understanding and lack of education at that time which gave grievance to the position of the medical school that I didn’t have the proper liberal arts education. I considered it all one and the same; not Cuba, but Russia and the USSR, that these people are very, very close and something ought to be done about them. That would probably have been my sentiments. I wouldn’t know what or how or this or that, nothing about that. I remember there was talk about how Kennedy had renigged and I didn’t believe it for a minute. It just occurred to me that he would never! He was John Kennedy, and he would never renig and I did not read extensively about it and I did not buy into it, but that was my viewpoint. Now as applied to the Cuban Missile Crisis, I thought that there was a good possibility that I was now going to go into the military. I wasn’t far enough in my studies - given that that was the fall of ’62 and I was a brand new freshman the fall of ’62 – for there to be any consideration, any serious consideration, if anything of consequence that would cause me to be deferred. I had no children. I had recently married but that wasn’t going to stay in the way of anything. I had no fear of it, I just had thoughts of it, and I wondered about it. It didn’t occupy me daily. I read the papers daily and I watched on TV the situation unfold. I thought it was anti-climatic at the time, but beyond that I don't know whether I was in a position where I didn't think it would be me or if that would be me that was okay also, it didn’t matter. But that’s [?].
SM: What about concern over the use of nuclear weapons?

EF: I had some concerns about that. One is I talked with [?] Kansas City. That was a far cry from Miami. I did not want, I mean this [?], I did not want to be victim to that where’d I’d just become lost in the madness of total devastation, yet I never believed that would happen. Now that feeling was not one based upon any factual analysis or any analysis of any kind other than I’m one of these persons that will believe it will never happen to me. It’s those kinds of thoughts that actively would sustain me in Vietnam, that I’m one of these lucky persons and I believe it to this day. It’s not that I…I don’t have any of this mythical stuff in my mind, I’m not one that believes in any clear clairvoyance, I don’t have any notions about religion as they apply to me being protected because I'm a good person. That’s not where I am. But, I just somehow I find comfort in the fact that nothing of a violent nature was going to happen to me then or now. I think if something gets me I’m going to get some disease at some point and go out like the rest of us.

SM: What about Kennedy's assassination?

EF: Never, ever forget that. The date, I think November 22nd of ’63. I remember I was studying for my…I was studying for a physical diagnosis exam. We would take the exams the first three days of Thanksgiving week and the rest of Thanksgiving week off given that we were on trimesters and I just could not believe it. I did not quantitate his death with any threat to the United States’ security in and of itself, but I was saddened, deeply saddened. I commented a couple of times that I’m not a religious man and I certainly had no religious connection in Kansas City. I had to find where there was a temple. I just felt the need to do something and people were devastated by it. I was, too. I thought about it for days and days and days. I thought how terrible it was to get shot in the head, you know. I’ve always had a fear of being shot in the head, by the way. I don’t know why. But, I just…I was deeply, deeply saddened and moved. I could not identify with Johnson. He was one of the old time presidents that [?]. He appeared to be an older man. It didn’t move me to do anything different with my life but it saddened me.

SM: How about events in Southeast Asia itself and in Vietnam in particular, how aware were you of things that were going on in the late ’50s and early ’60s?
EF: I had no awareness during the time frame as they occurred in the late ‘50s. In the early ‘60s there would be sporadic things that occurred in print and more often they were adventure stories of American advisors and I thought, “Now that’s really something to do!” I met a guy in between college and medical school, I was taking…I had to take organic chemistry a second time, that was the condition or one of the conditions of my acceptance, but I met a guy who had been a West Point person who had been in the Army as an officer, had finished his commitment, and now had decided to go to medical school and was taking the courses. Where I was repeating them, he was taking them so he could satisfy requirements. His name was Randy Bell. He would never remember me, and I hadn't thought of his name in forever, but I asked him about that stuff an he told me little bits and pieces that stimulated my interest. It wasn’t in my unsophisticated way places that I go to find out about it, but it fascinated me. I didn’t really know the politics of the situation have not studied what had occurred in the early years of French Indochina and what had occurred even at the end of World War II. And Truman’s involvement and Eisenhower’s involvement, Kennedy's involvement, those things I learned…I don’t know when I learned them; I learned them long after they occurred, though. I had a curiosity I would say for that type of thing.

SM: And do you remember anything in particular about the stories you read about the advisors?

EF: Well I pictured these guys out in these jungled areas and cleared areas. I read one article where the guys were not carrying American weapons, they were carrying Swedish sub-machine guns, which I came to find out was Swedish K’s. They were dressed in combat utilities, and it just seemed that that was such a…I hate to use the word a cool thing to do, but what a cool thing to do to go out there and do this stuff. My concern, I use the word patriotism and there was some of that, but it was also a personal sense of adventure, and while that’s perhaps not coach of the level of commandability, there was fascination. I think I was more fascinated by what they were doing than why they were doing it.

SM: And did you have…before you actually went into the Navy, as the war was picking up under the Johnson administration, the Gulf of Tonkin incident in ’64, the
build-up of conventional forces on the ground in late ‘64-early ’65, did you have a sense
of what you thought the United States was trying to accomplish?

EF: I thought that they were trying to contain communism, and I thought that its
end was imminent. Without knowing the particulars, I just felt that I was going to miss it
for one thing, and I was disturbed by that, and I had no reason…it never, ever, ever
occurred to me that it would be this protracted war. It never occurred to me that it felt
that it was ours for the taking and if anything we were exercising restraint and I didn't
realize that the policy was – at least the stated policy was – we just want to support these
guys long enough to get them on their feet so they can take care of their own business. I
thought that this…you know that sort of little thing, “Oh, we’ll put a little bit more in,
we’ll put a little bit more…” I never quantitated that it was the quagmire that it was, and
I really did not have any political feeling about it. Going on at the time were these
changes where students were behaving…I don’t remember the date of Kent State, I think
it was after this, and I don’t remember the date specifically of the Columbia takeover. I
think that might have been in ‘54-’55.

SM: I’m not sure of the Columbia. I know Kent State was ’71.

EF: Yeah, I was back by then which is another thing we can talk about later.

Columbia was earlier than that, but when I don’t remember. But, I can remember I was
so regimented I had to wear a tie to school every day. At medical school…my medical
school was ultra conservative. I think that was one of the things they were trying to
project in an effort to legitimize us as you know and that’s in quotation marks, as medical
students as the same caliber as the school that we would be most closely compared with
which would be KU Medical School which had a massive physical plant with projecting
the students as real professionals. We had business cards made, we wore a shirt and tie,
nobody had hair on their face – maybe a moustache, but nothing beyond that – while at
the universities there was a whole other thing going on. They wore jeans and combat
boots and fatigues and letting their hair grow long. My school took 10% Jews, two
Blacks, and one woman every year no matter what. This was…they just had this very
conservative notion of, “Keep your mouth shut, don’t ever cheat on an exam, and don’t
ever talk politics.” So coming from this rather rigid environment where my college had
been without the opportunity for any creativity or elective education, it was very
regimented. Medical school was a little bit more of the same and I didn't know any other way; therefore, I think my notions at the time in terms of if I was given to any radical thought...actually, I was not. I was by no means that, yet I just think of myself as being conservative. I thought that where I was was where I was supposed to be.

SM: And as you were pursuing the Navy option in ’66, now did...obviously you wanted to get into the phrase, so to speak, as the Vietnam War was unfolding and this was something that you wanted to participate in personally. Was there any concern on your part about after your internship finding a position or opening your own practice, and was this a way of maybe getting some good experience?

EF: No, what I thought was the following; that I had been accepted at the very best of the osteopathy and began a residency. I began a residency, Detroit Osteopathic Hospital which was a combination of two hospitals, that and (?) County Hospital. That was – DOH as it was referred to – was said to be the Mecca of the osteopathic profession. It was the best residency that one could get and I was delighted to be accepted. I had not been accepted where I was an intern although they were not taking OB residents that year but the person that I’d had that conversation with was the head of the intern residency committee; interesting because about a year later, less than a year later, when I was in the papers and on the front page of Detroit’s paper – in fact, the Detroit News and the Free Press was on strike so the big paper was the McComb something, whatever it was called – there was this article talking about what a wonderful intern I was and the administrator guy, this guy was a horse’s ass talking about how, “Eddie,” as he referred to me, “Spent hours and hours above his time just to learn what he learned,” you know, but I have those articles. We’ll look at them sometime, I’ll send them to you. But no, I had this great residency, the best that I could hope for, so I was really pleased about that.

SM: Yet you were willing to give that up to go into the Navy?

EF: Oh yeah.

SM: You didn’t have to pursue the Navy option?

EF: Well, I knew that was the way to the Marine Corps. I just put down on the dream sheet, “Foreign shore, ship, and medical service, and domestic service,” or I don't know if it was domestic service, but U.S. shore. There were three choices, first, second, and third, and I just wrote down, “RVN” in all nine boxes.
SM: When did you actually receive word that you had been accepted into the Navy to serve as a surgeon?

EF: I don’t know the date but it was August. I knew that I was going to be…how should I say this? When I started the residency, I knew that I was going to be taken and it was a matter of time.

SM: Did they know? Do you know?

EF: Well, September 10th was the day that I as inducted, of 1957, and in advance of that, I think in like let me see if I can figure this out, I was sworn in by a Marine captain in lower Manhattan. My father came with me. I took the subway, and I think that was in mid to late August. That was a very interesting summer; let me say why. When I was accepted into the residency I knew that I was being drafted and I took this residency at DOH, my marriage, my son Stu actually downstairs today was…you know, it was stormy and my then wife, Stu’s mother, Judy, said, “Well, I’m not going to go to Detroit for the residency. Here we’ve been living in suburban Mount Clemens…” in the nicest apartment I ever lived in, Wellington Crescent, you can imagine what it looked like, right? It was really a pretty apartment in very safe housing, and here I have this residency now in downtown Detroit and there was some stuff going on in Detroit that hadn't surfaced yet, but there were sporadic reports of racial tension and this was now moving into a little apartment in an not-new high rise adjacent to the hospital in an unsafe place and she said she was going home, and that’s what she did; she went home to her parents in late June and on July 1st I moved to downtown Detroit to Highland Park which was the little community within the city of Detroit that the hospital was in. And then the Detroit Riots followed shortly thereafter. We had curfews, we couldn't drive, there were some track vehicles; whether they were armored personnel carriers or maybe a tank or two in the city of Detroit with guardsmen or soldiers of which I didn’t know what they were, but they were in uniform patrolling the streets. There were fires and I was aware of an enormous amount of tumult going on. My reaction to it was that the black people had been put down for a long time and they were pretty pissed off, and probably with very good reason. I had no experience with…oh, jeez, you know we never lived with a lot of black people although my mother…I think I may have commented to you that my mother taught at a school in Spanish Harlem in which her classes were smaller because she had
mentally impaired students, so her class size would be half of the normal class size. I’d say she had 16 or 17 kids all from disadvantaged families that were either black or Puerto Rican or both or a combination thereof and my father had been this athlete, and I think we talked about that. I want to say [?] and I once used the word nigger, not in a derogatory sense, I just used it as a word I had heard when I was in high school and it was at Sunday dinner. I remember where I was sitting, at what seat at the table I was sitting at, and he never missed a stroke with his fork; he just backhanded me one, not a devastating backhand, but one right across my face to know that I’d said the wrong word. He never said who about it. So here are these people that had been, in my mind, suppressed, burning this place, and I didn’t really understand the burning of it but I understood the suppression of it.

SM: Now speaking of that, in terms of oppression and problems, racial issues and things like that, was the Holocaust ever discussed in your family?

EF: No. I think that…maybe so, in a minor…I think that from time to time we would account for someone and there were certainly no family members because my family had been here for a while that wore the marks of that experience, but occasionally we would encounter someone and it would have on their forearm the tattooed numbers, and not going to temple which is where you might see someone that had immigrated and now was part of the religious community, I don’t know where they would come from but occasionally you’d just run into someone, I guess in the ‘40s and ‘50s, and there would be an acknowledgment of it. The one time I could tell you there was a very active discussion was when I was at this summer home that we would go to. I was a camper, the first five years I was a camper and the second five years I had kind of a junior counselor/lifeguard, and then other types of jobs, soda jerk, but a counselor who’s name was Mel Michaels…I must have been, let’s see, in ’50 to ’55, the oldest I could have been…it would be the summer of ’54. He took us up to Devil’s Couch which was a place which was a place where there was a rock formation that looked like a sofa and we had a cookout, a little lunch cookout, and cooked hamburgers and hotdogs, finished with marshmallows, that kind of thing, and we were the senior boys so I was 13 and he took out a glossy 8x10 that he had taken as his unit liberated one of the concentration camps and they were the most graphic pictures of…what reminded me of the pictures as I grew
a little bit older when I went to see a movie that starred [Rod Steeger], the name of which
escapes me for the moment, it was they showed some footage of the concentration camps
and another movie that I saw which was…it was Judgement at the Nuremberg and it
showed footage and these were stills and I don’t remember how many but it seemed like
there were 10 or 15 pictures that we passed amongst ourselves and we’d sort of look at
them and then look at the next one and I’d never seen anything like that in my life. I just
saw the people in these trenches in their death posture [?] and I don’t think that I had ever
spent…I don’t think that there was anything at the time – I was 13-14 years old – in
which there was any movie that I had ever seen, and because I was not a prolific reader
and because it wasn’t discussed [?] but nothing graphic and I don’t know that they had
any visual experiences like this. But I can never forget the day. It was a Friday, and I
came home and was afraid to tell my mother what I’d seen. Let’s say that there were
nine or ten kids in my group. Some of the other kids told their parents what they’d seen
and it probably speaks to the differences in our relationships, what you’d bring home and
what you wouldn’t. The parents raised up in arms. One kid that told was an Italian kid
whose father was a New York police detective whose name was Charlie Tomino.
Tomino’s bungalow, as it was, you know the same lane of bungalows, same lane of little
cottages as ours was. He went to my father or mother and I don’t remember if it was the
next day but whenever it was, my father would come up on Friday nights and stay until
Monday morning and some of the families were up in arms stuff about the counselor and
wanting him fired for corrupting our minds with this stuff, you know, precious kids
seeing something like that. Others thought that we were not babies anymore and that it
did happen, but it was an uproar, I can tell you that, and I’ll never forget the day and I’ll
never forget the reaction to it. it wasn’t anything that was really discussed in my house. I
don’t think my mother or father ever asked me what I thought about it or what my
reaction was, upset, or…we never had those kinds of discussions, and that’s the way it
was. But, I’ll never forget it.
SM: Now when he showed you the pictures, did he talk at all about it?
EF: Yes. I don’t remember what was said but it was clear that he was one of the
troops that had gone in. what his role was, I don’t know. I mean, he was an Army
infantryman. I don’t know if he was a combat photographer. What I recollect was that
he would take the photos and had somehow gotten them...they would get them out - I
forget exactly how he termed it but that’s how he meant – and his purpose to take them
out was to never forget and to make other people remember.

SM: Now when you received your orders that you were going to be going into
the Navy and going...were the orders explicit that you were going to Vietnam?
EF: No, no. My initial orders just ordered me to...in fact they were almost a let
down. I was excited about going into the military; I mean, the whole thing was very
exciting. I have kept my...and I have my original orders. They just ordered me to report
to Camp Pendleton to the Field Medical Service School for training. I don’t remember
how it was phrased but I’m going to look it up later today, and then from there to go to
the Marine Corps Recruit Depot, MCRD San Diego where I would be stationed. That
was my permanent duty station. I can remember I was more than excited, and I felt...and
they would pay me X number of cents per mile to drive out, and I had this two year old or
a year old Impala convertible; not paid for, but I had it, and this was going to be the
adventure of my life. I could not be more excited. I felt important. I had military orders,
and I remember taking the drive out and thinking about what was going to happen. I
remember arriving in Oceanside. I took Route 66, I took whatever I took to get to Route
66 outside of Chicago and drove down 66 and I was on my crusade; it was almost manic.

SM: Now was your...were you still married at the time?
EF: Yes.
SM: Was your wife going to be joining you in San Diego?
EF: She would eventually join me because I know that the training at the Field
Medical Service School was for a few weeks, I think three or four weeks, so one of the
things I was doing was I went early to see if I could find an apartment for us in San
Diego. I don’t remember when exactly I found it, but I did find a place for us. She
joined me a month or so later.
SM: And the school that you attended, that first school was it...what was the
primary focus of that?
EF: It was to orient doctors to the military, to the Navy, and to give them some
minimal exposure to tropical medicine, to learn about military protocol, some weaponry
training, the M-14, .45 millimeter pistol, gas masks; it was a watered down basic training.
We went to the range, we went on a night bivouac for two nights out on the base, we had war games, we went into villages, they taught us about booby traps, they had lectures to us about the triage of wounds. They gave us little diminutive loose leafed books that were probably maybe three by five inches that were the orientation about language and management OP wounds, a little about tropical medicine. We had some doctors and instructors that had been there or had been in the military and we had a Marine captain, his name was Henner, and I remember him very clearly because he was killed in Khe Sanh while I was there, and he had had a tour in Vietnam prior to coming, and he was our immediate instructor. He was the one who was always present with us and then we had these DI types that, you know, that didn’t DI us too much. If we had to…if troops were required to run X miles, we were X minus a big number!

SM: How many people were in this class with you?
EF: I would say probably 30, maybe more; probably more.
SM: All men?
EF: Yes, all men.
SM: And were there a mixture of DO’s and MD’s?
EF: I think that I was the only DO.
SM: Were you really?
EF: Yeah.
SM: What did you think about that?
EF: I think initially it was a curiosity thing and yet I think that one of the things that I thought is first of all, there was really an element of anonymity to the extent that what would happen you would meet people that came from all over the western part of the country, I think west of the Mississippi because the one’s east would go to Camp Lejune. It was sort of, “Where you from? Are you married? Where’d you go to school?” and then it was really nothing. I would say, “Well, I’m a DO.” I would have to say sort of like a mouthful, “I went to the Kansas City College of Osteopathy and Surgery,” that was the name of my school at the time, so I said, “I’m a DO, I went to the Kansas City College of Osteopathy and Surgery,” and so they would always say, “Oh, okay,” you know, like…or “Uh-huh.” It was just…and if, “Where’d you go?” “I went to Baylor,” something like that but nothing beyond that.
SM: And you never met with any kind of - I guess for lack of a better way of
putting it – prejudice because you were a DO?
EF: No, not at that time at all. Practically the only time, the only time, was when
I applied for residency.
SM: In the Navy you mean?
EF: Yes.
SM: Now you mentioned your primary trainer having Vietnam experience. Did
he talk much about that during this four-week phase of training?
EF: Yes, yes.
SM: Do you remember anything in particular?
EF: Well, I think he talked about combat and being careful and weapons and
villages. I think his experience was probably, thinking back upon it, in these vill and
that’s how they portrayed Vietnam to us. It was about vill. It was going into a hamlet
and seeing how to approach a hamlet, you know, flanking to the right, flanking to the left,
you know, making some determination as to friendly, and not always being at the ready.
They talked about the Medical Civilian Aid program. That was when he was warning the
doctors a little bit. He talked about how important our job was in taking care of
casualties, and he really talked very little about the general medical officers of which the
vast majority of us seemed to be in terms of how we would be deployed and I think that
the 1st Marine Division which is where I think he operated during his tour which must
have been around 1965 had a whole different method of dealing with things. I don’t
think that they had the big battalion sweeps in those years. I think that they were like
company and platoon type operations whereas when I got there things were done on a
larger scale, at least in some measures, especially up north.
SM: Okay, and how do they refer to the Vietnamese people in your training?
EF: I think that variously, sometimes as gooks. Well, let me just backtrack; the
enemy certainly is gooks, the Vietnamese people, I think that without any disdain but
perhaps…I don't remember his in any classroom situation referring to them as sometimes
they had been referred to as slopes or…I don’t recall anything derogatory in terms of
characterizing them as Asians[?].
SM: And you mentioned earlier that part of your training was in tropical medicine. Can you recall any of the specific things they discussed with you?

EF: Just in dealing with fevers, in particular malaria, and how important it was to...prophylactics at the time was to use chloroquin/priloquin tablets I think and that it was our responsibility to see to it that the troops, that it was clear in their mind that on Sundays they took their pill and that happiness was to have dry pants after you took the pills, you know. But, they emphasized - the leadership - to be very, very clear that this prophylactics was a serious matter and that it had been dealt with. Then the other thing that I remember, and I had some previous experience with it, subsequently, was in dealing with diarrhea. The other things were rashes. Now I’ve never been good with rashes and I wasn’t good then, but they told us that their rashes...guys would talk about getting these rashes and I think the term was jungle rot, and I just didn’t know what to do with those rashes and no one else seemed to know either. Then they talked about getting the so called black syph, you know, and you know that there were some exotic venereal diseases that they referred to and that the troops were going over and coming back with this and that and the other thing. I don’t remember the specifics of it.

SM: Were these supposedly things not curable?

EF: No, I think the troops had the notion that there were some things incurable. In fact there were some rumors out that if you got the black syph you’d go to some island and you’d never come home again. I think the troops put that stuff out, and surprisingly people believed it. there were guys in the field that believed that stuff. But, you know they had little manuals. I think that they were little printed materials that they had us read this and that and everybody got treated as if they had the clap. Basically it was to give them [bicillin] and everything was the clap until proven otherwise and then where you were would be a reflection of what efforts would be utilized to treat it otherwise or prove it otherwise.

SM: And in the training itself, how much preparation did they give you or did they discuss at all the different nature of the kinds of wounds and the traumas that you would be witnessing as a surgeon would be absolutely different, completely different, than what you had encountered as a civilian physician?
EF: Yes, that was made clear. I had had some minimal exposure to gunshot wounds and motor vehicle trauma where there’d be multiple fractures and internal organ damage, but my exposure was minimal. We were a receiving hospital in that we were in the suburbs and there was no other hospital that was in close proximity of consequence. The other side of things was that my personal exposure was minimal. They presented the management of sucking chest wounds and that every penetrating abdominal wound needed to be explored. So, I listened to that and acknowledged that but I knew that it would never be me that was doing the exploration stuff, it was a trained surgeon. It was just be simply to know that if you had such a patient whether if his wounds appeared if it indeed appeared innocent that it needed to be explored and those patients had to be…those casualties had to be evacuated. And, how to deal with long bone fractures, shock, the placement of chest tubes, these were covered very, very superficially as much as I think that the course of study was…it might have been a month, and if it wasn’t a month it was three and a half weeks, and when you consider that you’re taking civilians from no notion whatsoever and accepting myself to the extent that I had sort of lived some of these military experiences in my own mind, most people having no military notion whatsoever as to how to salute and who you salute and what structure rank was. There was guys who didn’t know the difference between a sergeant and a corporal. So, at the end of the four weeks you had to know the most fundamental things about how the military operated within the structure of the organization, to say nothing of the treatment of anything from malaria to penetrating wounds. The amount of concentration on any particular subject would be limited and was limited. Add to that the military training, some physical training and knowing now and we got to field strip the .45 and field strip the M-14 and those of us who wanted to do the grenade thing, that was sort of an optional thing; if you wanted to do it, you could do it.

SM: You did it, didn’t you?

EF: Yeah, of course. I figured I’d do that.

SM: Absolutely. Well, I’m curious about the triage, and you mentioned again one of the things they did cover was the triage of patients from a military standpoint. Did you receive triage training in your osteopathy training and how was it different if at all?
EF: Well, I think that I had emergency room training but it was never really triage as a medical student to the extent that I don’t know that the concept of sorting casualties, victims of an accident for example or some other form of trauma, I don’t know that I was ever told that you had to classify and prioritize the casualties, the victims. But, I’m sure that that was covered in field medical school, but if it was not, and if it was, it was covered in a theoretical sense. But when I got to Phu Bai, which is where I was assigned initially, I found that experience was extremely graphic. It happened on the first day, the first day…having arrived at night, on the first day, and I was almost overwhelmed by it with a feeling of inadequacy.

SM: And when you say overwhelmed in terms of the experience, you talk about how you were actually brought into the triage experience immediately?

EF: Yes. What happened was I arrived on a Sunday. I arrived December 17th, a Sunday. I got there late at night, it was raining, and you know I had flown from Okinawa to Danang, had somehow managed to get to Phu Bai, and then managed to get a jeep to drive me to the compound where the medical battalion was and it was probably eight or nine o’clock at night and I wound up going to…I asked where the hospital was. There was sort of no one in the hospital, maybe one doctor. They all had gone over to the club, the officer’s club, which was not a club as we would think about it except in a place like that. It was a hard back with a bar, fairly good-sized but not huge, but I walked in covered. So they rang that bell, you know that thing, and you have to buy a round for everyone. Well, I didn't have any MPC and I was told not to have the greenbacks but that’s sort of another story. I kept a couple hundred bucks, maybe five hundred bucks, in greenbacks, in hundred dollar bills, with me, which I thought I would utilize if I had to, to bribe someone if I had to escape. But anyway, so I offered to buy the drinks [?] and they said, “No, no you don’t have to do that,” so I was quartered for the night after having a few drinks with the guys. The next morning I had to report to triage and they sent me over to check out my equipment and my equipment was a helmet, a flak jacket, a pistol, a couple of magazines, a gas mask, just the standard gear, and they would put me in jungle utilities because when I got there I arrived in state-side utilities so they put me on the list for jungle utilities and jungle boots because I had the standard boots. Maybe they gave me the boots, I don’t remember exactly what happened, but in any event later that day
Dong Ha dump came in and maybe it was four o’clock that day and so I had initially found a place for lodging and got my stuff together and went over with the person with whom I was lodging and I don’t remember specifically and who come these guys off this either C-120 or C-130 and there was some advanced [?] coming in and some [?] and then they had the walk in guys. So, I went over with a guy, a couple of walk in guys, and one guy had his face in a bandage that went around his chin and around his head, and it just looked like he had superficial stuff. I said, “What do you do with this stuff?” and he said, “Well, you have to breathe it,” so I spent a little time breathing it later that day or that week. But then came these guys who gave [Donald and me IV’s] and the surgeons were all over the place and some of these guys were in bad shape; now not as bad a shape as what would come later, but the battle in which they had been involved in was Dong Ha. Dong Ha took as many casualties as they could care for which was a smaller facility than the Phu Bai facility, so they had been stabilized to a large measure but needed to [?] and I guess the ones that were least stable to the extend that they could be…what they could accommodate and dealt with at Dong Ha. So, all these guys come in with wounds and I just…I’d never seen anything like that ever before, and I watched these general medical officers who were like ants all over the place, starting these IV’s on these guys, doing stuff and writing stuff down and they were very, very precise, they were adept, and I said to myself admittedly they had been there since August so they had a few months of experience, but I said, “God Almighty, I don’t know whether this is me and my fear that I’m not adequately trained or me that I haven't had any exposure,” but I said, “My God!” and I just had a lot of anxiety about it. Shortly thereafter someone decided it was my day to sign out a casualty to go to grave and I saw this guy and he was shot in the head at the temple. I signed the [?] and I just didn’t really understand it. I mean, I understood it but I didn’t…it was very graphic for me. I had a little bit of a fear in triage that I would not be able to be as good as some of these guys so I decided that I’d spend…that every person [?] that I would spend as much time there as I could to try to get over that, which I did.

SM: In terms of how to actually categorize or process triage within the military infrastructure, was it different from what you thought it would be in terms of prioritizing patients?
EF: I don’t think I had an opinion as to how it would be other than it was. How it was supposed to be was how it was done. I never questioned an alternative way. I just did what was…it was made clear to me, I think, it became clear to me how it was done and I just never thought about an alternative.

SM: Some of the other medical service personnel I’ve talked to have described one of the difficult issues they had to deal with, specifically with regard to triage and the comparison of the military triage versus civilian triage, and I know you had very limited experience but I wanted to talk to you of this.

EF: Yes.

SM: The difficult thing they had to cope with was in civilian triage the emphasis is on identifying the most needy patients first and providing medical assistance for them as quickly as possible, whereas in military triage the necessity is trying to save as many men as possible that can then become combat ready again, which means that the most devastatingly wounded may not be at the top of the list because they may be so close to death that it may not be feasible to save them. Did you ever encounter that particular crisis or issue?

EF: I did only when it came to head wounds, and then I had one particular incident. But, I don’t agree with what was just said to me by your words. I don’t think that’s the difference that I operated with. We would try to prioritize…we would operate…here’s how we would do it; we would choose the most devastating salvageable wounds. We had no neurosurgeon, so a neurosurgical patient which meant basically a head wound was treated expectantly. He was given traditionally some steroids and an IV and I guess at some point they put a catheter to monitor his output and some provision was made to evacuate that person to another echelon, whereby the active…because no one can do neurosurgery but a neurosurgeon, it just can't be done, whereas an abdominal surgeon can take on a chest and that’s not totally foreign territory to him, you know what I’m saying?

SM: Yes sir.

EF: General surgeons can operate on kidneys, and they did even though urologists can do it better and with more insight into what they were doing. I think that the civilian…I don’t think that the surgeons operated on…their return to duty thesis was
operative. I think that the casualties whose limb or life would be lost was how we did it, and that was the priority. Let me just tell you that there were times in which there were Vietnamese military casualties that were part of the casualty load that we had, Vietnamese civilian casualties that we had as part of the casualty load, and there were enemy, and I can tell you without any doubt that the priority was American Marines first, and I will tell you that if there were two wounds on an American Marine and a soldier, although I can't think of a specific example, our duty…we were very bound tightly to the Marines. I wouldn’t like to think that a soldier, a US Army soldier, would be treated in a lesser fashion than a Marine, certainly if you had…but we took care of the Marines. The soldiers, it was infrequent relative to the vast number of Marine casualties that we had that we would have an Army person evacuated to our facility. Now an interesting dichotomy in terms of being a doctor would be what would happen if you had a significant green extremity wound but not threatened to the salvage of the extremity, versus a Vietnamese abdominal wound? I can tell you right now that the extremity wound would be treated first. So, however devastating and however serious the casualty might be who was an ally, he was never given the same priorities as an American; not by me, not by anyone.

SM: And in terms of the priority for the enemy casualties…

EF: That was the lowest priority. Now I don’t know…I had heard stories of this but I wasn’t physically present during Tet when there were huge volumes of casualties at the problems in Phu Bai in which a surgeon friend of mine with whom I’ve maintained a tight relationship to this day, told me they operated literally around the clock with very little sleep over and over and over again. I don’t know that there was ever a time that a casualty would not be operated on but it would have to be a person in extremis who needed surgery at that moment versus an American who could wait three hours without any fear of loss of that casualty before any Vietnamese would ever be operated on. North Vietnamese would be the lowest priority but I know of no situations in which they were not treated. I’ve actually, I have a couple of photos of some wounded NVA when I was at Dong Ha that I took, not close, but I just did it, and they were…I could tell you that they were hard core. We used to comment frequently that the South Vietnamese would
be crying with every little tiny sucking wound, you know? These NVA, they would be stoic.

SM: Did you ever encounter resistance, enemy resistance, to medical treatment for fear that you were going to hurt them instead of help them?
EF: No, I had very limited exposure but I don’t think that there was anything like that, nothing that I would have either heard about or…
SM: Now take a quick step backwards real quick just before we continue with your Vietnam experiences; as you left the training in San Diego, did you feel like they had done an adequate job preparing you?
EF: Yes, everything that they taught me was new. It was all-new to me, and I felt…not knowing what I was going to encounter, I felt that I’d had the fundamental experience. In retrospect, I don’t know that anything short of a short period of active tutorial, of internship in the theater, could prepare someone. I don’t think if they spent six months doing the same thing repetitiously but absent the casualties and then I’ll bring another element into it in just a little bit, I don’t think it would make it any better. Then as I write this talk that I’m going to give Friday to the Field Medical Service School graduates this week, nothing compares to whatever skills can be taught you, whatever education can be provided you, what has bound the Marines emotionally to favor the corpsmen so graphically has been certainly their knowledge but the real substance was how they did the things that they learned how to do under fire at great personal risk. So, the Baptism, so to speak, of experience in terms of theoretical aspects of what to do under a given set of circumstances wound wise is nothing compared to when that first…not the first, but when these casualties are being received and the process begins. And surprisingly, it was very surprising to me, I guess not surprising but I guess that was my only feeling of inaccuracy for whatever reason, but for a multiple number of reasons, where that one becomes an adept quickly. Can I take just a quick break?
SM: Absolutely.
EF: I’m just going to run to the head for a second.
SM: Okay, yes sir. [pause] Okay, go ahead, sir.
EF: You know I was just commenting on the point that you had raised that perhaps other medical people had raised the view in previous interviews relative to
different missions. I just…in my experience, here’s the way it was; when we treated
serious casualties, the only thing, the only consideration, was getting that casualty
stabilized and doing whatever was necessary to get them better. No thought whatsoever
about what would become of them; they were all – and I’m thinking of the Khe Sanh
experience – the wounds were all…the wounds were almost all sufficiently serious where
it never entered into any thought process, nor will I tell you was there anything on the
command end of things that came down to us in any fashion about getting guys back to
duty. Now, quite the opposite when for example as a battalion surgeon in which guys
would come in with some minor this and minor that, I understood the mission. But, if
someone came in with jungle rot or they’d had a little something, a little salt and pepper
nonsense that could easily be dealt with at the level battalion aid station, those guys were
going to go back to duty. There was really never an issue. If they had nothing of
consequence, of course they would go back to duty, and if they had something substantial
it was never even a consideration because who the hell was ever going to get in our way
in that regard? It never happened and it couldn't happen so they even attempted to make
us swallow that pill. Knowing the people I work with, they wouldn’t give a good God
damn what the rank was, that person would have been outed and some procedure would
have been instituted to reprimand, and I think because the doctors were the doctors, and I
think these guys that I worked with at Khe Sanh, these three other guys, they were such
individuals - and two of them in particular - of such strong character, that if anyone tried
to fuck around with us about what our job was in terms of not just the medical part of it
but what was going to happen to these casualties, we would have trounced them and we
wouldn’t have cared who it was or what rank they carried, and did so in whatever fashion
it would take. So I don’t know what experience others had with regard to the potential
for having some inherit confidence in their mind as to what they were doing but I never
experienced anything like that and was never aware of anything within proximity to
where I worked.

SM: I think some of the experiences of other people I’ve talked to were extreme
in that they had people who had lost so much blood perhaps or their wounds were so
traumatic that they were just barely kept alive until they got to their facility but at the
same time, they were probably inundated with a significant number of severely wounded
people so they had...you know, in a civilian context, I believe the triage system is such
that no matter what, the most seriously wounded is worked on first regardless of whether
or not the outcome is going to be...is seen as likely to be positive, versus in that
particular situation for a couple of people anyway the people were so far gone, their loss
of blood and other issues were so, so bad that in order to save other lives they had to go
ahead and prioritize and say, “This guy is so far gone there is no way we can save him.”
They had to be more realistic in what they could accomplish.

SM: I think that we had...I can think of one circumstance in which a decision
was made not to attempt to salvage one man once when he was blown to bits in terms of I
didn’t know where to put an IV in this guy. He didn’t have an extremity. In terms of
guys being so devastatingly wounded, let me give you an astounding number; one day, in
Khe Sanh, not counting dead, the four of us saw 113 fire wounds in one day [? ] company.
This ranged to guys that had little superficial something but enough to consider
evacuating him for, to devastating wounds. If we got somebody with a chest and another
guy with a neck and another guy with multiple abdominal wounds – and let me say there
was a sparcity, a relative sparcity, of chest and abdominal because of the flak jackets, but
some of these troops didn’t snap and zip their flak jackets or we had Marine Corps flak
jackets which didn’t have the shawl that the Army flak jackets had so there would be
none the less some wounds like that. We were all over these guys. We had four doctors,
we had 30 corpsmen...we had 26 corpsmen for this Charlie Med and we were over these
guys. I mean, we had no shortage of blood, we had no shortage of IV fluid sites and
things necessary to get it going, and we would be on these guys. I’ll send you an article
that shows you Triage at Charlie Med. It was written by a fellow whose name is John
Huller. It was published nationally.

SM: That would be great.

EF: AP reporter, make a note of that, which kind of...I don't think he was really
traumatized but it’s quite traumatic. We would get stuff going on these guys and then
we’d be barking orders to corpsmen to keep things going. I just...I’m thinking of a time
and I’m sure these guys with whom you spoke would not make it up, but it wasn’t part of
our experience. Now it might have been part of other guy’s experience right in the same
division in which I operated, but I can't think of a time knowing that we saw massive
casualties. The Marine Corps has not been completely candid about the number of
casualties in Khe Sanh and I know the number that we saw registered that Charlie had
from January 15th to April 23rd; 2,541 of which 2,000 some odd were hostifiable of
which the remaining 500 were the things that happened [?] dangerous area because you
have malaria and jungle rot and someone steps on a nail and another person gets a rat
bite, you know, and appendicitis, and falls, and cuts. But, we evacuated over 2,200
troops in that period of time.

SM: Okay, let me go ahead and end this first CD. We’re just about out of time
on it. Let me replace it real quick. So this will end CD 1 of the interview with Ed
Feldman. [pause] This is Steve Maxner conducting a second interview with Dr. Ed
Feldman. It is the 29th of November, the year 2000 at approximately 8:30 Lubbock time.
I am in Lubbock, Texas and Dr. Feldman is in California. Sir, would you go ahead and
describe your trip from the United States to Vietnam and your first impressions up on
arriving?

EF: Yes, the trip was a two segment trip in so much as I was temporarily
quartered at Treasure Island in the San Francisco Bay each day waiting for a manifest
that would list my name as well as the others that were destined to leave for Vietnam
from Travis Air Force Base on any day. There was a large number of troop movements
that were at that time going on being conducted jointly by both military aircraft as well as
contract aircraft. So on the designated day which of course one would always remember
was 11 December of ’67 I boarded a bus on like kind of a long distance type bus that
drove myself and the other troops to Travis Air Force Base whereby there were
multitudes of people. There were road masters loading people aboard aircraft that were
just lined up on the tarmac, each of which…I think they were…I never could understand
the Air Force ranks with all those stripes going the different directions, but probably
someone like a staff sergeant would have a clip board and your name would be on it if
you were destined to go on a specific aircraft. I encountered a fellow on the way up
because I was the troop commander on the bus who has remained intermittently in my
life, a 2nd lieutenant at the time, Warren Manilla of the United States Marine Corps who
kind of hung with me on the way and as we got there it was clear that there were two
different kinds of aircraft, a then 707 that were contract aircraft and others were military
C-130s and as fate would have it I was fortunate enough to get a 707 and we boarded and
the way in which the aircraft was configured it was three and three, just liked commercial
aircraft but no first class passenger compartment. That plane went to Honolulu and never
having been to Hawaii I thought it was altogether appropriate that I stretch my legs there
for a little bit and we spent about a day there and I got to know this Lieutenant Manilla
who had grown up not far from where I was and whose specialty was radar bombing
which fascinated me and he explained to me during the days that we spent together what
his mission was. The next day I don’t think it was quite a day because we never stayed
anyplace other than the bars and walking around and probably sixteen to eighteen hours
later we boarded an aircraft that took us to Okinawa where I was then bussed to Camp
Hanson. Camp Hanson, Marine Corps, well, long established Marine Corps base…base
might be overstating it but it was a base which was a temporary quarters for personnel on
their way over and also personnel who would be on their way back from Vietnam and it
was very interesting to me that I would try, because it was a four or five day stay there, to
sit with the troopers that were coming back at meal time and I looked at them with awe
and I can't tell you that at the time they had a special look about them that others have
characterized by a variety of terms in veteran’s books but there was something distinct
about these people. One could only look at them, through my eyes, with an element of
awe. During my time in Okinawa the days were filled with either just hanging out or
what I had to do was I had to be trained with the M-16. So much as my training was M-
14 in country and then the revision in weaponry at about the time I was being shipped
over. So liking guns as I always have, the sergeant took me out to the range and there
were these concrete bunker type buildings that were armories that housed all kinds of
weaponry. What I did was it was like a shooting gallery. We could take out whatever we
wanted and I did all the weapons that I’d seen of course of my World War II movie
adventures, etcetera. Anyway, each evening was spent eating out and going into town
and getting into a little bit of trouble, maybe seeking out a couple of girls for favors and
laughing and drinking and that sort of thing and then on the day that I was on the
manifest, once again another manifest that would indicate that you were to be flown to
Vietnam and that was 17 December. We went down to Kadena Air Force Base and on
the tarmac the troops were lining up and the aircraft was lined up and that’s a day that I
will never forget. At one end of the tarmac but in close proximity to where we were standing was a large pile, a mass of something being covered by a tarp and there was a good deal of wind on the runway. The tarp was secured by ropes and as fate would have it, not secured adequately and the wind caused the tarp to be lifted and one could see large numbers of aluminum caskets that were being onloaded to go to Vietnam. It was a very, very sobering site such that if there had been conversation and various small groups conversing about this or that I don’t recollect any of the specifics of conversation. There was silence when this tarp just flew from its place and exposed the caskets. It was a sight to behold and it was a reaction that I’ll never forget. I was the assistant troop commander for the aircraft which was again a three and three configured 707 and I think it was a Continental Airlines hired aircraft. There’s a term for that and I don’t recall what it was…military contract aircraft. But the troops were shortly thereafter loaded aboard this aircraft and they had not come down from [?]. Some of them, most of whom were going to Vietnam for the first time, some of whom – the numbers I don’t recall – had been to Vietnam and had left for I guess a variety of reasons which would be R&R to Okinawa but perhaps on emergency leave of one sort or another and the troops became not just boisterous and a little bit disruptive, but somewhere between major disruption and boisterous when the following occurred; it was 17 December and piped through the aircraft was Christmas music and I think the particular song was provocative. It was about either White Christmas or something that would bring you anyplace but the way you were headed. It first was characterized by a lot of noise and people began throwing things and a major, an Army major who was senior to myself, began to move down the aisle to calm and do what he could to restore order and he took one section of the aircraft and I took the other and there was a reluctance…there was by no means military disrespect, but it was difficult to contain the men, I can tell you that, and it went on for a while, and my thought was let the energy just dissipate because where are we going to go from here and if a couple of seats get broken? As long as it was not out of control and the pilot’s cabin was not being interrupted it didn't matter much to me if they wanted to blow off some steam. So I soft-pedaled the attempt to contain it and after a period of time it just sort of died down to a low din. I think we had some packaged lunches that were just distributed, kind of like a little box lunch, and things got quiet. The plane…it
was about a three-hour flight to Vietnam and we landed in Danang. Danang was
confusion. I was wearing State-side utilities. There were people just scurrying about all
over the place. It was a Sunday and it was rainy. I found an aircraft that would take me
north. My orders just said to report to the CG, which of course I thought I was supposed
to report to the commander general - which was anything but the case – of the 3rd Marine
division [be that the miracle replacement for another person]. I found an aircraft that
would – a C-130 – that would take me north but further north actually than I needed to
go. I flew to Dong Ha and from Dong Ha I flew up, I caught another aircraft, fixed-wing,
that flew me down to Phu Bai. Phu Bai was dark and muddy and I tried to find my way.
I found a person with a jeep that would take me to headquarters but I really didn’t have to
go to headquarters. I didn't understand that. So, ultimately I found my way back to the
hospital compound for [problem ed] and walked into the hospital and there was a duty
doctor that said, “Well, there’s nothing going on now,” and to find a place to stay. “Why
don’t you go over to the club. You look like hell and tired, and you’ll find someone there,
you’ll find some MSC person who’ll find quarters for you.” I went over to the club,
which was a hard-back club, a fairly good-sized room, and walked in of course covered
and the bell rang and I had to buy drinks. I didn’t have the MPC but we got through that.
I met a couple of guys and smoked a cigarette and the MSC person was uncooperative. I
met a MSC, Lieutenant J.T. and this guy said, “Well, we’ll find someplace for you
tomorrow,” and I said, “What do we do about tonight?” and he said, “Well, you can stay
on the floor of the club.” He said to me, so I said, “Well, I think I’ll go over to the
hospital,” and I just called it a hospital; it was a hospital, “And I’ll find a bed in the
hospital.” This guy was…he did not want to be bothered it seemed but I had learned that
his one bar is not as good as two bars as far as who was going to do what and I didn’t
want to start a thing. When you just get there you don’t want to have a thing with
someone. I said, “You know, you need to find me a place to drop my gear. I don't mind
leaving my gear here,” because the club didn’t open until whatever time the next day,
“But I need to be quartered.” And I didn’t know whether I should be equipped or not. I
was in Vietnam, I didn’t know whether…in fact, getting off the aircraft in Danang right
after touchdown I didn’t know whether you’re supposed to be armed or unarmed, you
know, it was just chaotic. But, most people were unarmed, I noticed that most people
were unarmed. There were people of course who’s duty was to be at the airport who were armed, but the [trangents] were either armed or unarmed and I thought I should be armed, and I felt a little bit incomplete, but I didn’t know if I was just being too either disoriented or anticipating that which was silly. You just, at least for me, I did not really know how to be. But in any event, this guy wasn’t doing it for me and we were getting a little hot about it and a fellow with whom I’m friendly to this day came over and said, “You know, one of my guys is not there. Just come over to my hooch and you’ll stay and we’ll figure it out the next day,” which I did. So, the next day…and that was sort of my introduction; first day there, not on the job but just physically present. The next day I went to formally check in with the medical battalion commander who explained to me what he thought my job would be and sent me over to the various units to check out the gear that I would need which included helmets, flak jackets, canteens, gas mask, .45 caliber pistol, a couple of magazines, I don’t know what else…oh, and get me at least on the list because I think there was a little backorder for boots, the jungle boots, and for some Vietnam utilities. We did not have camouflage utilities. I did not see them in country and Marine Corps personnel gave me a hard time when I was there. I think that came subsequently. So, just a change from the Stateside utilities to the jungle utilities. Then he, the commander, explained to me what my assignment would be and sent me up to triage to become oriented. Do you want me just to proceed?

SM: Uh-huh.

EF: At triage I remember meeting – I was general medical officer – meeting other general medical officers who had been there for quite some time, and had been there since August and their experience up to that point – when I say they, the general medical officer’s experience – had been delineated in the following way: Their tour would be divided into thirds; 1/3 of the time they would remain with the so called hospital unit, with the medical battalion, 1/3 would be where they support elements such as Seabees or Engineers, and 1/3 would be with a line battalion which was in whatever area they were operating, setting up actually in the last two settings battalion aid stations. They would just function according to command and situation that…and the command situation that evolved in whatever that particular unit was doing. That’s what was explained to me. I don’t remember whether I met or had soon after met someone who
had been out in the field and said, “You know, it was okay. Sometimes you did stuff, sometimes you didn’t. Sometimes you were bored, sometimes you were hot, and sometimes there were a lot of casualties.” So I began in triage and I remember getting the so-called Dong Ha dump either that day or the next day, those short number of days before being transferred to Khe Sanh. But, there would be casualties coming in. we would have some notice of it. The triage area which was large and had IV bottles at the waiting with shelves behind them with various dressings and tape and surgical scissors and other kinds of equipment, suction equipment, and then saw horses that would be put together in pairs so that one would be able to be out in front of the other so as to accommodate a litter would be at the ready and then there would be a general surgeon with the medical officer of the day, senior medical officer of the day, would do the casualty sorting. What I remember is guys getting off the aircraft. They would be walking, they would be the litter cases, and I just kind of was almost an observer at first of the process maybe for a day or two and then I would begin to do what were called debreevements, debreeve we'd say which is the wounds that were superficial, generally on the extremities, needed to be cleaned, opened, dressed, and we did not suture them. Primarily we left them open for four or five days. The term applied to that technique was called a delayed primary closure whereby the wounds, because they’re dirty, they’re cleansed, they’re opened, the devitalized flesh is removed under local anesthesia unless there were multiple, multiple wounds - and I’ll come back to that in a moment – and left to be closed when there was no sign of infection five days later. So some of my time was spent initially closing those wounds that were five days old and ready to be closed after I had someone approve them for closure because I had just never seen anything like this before. I had no experience with delayed primary closure. In the civilian life when someone came to the emergency room with a laceration, you know, you sort of assess the laceration and determine the depth of the laceration and the involvement of the structures within the depth of the laceration because I was at the bottom of the totem pole so to speak in terms of training and experience. If they were reasonably superficial and just needed one or two layers, I would then close them and that would be the end of it; had their shot, and good-bye. Go back in five to seven days and see your family doctor for suture removal. Here there were guys that had…it was rarely
one and it was many times multiples that would often times far exceed ten different
wounds from shrapnel and the velocity of shrapnel wounds we had learned that it was all
reinforced with the seeing of it are of general low velocity compared to being hit with a
round and therefore you would of course see multiple wounds that were many times
superficial. There was plenty of work to do on these guys. If a given casualty had
wounds that involved multiple parts of his body, which was not at all uncommon, such
that he needed either if he had multiple superficial wounds but just all over the place he
would be expectantly treated for a little while, while the more serious wounds that
required an abdominal operation or chest operation or some combination thereof or a
very serious extremity operation, whether that or otherwise, that would be a high priority
but these guys that just had multiple shrapnel wounds, I don’t think you adjust to it in a
simple sense but each of which was needed to be dealt with but could be dealt with in a
timely fashion. They many times would be taken to the operating room, given an
anesthetic, and two or three of us would work on different sides of the table just to
rapidly get these guys cleaned up and squared away. So, my first ten days were spent
doing that and then assisting the general surgeons at operations in which there was reason
to resect the segments of [bowel]…every abdominal wound had to be explored with the
assumption, with the correct assumption, that every abdominal wound that was certainly
by gunshot was going to [?] and therefore you had to explore those patients and we did. I
could tell you that these general surgeons, they came to the table with varying degrees of
experience in so much that I think that…let me just digress for a moment. General
surgeons need four years of residency training to be a fully board eligible general
surgeon. If the average age at the time of graduation from medical school was 26,
assuming that one went directly from college, four years of college, four years of medical
school, that would be 25-26 years old and then a year of internship and four years of
residency was five more years added to that so they would be 31 years old. The draft
age…the age at which doctors were not drafted was 35 so you had guys who had two,
three, or four years or were just out of residency training, those levels of experience, and
these guys were just terrific. I mean, I’m telling you that. Of course recognizing that I
had come to the hospital unit in December of the year and most people arrive right after
their experience at Field Medical Service School and because almost all residency
training programs end on 30 June, that they were available to the military if they had
what was called [vary plan] which was a plan in which you had agreed to enter the
service voluntarily and the plan provided that you would be allowed to complete your
specialty training. That was a large number of that. So, my point being that I was seeing
them when they’d had three and four months experience beyond their training at the very
least, to say nothing of the guys who’d had a private practice experience after their
training which had been interrupted for their military service. So these guys were terrific.
They would operate, each one with his own personality, but with the skills that were just
great skills, and they would let us do stuff. They were not at the point where they wanted
to do everything themselves and they would teach us various parts of the procedure so I
viewed this as a wonderful opportunity to increase my surgical skills and provide service
at the same time. It’s been said that the only one that benefits from war is the surgeon,
and maybe that is not far from the mark. At the end of the day, I mean, my experiences
in just a brief period of time staying with the hospital which was a good method by the
way because it gave you some notion as to what could be achieved at the hospital and
also increased your competence and certainly your confidence in being able to administer
the troops when you were working independently in the field, not that you would
undertake perhaps a major undertaking because of being for one reason ill equipped and
not trained, but you could do things that you had questions about with far more
confidence. Anyway, that was how those days were spent. One of the ways and one of
the things that I remember graphically was a couple of Vietnamese - and I think both
civilian and military but civilian is what comes to my mind - who had been shot in the
abdomen but days before, coming in infected and distended and on probably three of
those operations I scrubbed and aside from seeing this putrid matter within the abdominal
cavity I saw something I will never forget nor had seen before or since which was worms
in the abdominal, worms moving about freely in the abdominal cavity because apparently
the victim, the casualty, had had some worms ingested with some bad water or food, the
worms had resided in the intestinal tract and therefore with an intact intestinal tract had
just set up housekeeping there and now with the interruption of the integrity of the
bowels by virtue of the missile wound where I mean these things that looked like
centipedes; can you just imagine that? That is mind blowing, right? I had never seen this
before. Apparently the guy that I was scrubbed with initially had seen this – no one had
seen a lot of this before – and what do you do? Do you start pulling on these things? I
just started pulling on them and you know you’d be afraid of leaving a piece, and I just
didn’t know what the hell to do with that. In civilian life or in treating a medical person
who you suspect as having worms, if you establish diagnosis and gave a treatment which
I think the treatments were called [anthelminthics] which is an old word where you take
this stuff by mouth and it kills them in the intestinal tract and repels them through, and
you could not do that to a recently reconnected portion of intestinal tract because you
need to keep that quiet until it heals. So, it was a shocking thing. I saw maggots, not in
fresh wounds but wounds that had come in and I will tell you that it was not amongst
Americans because we evacuated our casualties so rapidly that that sort of thing, if it
occurred, would have to be from exceptional circumstances. I certainly didn’t see
anything like that, but yes, I did some civilian, both with maggots and with worms.

SM: Now with the maggots, was that…do you know if that was at all intentional
on the part of the Vietnamese in terms of like today, maggot therapy, using sterilized
larvae to cleanse the wounds?

EF: I don’t think so.

SM: Okay, it was just flies that landed and laid their eggs and that was it?

EF: Right. I remember uncovering a flap that had been a [tangential] flap on this
edge of a woman, a casualties calf, so [tangential] to the extent that it was not the
direction of the rest of the wound was not perpendicular to the extremity, do you know
what I mean, so coming in say at 30 degrees and it raises kind of a flap, you know, and
sort of uncovering it knowing that I was going to have to surgically remove the flap
portion because it would be devitalized, and see these white things, they’re kind of this
much smaller than pumpkin seeds but just this thing moving and I said, “Shit,” I said,
“God Almighty!” The first thing I did was call for help. I’d never seen shit like that.

SM: What was it?

EF: Maggots.

SM: Oh, these were maggots?

EF: You know, little white…

SM: That big?
EF: …white, well, I would say much smaller than what I described in terms of a pumpkin seed but kind of the size, maybe the size of little…maybe even smaller than ladybugs and curved with a bean-like curve to them and not one, you know, I can remember not a casualty that I was involved in, “Hey, check this out,” in a macabre kind of way and it was an NVA and this guy, I think it was like his buttocks, it was like the thing was moving, this wound. You know the wound was deep and a wide wound. It was a great lost of substance to the tissue and here was the thing you could put your…you know, you’d have to kind of close your hand, I’m doing this with my hand now but you could scoop it out with your fingertips you know as if you’re reaching into a jar. I’m telling you something. How would you ever encounter something like that, basically? I had civilian experience, you know?

SM: My goodness! Let me have you take a step back and ask a couple of quick clarifying questions real quick; as you were waiting to go to Vietnam, you mentioned a couple of times as you were waiting to get on the manifest you went out and were having a good time as a young man, and I was curious if you ever ran into any anti-war activists or activities, or when you went out were you always in civilian clothes or did you wear uniforms, that kind of stuff?

EF: Good question. Let’s break it down into our time at Treasure Island. You know, if I wasn’t on the manifest which I think was posted at 10:00 in the morning, then my day was free and I would go to San Francisco, by San Francisco Bay, and there was…and I went to Height Ashbury because I’d never seen it before and there was a lot of activity there. There were bearded guys and women wearing these prairie type dresses, you know, the kind of long dresses, and no make-up, that kind of thing, people carrying plaquerts and signs. I don't remember a specific demonstration as much as encountering these people. I went in – I didn’t have a lot of civilian clothing – but I went in civilian clothing most of the time and it was warm. It was December and it wasn’t cold so I think I had maybe a little leather jacket and just went and hung up. I went, and a couple of times I went in just military khakis and you know how you can't mix your outfits, you know what I’m saying, put on a civilian jacket with a military outfit, but I can remember being there in the rain on at least one day and I had a Navy raincoat on, you know, that real [tape ends] and if I sat down inside I was not covered so I wasn’t clearly
identified as military but I was sitting in a kind of a bistro type of place with an open
front having a cup of coffee and some guys came by and they must be joking, that kind of
thing, “What, are you fucking crazy? What, are you some kind of soldier? What kind of
asshole are you?” and I just…I knew if I had gotten into it they outnumbered me and I
just sort of let it…because they were in transit, they were not in the restaurant. It was an
outdoor place with a canopy and so I just sort of let it pass. There was some of that.
There was none that I saw on Okinawa.

SM: And about…I’m sorry, go ahead.
EF: Okinawa we were always in uniform.
SM: And how about briefings when you arrived in country? What kind
of…whether they be briefings telling you about Vietnamese geography, culture, society,
the people, or briefings on the missions of the units that you were involved in, things like
that?
EF: Had no briefings of any kind. I had…well, let me take it back. I had one
briefing in preparation for the only Med CAP that I’d ever gone on. You’re familiar with
them, Medical Civilian Aid Programs in which we took a couple of six by’s probably a
jeep ambulance and maybe another shotgun type vehicle and we drove maybe a half…so
in preparation for this there was a Marine 1st lieutenant and his contingent, probably a
squad of Marines that came to provide security and the rest was corpsmen personnel of
maybe there were a half dozen, and myself. What we were going to do is go down to this
little vill within I’d say a half hour, twenty minutes ride from Phu Bai and do like a sick
call and we carried with us things that you would have at a sick call; bandages and
dressings and we actually had vitamins, we had aspirin, we had some antibiotics, we had
pills of this sort and that sort. It was going to be like a little clinic thing and what we did
when we got there is we offloaded the vehicles and set up almost a stand in a shady area
and the villagers came and I looked at rashes. I remember looking at rashes and not
knowing what the hell they were and I had a 1st class corpsman that I had just given some
of this kind of ointment, I don’t remember what it was. It might have been some steroid
ointment, it might not. He said anything gives them happy; give them aspirin, give them
M&M’s, which we didn’t have, they were joking, and nothing in particular happened
there. However, I went one other time and we were taking some Vietnamese gunboats
across to the island and that was more interesting. We took the vehicles, we offloaded
the vehicles, the security force remained with the vehicles, we got on these gunboats that
had radio equipment, the .30 caliber air cooled machine guns, kind of the World War II-
Korean vintage, forward aft, and then these boats were loaded across this I guess you’d
have to call it a bay or an inlet maybe a half hour’s trip and then we offloaded that which
we would carry. We had a chest of gear, you know those…they’re steel chests and we’d
open them up and they’re almost like a toolbox but not quite of a heavier configuration
and very, very well designed. They could be carried and they were almost vacuum sealed
– not vacuum but very well designed – and we held sick call on this place and I was
conscious of…what I was conscious of following, that there were lots of women and old
men and children but there was a sparcity of young men. I commented that to the Marine
2nd lieutenant that was with me. I said, “From what I read and what I’ve been told this
has got to be a fucking VC vill,” I said, “What the shit are we doing here? This is just
bullshit,” I said, “You know I want this gear packed up and we’re out of here. Where are
the young men, right?” It just didn’t make any sense to me, so we didn’t get there until
afternoon and by the time we got our stuff together, which was not long, and we ordered
the vessel that we were on, the vessel became…the tide had shifted and the vessel
became…what would be the term, sand bogged, where the hull of the ship was rubbing
up against the bottom of the sea and they were afraid that if they started up the engine the
propeller would be destroyed because there were some rocks as well. So, we had to get
into the water and start pushing this thing, and I thought, “Oh shit!” you know. At the
time I was still wearing under shorts, you know, so I get into the water with just our
under shorts on and there’s about four or five of us in the water pushing this damn thing
and it was getting later now you could see just by where the sun was. My recollection is
very clear of this because I have some photos of it and we began…and we had a big Chu
Hoi sign on the vessel and we took a few mortars that surprisingly were not even close to
us. They were landing 50 to 100 yards away and in water you are very vulnerable
because it is very easy to [bracket] but we had no fire. That was my last Med CAP. I
said to myself, “I’m not going to do this shit again. That’s just bullshit.” First of all, it
was never said to me that I was right or wrong in my assessment but in retrospect at the
moment I sensed it, it had all the things that I’d heard you look for in terms of the
absence of young men, particularly daytime which I thought was brazen. I thought these
people were supposed to be at night; what did I know? But, I said at the time to get out
of here and this 2nd lieutenant, he was a little reluctant and then it became that that’s what
we’re doing, here’s how it works, and so we left. I came back and I came back much
sooner and I don’t remember the time of day but sooner than anticipated and we checked
the stuff back in because…and I made my report which was an oral report and it may
have been something written up by a first class that was with me and I went to the
commander and I said, “That’s a real…” you know, I was feeling a little bit more
confident about who I was then, you know, I was probably there for a week or ten days
but you have the lay of the land and I commented to him and he…I don't remember his
reaction. It was not any reaction in particular. It was not anger, but it wasn’t approval
either, and I’m accustomed to – even to this day – of anticipating response that gives me
guidance and I remember not having one from this guy; very interesting that it was not a
yeah or a nay, it was not a bad job or a good job, it was just a, “I hear you,” and I knew I
was finished talking, you know. I had one experience…I don't know if I touched upon
this when you were over at the house, and I know when it was because if I arrived on
December late at night and I left country…I left Phu Bai for Khe Sanh on 3 January, and
I know it was before the first of the year, and let me tell you that, that’s a significant
experience, I had in the first couple of three days signed out my first KIA and it was a
young man and he was shot in the head, left temple, and he had a small, scraggly,
unshaven appearance for a couple of days maybe, acne, and I can remember his face and
his facial features as we speak and I reacted to that, I didn't get sick or anything, some
nausea, but it got me so angry that what I had thought to myself then I think or whether I
thought it subsequently and it’s been reinforced and now attributed to what I thought then
although I don’t think that’s the case, this guy belongs in a drive-in theater, having fun
with girls and getting pop…and here he is dead, and it so angered me. The process of
signing out a casualty, like all the things, this is the dreadful part of humanity. It becomes
almost an everyday event after a while, but that was my first, so if the other people were
more relaxed and casual about it, the Marines at graves registration or other personnel
might have been present, they were physically unaffected and I was perhaps not
physically effected but I was emotionally effected by it, so much so that it stayed in my
mind of course over the years but intensely in my mind then, and I decided that I wanted
to go out in the field with the Marines and to make that the first thing that I did, and guys
had told me, “You better hope that you don’t get in the field now because everything is
all mud,” because it was still monsoon season, and “Hope against hope that you don’t go
out now because while there might be fewer operations, you’ll still be walking around in
shit and you’ll be living in shit,” you know, the guys would describe it that way.
Everybody had seemingly made an assessment as to what was good and bad and all those
little things that you try and put into your assessments of your situation. It didn’t matter
to me. What mattered was these guys who were just a few years younger than me and I
felt a sense of – and I feel to this day – a sense of not parenting but like older brother to
them, and that I need to protect them and help them and what a task they have compared
to my task! My task is a simple one. I did not view myself as a combatant to the extent
that while I might be around it I wasn’t in it is how I viewed my whole tour at the
beginning of the tour, that my job was to these…I sympathize and empathize with these
guys that were really having to do something, and how could…and some of the doctors
would complain about they being there and there was some political discussions about
this whole thing as bullshit, and then there were other guys who said, “My life is screwed
up and interdicted by this experience. Here I am, we just bought a house, we just went to
practice, my wife was pregnant,” but these guys were a little older, so in the lifecycle of
things they were a little bit further along in the process. They’d already established
themselves. I would understand that but it did not move me. It bothered me when I
thought that they were using those, and I don’t want to speak in global terms but it was
more than a few that felt as if their lives had been disturbed, their personal lives had been
disturbed. In any event, having seen this casualty that was dead, shortly thereafter we
had a triage and there was a lone casualty that was shot, that had some kind of a wound to
his head and needed a neurosurgeon, and what I’ve learned is that neurosurgeons were
available on the hospital ships of which there were two at the time; the repo and the
sanctuary. But, the Marines would always – and the Naval personnel, the hospital
personnel – would always say they were never where you wanted them to be when you
need them. You couldn't find the ships; they were either too far out or the weather was
such and there was some content for the people serving aboard the ship. The other place
where there would be a neurosurgeon was down in Danang at a unit called the Naval NSA, Naval Support Activity. No neurosurgeon was at our place. So, they had given this guy some injectible steroids and I asked what was to become of him and I know this was after the [?] and they said, “As soon as we can get a fixed wing or a chopper he would be overflown,” either in the case of chopper they’d find the ship, but the weather was such that we could not get evacuation and I didn’t really understand the bitching and moaning about it. I said, “This guy is going to die.” I wasn’t roaming around irrationally but I was certainly expressing my discontent and I wound up going outside for a cigarette and I saw these aircraft on the runway which was right across the little muddy…maybe 75 meters of space between the building that housed the so called terminal which was Hue-Phu Bai Airport, and our facility. They strategically located the hospital-triage area right by the airport, directly so. Here are these aircraft I can see in the near distance and I said, “Well, who’s planes are those?” and they said, “Those are the Army planes.” And I said, “Well, where’s the Army?” wondering where the Army went. They indicated next door, like right across the compound from where we were through this fence, the wire fence, and here was this compound with hardback tents and poured concrete walkways, and I said, “Well let’s get ourselves some Army guys,” and they looked at me like I was nuts, so I went over to the…and I found these guys in the O Club there and I went in and I said, “Who flies the airplanes?” not with hostility, and these guys were in their flight suits, they’re another group, you know, they’re pilots and there’s a certain…I sensed a certain bravado I think. Some of them had ascots and they were cool. They were wearing shoulder holsters. No one carried a gun at Phu Bai. So, these guys had shoulder holsters, and they had…one guy had a cowboy holster, and he had a revolver, and military type revolver. These guys, I said, “Who flies the airplane,” and we got into a kind of a discussion. I said, “Look, we’ve got this guy. This guy’s going to die.” I said, “We can't get any aircraft,” I said, “Unless someone flies this guy to a place where he can get help, he’s dead. Who’s going to fly the airplane?” and a couple of guys just looked at each other and before I knew it there were two guys that said they would fly, but they would fly providing that two other things happen; one is that I came as well, “We’ll do it if you do it,” and I said yes so I went and got a corpsmen who volunteered to come with me and we rigged it with like a [pipper cardboard?] probably a FAC type aircraft, and
there were no rear seats, just the pilot and co-pilots seats, and we took this casualty on
over there and put him in the long aft of the aircraft and myself and this guy, and I have
his name someplace here, Frank something who was a corpsmen, got into this plane and
off we went and we flew at very low altitude. I was told we were flying at 60 feet and 70
feet and following the coastline down to Danang. We took no fire and we got this guy to
NSA Hospital. He was off loaded by their personnel, I never knew his name, but I could
not get back. They had decided they weren't going back and that was a good decision
because the weather was horrible. That's why we couldn't get the aircraft to begin with. I
stayed someplace, I don't remember where I stayed that night. I came back the next day
and the medical battalion XO was very, very disturbed and said I was missing and I
hadn't been authorized and went through that whole thing and I just listened to him and it
was done, and what was going to happen in my mind? Nothing was going to happen in
my mind except it was the right thing to do and I was very pleased that it happened.
About a day or two later the Army people came over and they said that the CO of the unit
was writing up a pilot flying for us and would I write up a co-pilot who was flying for us
and I said, “Yes, I did,” and I said, “You need to write something up for my corpsmen to
get an air medal.” I did not know the declaration at the time, the Army declaration, the
aerial declaration. I said, “But you need to do something,” and they said, “Yeah, we’ll
give him an air medal,” and I said, “That’s what you should do,” and I wrote it up, and
his name was Platt by the way, Frank Platt.

SM: Wait, who's Frank Platt?

EF: He was a corpsman. The major, I know those names and I have them here,
the major’s name was Southerland and the captain’s name was Bolzaney, so I wrote a
recommendation for a citation. I never heard more about it because two days later – and
that was probably around the 28th or 29th of January – I was sent up to Khe Sanh and
some of the other guys came up to me when that happened and they said, “The CO was
pissed off at you and was getting rid of you,” and that, “You were…” I had not been
disrespectful. Twice I didn’t…and I didn’t disobey an order not to go, but I didn’t
disobey an order, I just went. There was no order to go or not go and they were said to be
unhappy with me about how I handled that Med CAP on that island and that was the right
thing to do period. I did not offer any apology when it was mentioned to me, and how
that didn’t come to me I don’t really know. But, what I came to find out quite sometime later that this CO – I’ll tell you about him – but he ousted people if they defied him and I don’t know if that was at all obvious with myself but what was clear to me was that I was going to be oriented during the first couple weeks and then I would begin my so-called rotation. So, to me it didn’t seem at all unusual to be going up to Khe Sanh. What had been explained to me was that I was going up to Khe Sanh just to relive a guy that was on leave because he had extended and that’s the way it was. So, I don’t know what he had in mind for me but everything was changed when I got up there because of what happened and the situation.

SM: Have you heard if Frank Platt did get his medal?

EF: I never heard anything about any individual. That came shortly thereafter at Khe Sanh.

SM: How much other interaction with Vietnamese people did you have? You mentioned the Med CAP and some of the patients that came in. Were there people who worked on the base like as momasons or popasons, stuff like that?

EF: Yes, I had a brief…in so much that I was only there from 17 December through January 3rd or until January 3rd. We had a house mouse, what we called a house mouse, a momason, that would…you could get your boots cleaned by them. They would leave them outside on the steps of the hooch and they would basically do the housekeeping. I used to make my own bed, and I don’t remember much about it. It was a few piasters that we would pay, but essentially there was one woman, her name was – I remember it only in retrospect – Co Su who was…she was a pretty Vietnamese woman who was kind of a maid and she had a relative of hers that was the barber. Now I don’t remember him at the time, but I remember being told when I came down from Khe Sanh for a day or two that his hands had been cut off by the NVA because he was the barber. He lived in Hue and they cut his hands off of him. I don’t remember any other Vietnamese at all.

SM: You mentioned that your short time at Phu Bai at the hospital did afford you some experiences in training in surgical techniques and surgery and whatnot. Was that something that you just continued to build upon while you were in Vietnam, especially
leading up to the battle of Hue, because you...my understanding is you engaged in a
rather significant amount of surgery there?

EF: Well, at Khe Sanh, not Hue.

SM: I’m sorry, Khe Sanh. I said the battle of Hue.

EF: I wouldn’t say that I built upon that in so much as the Khe Sanh experience,
separate the part from the shell experience, was...our mission was to prepare the
casualties for evacuation so that they could safely make the flight in a stabilized
condition. So, if they had a chest wound, we put the chest tubes in every chest wound but
minimally they had air in their chest. They had a [hemithorax], but most often it was a
[hemohemothorax] because there was [vascular] involved and something had been hit.
We did tracheotomies, we did them on people with head and neck wounds that if we
thought the bleeding might compress the trachea and it was a neck wound they had a
tracheotomy. If they were sometimes unconscious and if we could not for whatever
reason or did not do the tracheotomy, we had sent people out intubated with an
endotracheal tube in their trachea and a corpsman on a bamboo bag which was a means
by which you could breathe for them. We did extremity wounds but we didn’t do any
definitive surgery is what I’m getting to, and there is only one exception to that or two.
Let me just say that the surgery that I did on this guy with the shell was not definitive
because what I had missed was his liver laceration which probably was because his blood
pressure was low and therefore he wasn’t actually bleeding from it whereas when his
blood pressure was restored to a higher level and he was evacuated – I believe he was
evacuated to Dong Ha, but it could have been Phu Bai – he became shocky and they took
him and did a definitive operation on him. But, I would say that my experience I felt a
great deal of experience and a feeling of great confidence in dealing with treating shock
and vascular injuries which was getting IV’s which sounds like a simple task but on
someone in shock the vessels collapse. Getting fluids, blood, started on people, getting
your chest tube in, stopping the bleeding that was accessible, that was done over and over
and over again, many, many times.

SM: Now in terms of your time at Phu Bai and then compared to your time at
Khe Sanh...well, I guess you probably never used general anesthesia at Khe Sanh?

EF: One time.
SM: One time? Okay.

EF: We had…the commander of the medical battalion was by training an anesthesiologist and what was clear is that we had to maintain a surgical capability despite the fact that it was clear to us that we were not to operate on someone definitively unless the situation provided no means of evacuation. We were not to do that. So, what happened was one fellow who was the last to join us was a guy that had a year of residency training in surgery beyond his internship. He was given a 14 day, a two-week introduction to anesthesia experience and we had a field anesthesia unit up at Khe Sanh. This fellow as a phenomenal anesthesiologist with the experience, his name is Joe Wolf, and Joe just did what we did all the time but the one time that we could not get someone out and frankly we waited for an opportunity to see if we could function, and I use the term a pre-test for lack of a better term, but we had a casualty and he was a south Vietnamese, he was an ARVN, and he had an abdominal wound and we couldn't get him out and we decided that we might as well find out right now if this was a feasible solution to this immediate problem. So he, Joe, became the anesthesiologist and two general surgeons, each of whom had more training than myself, were the first and second assists and I was sort of the person that stayed unsterile should something else happen during that surgery and we – I say we collectively – but they explored him, they did a successful operation on him, they did all that could be done for him albeit we didn’t have surgical gowns, we just did it with gloves, just sterile gloves and a surgical set – we had a full surgical set – and they definitively operated on this guy and then we evacuated him at the next opportunity.

SM: And when you did use anesthesia at Phu Bai and then there that one time in Khe Sanh, what was it that you used? Was it gas, injectible?

EF: Oh yes, it was gas, yeah.

SM: There was never any problem with having that on hand when you did need it at Phu Bai?

EF: No.

SM: How about antibiotics?
EF: We never at Khe Sanh during that experience gave them because I don’t think we had them. I think we could have had them but the men who were evacuated were evacuated in general so rapidly that they would wait for their treatment in the rear.

SM: And you…so when you were at Khe Sanh and someone came in and they just had a superficial wound, you wouldn’t have antibiotics on hand to give them just to make sure that that wound wouldn’t become infected? Was that something the corpsmen carried?

EF: I think the corpsmen…yes, we had antibiotics for…I never thought of them in terms of usefulness in the wounds as much as for other things that you would treat, other kinds of infections, so we had all antibiotics. I don't remember prescribing or dispensing any oral antibiotics for any superficial wound. I think that the superficial wounds are very vascular and they were fresh and therefore if we chose to treat someone with just a little debravement and send him back to his unit, his unit corpsman would look after them and if they became infected I’m sure there were several, although none comes to my mind, but I’m confident that there must be some. If they were not healing properly we’d send them up. The corpsmen would stitch these things. We’d say, “Look, if it’s clean stitch it in five days.”

SM: How about just a general question about equipment availability, medical equipment availability. Did you ever have any shortages of anything?

EF: No. We had everything that we needed. I’d say that we never suffered for lack of equipment and I would say that we never suffered for a lack of blood. Blood was a key to the successful resuscitation. Well, one could give fluids and one does give fluids to restore volume in acute blood loss. There’s a point in time, volume not withstanding, you must give blood for blood, and we had never…we had units and units of blood. Each guy on his dog tag would have his blood type. That’s what I remember. We would…if these guys were shocky and needed blood, we gave volumes of blood. I can remember waiting for evacuation and giving 10 or 12 units of blood to guys.

SM: Was there…I can’t recall the specific amount of time, but the golden amount of time that you had to work with somebody who was seriously injured, from stabilizing them to getting them to an appropriate facility where they could undergo whatever surgery they needed, was there a certain amount of time you tried to work within?
EF: Well, I think we wanted to get people out in an hour or two, a couple of hours. I’m going to call my friend Jim Finnigan because that’s a very important question, and the reason it’s a great question and I should have a better answer…

SM: Well the golden hour sticks in my mind for some reason.

EF: Yes, there is certainly that. Obviously the intent is to get them rapidly there and then the compromise is the availability of personnel and aircraft to do that. But, the one thing I would like to stress is the following: That our efforts notwithstanding, our collectively, the corpsmen, the Marines involved in the evacuation process, nothing…nothing…the major difference in the outcomes in World War II and in large measure in Korea, and this is based upon my readings in Vietnam, have to do with the speed of evacuation which translates to the helicopter. These chopper pilots, I mean, they just…they’re almost…they were courageous. Those crews, the chopper pilots and their crews, these guys…we would call them mortar magnets. We’re at Charlie Med unit in Khe Sanh, a [?] company that I was a part of at Khe Sanh, was located in the central part of the base and you probably have a photo or aerial photo of the base at some point, and I have one somewhere in one of my books, and if you look to the runway and orient the map such that the runway is east to west, which is how it was, maybe a little bit north but east to west, Khe Sanh is located to the south of the runway and I would say there’s a little road that travels along the course of the runway, we’re located in the center of the runway and someone characterized us as being – certainly centrally located – John Wheeler used the term the V ring because of how close we were to the center of the target. The enemy, knowing that there would be concentrations of troops, associated on A - bringing casualties to Khe Sanh, and B - leaving Khe Sanh for evacuation, would fix their guns and have their mortars registered on the area for evacuation, on I guess Charlie Med and on the helicopter landing pad, and knowing that to be the case, it was another hazardous element. There were guys that were rewounded in the course of their evacuation, that’s how bad it was, and the pilots, of course they all knew this. We used to call the aircraft mortar magnets because you could depend upon some incoming when you had evacuations such that we had codes that we used and I’m sure that they had picked up our frequencies on our network that were changed periodically. I’m sort of going on and on a little bit here, but I just like to make that point.
SM: Now the time from which a man was wounded to when they got to Charlie Med, was there an average that you recall?

EF: It would be as soon as the barrage of that incoming was over. We could anticipate casualties within minutes. It was only a function of the proximity to the unit itself to where the casualties sustained injury.

SM: Right, and how frequently was the Charlie Med site mortared or rocketed while you were there?

EF: Daily...well, daily might be overstating it; almost all the time. I would say if the siege was said to be 77 days it was certainly some days that were far worse than others and my diary reflects that. I have a number of photos of tents for example, [pie] tents in our area that were hit by mortars. I have a photo of Charlie Med’s sign - I’d love to have the sign - that has so many hits in it, the sign that’s probably two by two feet on plywood, background red, print in yellow, typical Marine writing, identifying the unit, that’s just filled with shrapnel holes. So, I would say often.

SM: The facility in which – the Charlie Med facility – in which you were helping to care for Marines, this was something that must have been a bunker type situation, was it not?

EF: It was toward the end of the siege. I’ll go through my diary tonight and tell you about that in terms of getting specific, but one of the areas in which we had a good deal of anger and one of the areas of controversy about Khe Sanh was the lack of preparedness of the facility for what became the siege, such that the medical area were tents, they were sandbagged tents, and not very well sandbagged initially; maybe sandbagged a couple of three feet high, tent after tent, and there was no bunker, there was zero bunker, and during a goodly portion of the battle we did not have a bunker to work in and only with...I wouldn’t say only, but as a consequence of the effort of the medical battalion commander and our own pleas for a place did the engineers build for us – and it was a command decision, I’m sure – a very substantial bunker from which we worked.

But, I would say weeks went by without that. In fact, when the lumber which was demarcated for our use was offloaded by the aircraft on the side of the runway, we had a problem with some of the lumber being pilfered and we posted guards and the guards
were ordered by the medical battalion commander to shoot at people. That never
happened, but that’s how serious a problem it was.

SM: From the time you arrived at Khe Sanh to the time...how much time was
there between the time you arrived and the time all the serious stuff started to happen?

EF: Well, the hills themselves had taken some fire in the few days prior to the
21st of January so I would think that the hills had been scenes of fighting in the spring of
the year and then there as a period of clessence, but there was known enemy activity that
was going on in and around the area of the hills. I arrived January 3rd. I
haven’t...perhaps I should do this...I went out with the 126th on a five day operation over
toward the Laotian border around the 12th or so – I’m looking for that date – during
which time we had no contact. In retrospect, of course, the enemy was there. I can tell
you when that was. I went around January 6th, six, seven, eight, nine, ten, maybe
seven...January 7th we went for...we walked...we had two places in which we
bivouacked. We were supposed to be flown in by chopper and as the morning
approached it was clear that the choppers were unavailable so we walked in column
Army in a calm of 1,000 men on this operation. I went on one patrol because I wanted to
go on a patrol just to say that I did it but also I was anxious to show that I would do what
these other Marine officers would do. I had no contact.

SM: Now the...what size was the unit that you were with, the Marine unit you
went with?

EF: When we went on this operation?

SM: Yes, sir.

EF: Battalion.

SM: It was a battalion?

EF: Yeah, it was a major sweep. In fact, I wouldn't call it a sweep. We walked
in a column as far as we could go. I think I had written down the hills that we did. I have
them right here. Do you want the numbers of them?

SM: Sure.

EF: We climbed 627, 689, 557, 758, and 768, and I know we went near the
Laotian border and on January 11th I went on a company minus patrol.

SM: What was that like?
EF: It was strenuous. I was not in the physical condition, having been sitting on
my behind for the past seven or eight years and not having done anything but play some
sports once a week maybe, and these guys were in peak physical condition, and it
was…we didn’t go far as the crow would fly, but I decided…I carried four IV bottles,
four liter bottles of IV fluid plus all the paraphernalia that goes with inserting it in
addition to unit 1, in addition to M-16 and the appropriate number of magazines, and
ammunition, .45, and we went…we tried to be stealth to the extent that there were no flak
jackets or helmets on this operation. In fact, the CO who the company commander with
Delta company of 126th, Lieutenant Ernest Spencer was the CO of this operation and he
was at my house two weekends ago.

SM: Wow!

EF: Yeah, he lives in Northern California; great guy.

SM: Now I wonder, at the time, and perhaps after the enemy contact started to
increase and the siege of Khe Sanh began, were there any…did you have any thoughts? I
mean, I’m sure you were obviously very preoccupied with the casualties and taking care
of the wounded and things like that, but here you went on a battalion sweep weeks before
the major hostilities break out, you went on a company minus patrol, and then weeks
before major operations came about; no contact, no enemy contact, no enemy sighting.
Did that issue ever come up in terms of evaluating how American forces were conducting
the war and how effectively and ineffectively some of our tactics were?

EF: Only on a number of times but I can remember speaking to the command and
the present at briefings, saying that despite the fact that we had no contact, they were
there, and I’m not even certain in retrospect what the purpose of the mission was. I think
it was certainly to…I mean, as a whole battalion moves to an area, but in a column
because it was jungle and then jungle clearing, it was hills and then…you know, just
various degrees of difficult terrain. The enemy could have attacked portions of the
column and the column would have been only somewhat effective in responding
depending upon the type of attack because of the length of the column, you know what
I’m saying, and the difficulty of the terrain, to concentrate forces. We had registered
artillery each night that we stayed, there were two different nights, but it was disturbing
what happened. Let’s see if I can give you a chronology. There were five NVA killed up
at Khe Sanh shortly before the siege and I want to say that was two or three nights before
and they had been in Marine uniforms and they were challenged, failed to respond
appropriately to the password challenge, and were dispatched, one of which got away.
They were found to be regimental commanders, at least two of them. One was thought to
be a Russian. I went and saw those bodies myself and photographed them, and this
fellow came over to me. He was wearing a uniform. He was wearing greens with no
insignia of rank or organization, and says, “Nice camera. Can I see that?” and he just
casually opened it and exposed my film, gave me back the camera, and said, “No more
pictures.” I knew afterwards he was a CIA guy. But comments were…we know that
they’re there because there had been lots of sightings by various of the assets, by a little
bit of patrol activity for sure but the patrols that had been run from the hills that we
occupy which I think were 861 and 881 and by the Air Force units that had sophisticated
sensing devices, so they knew that there were concentrations of troops. Now the fact that
the troops were in stealth was a disturbance and I don't know…I can't think accurately
whether that was discussed long after the fact. It was certainly discussed long after the
fact. I don't remember a lot of discussion, at least at my level, before I would go to the
battalion briefing and they would have enemy sightings on the map. There was a map on
the walls and the map was covered with a plastic material so that they could crayon in
various units, various markings of unit activity, enemy sighting of where things of
importance would be and there were comments that we know that they’re there. It was
never a critical comment or a conjectured comment about us being fooled. In retrospect,
certainly 1,000 men moving to an area that’s filled with enemy such that the number of
enemy forces in close proximity to the base was large, very large. Shortly thereafter, it
makes on think that they were there at the time and I think in answer to the question, how
could we not find them? It adds so much frustration, but speaks to their ability to operate
in their theater effectively and speaks to our ability to uncover them and engage them as
being well respected.

SM: Now when you would go to these briefings and note that on the wall, on the
maps, there were enemy concentrations around and they knew approximately where they
were, do you know if they either brought in FACs to bring in fire support…
EF: For sure that, for sure that. I remember FAC aircraft being shot down and landing at Khe Sanh. I helped get one guy out of his aircraft. It was certainly that, and the other thing was that on the map was also where fire missions had been coordinated.

SM: And on the base itself, were there any Vietnamese, South Vietnamese civilians or military personnel at Khe Sanh with you?

EF: Yes. There was a unit I would say to the southeast. In our immediate perimeter was another sector that was manned by the 37th ARVN Rangers. I don’t recall anything like house mouse. It’s a combat base and they were…I have no recollection of ever seeing a civilian there with the exception of the civilians that were evacuated. Oh, that’s something I remember. When Khe Sanh Vill was evacuated there were large numbers of civilians that came almost in a parade like fashion to the lines and they had to be dispersed. I don’t remember exactly what was done, but I’d have to look back into my diary, but there was no one that was ever free roaming on the base.

SM: To get back to the [probe] that you received several days before the major siege occurred where you had a number of obviously enemy trying to impersonate Marines to penetrate the lines, you said you saw these three?

EF: Five.

SM: Five?

EF: Five.

SM: Five people?

EF: Dead.

SM: The one looked like a Soviet to you?

EF: He was European.

SM: He was European?

EF: Yes.

SM: Round eyes, fair hair, fair skin?

EF: Well, I think his height and his skin, I don’t remember.

SM: Was that talked about much amongst you and other…

EF: Not to me. I sort of felt as if I was almost a spectator. I heard that you know how the whole thing gets spread around the base, “Hey, they’ve got five dead NVA up there,” so I said, “Where?” and it was in pretty close proximity to where I was so I just
went to see and I always had in my pocket, I almost always had this little Petrie 7X
camera so I just went to see it. It was like a spectacle to be seen. I think I got there and
probably there were a dozen people around and they were just lying on their backs dead
and what had happened was the…and the buttons on their shirts had been laid open and
we were just looking at that and there was another guy looking in their mouths, and I
think at their teeth. They were trying to identify…I think what they wanted to do was to
look for any dental work and someone would have an expertise to where that work was
performed, the quality of it or the style of it, something, or both.

SM: And the person who confronted you and asked to see your camera without
insignia or anything like that, was that a common occurrence to run into people that…

EF: Well, I saw those people throughout the course of my tour, not frequently,
but occasionally. They just looked like…they were always young men, able young men
would be an apt description, short hair, able bodied, articulate, it looked like a
Midwestern…having lived in the Midwest for four or five years, you know, they just
looked like all American guys because…and you kind of knew who they were because
who else would not have an Army insignia, rank, or designation of unit that would be
driving around? I remember a black jeep, but I don’t…most of the time I didn’t see them
with their vehicles. I just saw them…and they also carried weapons. They carried…this
guy had…I know my pistols because I was collecting guns, so this guy had a Browning
semi-automatic pistol and a shoulder holster and at another point in time I thought I had
the people all mashed together, this guy had a Swedish K sub-machine gun on the seat
next to him. I mean, you just knew who they were.

SM: Did you ever receive any casualties that fit either that description or a
similar description that is non-descript military appearance, probably civilians in military
garb that needed assistance in evacuation?

EF: I don’t remember that. One of the things at Khe Sanh, one of the principles
of casualty sorting because of the nature of the wounds at Khe Sanh being by far and
away many more shrapnel wounds than bullet wounds, and because the wounds would
therefore be multiple, is that we stripped. The instructions for corpsmen is as soon as
they arrived, particularly a litter type casualty or someone who needs to be a litter type
casualty, is we had wet razor blades and we cut the shoulders of their flak jackets if you
couldn't move their extremities without the fear of increasing the injury. So, the
shoulders were cut or they were simply taken out of their flak jacket and their clothes
were immediately removed. These guys were about naked except for the boots and if the
boot was attached then it was a reasonable assumption that they had been shot in the foot
or something, and they would be on the litters naked. So, what makes me think of that is
when you asked me about the uniforms. I would see them because this is the first thing
you do, you know. It’s, “Here are the numbers.” You remove their clothes and we
would be turning guys over and looking under their arms and spreading their cheeks so
that we didn’t miss a wound.

SM: And they would also have their dog tags, too?
EF: They would have their dog tags around their neck, right?
SM: Right, okay. Is there anything else that you wanted to talk about before we
actually get into the discussion of the siege and your activities at that moment?
EF: Along those lines I’ll just tell you a parenthetically comment. There was a
friend of mine who on March 8th, his name was Cliff Wellington, was hit. He was with a
journalist at the time and it was a female journalist and her name is Iratsi Kasikas.
SM: Oh yes.
EF: You know who she is?
SM: I’ve heard of her, read some of her stuff.
EF: Okay. Now Iratsi was interviewing or talking to this man, and it’s really
interesting how this comes about, his name is William Gay and you can imagine what a
time he had in grade school, right? But Bill Gay was the 2nd Lieutenant who was the…I
don’t know that he was CO, he was certainly platoon commander of the staff sergeant
that helped me remove that explosive device. That’s how I got to know him. Plus, his
bunker was located quite close to where my operating bunker was at 126th battalion aid
station. Now interestingly it is Bill Gay who had encountered when he left the Marine
Corps and joined the Army this colonel in Florida that wrote me the letter that you looked
at when you were at the house. Isn't that a small world? Now Bill and I have since
reunited and about, oh, I guess eight or nine…right after the Gulf War I get a letter from
Iratsi Kasikas and she had run into a fellow that I had known from Khe Sanh whose name
is John Kahiti who was combatant in the Gulf War as well, stayed in the Marine Corps
reserve and was activated. She told me of her experiences. They’ll haunt you. I have her letter against my things. It came on very nice bonded stationary with just an address, return address, but not a name. Patty gave it to me kind of standing to see who the letter was from, you know, and I opened it and here’s this very nice letter kind of bringing me up to date with what she’d done. She’d done some stuff with that TV show China Beach and a couple of things and I called her, you know, because…oh, and she told me she had written a book. The book is titled Susan B. Anthony Slept Here and she had co-authored the book. I don’t remember the name of her co-author, and that she was coming to California and was going to go on the talk show circuit to I guess promote the book, and she’s an interesting person to begin with; very modest. Anyway, she said to me, “What has happened to you in the intervening years?” and I told her I’d had a couple of marriages, I have children, I’m in practice, went through that and I said, “What happened to you?” and she said she married a man that works for the government and said it in an understated day. He turned out to be the Assistant Secretary of the Treasury! He did work for the government. His name is Roger Altman, you know that name?

SM: Yes, sir.

EF: And I guess he lied to the senate during the Water…not Watergate, during the White Water investigation, so he left the cabinet. But, what a small world, right?

SM: Okay, and so…

EF: Oh, oh, I want to tell you about wounds. She had received…excuse me. She had been wounded in the incident with Bill Gay so in the classic triage fashion which the corpsmen were delighted to know, we did what we always do; we removed her clothing, and of course guess where the wounds were? She had a thing in her behind which I found necessary to help her with and to remove. She had…she’d just got a ding.

Anyway, she sent a picture up to us, revealing type picture - not totally, but a revealing picture - with her gratitude, and the comments that she had in her subsequent communications with me always were that she has a special place on her derrière to remember me with. [both laugh] I think that’s in the letter. She’s a very interesting person.

SM: Sounds like it!
EF: Anyway, that’s the aside as to how we dealt with casualties.
SM: Is that the only woman you ever had to treat in Vietnam?
EF: No, no, after Khe Sanh and at Quang Tri some of the guys knew that I wanted to be a gynecologist. They called me and said, “Hey, we’ve got a very interesting gynecology case,” and I delivered a baby in Khe Sanh also. I forgot to tell you that!
That was probably before the siege I think and so I’ll have to look in the diary to date it, of a failure of a woman to be able to deliver by some French midwives and they brought her in on a stretcher and we delivered the baby and then she left with the placenta the same way that she came in. That was just a little event. The guys in my unit, the Charlie Med guys said, “Hey, you want to be an obstetrician-gynecologist, here’s your chance.”
But, the other time was a woman who had been tortured, and they had – they the NVA or the VC around Quang Tri – had cut off her vulva. They cut off her external genitalia and had thrown her out of a vehicle at the…right along must have been Route 9, but on one side of the road was the air base at Quang Tri, the various MAG units, and the other side was the medical battalion and they brought her in in the early hours of the morning so the guys came to get me and said, “Hey, we got a nice gynecology case for you,” because I don’t mean to sound macabre, but that’s kind of how it was.
SM: Was it difficult to repair her?
EF: Well, it was beyond anything that I could do. They were just sort of making a joke out of it for me, not of her, but out of me. So, the general surgeon, I think that he did one side and I did the other side, I sort of watched what he was doing. We just had to suture the…basically the vagina to the…it was mutilated.
SM: My goodness; she recovered?
EF: I don’t know. I would guess that she recovered because it wasn’t…it was a disfigurement rather than something that was life threatening.
SM: Right. Oh wow. Okay, well this will end the second interview with Dr. Ed Feldman. Thank you, sir.
EF: You’re welcome.
SM: This is Steve Maxner conducting an interview with Dr. Feldman. It is the 4th of December, the year 2000. I am in Lubbock, Texas and Dr. Feldman is in California and the time is 8:30 Lubbock time. Alright, sir, why don’t we begin by discussing the
EF: I arrived in Khe Sanh on the 3rd of January of 1968 having been assigned as a battalion aid, battalion surgeon to the 1st Battalion, 26th Marines Battalion Aid Station to replace a doctor who had extended his tour and was therefore on 30 days leave. When I arrived I reported to the commanding officer. We developed a relationship. I inspected my battalion aid station, tried to determine what the tactical situation was by going to briefings. During the course of events that led up to battle I was told to be prepared for large volumes of casualties. My mission would be basically that as a battalion aid station surgeon to provide the second echelon of care for a wounded Marine. In the days that proceeded the battle we had a fair amount of H&I fire that was coming from the base and in support of the base and sporadic incoming, nothing of any consequence. The hills, on the contrary, the hills to the west of us, 881 and 861 north and south were receiving some enemy...there were a large number of enemy sightings and there were other signs of enemy presence in the area such that the battalion mounted a large sweep on around January 8th which took us through the 8th, 9th, 10th, 11th, maybe through the 12th of January during which time the entire battalion as a full unit went out to the west of the base approaching the Laotian border in search of enemy activity. During that time while there were signs, and I participated in one company minus patrol, we encountered...we had no contact. We encountered signs of the enemy, at one point we heard a .50 caliber machine gun firing, but we had no contact with the enemy. That brought us back to the base and I would guess mid January and we just continued to participate troop build up and increasing signs of enemy activity in close proximity to the base such that the attack on the base itself which began early in the morning of January 21st was not unanticipated. It was – and I see in some of my notes here – on January 16th there’s a note that we expect an attack within two or three days. We were on red alert on the days proceeding the actual attack so it came as no surprise.

SM: You mentioned that you had sat in on briefings. What were the nature of those briefings? What was the information you received?

EF: Well the briefings were designed to allow each unit commander - I wouldn’t say allow - but to provide each unit commander with the most up to date information as it
applied to his immediate vacinity and our immediate vacinity as a whole with regard to
troop movements, weather forecasts, the amount of air power available to us, the number
of missions that had been flown by forward air controllers, spotter aircraft, the number of
artillery missions, the placements of guns, the designation of targets of opportunity, the
sightings for harassment and condition fire and to develop a contingency plan, and dealt
the concept of relief forces and troop deployments should there be any of a variety of
types of attack on different areas of our perimeter, the stockpiling of supplies in
anticipation of attack – that would be both food stuff and a case of medical supplies of all
times – the development and increase of our defense posture, digging deeper and piling
higher basically, passwords, and then any sightings. Each unit leader, each company
commander, and each unit leader within the battalion would speak to that which had
occurred that was of import from his particular section.

SM: Now did you yourself provide a briefing, and medical briefing routinely?
EF: Yes, yes. I discussed a number of… it was made clear to me that I had to
provide for casualties and therefore what I did was develop the facility to the extent that I
could at the battalion aid station to be able to receive those casualties, have sufficient
numbers of IV solutions and the appropriate materials that would go with them; that is
needles and what we called cut down sets, things that were necessary to provide for
recussitative efforts should I receive a casualty, battle dressings, disinfectant, antiseptics.
We increased our defense posture outside of this medical holding bunker such that we
had gun positions placed and I developed a situation I would call it, once again for lack of
a better term, as to how we would react should there be a penetration in our proximity
with regard to dealing with the casualties that we had on board as well as receiving
casualties. That might involve some [?].

SM: And you mentioned that the initial attack on Khe Sanh on the 21st of January
did not come as a surprise. Although the attack itself wasn’t a surprise, how about the
nature of it, the size of it, the scope of it, and of course the duration?
EF: The size…the attack began at about five o’clock a.m. and it was a rocket,
artillery, and mortar attack coming from the west to the northwest of us. The volume of
incoming rounds was very, very high and yet very difficult to count accurately because
the ammunition dump, so the major depot for our ammunition storage was hit early in the
attack resulting in, what I was told subsequently, was probably an 85% diminution in our effectiveness with regard to munitions storage. There were many, many secondary explosions that occurred throughout the course of the day and the troops, amongst their other responsibilities, was to try to salvage the ammunition which was to a large measure all fused from the ammo dump in an effort to maintain some level of defensiveness. To my knowledge there was no activity at the perimeter beyond the incoming that came from the big guns in their rocket and mortar positions.

SM: And in terms of the continuation of the attack, why don’t you go ahead and describe I guess in general terms how things unfolded and eventually how the casualty rates increased, decreased, ebbed and flowed, or was this something that was constant?

EF: I understand. The incoming that occurred that morning I would describe it as very, very intense such that there were a number of days, really a number of days, in which there was a great deal of incoming; this was one of them. There were fires, there were…because the ammunition dump was hit and some of our gas, both tear gas as well as gas that provides for nausea, and I think it’s CSCN but which order I don’t recall, was released. So, we were wearing gas masks and we were trying to receive casualties. My battalion aid station was taking direct hits that morning and the tented area, which was the area where we would receive and evaluate the casualties [?] subsequent this position was destroyed. I’d moved an outdoor set up which was basically two or three litters on what I would call sawhorses to suspend the litters and we had some type of design or fabricated some poles that would serve as IV poles. I began to later that morning receive casualties that I dealt with in that fashion. Charlie Med which was the collecting/clearing company that had been functional to the extent that it was used as more of an evacuation depot than a casualty receiving area prior to the attack on the base was the next echelon up in terms of receiving more sophisticated care, not major operative intervention, but a greater ability to treat both shock and recussitation on casualties that were inflicted on the base. The morning, the first morning of the attack was the morning in which I became involved with the Marine that had been hit with the 82 round enemy mortar round that had not exploded and I think my notes indicate that I had seen and treated 60 additional casualties that morning. As to the incoming, it’s hard to describe it globally unless I were to confine it to specific periods, but what eventuated was the following: During the few
days that followed, we anticipated a fierce ground attack and we told in briefings to prepare for it as best as we could. We increased mortification battalion aid stations, we cleaned up the area that had been destroyed and attempted to not rebuild but redesign something that would serve suitably as a battalion aid station, the mission for which once again was at a lower level of care than was the collective company by virtue of both equipment and training of personnel, myself included. During the next I would say ten days, from January 21st through the first year there was heavy incoming. There was the anticipation of a large-scale ground assault which did not eventuate, but a great number of casualties were inflicted, a large number of casualties. Incoming was…it was never sustained as an all-day phenomenon in equal volume of incoming as much as it would be [?] that would come in in fairly large number followed by periods of silence.

SM: Why don’t you go ahead and describe the incident involving the 81-

millimeter mortar round?

EF: Okay, early on the morning of the first attack, that is 21 January, the Marines and I think corpsmen evacuated to me by litter a Marine that was struck with a large device that remained lodged in his abdomen. He came in with a battle dressing. As I had indicated earlier the battalion aid station had been destroyed so we received him outside and when I reflected the battle dressing what I could see was a pipe-like device, the caliber of which would be kind of like the butt of a hand-held flashlight coming up, protruding from his abdomen in the upper left portion. Not knowing what this was but knowing he was seriously wounded, not having put into function the evacuation route, I brought him…I had him to be brought into the bunker and sent for someone more knowledgeable than myself in so much that someone said that that looked like an explosive device. We were looking for an EOD and the best that we could come up with, which was just fine, was an engineer who – from the 3rd Engineers – that reported within 50 meters of my position. Sgt. Cane said, “That’s a fuse assembly and possibly,” because he couldn't see deep into the wound, “the warhead of an enemy round.” He couldn't determine enemy or friendly, and the concern of course was getting it out quickly and not touching anything with metal to metal, not knowing why it had been unexploded. With that in mind I evacuated the bunker. The other casualties that we had received and people who were staying over for various formalities like jungle rot and fevers and
diarrhea and placed this fellow in the corner, surrounded him with sandbags that we took from the wall of the bunker and asked for volunteers to help me, assist me, in removing this device. I gave him morphine. He was conscious. I had started an IV on him, and we made a little depository outside the bunker also using sandbags from the sidewall of the bunker to deposit this device should we be successful in taking it out. As far as the danger goes, I don’t know…I mean, I know that I was in some danger, as were the men that were helping me, such that I had given some personal effects to a lieutenant friend of mine and told him if anything should happen that wasn’t so good for me to please send them to my son, and kind of explained to him what had occurred. In any event, with a hospital corpsmen, his name was Pilletson, holding about four flashlights together kind of taped together to serve for illumination because we had no power, and with the aid of the staff sergeant telling me what I should and shouldn’t touch, we all kind of crowded in the corner of this bunker and I began to try to manipulate the skin and the tissue that was adhered to this device. It was clearly very hot on its way in and thus it scorched the skin and muscle that was deep through the skin, it was adhered to it. I had kept in my pocket some surgical instruments to determine that …and just a few, a big blood vessel clamp, a scalpel, I think perhaps some scissors and maybe a couple of smaller clamps. I was determined that if I were…let me just backtrack; I had seen a young lieutenant from one of the hills come in dead a day or two before having just one round shot through his thigh and having bled out from his femoral artery, and what I had determined was when all else failed, if I had no equipment whatsoever, I would always have that clamp to use on whomever, or myself for that matter. So, with that instrument and a few other things that I was able to salvage from the tents that were…they were still on fire or they were just being doused from the battalion aid station, we brought just some hand held equipment such as maybe some forceps, surgical forceps, certainly some scissors, some clamps, and just began to remove this device. I told this trooper who’s name is Robert Bussary that it was part of his gas mask, that we were getting it cleaned up, and that he would be going back to the world and just to lie still and he would be okay, and chatted about where he was from and that sort of thing, and in what seemed like just a very few minutes, it was not lengthy by any means, we were able to lift this device which was…it looked…it was cylindrical and then it had a wide portion attached
to which was the nose of this round, and the sergeant, Staff Sgt. [Stekowski], carried it outside to dispose of it. I then evacuated this person to the next echelon side. We had a little land craft called a…I’ll just have to think about it, kind of like a jeep but flat side underneath which was a mule, we had a mule, and we used the mule to just put him on a litter and drive him down to Charlie Med as soon as the situation allowed for it. He was subsequently evacuated to a fixed medical facility which I believe was Phu Bai, it could have been Dong Ha, at which he developed the signs of shock. I had missed the laceration of his liver and perhaps because his blood pressure was low and I saw him from his blood loss was not actively bleeding at the time, and the surgeons there who were trained surgeons took him in the operating room and subsequently repaired his liver laceration and he was subsequently evacuated out of country.

SM: Now, when you saw this, when you first saw this, what did you actually think were the prospects of his recovery?

EF: Well, I thought that if we could evacuate him…two stages, if we could remove whatever this thing was…I did not know what it was until…we had some suspicions in so much as early on when we removed the battle dressing someone commented it looked like some kind of a propelled device, and not having…I’ve never had occasion to break down a mortar round or any other kind of round other than a simple bullet, okay, I knew from my boyhood. So I didn’t know what it was but what occurred to me was if we got it out, and he had not bled…I didn’t have blood, I had IV fluid, and0 if we could get him through that part of the procedure, get him to where the real surgeons could treat him definitively, he would survive. He had abdominal wounds and the fact that he was conscious and could communicate to me, I don’t know if I was assessing other than in retrospect as we speak about it, I felt his chances were excellent.

SM: How far did in did this round go into his body?

EF: It penetrated…it took out…if one were to divide the abdomen into quadrants and this one would be the upper left quadrant, essentially that was gone. It was open. The dimension of this object was 82 millimeters so certainly larger than that in diameter and sufficiently deep where it had hit his spleen so it was deeply penetrative wound. It went through the abdominal wall and into the abdominal cavity.
SM: And it was so hot, the way you described it, it almost sounds like it cauterized some of…

EF: That’s what I think had occurred because the bleeding was probably in some measure diminished by both the cartery effect as well as by his low blood pressure.

SM: What had caused the low blood pressure, what blood loss he did have?

EF: Blood loss, yes sir. Probably the morphine that I had administered to him as well contributed to that.

SM: And he stayed conscious the whole procedure?

EF: Throughout the procedure.

SM: That’s just amazing.

EF: You know, I think back about it. It wasn’t…now this does not by any means discredit him, and I don’t want to…the operation was as crude a thing as I’ve ever done in so much as there wasn’t any incision to kind of go in. It was basically taking cloth and fabric that was inherent probably by the heat and then blood to this fuse assembly and whatever tissue was and then lifting it out. It wasn’t the complex surgical procedure. I think our base concern was not to do anything to rock the boat, but beyond that…so in terms of his reaction, I mean, whatever horror had occurred as a result of being hit by this was done, and while the pain continued, one could be sure that I wasn’t cutting him so to speak. You know what I’m saying? I wasn’t making any further incisions other than dissecting things away which is no small thing but in comparison the initial injury I think was a small thing.

SM: And he wasn’t burned significantly internally?

EF: Not that I could determine, and from what I understood he did not require bowel resections, but I never really asked a lot of questions about it because the information I had received came back only days and then weeks later.

SM: And how much did you have to do after you left, as you mentioned, the tissue and the clothing, once you detached it from the round and were able to remove that round, what then did you have to do?

EF: I couldn't sew anything, I didn’t have any real suture material, and the size of the defect in the wall of the abdomen was such that there would be no possibility of my beginning to even think about closing it, so all that I did was I took some abdominal
dressing, some large gauze dressings, and I took some IV solution of what kind God only
knows and soaked it and just left it as a packing in this defect.

SM: How long did it take for you to get him out of there again?

EF: I would think we waited probably until there as a lull in the incoming and
then got him down to Charlie Med where they looked at him briefly and at the very first
opportunity, because of the nature of his wound being a very significant wound, they got
him out by helicopter such that he was probably in a fixed medical facility within two
hours of his having been hit, considering probably about a 30 minute flight from Khe
Sanh to likely Dong Ha.

SM: And from the time he was hit to the time you saw him, do you know how
long that was?

EF: That was short because he was the first casualty that I saw and it was still
kind of dark out and the attack began at 05:30.

SM: That is just amazing. When did you see or hear from him again after your
last contact with him at the base?

EF: Well, his mother...he was evacuated from country to the Philippines. I never
told him the nature of his wounds. What happened the next day...

EF: No, I never told him. I was...one is I didn’t know and two, there was no gain
in getting him upset, and I was fearful if he had any notion, whether voluntary or
involuntarily, he might shift around and make it more complex for us. So he was, that
day, the very next day, I think the press came up to cover the battle and one of the
colonels, and I want to say it was Colonel [Lounge] who was the regimental commander,
had heard about what had occurred. But, it may have been the battalion commander who
sent the press people up to Charlie Med to talk with me but also to be [?] with me and -
I’m trying to find the diary page here, which they did - and they had inquired about it. In
the meantime, it was probably about four days, four or five days, from the time of his
injury to the time of his evacuation out of country. He would have been operated on
definitively at one of those two places, either at Dong Ha or Phu Bai, and then stabilized
such that his condition would be...he would be ready to make a trip by fixed wing
aircraft. He, as a consequence of the news media’s attention, was awaited by the media
in the Philippines at Hawk Airforce Base, and when he got off the plane he didn’t really
know why they were there but they referred to him as “The Human Bomb” and began to
interview him. His parents, I’m told, of course I knew this in retrospect, his mother
probably about a month or so later had written me a letter. She’d sent the letter to my
family. Having received the information in a round about fashion was very upsetting to
her because the media were the first persons to contact her. She went through various
government officials and I think a US senator from Pennsylvania was involved and
subsequently I’m told the Vice President’s office was involved and I’m told that the
commandant of the Marine Corps’s office was involved in an effort to gather information
as to his whereabouts and condition because she was told, rather than by military
tentral to his being wounded in action by the media and there was an effort at a high
level to try to find where he was and what had occurred to him and what his current
condition was. So, I did not hear from him for quite some time but I did get a letter from
his mother quite a month later expressing regret as to what happened and she unfolded
the events that I just described to you.

SM: So going back to when you first encountered this gentleman and were trying
to remove this round from his abdomen, and when you were talking to him, even though
you had given him morphine he was conscious, was he lucid?

EF: I think he was rather lucid, yes.

SM: But I also take it he was calm?

EF: He was calm. Morphine will do that. He was calm and I think we tried to be
calm to him and reinforce his calmness.

SM: And in terms of his survival, how important do you think that was?

EF: I don’t understand the question.

SM: I guess I’m under the impression from people that I’ve talked to when it
comes to major wounds, either to the abdomen or the chest, that one of the key features
of survival is first of all maintaining consciousness and second of all maintaining
calmness.

EF: I think that that’s true. I think those are…the consciousness is generally of
one’s vital signs, respiration, and blood pressure being of sufficient volume that they
effectively allow for a circulation to occur and oxygen to the brain. So, when someone
remains awake and communicative, it’s an assumption therefore that whatever may subsequently occur at least at the moment in time that we’re dealing with this profusion there is blood flow to vital areas of the body, and consciousness is a reflection of that.

Calmness, I think, is certainly important but I don’t know that I would place it at the same level of significance in terms of survival. A key of course is not to prolong the medical intervention, surgical intervention, but the key really is the repeatability with which the injury can be attended. If it’s vascular, it has to be straight away, if it’s neurosurgical it has to be straight away, if it’s a lot of injuries involving other structures that don’t immediately have to do with the brain and major blood vessels, heart, or lungs, not that delay is appropriate but there is a little more time for that, a little bit more latitude. But, the key is getting volume of fluid to maintain blood pressure, getting whole blood into people, getting them to an operating facility where by they can have definitive surgery.

SM: And I guess when you did pull that round out of him, there was no major bleeding?

EF: There was none that I could see.

SM: Like I said, the blood pressure was lower?

EF: Yes, for which I was grateful because I didn’t have the surgical means, or the ability, training, experience, or equipment to deal with except under the most crude of circumstances.

SM: That’s amazing. And you have heard from him since the war?

EF: Oh yeah. In the years subsequent to my leaving the Naval Service and his having been retired from the Marine Corps, during the years that I lived in New Jersey…when I returned from the military I was stationed in the Northeast. I subsequently went and took specialty training at a couple of different hospitals in northern New Jersey. He, having been from Pennsylvania from a coal mining town near close to Scranton, Pennsylvania, had gone to work for the post office and subsequently moved to New Jersey where he became a case worker and then became…rose quite rapidly through the Disabled American Veterans organization. He married and I went to his wedding. He had a couple of marriages, actually, and I went to both weddings, and when his wife became pregnant he lived probably 45 minutes away from where my office
was, where I practiced obstetrics and gynecology and she became a patient of mine and I
subsequently delivered his son.

SM: Is there anything else that you remember from this really remarkable event?
EF: Well, you know, I think that there was a good deal of publicity that
surrounded it and it has in a small measure kind of followed me through the course of my
lifetime. As a matter of fact, having dinner with these two generals the other night, it
would not have been myself but one of them brought it up and asked if I’d tell the story at
a dinner thing. That happens very, very frequently and I think the experience of the three
of us having dinner together, at least getting to myself, was the basis in fact why it kind
of came back into my life just the other evening. But no, I think about it from time to
time as one thinks back in retrospect, but it doesn’t really occupy a lot of my thought
process as does the experience in a more global sense.

SM: What about the gentleman that helped you with this? Was there much
discussion about what you did after you evacuated him and after things maybe calmed
down a little bit?
EF: Well, we would hear occasionally someone would get a news article that
would be forwarded to them from their hometown about the battles at Khe Sanh and this
seemed to find it’s way into the papers, I wouldn’t say with frequency, but occasionally,
and the names of the participants would be involved. I would see Sgt. [Stekowski] who
was the staff sergeant who was the engineer helping occasionally just working on the
base and doing stuff. We, until one or the other of us left country, would sporadically see
one another. The corpsmen just remained part of the unit which whom I worked closely
for the next probably just about ten or 12 days. As I said, I was just temporarily assigned
to that unit and then became a component of the clearing company at Khe Sanh.

SM: Have you maintained any contact with anybody else involved in this
situation?
EF: No, no I haven't.
SM: And what about the other medical personnel, surgeons and other people that
you served with in the Khe Sanh area, was there much discussion about this, if not
necessarily because of the extraordinary nature of the circumstances, but of the
possibility of dealing with similar situations, perhaps what you did, how did you succeed,
what are the things that could have gone wrong, lessons learned, that kind of stuff?

EF: You know, it never came up. It was sort of one of those things that happened
and there was so much work to do. When I left the 126th as their temporary battalion
surgeon I volunteered to remain at Khe Sanh and in order to make that happen I pulled
some strings and I requested the command to request that I did so. I had developed a lot
of – in a very short time – strong relationships with Marines and I found that I could at
least on a day-by-day basis I felt that I could do this thing. There had been some
problems I had been aware of at Charlie Med with some personnel and which I don’t
judge them but as a practical matter it wasn’t happening in an optimal fashion and I felt at
least…I felt I could do this thing, I could stay there. I wanted to stay there. I requested
to stay there, I was assigned there. That particular event was brought around…there was
really…I don’t think any time…I can't think of any discussion would come up. It was all
day-to-day. It was what’s today and what’s tomorrow and there was very little retrospect
in terms of lessons learned. I think the likelihood…well, I will tell you that there have
been two or three similar episodes, one that I…I only know that because someone years
later sent me an article, “Scalpel and Bullet-Proof Vest” it was called that reflected on
two or three of these, including my own, adventures, surgical adventures, one of which I
had known about at the time that I did my procedure, I must tell you that. I was looking
for something perhaps to hold this device with other than my hand but there just wasn’t
anything. What I remember is that a surgeon, and I believe that he was an Air Force
type, had used the device that one would find at general stores, you would go when you
wanted to get a canned good off a high location it would be a grasping device that would
be operated on…that one would operate with kind of a hand trigger-like device that
would hold…hand-held to reach up to a high shelf to grasp something but there was
nothing like that. Recently, I will tell you that recently there was an article of a once
again an explosive device removed from a Russian soldier’s body by a Russian surgeon
within the last two months. I saw it in the newspaper. I thought to send him a letter,
actually and then I just got busy and did not.

SM: That’s remarkable. Did you ever see a wound similar to that while you were
in Vietnam, for the rest of the time you were there?
EF: No, you mean with a round of some sort?
SM: Yeah, a round of some sort lodged in somebody?
EF: No, I never did.
SM: And how long were...you mentioned you were with the 126th, is that correct?
EF: Yes.
SM: How long were you with them before you were transferred I guess to work...
EF: To the Charlie Med?
SM: To the Charlie Med?
EF: I was with them from January 3rd for probably a month maybe, the 3rd or 4th of February.
SM: And when you got transferred to Charlie Med, what were things like there, and in terms of the continuation of the fights, casualties, and things like that?
EF: Charlie Med was designed to be a collecting and clearing company that was essentially located on the base adjacent to the air strip at about mid strip, just to the south of the runway, and the unit was forming...it had been there prior to my getting there but had been staffed not specifically with general surgeons although there were sporadically a surgeon or two that came through. The unit had not really [?] itself to it’s full capability, and ultimately what occurred was myself and three other doctors, myself the most junior, I would tell you, volunteered and were assigned to operate that unit, to remain there. Those doctors, Lieutenant James Finnigan was a senior medical officer. He had had two years of specialty training in surgery and [Don] McGilligan had one year of specialty training, Joseph Wolf about a year of specialty training, and myself just a few months of specialty training prior to Vietnam. We had a compliment of 26 corpsmen and a number of Marines that would serve as little bearers, as casualty reporters, security force, that were attached to the unit. It was set up in a series of tents. This is one of our saddest experiences, tents that would ultimately become sandbag tents along the walls which provided both sleeping quarters - there were minimal if any bunkers really – sleeping quarters as well as working areas and supply areas. Our casualties early on that were
treated in these tents were at times rewounded in the tents and during the course of evacuation.

SM: I guess could you describe some of the activity that occurred in terms of the continuing siege of Khe Sanh?

EF: Well, from a battle view point, it was…the one word that would most aptly describe the nature of what Khe Sanh was about from our perspective was that of lots of incoming, heavy incoming, artillery rounds, mortars and rockets, and their toll would be taken on the personnel on the base. The reason that we were – the reason that Charlie Med was – centrally located was to provided equal access to troops throughout the base for their medical treatment should they become a casualty, staying in large measure in my own area most of the time. It was streams of casualties coming in, such that during the course of the early days of the battle, January 21st through the end of April, the number of troops that registered at Charlie Med or were registered at Charlie Med was in excess of 2,500. The number of those – and I know the breakdown – the number of those troops that were hostile fire wounds were 2,000, and of the traditional 500 they would constitute fevers, illnesses, injuries, of one sort or another of which the total number of evacuated casualties was 2,200. That evacuation was conducted in large measure – in overwhelming measure – by helicopter evacuation. What it was like on a day-by-day basis was we would just kind of hang out. One of us would go to the regimental briefing and find out just to become aware of what the circumstances were, what we could anticipate, and probably more of what I had described to you earlier in terms of enemy sightings, troop concentrations, what to anticipate, where we expected potential attack, where in the perimeter, what to prepare for, and in the course of these events we had a medical bunker, a high quality medical bunker, built for us. But, that did not occur until well into the siege, a bunker that was bulldozed and with heavy timber and with runway matting and lots of sandbags on it’s roof, area that we were able to utilize to it’s fullest capability. Life was really about getting…about doing the day-to-day work, which was taking care of casualties, dealing with the men under our command, having a meal, just sitting around sometimes talking. For one of us, that would be the…we would assign one of us would be the medical officer of the day and that person would be kind of responsible to be sure that everything was operating efficiently, that our supplies were
optimal both in terms of blood and recussitative equipment, that all of our communication
lines were functioning, that whatever weaponry we had acquired…we were the great
depot for weapons in so much as the troops would evacuate to us with his weapons, but
from us without his weapon, so the casualty reporters from each of the battalions would
be responsible for that, so we had to be very careful with weapons because they were
always loaded. I can't think of…on a day-by-day basis it was just doing the work. Now
one of us, how we would arrange the night was we would never all be in the same place
at the same time, should a situation be such that thankfully we didn’t want to all be hit in
the same place and have no medical support, so one or two of us would sleep in other
places and as the situation evolved and the bunkers were built two or three of us might
stay in one place and the medical officer of the day would stay in the medical bunker
with a crew of corpsmen and Marines ready to provide care on an ongoing basis.

SM: Would you categorize a majority of the wounds that the Marines received
that you saw were shrapnel wounds?

EF: Yes, by far and away.

SM: Would you be able to give an estimate or approximate percentage how many
casualties were caused by gunfire, that is rifle fire?

EF: Yes, I would say very, very few, and I would say I don’t think it would be
unfair to say less than 5%.

SM: And based on what you were able to ascertain by talking with the Marines as
they were filtering through the Charlie Med, was there much face to face contact between
them and the enemy soldiers, or was it primarily just this indirect fire that was…

EF: It was indirect fire.

SM: How did you guys handle the situation in terms of making sure that you
always had enough material on hand? Who handled the logistics side of things for you?

EF: The Marines with helicopter equipment did initially. Initially, before the
base...as the battle ensued, the airstrip, the runway, became less useful. Early on there
were C-130s that were landing and offloading the equipment and evacuating casualties.
That, because of a loss of number of aircraft both on the runway and making the
approach and leaving, resulted in the fixed wing aircraft numbers diminishing altogether.
They were subsequently replaced by a variety of techniques that included [raif] landings
where by the 130 or 123 and I don’t remember which, or both, would make the approach, 
would come just about at runway, would land on the runway, the rear of the aircraft 
would fold down and pallets of equipment with parachutes attached to them would be 
dropped and the plane would make it’s ascent, approaching from east to west. That 
was…I don’t know the volume of those kinds of landings but that was augmented by 
parachute drops of equipment. But, I would say in large measure those are the techniques 
that evolved. It was largely helicopter resupply and it was Marine helicopters.

SM: Any problems in terms of needing something but not having it immediately 
on hand?

EF: No, I think that we had never suffered for a lack of equipment, lack of blood, 
lack of IV solution. We never had food in large quantity but it was basically have a 
couple of C-rations a day. Water was…water is a very interesting concept. I don't know 
exactly the water situation. There was a river, we would recognize it as more of a stream 
that flowed through enemy military territory to Khe Sanh. Why that stream was never 
poisoned or in some fashion made inaccessible or unusable to us remains in my mind a 
mystery and has never been explained to me. I don’t know that that was the humanity of 
war. I just don’t have a very humane feeling toward the enemy so I can't think of them 
cutting us a nut as we referred to it. But, water was limited in terms of we didn’t shower 
for example, but I don’t remember ever being thirsty.

SM: Or hungry?

EF: No, there was food.

SM: How did you keep the blood if you guys lost power?

EF: We had our own generator.

SM: Okay.

EF: I think we had one or two generators and the blood was kept in a refrigerator

SM: Do you recall how many units you had to keep on hand to maintain…

EF: It was large numbers. I don't think…the number would be over 100.

SM: I just crunched the numbers based on an approximate number of weeks and 
the number of casualties that you guys received, I mean, you guys were handling at least 
about 30 a day, probably more during peak periods.
EF: I can think of one day in which there were over 100 casualties that were hospitalized that rated in type from very superficial wounds that really didn’t require much of anything to devastating.

SM: Any instances of fratricide or friendly fire wounds that you were aware of?

EF: No, not at Khe Sanh. I became aware of those sorts of things subsequently but we had close air support by fixed wing [?] attack aircraft that would fire on sighted enemy positions at very close proximity to our lines. We had hawkeyes which I’m told came within 600 meters of our lines for which there were no injuries. We had certainly gunship activity and we also had the C-47 Puff The Magic Dragon which was an aircraft that was provided with three gattling guns that fired, night vision if they had spotted troops in the open which were in close proximity to our lines or anyplace frankly, but visible to myself in close proximity to our lines and there would be a lot of activity, but I have no recollection of any friendly fire.

SM: How about self-inflicted wounds?

EF: Yes, I saw…I don't recall seeing any Marines with self-inflicted wounds. It was one accidental discharge on a five-day operation prior to the opening [?] that occurred on that five-day operation which was in my mind an accidental discharge. But, what we did experience sadly was a large number of demoralized troops of the 37th ARVN Ranger unit which was…they had their own perimeter at the base I would say to the east a maybe a little bit south of us and on a series of days we began to see daily self inflicted wounds, not superficial, a shot to the foot, shot in the leg, major gunshot wounds to the point where when we saw a few in one day, whomever it was that was the medical officer of the day, and Don McGilligan’s name comes to my mind, we’d had enough of it. Our troop morale was being challenged on a daily basis and here we saw these elite Rangers shooting themselves and we reported it and there was some thought that we wouldn’t take care of these people. The command investigated it and found out it was leadership problem, that their Dai We, their Captain, didn’t sporadically present but would come in and come out and was spending time during the Tet Offensive with his family in Danang looking after his family interests and his own personal interest as it was told to me resulting in poor troop morale.
SM: Well, is there anything else that you’d like to say with regard to some of the early days there at Charlie Med?

EF: I think that I have to say that the corpsmen, that the group that we had both corpsmen and Marines and doctors were the most magnificent group of individuals I have ever and will ever encounter and they did daily acts of selflessness. Devotion to duty was rule without exception. There was never difficulty getting someone to volunteer to do something, getting the...as we dealt with the casualties which was providing the initial treatment for their wounds and then stabilizing them and then preparing them for evacuation which was in and of itself a dangerous activity, there was never difficulty in getting someone to do something. It just all happened which is in my mind the strongest testimony that I can make not finding perhaps the most eloquent way of describing it, but these men were wonderful and what they gave of themselves selflessly will never leave my memory.

SM: Okay, this ends CD number two of the interview with Dr. Ed Feldman. [tape ends] Okay, this is a continuation of the interview with Dr. Ed Feldman on the 4th of December. Sir, why don’t you go ahead and discuss I guess the state of morale amongst the men that you worked with, the psychological frame of mind that they had and describe some of the issues that we just briefly touched upon.

EF: Okay. I was deciding the enormous both skill but courage, the demeanor, the mood. The mood was somber, without a doubt. It was somber. But, the performance of the men was not a reflection of their mood. I mean, danger was seemingly everywhere. 40% was the number that I recollected of my men were wounded during their time at Charlie Med. Outstanding examples of that remain in my mind because of the graphic nature of them. There was a man who was a night person whose name I don't recall, I can picture his face clearly. He was sleeping during the daytime in his sleeping space which was kind of a crude bunker and the horizontal beam which was a tree limb type beam that supported the overhead of his bunker had collapsed as a round had hit his bunker and stopped just short of his head and what occurred...he didn’t say much about it. We all went to see how he was, it was full of dust and there was debris, but over the next short period of time, I want to say a week or so, he lost his hair, and when I commented to Steve off the recording is that I don’t know the basis...I don’t know the
physiological mechanism by which that would occur and if someone were to have told
me a story I would only believe it having experienced it by my direct experience with it
but never having seen or heard of it before since. I can think of the horrors of things.
There was a lot of incoming around Charlie Med. One time there was...far more than
one time, but on one occasion I’m sighting now, after the barrage had eased knowing that
incoming was very, very close, within yards of our position, a corpsman came down
below carrying the hind section of a Marine by virtue of his uniform with a boot attached
and couldn't find the body. This corpsman’s name was Heath, Richard Heath. He was
from the Boston area. He said, “What the fuck do I do with this?” and he almost had a
breakdown and I just...in my disbelief I told him just to burn it. We had areas that we
would burn the disposable...not disposable but organic materials that were soiled with
blood, uniforms of Marines that were discarded, flak jackets. We would just...although
flak jackets wouldn’t burn as I think about it retrospectively, we burned all
the...everything that was burnable we would burn at the end of the day or a given period
of time. One of the cardinal rules of triage was to remove – and I said this before –
remove the clothing of a casualty, because the preponderance of wounds by far and away
were shrapnel and because it was not uncommon for there to be therefore multiple
shrapnel wounds our concern was to miss a wound that would be in a body crease such as
in an armpit or in the groin. So, we would just strip and cut these clothing away from
these troops. If their upper extremities were wounded then we used wet razor blades and
we just slashed through the shoulder portions of the flak jacket. So, we had all this
debris, blood soiled utilities, and [web gear] and we just would dispose of it. The morale
of the troops, you know, in areas certainly when they were wounded and there were lots
of casualties, and in one day there were...the number that comes to my mind, 106
casualties, hostile fire casualties in one day, and not spread throughout the course of the
day, but in high concentration which varied from very superficial wounds to devastating
wounds. The troops would be very somber in an effort to...we would try to, for both
ourselves and the troops, to rotate the people so that each person could do the other’s job
and rotate the exposures so to speak so that the danger which was relative...some
situations may a bit more dangerous than others, would be shared equally by all. It was
important for troop morale for one of us, one of the doctors, to be in the most I would
say…I wouldn’t say the most dangerous but frankly the most dangerous place as the
troops that were commanded would be. That would be either working outside during the
receiving of casualties and not limiting oneself to the bunker, or participating directly in
the air evacuations which were dangerous, just to lend the command presence. The
people under our command, the corpsmen, the Marines that were stretcher bearers that
provided security for us, they to a person were always working the best and I can…there
is one anecdote that is not an exception but it is an exceptional circumstance which I will
mention only because it occurred but it only occurred once. Once there was a night
evacuation. I was the medical officer on duty that night and a chopper that was
resupplying one of the hill positions called on our sign to see if we had anyone to
evacuate. We had had a casualty or two that could wait until morning but should not wait
until morning but our plan was to allow them to wait for morning and not to call in a
chopper or crew that would come with it of course to evacuate this person. But, given
that we had this chopper that was willing to come pick up this casualty it only seemed
reasonable to do that. So, we prepared this person for evacuation and I think it was one
person, one plus a walking. We took him out to the strip. We began to take incoming on
the strip of mortar rounds. Someone left, leaving the casualty with myself and only one
other person trying to wield him and ideally you need four people on each of the four
corners of a litter so that you can move very quickly. Two people, one forward, one
back, can’t effectively do anything but walk with a casualty and that was the only
instance in which frankly with drawn weapons did I interact with someone who I thought
was in dereliction of their duty. Never again did I encounter anything like that, but in
general I will tell you…general was not the right term, with that exception the corpsmen
were magnificent. The mood, the mood was somber at best. It was occasionally
inappropriate joy, but because the situation was relative. We had some ice cream once,
how that occurred I don’t remember. We had green Kool-Aid once, I don't
remember…we had a little St. Patrick’s Day parade on March 17th in an effort to boost
morale, and those were celebrated moments. In the evenings when I would stay in my
bunker, in the living bunker so to speak, there would just be talk, you know, we would
just talk about things like training, and talk about war, and talk some politics sometimes,
talk family, and I think that’s what went on in general.
SM: Do you remember much about the talks with regard to the war and politics and how people felt generally about what was going on in Southeast Asia?

EF: I remember some of it. I remember most graphically when President Johnson suspended the bombing of the war, and our reaction to it was that we felt angered in so much as it effected us. Our view was that it effected our personal security and there was a good deal of anger. I think that the doctors that I worked with, given that they were volunteers at Khe Sanh, stay and remain at Khe Sanh during the siege, were very highly motivated, and in my own case I was not so much…I was not so much concerned with the politics of it as much as the least common denominator which was just dealing with American troops that needed help. There were from time to time political discussions. I can remember – this was subsequent to the Khe Sanh experience – when Bobby Kennedy was assassinated and when Martin Luther King was assassinated. There was lots of talk of these events being dreadful. I don’t think anyone, certainly not myself, was able to quantify the amount of political unrest there was back in the States at the time.

SM: How about discussion amongst the officers and if there were enlisted men involved as well, discussions about the type of war we were fighting, whether or not we were fighting the right kind of war?

EF: I think that the doctors probably expressed repeatedly frustration with the large number of casualties. I don’t know that they were critiquing the war in the way it was being conducted so much as…for one, I did not have the expertise to determine on a strategic or tactical basis what we did right or what we did wrong. Occasionally we would meet, we would have other Marine personnel, other Marine captains, I can think of a couple, that would be – and I’m thinking Khe Sanh in particular – upset about the circumstances to the extent that their frustration, or from being in a fixed position for example which was not designed to be a Marine, that was not what the Marines were about, their frustration of not being able to break out and take the initiative in the Khe Sanh situation was…I don't think it was with the frustration of, “Imminently I want to break out,” as much as, “What the hell are we doing here? It’s not our kind of war. The Army ought to be doing this and we ought to be doing something for which we’re trained.”
And one of the things about medical personnel that’s struck me as interesting about the Vietnam War, there seemed to be more conscientious objectors and pacifists who purposely entered the medical service corps, in particular as medics or as corpsmen for the Navy and the Marine Corps primarily because they didn’t want to shoot and kill people. Did you yourself run into any pacifists or conscientious objectors in medical personnel?

EF: I did not amongst medical personnel. We did have a conscientious objector who…with whom I encountered at Khe Sanh. His name is Jonathon Spicer, and Jonathon Spicer was a Marine who at every echelon…he was from Florida, he was kind of a little guy, and as it was told to me at every echelon he said, “I’m a conscientious objector,” and he was just sent on to the next echelon of training. Ultimately he wound up in a rifle company at Khe Sanh and I suppose it became noticeable to his platoon commander or his staff sergeant, I don’t know with whom, but it became clear that he was in the wrong place and he was sent to be a casualty reporter in Khe Sanh…I’m sorry, at Charlie Med. This man, this [?] Spicer, was extremely courageous and to the extent that he would during incoming, and our casualties were stripped of their gear and their clothing, he would cover them with his body which was not uncommon, but he would…that was by no means uncommon. I can think of…in my mind I have visualizations of a number of different places that I was within the Charlie Med complex where I would see troops doing that, that’s just the way it was. Spicer was helping an evacuation of casualties when he was struck out by shrapnel, it hit his eye and his chest, and the doctors at Khe Sanh, myself excluded – I will tell you that I was personally doing something else – these three guys opened his chest, sutured his heart, put a breathing tube in place, and successfully resuscitated him, and had sent him out on an aircraft with an endotrachial breathing tube in place, a chest tube in place, a corpsman breathing for him with a bag called an amboo bag with is a breathing bag, rebreathing bag. He subsequently died of his wounds, from complications of his wounds, but managed [?]. He was awarded the Navy Cross for his heroism. I will Xerox some things and send them to you, some New York Times articles about that particular event, absolutely overwhelming set of circumstances. I did not myself encounter anyone other than myself as a conscientious objector. When I was in the rear at Dong Ha there were two or three
doctors who were kind of outspoken about not wanting to be there. I think that that was
not an uncommon point of view, not wanting to be there. That would probably be
applicable to almost everyone at one point or another, but what I tried to do was instill
both in the other doctors as well as other troops that it’s not about wanting; it’s just here
we are, and we need to make the best of it because that’s not going to take you to a better
place. We’re here and we need to do the best that we can and you need to know that
you’re going to survive the experience. Others have it far worse than we do. So, we just
need to do our thing, and in places other than out in the field as battalion surgeons or in
the limited and unique experience at Khe Sanh, in a large measure doctors as a group did
not have it so bad. There were relatively few casualties of doctors. There was some, but
the numbers compared to other groups of troops were very, very small. So, I did not
myself have a sympathetic ear to people who would continually bitch and moan about
having to be there.

SM: What reasons did they give for not wanting to be there? Was it because they
didn’t think we were fighting a worthy…

EF: They varied from altruistic reasons of not feeling this was the right time or
the right place, or the right reason, to personal reasons of deprivation which is not
unacceptable, I understand it in terms of their lives being interrupted, their families being
interrupted, their careers being placed on hold. Life under the best of circumstances was
very modest living. In the rear when there were few casualties you still slept in an
uncomfortable place by certainly Stateside standards. You didn’t’ eat good food, you
didn’t’ have a comfortable place perhaps to take care of your personal business, but you
know, that’s kind of the way it is. There were reasons to complain. One would say,
“God Almighty!” Not only can one get killed here or experience things that are
unpleasant to other human beings, but just by virtue of personal deprivation, being in a
place that is removed from one’s home, foreign to one’s thought process, and perhaps any
of a number of things that have to do with personal life. Families sustain enormous
pressure in terms of being physically separated from one’s family, children, parents,
spouses, [?]. It’s a horrible set of circumstances under the best scenario.

SM: All right, so how much time did you spend at Charlie Med? When did you
leave?
EF: Well I left Khe Sanh on April 23rd.
SM: And was there anything else that you wanted to discuss with regard to the battle at Khe Sanh?
EF: Just the concern as it became clear that the base was going to not continue as a base and as the Army was coming to relieve our situation what occurred to me was I didn’t know how the comings and goings would go on and I remember going to briefings in which a tactical situation was trying to be developed whereby as the Marines evacuated the base, knowing that the enemy had in substantial measure either been destroyed or had left the area or some combination thereof there was still concentrations of enemy forces. My concern would be at the critical number level, what would occur if the base was not well defended and there were casualties and there was no medical unit. So, there were a number of discussions relative to that particular issue that occurred. I felt strongly…I couldn't…that conversation was initiated amongst the doctors. During the end of the weeks at Khe Sanh when the siege seemed to be lifting people continued with their business; for example, one of us, Don, went on R&R so we weren't always…we weren't the four of us there all the time and the amount of work that needed to be done was lessened and in the course of conversation as we were speculating as to what would become of the base I can remember Jim Finnigan and myself talking about what ultimately would occur, not realizing that the Army would come in in sufficient concentration to allow for the Marines to out, occupy the base, and then there would be a systematic destruction of the base. Either I don’t remember…I wasn’t privy to all of that, but Finnigan and I kind of decided that he and I would stay, and I think each of us had a sense of responsibility. I’d had…let me say, there is something that I would like to say. Having spent the time with the battalion, with the 126th prior to going to Charlie Med, what had occurred was the following: I had developed personal relationships with a goodly number of troops with that battalion, certainly the officer corps and a number of the enlisted personnel in so much as they worked with me on a daily basis and that probably in some measure counted for my personal feelings about being in Khe Sanh, and staying in Khe Sanh. I’m not minimizing the amount of commitment by any means of the other doctors; certainly that was not the case. But, an advantage that I would tease them about is I had the personal relationships with the Marines - tease is not the right
word, more in the way of explanation – whereas they had come aboard on a medical basis
and people that they had encountered short of our troops that were assigned to Charlie
Med came through our facility but were not part of the facility. Therefore, the
relationships had not pre-dated the first incoming casualty. I found that to be, in my own
circumstance, very difficult to me to see people that I had known and worked with for
months, closely worked with, become casualties, and I think that it both gave me great
pain, but I think that it gave me some additional emotional weaponry so to speak to
remain at Khe Sanh and want to do what I can do. It brought things to a more personal
level I should say.

SM: Do you think that that was something that most physicians probably should
have experienced, or do you think that depends on the individual?
EF: Well, I think it depends upon the circumstances as well as the individual.
Given that the unit, the medical battalion, was divided primarily into those that would
serve as general medical officers and those that would serve as specialists, and specialists
can certainly be best deployed in the rear where they have the equipment to utilize the
skills that they acquired in becoming an acting specialist, so they by virtue of their
assignment would not have…likely to develop personal relationships because they would
not be with troops in the field. That is altogether appropriate. The other side of the
equation is the doctors that served at the battalion aid station…battalion surgeons at
battalion aid stations, and those were in the field and by necessity, just by virtue of the
interactions that would evolve by the type of work that they were doing, become involved
with the troops, with the Marines themselves. That is a two-edged sword; one is that it
becomes more upsetting when someone becomes a casualty that you know, but the other
side of it is that you become part of something and it gives you resolve and it gives you
spirit and it makes you have a sense of belonging and I think that adds…to me it served
as an advantage, painful at times, but certainly an advantage because I had the personal
relationship and I think it gave me strength. I think it is the appropriate deployment.

SM: So when you left, did you have mixed emotions about leaving?
EF: When I left, it was kind of over. We were ready to leave. I can remember
there was Army personnel and I think a couple of doctors that came up and we who felt
aligned with the Marines never quite viewed them or wanted to view them as our saviors.
We viewed them as our replacements, and I think that the mood was that we had done all
that we could do, we had withstood all that the enemy could deliver to us, and we left
proudly and were ready to leave; I was ready to leave. I felt that my job was, in that
particular circumstance, was done. I felt a sense of accomplishment and didn’t know
what would come next, but I felt good about staying and good about leaving.

SM: Now when you left, at that time, what was the incidence of rocketing,
mortaring, and how many casualties were you experiencing at that point?

EF: It was low. Incoming was almost of a harassment type, it was never
concentrated, and I don’t recall there being any casualties of a consequence. That’s not a
good choice of words I guess, [?].

SM: Yes sir, but I understand what you mean.

EF: You know, in terms of volume. Isn't that dreadful when you think about it,
what significance, and what happens? I’m just taking a look, for example, just…

SM: Want to take a minute?

EF: No [pause in the tape] and this is three days before leaving, “Sunday, treat a
casualty today, questionable incoming today, questionable. Don gave a few words to a
chaplain that deserved it.” I don’t remember that. “General Hood came down for triage
and I got my R&R from [?] so things were looking up. April 22nd, minimal if any
incoming today. We did have a large number of casualties today. Commander,”

someone, “came up today for a short time. The high point of today was that our relief has
arrived, okay, that tells you, and we will leave Khe Sanh very soon. I received some mail
today as well as a package from a Mr. Charles Yarry.” Isn’t that interesting? That’s the
package that I gave…that’s the letter, and I think that was the second such package that I
gave to General [Caldwell] today. “Captain Buyer stopped up today.” Then, the last day
is April 23rd. “Airlifted by CH-53 out of Khe Sanh for good. I had two steaks, soda, etc.
Nice to be back. Went to movie Butterfield 8. That was at Dong Ha.” So, I think I was
ready to go.

SM: Now you didn’t know where you would be going when you left Khe Sanh?

EF: Well, I knew that the medical battalion had moved northward, so as when I
arrived in country in December it was in Phu Bai. The Army was moving north and we
were moving further north. So, they had, as was my understanding, in a large measure
taken over the Phu Bai facility and then it was even perhaps renamed or had been
named…maybe they had a little adjacent camp called Camp Edwards. The medical
battalion then moved up to Dong Ha and Quang Tri. They always had a facility at Dong
Ha, didn’t have anything of consequence at Quang Tri, and the 3rd Marine Division
Headquarters had shifted from Phu Bai up to Quang Tri.

SM: Now what were the biggest differences between Delta Med and Charlie
Med?

EF: Well Charlie Med was a unit that maintained…a unit that was very primitive
by even Vietnam standards to the extent that we had a bunker, an unfinished bunker with
pegs of wood ropes. We had a surgical capability with a primitive anesthesia machine, a
sophisticated surgical staff, but our mission was to try to never do an operation and
always evacuate. Delta Med on the other hand was a fixed hospital facility with poured
concrete walkways, a large triage area in a hard-backed area. I want to stay that there
were many triage stations, many, and many being maybe 15. 15 would be the number, or
maybe more. There were operating rooms that were like a little hospital. There were a
number of operating rooms – how many I don’t recall – but four comes to my mind.
There was a mess hall. There was even a flush crapper in Dong Ha, and we lived in hard-
back tents with screens and walls. There were bunkers within proximity to both the
hospital as well as the living spaces. It was clearly the rear.

SM: Did you experience any shelling or mortar fire?

EF: Sporadically, sporadically. Dong Ha had been the scene of the shelling, but
Dong Ha is a huge base and kind of like if there was shelling you could become aware of
it because someone told you but not have any notion that it was going on. Khe Sanh, you
would know almost all the time if there was incoming.

SM: How long did you stay at Dong Ha again?

EF: I stayed there for about three weeks and I didn’t like it very well there, so I
kind of went to headquarters to find out what the 26th Marines were doing, and I don’t
recall who I ran into but I was told that they were going on an operation down south of
Danang and I asked if I could become part of that operation. I was there…I can tell you
exactly, I left on May 17th, got up there April 23rd. I was there for about a month.

SM: Were there any incidences of consequence while you were at Dong Ha?
EF: No, I don’t think so. I did some surgery under the…oh, how should I say, under supervision. I assisted a surgery and the surgeons would let you do some of it. No, nothing of any consequence.

SM: And this was something that you had not done before in terms of with the exception of the removal of the round from…

EF: Right. I had done procedures like chest tubes and tracheotomies and work on extremities, but basically at Dong Ha…Dong Ha was a definitive surgical facility whereby troopers would be operated on and hospitalized until they were able to physically leave country. Steve, can I have you call me back in five minutes, maybe ten minutes?

SM: Absolutely. [Tape pauses]. All right, let’s see, so we just finished if there was anything of consequence at Dong Ha, and at that point you said you inquired about where the 26th was.

EF: Yes, I went to division headquarters to find out what…I think I’d heard a little something that they were going on an operation down south of Danang at a place called An Hoa and wondered if they needed a battalion surgeon. So what happened, it’s not clear in my mind in retrospect, but I was made part of that operation and went down and made liaison at a place called the 1st Hospital Company and I think that my mission was to certainly work in some fashion with 1st Hospital Company but maintain liaison with the 1st Battalion, 26th Marines. I think perhaps that they had a battalion surgeon and it was likely, given the time frame, that the fellow who had extended came back in February and would have another six months and my guess is he would have wanted to stay with the battalion which would take him up until August and this was May, so I think what I was doing was just kind of going down there with the notion that at some point in time I would either become their battalion surgeon once again or become involved with the regiment. Any event, I went to this 1st Hospital Company, which was just south of Danang, a very peaceful place. If northern I Corps had been primitive, southern I Corps…it was like going to camp. Guys were walking around with starched covers and starched utilities and clean…and it was hot now, it was May and June, wearing just clean white T-shirts and it was a very settled kind of place. It was fine but I was a little bored there.
SM: Just out of curiosity, do you remember when, and do you remember if you heard about it in country, when Johnson made his decision not to run for re-election?

EF: Yes, I heard about it in country.

SM: Do you remember where you were?

EF: I think that that announcement came in April and I was in Khe Sanh.

SM: You were still in Khe Sanh?

EF: No, no, I could be mistaken with the date but I don’t think so. It’s just sort of a [?].

SM: What did you think and what did your fellow medical service officers think about that, when Johnson made his decision?

EF: I think that…I may be conjoining two different speeches, but what I recall which may not be accurate was the speech about lifting the bombing. That was…here it is. April 1st. Let me just paraphrase. I’ll just read from it, okay?

SM: Oh go ahead, yeah, please.

EF: “Monday, April 1st. Light incoming today and casualties were also light. Lt. Colonel Mitchell came by today and had pleasant talk with us. He has been reassigned. Received care package from home with [?] etc. but no letter mail. Wish I knew what to do about the future. Listened to President Johnson’s speech stating that he would not seek nomination. Must lose weight. Captain J. Brinkley was hit today and was a priority Medevac. I traded my carbine for a watch. Will use an M-16 instead.” Then I have a comment. “We called Jim Finnigan who was the senior of us, Big Jim, and Big Jim made his political prophecy.” So, I think that was probably…I don't remember the content but that was certainly a reaction to the Presidential speech. But, I remember, and if this speech is not the one in which he suspended the bombing, then what I’m telling you is not accurate, but I do think that if it wasn’t it came at the same time, or in close proximity. We were really pissed off about it, and I for one didn’t care about his seeking re-election or not. I was not one of his…I didn't have a political point of view. I certainly considered myself to be far more a democrat than a republican in terms of point of view and identity in so much as I identified myself clearly with John Kennedy and Johnson was kind of…if I was…and I was not Kennedy generation, Johnson was the generation as it appeared physically before even Kennedy could keep it around for a
while. I didn’t have a point of view about him. What I did not like is the pictures I had
seen of him over the years when he was in a business suit wearing what I’m told is a
distinguished flying cross in his hotel which I’m told that he received for something that
was not very distinguished, although I do not have the specific circumstance for that. So,
I don’t know how better to respond to that. I was almost A-political. I was there for a
different reason, it didn’t really matter to me who or what.

SM: Well, more than anything else I was interested in knowing if…here you
guys are out there doing everything you can to help these Marines who are getting
wounded on a daily basis, some of them killed, and I didn't know how you viewed this, if
it was like a loss of will on the part of the president to continue something he started?

EF: I don’t know that…it was never part of my opinion. I didn’t think…I
thought he was trying to end the war and I thought that in doing so he was making me
and those close to me more vulnerable. It was hard for me to get a global view of policy
and how it effects the big picture when I was so intimately involved on a day by
day…palpably involved in the small picture which is one person by one person.

SM: Now at Dong Ha, at Delta Med, and then later with the 26th Marines, did
you have more interaction with Vietnamese civilians at that point? You mentioned, the
way you made it sound, was that it was more like a rear area, maybe more Vietnamese on
base, things like that. Was that the case?

EF: You know, there was a minimal exposure. I wound up on a hill called Hill
55 and well recollecting those events but refreshing my memory of them, in mid June
there was…I have a note, “Vietnamese female, 13 years, blown away. Did a [?] cut,"
that’s getting a big vein in which to resuscitate someone with volume by taking the IV
tubing and putting the drip in the vein and my comment is, “Did [?], cut down, and she
died on me.” I get tearful, what that means when she died on me, in a variety of ways but
probably some level of frustration, and what I remember was that she was probably – and
I may have her death confused with another one that came shortly thereafter – of being on
the…right on our lines, whether getting hit with a claymore mine or placing some form of
booby trap that didn’t work out right, I don’t remember which. There were two such
instances. One, I had the feeling someone was bordering our lines and was blown up,
and the other someone was doing something at our lines and was blown up.
SM: So was this...how often did that happen, in terms of someone coming in contact with booby traps...or not booby traps, but mines and things like that that you put out, that you had put out?

EF: Only the two times that I've cited that I was aware of.

SM: And both times the person died?

EF: One person was airlifted out to the large Naval hospital at Danang and I don't know what became of her. It was not uncommon not to get a lot of follow-up, in fact that was the rule rather than the exception.

SM: Now did...was...either Dong Ha or later with the 26th Marines, was the tempo of operations and the flow of casualties was certainly nothing compared to what you experienced at Khe Sanh?

EF: That's right, it was very low. Now, however, there are some other things that occur in terms of...let’s see if I can trace this just a little bit. One is there are some Marines from the 1st battalion, from 126th that get killed and just thumbing through the thing, but killed by friendly fire and I'm looking for that.

SM: Do you recall the circumstances surrounding them?

EF: I remember there was a question as to whether the are in which they were operating was a free fire zone or not, but it resulted in a sample of...I have a date. “June 7th, 126th hit today. Lieutenant Hannah killed and Lieutenant Paul McGraff killed.” Then I have another entry in which there was a guy who kind of looked like part time, kind of like a bodyguard type who died in May. On May 9th, two officers from 126th were killed. One’s name was Captain Onslow. He was the supply officer. The other was Captain Hughes. He, I believe, was maybe Charlie Company commander. Then my notes take me to May 11th, and also one of my corpsmen with whom I’d gone on this operation, his name was Melvin [Winter], was killed. On May 11th I have down Eugene Fernandez was dead. Let me tell you about Fernandez. Fernandez was kind of a black...I don’t know if he’s Hispanic, a black guy, a dangerous guy who had a gold tooth, I think it was a star in the front tooth. He wore a dew rag, and I knew him. I’m not sure exactly how I knew him, but what comes to my mind is that he knew another guy, another black guy at Khe Sanh, who I became involved with many, many years later who I had not evacuated.

That’s the whole story in and of itself, but Fernandez somehow must have been part of
the security force for Charlie Med and he was from Detroit and I had trained in Detroit and so we used to talk a little Motown to each other, and what he told me...he was a dangerous kind of guy, there was not anyone who would fool with this guy, and he said that he would never die for any of these honkies, that's what he told me, and I used to just bullshit him back and forth about how he was a racist and he would laugh and tell me, “You ought to know better. You stayed in Detroit,” so we’d laugh about that. Anyway, how he died was trying to save his captain, Captain Hughes, and there was incoming, there was artillery. I think that it could have been Army artillery, I’m not sure. There was a firefight and the captain had been wounded. He went out to get him and put him on his shoulder and was shot dead, and Captain Hughes was either dead or dying at the time. I remember going to identify his body with a fellow that I’m involved with to this day, his name is Ernie Spencer. Spencer wrote a book about Khe Sanh and actually is in the process now of writing a screenplay that involves Khe Sanh. The book is called “Welcome to Vietnam, Macho Man.” Ernie Spencer was Delta Company commander, and we went over to graves registration and actually the last page of his book is the description of our going to identify Fernandez’s body. It’s called Rodriguez in the book but everybody has kind of a little change in their name. That was...when people that you knew - and I’m coming back to this - become casualties, it was...for me it was an excepted kind of grieving that went beyond the casualty as a generic casualty. For example, there’s a person with whom I’m in touch...as a matter of fact, in the letter that you had read at my house from the Army colonel, it was next to a fellow by the name of Bill Gay. Bill Gay was the CO of the staff sergeant whose name was [?] who helped me with that operation [?]. Gay became a casualty at Khe Sanh. He was wounded very badly. He was outside of a bunker, he heard the incoming round. There was a news reporter, a photojournalist whose name is Uratsi Kasikas and she either didn’t hear or didn’t react to the sound of the incoming round and he therefore made the bunker before she realized that she was out there behind him and he came back out and threw her in in front of him. She was barely wounded, just dinged. He was severely wounded, and what happened was he was evacuated by mule down to Charlie Med and it was a day that I was on top, that I had taken care of the wounded in the open and the other guys were below, and I did not get to see him. He had become, after the mortar incident, a good friend of
mine in so much as his bunker was right near mine and I used to go up and have a
medicinal brandy at night and he’d have the apple juice and we’d heat it up and he and
this guy and this captain and I would have a drink and talk about stuff. He grew up quite
close to where I grew up and we related to one another, and as a matter of fact, we have,
in the last two months, we’ve reconnected.

SM: Where is he now?

EF: He lives in Great Falls, Virginia, and he left the Marine Corps in the late
’60s, I guess around ’69, joined the Army. He was an engineer type. He married an
admiral’s daughter, and I remember being at his wedding in Washington at the Navy
cathedral, and had a full career; did 20 years in the Army. As an officer with a lot of
interesting assignments highly, I guess highly technical and classified assignments in
Europe.

SM: Now how did you, as a doctor, just as a service person, a man there in
Vietnam, how did you deal with the constant barrage of casualties emotionally?

EF: I just did my work and I know that I had this anger from the very beginning.
I sensed it. But, I just tried never to focus beyond exactly what I was doing at that
moment in time and tried to do anything that I could to make it…to use the skills that I
had to help with whatever I could help with.

SM: Did you find that your fellow physicians and corpsmen shared that as I
guess the way of just plugging on?

EF: I think that certainly on the basis of performance they did, I don’t know with
the exception of the guys in Khe Sanh with whom you work together, you slept together,
you ate together, and therefore you shared comments with…it’s hard to know what the
other people were thinking but I know what they were doing; they were working like hell,
and doing the best job that their skills have brought to the table. I’m sure, I’m confident,
that there are people who had diverse political views, most of which would have been if
not anti-war, anti-situation because one thing is to take out gall bladders and to operate
for cancer and other things, but it’s really quite another thing to take these bodies of
young men that are blown to bits sometimes and try to reconstruct it.

SM: You mentioned that things weren't quite what you wanted or expected with
the 26th Marines. How long did you spend with them?
EF: Well I went to...I was there for about two months working at this place called 1st Hospital Company, and then ultimately I was sent post field but really not the field out to a hill called Hill 55 which was I thought pretty relaxed. They would get a little incoming. I think it’s all relative as to how one perceives one’s situation. After the Khe Sanh experience there was a little incoming and admittedly if you’re the target of that incoming you could become a casualty and that’s a whole set of circumstances. But, when a few rounds come in in the course of the day and nothing happens for two or three days before, nothing happens for four or five days afterwards, it was sort of like nothing going on. I remember going to briefings, I don’t remember specifically for what, but there was a regimental commander I was very impressed with. His name was Meyers, and it was a briefing for an operation in which it was going to be a large infantry assault on target outside of Bien Hoa in which there were some tanks, [?] tanks as part of the unit, just a very impressive commander give his directions to his subordinates, and then I remember going for a little while on this operation and nothing much was going on, a lot of noise, but not a lot of action. Those days through May, May, June, July, probably the most noteworthy thing was I went on R&R.

SM: Where did you go?
EF: I went to Australia.
SM: How was that?
EF: I had a great time. I met a guy a day before the R&R. I was on a line buying some sundries in Danang and there was a guy just in front of me, he was a major, Air Force type, who had just been...he pulled out of the Gulf of Tonkin in the South China Sea near Haiphong Harbor. He was a phantom pilot and he had been shot down and the Jolly Green’s had rescued him and so he was going on R&R and we got to talking and he said he was going to Australia and I asked him when and it turns out we’re going to be on the same flight the next day. He asked me where I was staying and I told him I wasn’t sure. He said, well, he had an extra bunk in his. They had little trailers, these guys, almost like the kind you’d pull behind a car on a little mini vacation and I think they slept two and his guy was either away or wasn’t there or wasn’t assigned, so we bought our stuff wen we went over to...oh, I had trouble getting into this place. It was called the Gunfighter Club. They would not allow Marine personnel in because there had been an
incident where the Marines had dropped some tear gas in and they were thrown out or
something. I don’t remember if I put on a little different uniform, but somehow he
managed to get me in and somehow it occurs to me that I put on a different uniform, and
here it was; steaks as if he went to a butcher shop, and behind those enameled glass
containers in those freezers or refrigerators, here’s your steak and go over and either grill
it or it would be grilled for you, and get a beer, and God I hadn’t…it was just wonderful.
The next day we flew up to Australia, just hung out, went to bars, drank, ate, chased a
few women. We had a great time for a week.

SM: What was it like going back?

EF: Well, it wasn’t a bad thing going back because I hadn't really come from
what I considered to be a bad place. Having come…Khe Sanh was a month or so behind
me by the time I got my R&R, and I think I was kind of bored with where I was, so it was
okay. It wasn’t cut short and it wasn’t cut long, you just knew you were coming back and
it was okay. I just went back to work.

SM: Now speaking of recreational activities, did you ever get a chance to attend a
USO show or anything like that?

EF: Yes, at Dong Ha there was at least one but I think two USO shows that I saw
and I photographed them, actually. I have a lot of pictures of these girls dancing on the
makeshift stage in costumes, kind of skimpy costumes.

SM: What kind of USO show was it?

EF: I think they were from Australia. They had a stand-up comedian and there
was an MC, he might have been a comedian, I don’t remember anymore, and maybe
eight or nine or ten girls dancing around in I can remember red skirts, raising their legs up
and everything, flirting and having a great time, guys drinking beer.

SM: What did that mean to you to have that kind of activity going on there at
Dong Ha?

EF: I think that everybody felt as if we were being remembered in seeing that
there were people in places other than Vietnam that cared about us, that was my
interpretation.

SM: Do you think that it was adequate, or do you think that there could have
been more of that type of activity to help break the monotony, or help reduce the stress?
EF: I think that in a safe area there would perhaps always be more but I don’t think that really changed anything. I think certainly in the year that I was there, given that the volume of combat activity had begun to increase significantly, even excluding the three or four months in Khe Sanh, I don’t know that the situation would have provided for a lot more. I can also remember…if I can remember her name, her name is Chris Noel.

SM: Oh, yes.

EF: Chris Noel making the rounds twice. I remember seeing her two different places, that’s why I keep thinking twice, walking around the hospital and seeing these troops that were in bed recovering from their wounds and she’d walk by with a nice blue sweater. She was blonde and attractive and she had, you know, she had the voice. She had the name recognition because she was on the Armed Forces Network, and that was always a high point for the guys. Here you’re lying there - I say you, it wasn’t me – and some movie star type comes by. It’s great, right? Now I had no exposure to Bob Hope but there and for the similar acts that were put together and brought to Vietnam, that’s just so respiriting. I think the key is that while the show might go on for an hour and a half and you might get to shake hands with a celebrity or get close to one or get to admire someone’s beauty and get to look at her short skirt from behind, it goes beyond. It is symbolic is what I’m saying. The presence of an entertainment troop is symbolic and I think the message that goes out is that we haven’t forgotten about you guys and we’re here to bolster you and it’s a sign of being remembered and being appreciated.

SM: How about other facilities or other activities like libraries or music…

EF: I had no exposure to anything like that.

SM: Okay, so you went back to Hill 55 after you got back from Australia?

EF: Yes.

SM: How much longer did you stay there?

EF: I stayed there until June 21st and I just had left…it says, “Left Hill 55 today,” and I went back to the 1st Hospital Company. Oh, this is an interesting anecdote. It’s the most interesting anecdote. This is dated Sunday, June 23rd, last day at 1st Hospital Company. So I must have gone from Hill 55 on the 21st, Friday, and arrived at 1st Hospital Company, and it says, “Had to bail out Corporal Sullivan from various charges,
and was whoring around MAC 36 and got caught and locked up. Contact the
marshal’s office.” Now Sullivan, Sullivan was one of my guys that I had hand picked to
come down on this operation at 26th Marines. He was an ambulance driver at Khe Sanh.
He was a reckless Irish guy from Boston who did not do well in the rear but was great on
the line and I had recommended him for the bronze star for Khe Sanh and when he got
into this problem I can remember the medical battalion commander telling me to cancel
his bronze star and he and I got into it because I would not, and he said I would and he
said I would not, so whatever else happens to Sullivan is a result of whatever else he’s
done, he still earns his bronze star, and you can brig him, you can court marshal him, you
can give him office hours, you can give him cabin [?], you can do what you want, but his
bronze star is about what he did at Khe Sanh and that’s going through, and I wasn’t trying
to be insubordinate but that’s just the way it was. So anyway, Sullivan…I got this call. I
was with this Lt. Commander Dein, D-I-E-N, he was a vascular surgeon, the most highly
trained surgeon in northern I Corps, had had apt medical school, 7 years of specialty
training, vascular surgeon, great guy, good friend of mine today. He’s retired and lives
down in San Clemente. Anyway, Jack was…I had asked Jack to go on this operation
with 26th Marines. I said, “This is going to be easy. We’ll either work hard, we’re going
to live in a good place, we’re going to go to Danang, we’re going to get laid, we’re going
to have a good time, and in this operation you’ll be a [?] company, no different than here,
and I’ll be out in the field. Everybody’s satisfied and you get a change of scenery around
and 26th Marines are great guys.” Anyway, when we got the call about Corporal Sullivan
we got a call from the major, Air Force major, and said they caught him on this
maximum security base where they had these phantom jets and he had this Vietnamese
prostitute and he was using the jeep ambulance to pimp her, pimp for her, and this guy
was going to jail, and this guy speaking to me, this Air Force major was in earnest and it
was clear that he was the major and I was the lieutenant so I had to find the means by
which I could do two things, one is to neutralize him, and the other was to get Sullivan
out of his grasp. I tried to tell him we would discipline him and I couldn't convince him
so then I knew that we had to use rank. Now lieutenant commanders commonly are
called commander, even though they’re lieutenant commanders. Commanders in the
Navy are equivalent to lieutenant colonel’s in the Air Force, so commander Dein called
Major whatever his name was and told him that Lieutenant Feldman would be coming by
to collect his prisoner and he would turn this prisoner over and he would be in charge of
his discipline, and clearly he used his rank in a way to make it seem that he was one rank
above the major. The major just complied and I got some people, and I don’t know what
happened to the vehicle but we took a jeep, went and got Sullivan, I broke Sullivan to a
private, and I thought the whole thing would be...you know, there was an element of
humor to this whole thing, and what happened to Sullivan subsequently I don’t know but
here’s...in the Vietnam period that is but about 8 or 9 years ago, 7 or 8 years ago, he
called me and he’d become a lineman for the phone company up in the Boston area. His
father had died, I don't remember when, but his father had...I believe his father had a
bronze star from World War II and Sullivan’s bronze star had gone through and someone
had told him that I had not just recommended him, he knew that, but I had, as he
perceived it, stuck my neck out for him which I didn’t really think I was doing, I was just
doing...it was just the right thing to do. This guy was out of line [?] but what I did
actually was I waited for him to rotate back and then I rewrote the thing and sent it in,
that’s what I did, but he wanted to thank me for what I had done for him and how much it
meant for his father and it so pleased me, and I then we exchanged photos at the time
period and that was the only time I ever spoke with him. It was a great feeling. He had
all this gratitude and I felt good that he felt good.

SM: What had he done at Khe Sanh that warranted you writing his award?
EF: He would get into his...he had a pair of goggles, and no matter what the...if I
said, “We’ve got casualties up at 126th Battalion Aid Station,” and we were still
undergoing fire, he would just get into the jeep, the ambulance, and go get them; it didn’t
matter what was going on. So, it was not the one act as much as the many meritorious
acts of courage as an ambulance driver.

SM: How many ambulance drivers did you have when you were at Khe Sanh?
EF: We had only one ambulance so we probably had maybe a couple of drivers
and a few people that could drive, but just the one ambulance and it was shut down fairly
early.

SM: Was it hard to maintain a vehicle like that?
EF: It didn’t have any maintenance capability beyond the most superficial types of maintenance but I think what happened was the tires went out on it because of shrapnel. The way we had…we had had a bulldozer bulldoze a little – it’s hard to describe it – like a little hill you know that it would go into so that it would be not covered but significantly covered, but not covered, and then you just back the thing out when you needed it. But, it was inoperable pretty early on.

SM: And I was curious, one thing we haven't discussed yet in a broader sense is illness that you had to deal with of a non-combat variety. Were there a lot of incidences of venereal disease amongst the Marines that you encountered, at Khe Sanh?

EF: Sure. Well, not so much at Khe Sanh.

SM: Dong Ha?

EF: I sort of had them all together in my mind of guys coming back from R&R. The Marines that I was with did not have an exposure to the locals, certainly not at Khe Sanh because there were no locals, but you’d get someone coming back from R&R. R&R’s continued. Guys would go out on aircraft during Khe Sanh and R&R’s would continue and guys would come back inevitably with Gonorrhea and we would just treat them.

SM: Let’s see here, so after Hill 55 you left…

EF: Can I put you on hold just a minute?

SM: Oh, absolutely.

EF: Give me just about two minutes, I’m just going to run to the bathroom, okay?

SM: Okay. [pause in tape] And this will end interview number three with Doctor Ed Feldman. [tape ends]
This is Steve Maxner continuing the interview with Dr. Ed Feldman. It is the 11th of December, year 2000 at 8:30 Lubbock time. I am in Texas and Dr. Feldman is in California. Okay, sir, we left off last time. We had just finished discussing your R&R in Australia. So, I was wondering how much longer did you spend at Hill 55 and what were the other events that happened after your R&R there?

EF: Well, came back to Vietnam the last…actually May 30th, I have my diary here, and went I think directly back to the Hill, either the Hill or I went to 1st hospital company but I think it was one or the other because within a day or two I was back to the Hill and I went to have…I’m trying to figure out what I was going to be doing the rest of the tour because there seemed to be a little lull in the activity. It had been about a month since Khe Sanh, maybe a little bit more, and I went to a place called The Stone Elephant. I was in Danang and I had never heard or seen anything like this before. The Stone Elephant was a club, it was an officer’s club, and it was as posh as in that point in my life anything that I’d been to State-side. You would enter and you would not really…if you carried a shoulder weapon you’d leave it kind of by the door and be seated and you could have any kind of meal that you wanted. You could have wine. There were Vietnamese women serving. But, what was most noteworthy was I met a doctor and he told me that he had – an Army doctor – that he had a copy of the New England Journal of Medicine. That’s a very prestigious journal that’s published I think weekly, and kind of everybody in medicine has a familiarity with it, and he’d read this humorous anecdote and he showed it to me, and let me just read it to you because it’s very, very humorous. It was
an ad placed which we did in an effort to…I’ll tell you how and about after I read you the ad, “Wanted, General Practitioners to assume a diversified medical and surgical practice in a small, quiet, mountainous setting. This Sylvan community provides relief from all disadvantages above urban areas and assures inexhaustible appreciation of nature’s beauty. For further information, call collect at any time and ask to speak the doctor on duty. Signed, the doctors of Khe Sanh up from Vietnam.” We placed this ad in the New England Journal as a joke thinking that they would never place it. We mailed it to the New England Journal as a laugh and they published it for us.

SM: That’s hilarious.

EF: That’s what I remember. That was my first…this guy told me he couldn't stop laughing because first of all he couldn't understand it at first and it was placed with the other ads and I guess at that time frame there were some ads for practice opportunities, so when he put that I didn’t want to take full credit which is indeed not mine to take because it wasn’t my idea, but I was present and did contribute to it. But, we had a good time. Anyway, back to Hill 55.

SM: And they didn’t charge you to place that ad did they?

EF: You know, I don’t remember. I don’t think we had a means of payment.

SM: Did they bill you? [laughs]

EF: They could bill us if they wanted to! But, in addition to some of the other things that we had done, we had applied for more life insurance and I can remember getting the letter back from an insurance company which was as clever as the application that we’d sent, each of us had sent, which said that they did not insure people residing at latitude such-and-such longitude such-and-such. [both laugh]. They wouldn't give us more insurance for that group! Anyway, I guess the point that I’m raising is amidst all of this stuff, there had to be an element of humor. Now, put the…as I read it, it was after the siege had lifted and things were pretty cool, I’m sitting in this restaurant bar kind of thing and it was humorous, but what happened on the way down to Hill 55 is I convinced the General Surgeon with the medical battalion who was really a very, very good person, his name is Jack Dein, to come on this operation as the senior medical officer. I was always the junior person by virtue of training in so much as I barely…I finished my internship, had a few weeks of residency, and then entered active duty. Jack had a lot of
training. I think I might have referred to him previously. So when we came down to this
place, this 1st Hospital Company which was not far from Hill 55 we represented to the
commander who Jack didn’t like at first glance that we had lost some of our equipment
and we needed to find it. That’s when we got Corporal Sullivan involved in taking us
around extensively looking for a jeep and some medical equipment that was in [?] as part
of our unit’s equipment and we would go to China Beach and seldom we would pick us
up about 16:00 and we’d come back shaking our heads from side to side. We just couldn't
locate the gear, which of course gave Sullivan access whenever he shows with the
vehicle, which he subsequently used for his own purposes, and we had touched upon that
before. But in any event, in the first week of June there was really that kind of activity
and I felt like I was on extended vacation. By the end of the first week of June I had
heard that my former battalion 126 had been hit badly today and people were killed that I
knew and I just felt the need to go back out so I spoke to the commander who was in
charge of the…it was called 1st Hospital Company, his name was Commander Mahon,
and asked him to billet me in another post. I wanted to go out and be with whatever kind
of team he could find that would put me closer to where I was most comfortable and
that’s when he sent me to Hill 55. So that was around the 8th of June and I took a…now I
wrote down “I took a PC” what would that be?

SM: APC, Armored Personnel Carrier?

EF: No, well that’s what I thought but I don’t think I took one at that point, but
that…I know they were having an involvement in that engagement. It just says PC. I
don’t know what that was. But it says, “I took the PC out to Hill 55, uneventful trip.
Convoy is here. Not a bad place. Met a couple of guys from the 7th Marines,” and that
was [?], and I began just to take up business there and everything seems to be, as I reflect
upon it, comparative. You know, if one would speak to, for example, the doctors on the
hospital ship, they will tell you that they were at war and feel as if they were at war and
they’d certainly see their share of casualties, but in terms of their personal danger during
the next month or two spent a little time on the ship and knowing that the enemy didn’t
really have any Naval force of any consequence, war is a relative thing. On Hill 55 there
was a little incoming on the second night that I was there, but it was kind of like being on
the five yard line of a football game on the left side of the field and then a little
something in the next arena on the five yard line on the other side diagonally across from you and it’s sort of as if you don’t stop your [meals]. You just keep doing what you’re doing, not as an act of bravado, but it seems inconsequential but it was not perceived that way. My point is that the experiences are relative and I think that’s a true statement and therefore I changed my opinion. I used to during that time I unison with other people but sometimes by myself as well if somebody was lamenting their difficulties I would respond to them with a lack of sensitivity if they tried to compare it to a lot of others. In fact, last night this pilot, former pilot, said to me, “God, you were really in a bad place!” and I said, “Well, I wasn’t a tunnel rat,” and that is the reality of it and I think that’s probably the best way to go through life, without becoming overly philosophic you know where the public can tell you how good it can be up there, you should look down and know it can be a lot worse than where you are now. I sometimes say to myself having come from a upper middle class family, driving in this Porsche that I have, I have this Porsche which my wife told me to tell you the thing with the Porsche, but sitting in this car with this beautiful woman in front of my house with the [?] plates and having a medical practice and having a couple of toys and having my kids educated, sometimes I can't believe it’s me, and it’s almost like watching someone else go through this stuff. I was by no means always that philosophic or reflective or sensitive to the plight of others to the extent that once again, just to reiterate, people would talk about what a shit sandwich they were in in Vietnam and I would listen carefully and they would describe their circumstances and indeed some were certainly in that and others were in a relative basis in complete safety, and just being confused by the whole thing and I would respond to that. Now sometimes I would try to make the response therapeutic. If it was during the time frame and someone was complaining as it was occurring, I felt that…I felt obliged in talking...you know that I talk a lot, but beyond that to try and impart some words that had helped me get through the night to that person and I can take a half a dozen circumstances like that if I think about it that I can't tell you that the advice was taken or the words were even carefully listened to, but they, in a couple of circumstances, they certainly made myself feel better and I could visibly, at least, see the reaction on the other side of the equation in terms of just giving some emotional support to another
person. I did not fax that there was something else that I have a note which I can't find that I had written down to send you. Do you recall what that was?

SM: What’s that?

EF: There was something I wanted to send you last week.

SM: Send to you?

EF: Yeah.

SM: Oh boy, let me see here...

EF: But I will find it, but there’s another…there’s a photo that I will take – I’m just writing myself a note now – I will take the photo this week, news photo, to the best reproducing that we have. It’s over at Kinko’s. You guys have Kinko’s?

SM: Yes, sir, we sure do.

EF: They can really take something and they can just use the original where it almost looks as good. Here’s a photo that was taken, and it is an embarrassing photo in it’s recollection of how it perceived to be up at Khe Sanh and when I had slugged this guy I could not calm down, nothing was working, there were mortars coming in. He was a casualty with a minor wound that had been sent to us. I didn’t know why the hell he was there because there was nothing that he had that required evacuation. He was an Army trooper, I think he was associated with some communications, a little communications box, a little conex box that contained a lot of sophisticated communications [?] was blown away with the captain inside it. We never found him. And this guy worked with the captain is what it was and he’d gotten some minor wounds during that incoming and was sent to Battalion Aid Station when I was with 126th and we said, “Sit down for a while and we’ll clean up this little thing that you have and you get to go back,” and he said, “There’s nothing to go back to,” so I let him stay around with us because if there was nothing to go back to, I mean, it was just destroyed. I met this captain briefly the day before. We recognized on the land line my New York accent was more pronounced than his and he told me he had Coca Cola and I could come by at 16:00 or something like that and at 16:00 there was incoming [/] sometime earlier today and he said, “Rendered gone” just a direct hit or adjacent hit or something very big, but there was just nothing left. Anyway, so this guy panicked and we had gotten some more incoming and jumped up and ran around. There was some photojournalists around. I hit
him, which I shouldn’t do, but I did it, and then I had him on the ground next to me and
the comment was the hospital corpsman in the caption talking gently to this person. The
photo is a particularly significant photo from my perspective because it shows all of this
horrible anxiety in this young man’s face in profile. You can palpate it and I will locate
that photo later today and take it to Kinko’s in the next day or so and send it to you,
which reminds me, I need to have…I should write down…let me have the address and
telephone number that I can reach you at.

SM: Oh, sure. It should come to the Vietnam Archive, and then Special
Collections Library.

EF: Special…

SM: Collections.

EF: I’m sorry?

SM: Collections.

EF: Collections.

SM: Right, Library.

EF: Okay.

SM: Room 108.

EF: 108.

SM: Lubbock, Texas, 79409.

EF: I missed the first two digits.

SM: I’m sorry?

EF: I missed the first two digits of the zip.

SM: Oh, 79409.

EF: Okay. And what’s the telephone number?

SM: The number here is 806-742-9010

EF: 9010?

SM: And if you have…that one’s always busy almost, so you may want to take
this second number, too.

EF: Yes.

SM: We don’t give this out really very often, but I want you to have it, 9014 are
the last four.
EF: 9014, great. I think I’ve lost my train of thought for just a moment.
Anyway, we were talking about imparting help to people I suppose.
SM: Yes. Well, you were talking about how you try to help people cope with
difficult circumstances or situations.
EF: Well, I mean, I tried to add a little element of humor to it. We talked about
St. Patrick’s Day up at Khe Sanh, right?
SM: Yes, sir.
EF: We talked about that, and it was necessary, sometimes it would get…out of
context to do those kinds of things, but nonetheless, you know what I find is the course of
life’s trials and tribulations, and I’m not really referring to the lengthy time at Khe Sanh
when things were…they were dangerous some of the time, but sometime…I suppose the
potential for danger was there much of the time, but you know sometimes were worse
than others. One needs to depart something of the human experience, even to the sake…I
don’t mean the carbon comedy but something that eases the tension that brings one back
to another place and perhaps another time. You know, recalling as we did which we
might not otherwise do the specifics of R&R, even the married guys coming back and
telling sometimes graphically how it was in the way a high school locker room
conversation might occur was a tension easer. Hearing stories that we would sort of spin
from one another of other times and other places I found to be very uplifting because
what it did, except for the part from the events that were being talked about, it had
brought you back into another place, back into the world, and that was a good thing
because I think you remain in confinement as it were. All the time you could feel the
syndrome associated with that which is characterized by hopelessness. So always with a
notion that one would survive the experience and always with the notion of making it one
day shorter, and always with the notion of what I do most of my life, looking forward to
Saturday when you didn’t have to go school and you could play ball or explore or do
something like that, or looking forward to Christmas vacation or the summer. Always
having to look forward to something was something from my childhood. One of the
things, I used to as a kid…we’ve digressed so much, but I’ll just tell you something, it’s
sort of a commonality, I used to collect bubble gum…bubble gum came with various
cards that you could collect. That’s how the baseball card thing began as I recollect, and
I had a small baseball card collection, but I had some [], I had American Indian Frontier Collection, and the other thing that I began to collect because that was great for instant gratification. You could go to…the company was Tops and they would market all kinds of cards, but you could get candy bars and send the wrappers in and you would get some kind of a toy or a device, a toy like device with dirty wrappers from your Powerhouse bar, but always having something on the come is what I’m getting to, to look forward to, has been in my life something that I wouldn’t necessarily call it a saving grace, but it has always helped me get through the night. Anyway, back to Hill 55. Hill 55 was not a busy place and it was really just a lot of time hanging out. We had some…an occasional time where we dealt with casualties. We had some occasional incoming. There were some people who would get hurt, and I would see the persons from the 126th come in periodically. I have a note dated June 16th that I saw Kim Pipes and Ray Schneider from 126th as they marched in from an operation, and also Bud Cole. He was our Naval gunfire officer. Then I have a note, “Vietnamese 13 year old female blown away, did a (?) cut down and she died on me,” and this is the young girl who had come through our wire, whether placing some explosive device or being the victim of one that we had placed, I don’t have any idea. But, I remember this kid and I assume that she was about 13 years old by her size which was a little smaller than one of our 13 year olds here, just kind of blown away. I have, even, a photo that correlates with this date, which is June 16th that day. These two guys that I mentioned coming in were both company commanders, Ken [?] Bravo Company commander, 126th, extraordinary person. He led the company assault on the enemy [?] position, which was first assault. During the siege at Khe Sanh we were ordered…the orders had come down from General Westmoreland that there would be no longer any patrolling outside the wire. That was his response to a platoon from Bravo company having gone out and gotten decimated; every participant was a casualty or were dead, two of which as I recall were missing. They were from Ken’s outfit, and Ken therefore led the breakout as it were and had a very successful operation. He was awarded the Silver Star. Having read the citation, and having talked to some other people out there, there’s activity now and as we speak to upgrade that award to the medal of honor. I don’t know that that will happen, but having read the account of this guy after he was wounded and his rifle was hit and his RTO killed and another person command
group killed, they found at the end of the battle four or five dead NVA that he had shot with his service automatic while he was running this battle and talking and calling in artillery and doing all the things that went good, and I see Ken and hear from him periodically. He and I spent two days together up in Sacramento last year in another effort. Snyder was a guy who was a football player for Annapolis that had gone Marine Corps and remained Marine Corps for a full career, had been shot in the neck and survived it on his first tour, and I was seeing him on the second tour; also a very extraordinary guy. These young officers were just beyond my mind, beyond the kinds of people that I had occasion to meet most of my life. I was very, very impressed. My time on Hill 55 ended during the third week of June. I left there on June 21st. My last day with the Hospital Company was June 23rd. That was the time that we bailed Corporal Sullivan out from having used that ambulance on this procuring and I went back up to Dong Ha on June 24th. So, that really completes it. I think the question was “What about Hill 55?”

SM: Yes, sir.

EF: That was that experience finished.

SM: The activities…at Hill 55 you were primarily supporting the 1st of the 26th, is that correct?

EF: Yes.

SM: Okay.

EF: Regiment was involved as regiment because I remember going to regimental briefings with a great colonel who’s name was Bruce Myers but from an operational standpoint I have no recollection of doing anything with 2 or 3 26th and a very limited personal involvement with 126th.

SM: And the incident involving the…was it a soldier or a Marine who was…who you had a hard time with? He was a communications person.

EF: At Khe Sanh? It was a soldier.

SM: That was a soldier, an Army soldier?

EF: Yes.

SM: Did anything ever become of that in terms of you having to strike that solider to get him under control?
EF: No, the photo journalist and I got into it because he made some comment about me being physically abusive, and he and I got into a thing and I told him that if I had any reason to believe that that…well, that picture, obviously didn’t know the quality of the photo, how he had captured it or that it even happened to it, but if he had any further comments or if I had any reason to believe that he was going to be a problem in my life he would be minus…one word from me and he would be minus his camera equipment and he could get his ass out of there and never come back, and that was the end of that.

SM: And just out of curiosity since we’ve talked a little bit about the press, being there at Khe Sanh and I guess perhaps other places where you served, while you were in country and as you interacted with members of the press, what was your overall feeling about how they were covering the war, at that time while you were in country. Do you remember?

EF: Yes. I was very impressed with the Press Corps and I thought that these persons were very well educated and I thought that these persons were very well educated, had a great deal of information, not just what they were taking, but that they would provide. They were adventuresome. See, I wouldn’t see the product of their efforts necessarily although as it applied to the stuff that was written about me I did, of course, because people had sent those things to me in the time frame shortly after they were published. Never having been the focus of any news effort before, and then having met people who interviewed me from Time Magazine and the major wire services and the major news agencies from large cities, Chicago, New York Times, LA Times, and then seeing shortly thereafter what was written, it made me confident that they would be…that they were covering it, entering it, and trying to do the best that they could. A couple of people would dramatize things. [phone rings] Can I catch the phone?

SM: Yes, sir. I’ll pause this just a minute. [pause] Okay, go ahead, press corps?

EF: The Press Corps, I was very impressed with them. I thought that they would go into the field with Marines. They would sometimes bring little things, you know, I can remember bringing church keys. You know church keys?

SM: Yes, sir.
EF: Church keys you give them to guys. They were very, very helpful, two of whom...I mean, Peter Arnett stayed with me for a couple of days. He was very interesting guy, very seasoned veteran war correspondent, it was clear, and these guys have an enormous knowledge. I found them to be frequently opinionated and he was certainly one of those guys but with an enormous base of knowledge, whereas I thought I knew what was going on at my battalion aid station, and closest wire in my position, these guys had the broad picture, whether correctly or incorrectly or whether subject to their opinion of course is a whole other issue, but of course I was impressed with them.

SM: Now speaking of their opinions or their information or knowledge of the bigger picture, while you were in country do you recall conversations with them about that?

EF: Yes.

SM: Was there anything startling or interesting that you recall?

EF: I think when they came to Khe Sanh I sort of had to be there. I suppose I didn’t have to volunteer to remain there but I thought I had to be there as much as I was a service person. I can remember Arnett, a guy by the name of Gualnick, and subsequently another guy published that lengthy article John Wheeler, the one that I had sent you. I’m telling you, I’m not so clear as to who said what after all these years, but the commentation staying, “You guys are really nuts. You’re in a sandwich and this place is a shit hole,” and to call it as the papers have a fortress is gracing it. In fact I can tell you whose comments those were because he stayed with us also, David Douglas Duncan.

SM: Duncan?

EF: Have you seen his stuff?

SM: I think I have.

EF: He sent me...he did not send me. My father sent...my last thing, my last gift, my last valuable from my father is a soft covered book called I Protest by David Douglas Duncan, a war correspondent that had been a former...and I think in the reserve but perhaps on active duty in Korea, Lieutenant Colonel, who is the best black and white modern day photographer I have ever seen. His work is beyond description. In fact, there’s a photo essay published by him which in large measure has the things from I Protest which is limited to Khe Sanh which really reflects just what I’ve told you; he
protested the base as being inadequate in comparison to Dien Bien Phu and I remember
his comments at the time and subsequently published and I have the book downstairs.
The comparison is ludicrous; Dien Bien Phu is a fortress, Khe Sanh is not or was not.
This book, it’s a coffee table - probably sitting right on the table on the sitting room in
that den, and I probably should have taken it out at that time but perhaps I’ll do it another
time – filled with his photos of not just Khe Sanh but Can Tien and [Qua Viet] and he
was quite opinionated relative to the inadequacy of our position. I think that Arnett’s
comments were more reflective of the political climate, and I think he’s in Australia, is
that not correct?

SM: I’m not positive. I think so but I’m not positive.

EF: Yes, I think he is if he’s not in New Zealand, but probably Australia. He was
questioning American involvement in the whole political thing. Another group of people,
for example, John Wheeler with the Associated Press, a very courageous guy. These
guys would bring you some scotch and they’d have some contraband for you and they
wanted information or they wanted to report that which was happening. Some of them
would dramatize the thing. Others would be just straight factual reporting and I suppose
those are just stylistic differences of people. There was a fellow who’s name was John
Randolph with the LA Times. He wrote this article about my having removed a shell
from this guy that the LA Times carried. In fact, it was…I haven't looked in the last
couple of times I’ve been down to Camp Pendleton but the article was on the bulletin
board behind glass at the Field Medical Service School posted for 30 years, can you
imagine? I had no way of knowing that but we had a Khe Sanh…a third medical…we
upsized, it was a 3rd Medical Battalion. As I said, I’ve been to three reunions totally in
my whole life, one was Medical Battalion and two from Khe Sanh, one this past
September and one five or six years ago. But, the Medical Battalion had one three years
ago, it was in San Diego, and some of the guys who’d come from afar went back to the
Field Medical Service School where they’d begun their experiences with the Marine
Corps. So, during the course of touring the facility a guy calls me up and says, “Hey,
guess what? This article’s here.” Of course my response was to say, “Bullshit, give me a
break,” and he said, “Well, it’s here.” Well I had occasion maybe six months later to go
down to a resort not far from there so I became nostalgic and wanted to go over to the
base and Patty came with me, and there it was, so anyway, that’s an aside. But this fellow Randolph, who published…who wrote the article and the LA Times published it, he made it – and I’m not being critical of it – but he kind of dramatized how I was leaning over and my dog tags were mingled with the Star of David and I think he talked about my Jewish faith which was cool but it wasn’t straight reporting. It was sort of adding another element to it, which was okay, I didn’t object to it, but just as I said earlier, stylistic differences. I met a woman there who was a photo journalist at Khe Sanh and she’s a significant person in so much as we kept running into her…not kept running…I subsequently in civilian life ran into her. Her name is Jurhee Kasikas. Her first name is J-U-R-H-E-E, do you know her?

SM:: We talked about her before, yes sir.

EF: Okay.

SM: In fact, when I was at your house you showed me I think it was a book she had written.

EF: Oh yeah, she published a book not too many years ago, Susan B. Anthony Slept Here. I think that I will be seeing her maybe around March, March 17th.

SM: Her husband was Secretary of the Treasury?

EF: Yes, Assistant.

SM: Assistant Secretary of the Treasury.

EF: Roger Altman.

SM: Yes, sir. Now did your opinion of the press, since we’re on that subject I guess it makes sense to continue with the post-war perspective, when you got back and then as the years have progressed and you’ve seen how…well, the stereotypical accusations that the letters of soldiers and people who served in Vietnam levied that oh yeah, the press painted the incorrect picture, they didn’t have it right, they were biased and everything else, do you agree with that?

EF: I think certainly some were. Again, I don’t know whom, but I know that…I think like with all other things there will always be…it’ll follow the bell curve and there’ll be people who will be quite biased and as the war became more and more controversial I think the press became more and more sensitive to that controversy. I view the press in general as being far more liberal and more…I don’t want to use the
word to the left, but perhaps I should, and given that it is the press it became clear to me
whether they were…I could not differentiate whether it was the changing public opinion
that was being reported by the press or the changing press opinion that was being
reported by the press and I think that’s been one of the criticisms of the press, that the
press itself has become an entity that instead of reporting the events of the times and
being observed by the press is simply therefore reporting as the press perhaps should,
they can and I’m sure under circumstances, not all to the facts, but change the way in
which it is reported because that way so as to add, as another entity, the press into the
minds of the readers I think. So, I can't differentiate. Hopefully it is…hopefully that as
the shifting mood shifts, the press always shifts with it and doesn’t become and entity in
and of itself but as a practical matter I don’t think it’s the case. I think that there’s –
certainly on the editorial level, it was clear to everyone that the press had changed their
opinion, and not just the written press, but the electronic press as well. I can
remember…I think it was Walter Cronkite who had been…if he hadn't been an advocate
of our position he hadn't been in opposition to it, but he came at a point in time
after…and I think it was after [?] an experience that he had or a visit to Vietnam that he
had with the whole thing that he had been reporting didn’t make sense to him any longer
and I think some of these press corps members, and he for one, perhaps had – and
rightfully so, and gladly so – had a raising of their consciousness and a conscionable
effort given the fact that they are noteworthy and credible people to report that change of
opinion; he certainly did. So, I don't have a criticism of the press. I think the only
comment I would make relative to that is that it is my hope that the readership and the
viewing public and the listening public is sufficiently discerning that they can hopefully
sort out by reading a multitude of things, hearing a multitude of things and seeing a
multitude of things, what seems most reasonable to them. A footnote to that, however, is
that that might be expecting too much from the masses, at every level of society; the
people that are not well educated to the people that are very well educated but perhaps
don’t have the time or are not so inclined to sort it out. I guess that’s my thing on that.
SM: Now I’m just curious about the press’ coverage of the war and what you
were talking about earlier about kind of…the general experience it seems like that you
had was there was a sense of being in another place and other worldliness to being in
Vietnam and like you said, when guys came back from R&R when they shared their stories about what they did it kind of brought you back to the world for a little bit, and then you had to go back to the other worldliness of Vietnam. Did you find in the reading that you did during, and then when you came back, as the war kept on going, did you... as you were reading stories about Vietnam, did you get a sense of like going back to Vietnam? Do you know what I'm saying?

EF: Yes, I do. I never considered going back in so much as I was trying to reconstruct my life afterwards.

SM: Oh, I’m sorry, I don't mean literally, I mean psychologically.

EF: Psychologically?

SM: Did you ever get a feeling, like you said, when you talked to these guys about what they were doing in R&R you get a sense of being back in the world. When you got back to the world and when you were reading about what was going into Vietnam, did you ever get a sense of other worldliness, just temporarily as you were reading those stories?

EF: Yes, oh absolutely, and it happens to this day that if there’s some... if there’s something that takes you back, whether it’s a conversation, whether it’s something written, whether it’s sometimes just a thought or a sound or you know I don’t want to sound overly dramatic but I can remember going to a barbecue and there was an odor of something that... you know how it just can remind you of many things in your past? I can remember smelling some cologne on a woman and I remembered exactly who I’d smelled that on, women that I’d known at another point in my life. It’s just like the reminder, [?], sure, I’ve had that. In the immediate, in the short... shortly after I came back the first thing that occurred to me, I guess we’ll get to [?], I had no decompression so to speak in so much as I’d come home very rapidly. My father had a heart attack and I came home and it was just a matter of changing crews and refueling an airplane, no stop over, and so I’d read the newspaper and watch TV and it was all, you know, you didn’t have to go far to find Vietnam news in 1968, ’69, and ’70. You could be driving your car and thinking about stuff, sure. I think that is common... a common experience to myself. I’ve discussed this experience with others with whom I served and it happens all the time.

SM: Has it happened in the context of our conversations?
EF: Yes, of course it has.

SM: Well, I guess we should step back and get back to…after Hill 55 you said you went back to Danang, is that correct?

EF: Yes. I went…well, I went just briefly to Danang and went up to Dong Ha. That was on June 24.

SM: Why don’t you go ahead and describe some of the activities there?

EF: Well, the weather was changing, the weather had changed, and it was very hot, so my notes per the last week in June or many FUO’s, fever of unknown origins, heat casualties, day after day, heat casualties. The war would be very difficult to conduct because the weather was horrible. The FUO’s fever’s of unknown origins, that’s a common medical term, were we came to find out mostly malarias or dehydration secondary to not dysentery per say but types of diarrhea. I got to Dong Ha and I kind of liked Dong Ha. Dong Ha was fine, and I found a little niche. Dong Ha was pretty good living. They had a flush crapper there, they had poured concrete sidewalks, they had a very good medical facility. What happened next at Dong Ha, day after day I had many FUO’s, heat casualties, few battle casualties, and then I have here dated June 28th, “Gunnery Sergeant blown up by claymore.” There was always something there, you know. I have in the same time frame at Dong Ha, I don’t know what day, but when I was with General Calfield a week ago he had a picture of himself and another guy and told me this guy had been blown up major by a mine and killed and taken to Dong Ha and I had remembered, and I didn’t tell him this because I didn’t…[?] brought me the photo and talked affectionately about this person, and how to this day he’s in touch with his family, but I took care of that guy and there wasn’t anything to take care of. I mean, this guy came in and I remember a lieutenant colonel had come in shortly thereafter and I was trying to resuscitate this guy. He was just blown to bits and this guy’s abdomen and lower extremities were gone and gaping, huge and gaping holes. It was almost…I had a lot of experience at this point, this being either June or July, and it was almost one of those cases of, “Where do I begin? Which hole do I put something in?” I mean gauze or pour some saline in. “Where can I find to [?]?” He was about gone when he came in. He was one of those persons that - now separate from the part of the persons that you never find – sufficiently intact as a human body that could be brought in but was just
blown up. Anyway, it was those sorts of things sporadically, you know, very, very, difficult. What happened at Dong Ha was just I got to do a lot of work there. The last week or two, I had it down on June 28th, my decoration was given to me on June 30th, I have a note of “Message to be at Phu Bai with a haircut.” I didn’t have real long hair but I didn’t have real short hair and I figured, “Who cares? I’m just doing my job.” It wasn’t long hair in the sense of long hair that we think of when someone says long hair, but relative to Marine Corps standards it was longer than you think and to be shaved and to be shined, and have my clean uniform, shined boots, etcetera, and go get down to Phu Bai. I had been married and I had trouble with my marriage and I have a note, “Married six years today. I think back on the past six years and accomplished all of my goals but one,” which was happiness in that marriage. “I remember both the day, the date, a year ago. Wonder what will be a year from now.” That’s being reflective I suppose. Then I went down to Danang…I went down to Phu Bai and had a big ceremony. The commanding general, General Davis, you know, had the awards ceremony at the Bravo Med and pinned a lot of Purple Hearts on guys that were wounded, and it is very clear in my memory standing there at attention in formation with flags and General facing me in some sort reading the citation and exchanging salutes and he literally pins the medal on you. I couldn't…once again it was almost like watching a movie because I couldn't believe it was me, and then off with the guys for a lot of beer. You get a lot of beer and steaks, which began early, and then I went back the next morning, back up to Dong Ha, and started doing the work again. I did a lot of surgery. The next day, July 1st, I put in a chest tube, July 2nd I did a tracheotomy, a lot of casualties from the 1st Battalion, 1st Marines, 3rd Battalion, 3rd Marines. Still many fevers of unknown origins. I had called…July 4th, July 4th; has anyone ever described to you their July 4th in Vietnam?

SM: Not that I recall.

EF: Okay, July 4th was celebrated with lots of gunfire, guys just firing off their weapons – not at one another, but just make a lot of noise with it – and then there was a lot of drinking that was going on, and then there was the inevitable brawls. Here’s this comment, okay? “Had first call today and work like hell, kept me up all night. One Marine bit another Marine’s ear off.” Can you just…so I sent someone looking for the ear, you know? Well, you know, “Go find an ear,” you know, at night! But, it was
just...the war was off for that day. I was reading, I got a new book about Vietnam yesterday when we stopped and had to use the bathroom on the way down and we stopped at a Borders, do you guys have Borders?

SM: Bookstores?

EF: Yeah.

SM: Not in town but I know of them.

EF: Yeah, we stopped at Borders and I forget the name of the book, but I was reading a section of that book last night when we came home and that’s...I’ve intermittently read about the war over the years and I’ve tried to...the value of my diary in retrospect is it keeps me on track as to what I was experiencing at the time as opposed to everything blending together as a result of lots of conversations subsequent to the experience as well as reading. You know what I’m saying? The diary has served me very well from that standpoint, it allows me not to blend things. But July 4th was what it was and then July 5th, my comment, “Very heavy contact north of here. Many casualties. People dying in post-death all day,” and I have nothing more specific than that. Next day is, “Very busy day. Many casualties, S&Ds,” S&Ds were the term of shock...something...S&D was shock and debsevement. Now I don’t know why they conjoined the two because obviously debsevement is just the cleansing of the...the cleaning of the wound. I’m sorry, it is not. It is suture and debravage. That’s what it is. That was the aftermath of the...that would be the minor stuff, or it might be taking care of the guys because we did a procedure called delayed primary closures, have you heard that term? Did I use that term?

SM: Yes sir, where you keep the wound open to clean it and then you, like five or seven days later, you close it?

EF: Yeah.

SM: Yes sir.

EF: So the casualties that were going to ultimately going to be returned to duty rather than be sent to the next echelon of hospitals out of country basically would be kept on the wards and then at the appropriate point in time, I think it was four or five days later, their wounds that had kept clean would be sutured. That’s what S&D was, I was wrong, that’s suture and debravage.
SM: Now during those periods of heavy contact, like for instance just after the 4th of July celebration…well, I guess first thing, did you guys find the ear? Do you know?

EF: Say it again?

SM: Did you find the ear, the guy who got his ear bitten off. Did you find it?

EF: No, I never did.

SM: Oh, no! Okay, so tragedy number one. After the 4th of July celebrations ended and these guys had been engaged in heavily drinking and all these other things and then contact the next day, did you find that that activity that night before had debilitated them considerably for contact that next day?

EF: No. I don't think so.

SM: Were they ready?

EF: But for the following reason the troops that were in contact were not the ones that were at Dong Ha. These were garrison troops in Dong Ha.

SM: Oh, okay, got you. You’re talking about the line soldiers?

EF: Yeah, let me make it clear; the line troops were…

SM: Line Marines?

EF: Yeah, they were…exactly.

SM: Okay, so they weren't out there having a good time, it was just the garrison soldiers?

EF: Not to my knowledge, no. They would be particularly…the situation being was there was fighting going on. I don’t remember exactly where it was. It may have been at Phan Thiet and it may have been up around Highway 9. It was certainly in both places, but specifically where, I don't remember. But the next day, Sunday, July 7th, was a dreadful day and I will never forget that. My note is, “I signed out nineteen KIA’s today. The bloody carnage continues from 689 and 881 all night long.” Those are the hill outposts to the…let’s see, that would be to the north and the northwest of Khe Sanh. Signing out a KIA is a…you know, you go over to the graves registration and it’s a building with a lot of noise because there’s a…[phone rings] oh God! Would you excuse me?

SM: I’ll pause it, yes sir. [pause] Okay, go ahead, please
EF: It’s a building that is kept cold with generators. They have their own
generators, and so you go into this place and it’s like a morgue – it is a morgue – and the
guys are in body bags, some of them, and some of them are on tables being prepared to
be either…I guess they’re in body bags usually as they come in, out of the body bags,
onto the table, hosed down, and then there’s a corpsman or Marine, and I guess it would
be a Marine, at the head and at the feet of the table and they’re turning these guys over
for you. I’m going over and probing at their bodies to describe the wounds, because have
you seen a death certificate of this type?

SM: Yes, I have.

EF: Well, there’s a portion on the paper that describes the wound and what they
died from, and so you want to accurately describe it, for what purpose, God only knows,
you know. But, that’s the way it is and that’s what we did. It is the most somber of all
moments. I had told you my first experience shortly after I got into country of seeing this
young guy who was shot in the temple. So, here are these guys and the whole thing is
incongruent to the extent that the radio playing rock and roll music was turned down, just
from the look of me, and not telling them to get [?] and no more so than me telling
someone to take down inadequately what would be called in World War II a pin-up
calendar, right, although there was a general who was actually a [?] general who said,
“No nudes in the bunkers.” Can you imagine in Vietnam? Have you heard this?

SM: No, I hadn't heard that there was an attempt to prevent them from posting.

EF: Yep, I can tell you who it was also, his name was Bruno Hockley and he was
the CG of the [?] and shot down early in December of 1967, and that was his devotions
there would be no nudes. Everyone seemed to have a picture of Anne Margaret with her
tight fitting thing showing her snatch [?] picture. Anyway, so you walk in and they turn
up the radio and you start finding these guys out and I got to tell you, some [?] simple
wound but lethal, and others just blown to shit, you know, just horribly hit, and signing
out 19 men? God, that’s half a platoon! You know the loss of 19 guys.

SM: Yes, sir.

EF: I remember that day only because of the volume. I’d never signed out that
many before, and having characterized it as bloody carnage continuing…I know
emotionally what I was seeing, you know what I'm saying? Terminology speaks to what
was happening in my opinion.

SM: Want to take a break?

EF: No, I’m fine.

SM: You know what, actually this might be a good point to just take a quick few
minutes. I’m going to run to the bathroom.

EF: Okay. [pause in tape]

SM: Was there anything else that you wanted to discuss with regard to that?

EF: No, it’s just the graphic endpoint, you know?

SM: Yes, sir.

EF: There’s nothing that can really be said about it, it’s just a picture that will
forever be in my mind.

SM: Yes, sir.

EF: And that’s sort of the whole thing.

SM: How much longer did you spend at Dong Ha?

EF: There through…I would guess for a month.

SM: And was there anything else that happened, any major engagements or
operations while you were there?

EF: There were. You know, there were two or three times – I’m just thumbing
through it – in which there were lots of casualties. I had, for example, July 17th, “19 really
ran into it. We had mass casualties and people dying in triage. July 18th, casualties,” and
it doesn’t say anything more about it. I have July 20th, now this is odd because I don’t
remember much about it but I have written down, “Many accidental discharges.”

SM: Interesting.

EF: It would be conjecture at this point to try and correlate…do you know what
I’m saying?

SM: Yes, sir.

EF: But I have the suspicion that it may have been the reflection of a lot of
combat and perhaps…and many, I didn’t characterize beyond the term many, so many
means more than a few, I guess. The only other time that I took note of that was up at
Khe Sanh and it wasn’t the Marines, it was with the Rangers, the 37th ARVN Rangers as
we had talked about. Then I had July 21\textsuperscript{st}, “Uneventful day. Vietnamese blown away as was a little girl at O-330.” I don’t know more about it than that.

SM: Now during your time at Dong Ha, was there an ARVN unit in proximity to you?

EF: You know, my guess is yes, but I don’t know the answer.

SM: You don’t recall treating any ARVN soldiers?

EF: I remember treating…I remember being around the treatment and whether I rendered any treatment I don’t recall to the NVA.

SM: How about PAVN? Who was the enemy primarily being fought against, do you recall?

EF: NVA.

SM: NVA?

EF: Yes.

SM: And how about captured soldiers that were wounded that needed medical attention?

EF: Yes, that’s what I mean, treating some NVA.

SM: Oh, okay.

EF: And I remembered something about them, I remembered they were stoic.

They were not…they just seemed to be…I can remember the face of one particular guy just…he would not register any emotion. Didn’t have a devastating wound I think, he had an extremity wound, but yeah, it hurt, and he’s captured and the rest of it but I saw no sign of fear in him.

SM: In terms of their stoicism, did they also withstand pain without any audible…

EF: Well, the small number I can remember being around a few of them, not many, but the feeling that I had just based upon that one observation and comments of other people would have probably nailed together an opinion of their stoicism.

SM: What did…how did you feel about the enemy and did your opinion of them change over time as you had to work on them as a doctor?

EF: Well, I have very brief experience with…and only…my recollection is only what I’ve just cited. To be perfectly frank, I hated them. I hated them during Khe Sanh.
for all the reasons that one might in terms of being there and them trying to kill you. I hated them. I think that it didn’t characterize itself as any emotions because I didn’t deal with them. It’s sort of like being in this big picture but you’re not encountering anyone. I had no personal interaction of any kind until that engagement in September that we talked about. But I didn’t like them. The few times at Dong Ha there were NVA casualties. I would just go find something to do with the Marines, something that wasn’t challenging. Whatever it was, it wasn’t me that was taking care of them. I mean, I would have if assigned to. I chose to… I just didn’t want to be involved with them.

SM: So where did you go after you left Dong Ha?

EF: I went out to the hospital ship. At Dong Ha I viewed as almost a vacation, as odd as that may sound. It was pretty structured you know and we’re doing some surgical work so on a professional basis things were cool, and I can remember once or twice going out to the hospital ship where you’d catch a chopper going out to the ship with some casualties. You could spend a day on the ship and go buy some stuff. I tried to buy a camera and wound up buying one from another guy and then come back, but while on the ship I made arrangements with a general medical officer to switch with me for a week. He would come and take my job at Dong Ha, and I would go and take his job on the ship, which was cool. So, in August I went out there and – in early August – and worked on the ship. That’s a whole different experience. That’s like being in a hospital, and I remember we went out on August 7th and went to the Repose. There were two ships, one was the Sanctuary and the other was the Repose, and I just took with me my very basic stuff, basically what I could carry with me and some toiletries and some personal forms and my diary. The first day out there I worked on a burn casualty, the next day…and every night was watching a movie and getting good food, just enjoyed the day aboard ship was very tired and the comment, “Too many petty rules but I do enjoy the comfort.” Then we were in a ship one night and the ship pitched and rolled and I’m sensitive to that so I was miserable on the ship. The next day I scrubbed on three head wounds, guys that were either shot or shrapnel wounds in their head, called a craniotomy, all day long. I was up all night taking care of burn casualties. But, I had a bad experience on the ship. Unbeknownst to me, I wasn’t really familiar with the ships and whatever set of rules that they had. I know as I reflect upon it that I said, “Too many
petty rules.” What had happened is I was smoking at the time and I went up on the deck in between cases and got a cigarette and the deck has…there were watch stances on the ship at intervals, at spaced intervals, but they’re not far apart, and the ship is illuminated like a Christmas tree at night and there’s really not a lot that can go on, and there are two commands on the ship, there’s the hospital command and then there was the Navy Captain Command, medical type, and then there’s the ship’s command that pilot the ship, and the ship…it was my impression that the ship’s officers were not delighted to be the skippers in command of a hospital ship. Looking beyond their mission, if I were a Naval line officer I think I’d want to be on a battle vessel, and that was my conjecture because I sensed…I sensed…I didn’t study it in depth but I did see it with the ship’s command and the ship’s officers more often than I would with the doctors because I wanted that different kind of experience, because I could account for doctors any time I wanted and I just sensed – and I can't give you the specifics – that we’re just doing this because we’re assigned to do this but I wasn’t their choice of duty. Anyway, what happened is I went to smoke this cigarette and some nurse came out and she was smoking a cigarette and so we were talking and there may have been an embrace or something, you know, and if I could have taken it to another level I would have, we’ll leave that, but there was simply no opportunity so it wasn’t about no inclinations, it was about no opportunity. The next day I got called into the captain of the ship’s quarters and I think I had one day left and I thought he was going to thank me for doing a good job because I worked very hard and he dressed me down for breaking the rules and demoralizing the ship’s rules. Apparently there was a rule that no two people of opposite sex can be on deck after dark. There can be three, meaning one and two or two and one, but not two, and a watch there had talked me in and he began to get on me and I listened to him for about as long as I…first of all, I found it to be absurd, but I told him, I said, “Listen,” I said, “Nothing untoured happened.” I went through this whole thing and I said, “Why am I defending myself to this jerk?” and here I am…this guy was just…he attacked me vehemently. So I asked him what he wanted me to do about it and he told me if I were under his command he’d send in a poor fitness report. I asked him if he had a psychosexual problem, and he just lost it and I left his quarters. I didn’t know what to do. I had a day left but the ship would be getting choppers coming in during the course of the day, I don’t know how
often, but periodically, with casualties and what have you and do I leave? I didn’t really know what to do. Am I supposed to leave, am I supposed to…I didn’t know what to do. Anyway, it must have been towards the end of the week because here’s what happened; on Sunday, in the ward room, they were having this like a brunch and so I went up in greens, in my utilities, and they said, “You can’t come in with utilities on.” This is later on that day, “You can’t come in with your utilities on. You need to wear whites.” I had blood on them! As if I had whites! So I went down below and I was just kind of hanging out and someone said, “Did you get breakfast? They have a great breakfast! Stuart’s making every kind of thing that you can…pancakes and bacon!” and in the context of having lived in Vietnam now for seven or eight months and never having anything like that or rarely having anything like that, never is not a good word, and certainly at Khe Sanh having had a few months of C-Rations and nothing else, that was like a great delicacy for me. One guy said, “Go ahead and put on my uniform. I’ve already eaten, I’m working, and you’re about the same size as me,” so I did and I go back up to the ward room with the shoulder boards on and here’s this XO of the ship and I’m sitting with the ship’s compliment, I’m out of uniform, they said, “Why are you out of uniform? You don’t have a name tag on.” I just can’t believe this guy. But I go downstairs and I did have a nametag with my gear and I put my nametag on and I come back up and I take my seat and I don’t have my national defense ribbon on and he cites me, “You’re out of uniform.” And he’s just on me, this guy, and I’d never encountered this guy before. I’d seen him around but I’d never interacted with him. I didn’t have my national defense ribbon on and I got borderline disrespectful to this guy. So I went below and I said, “You know this guy’s an asshole. I’m not going to…I’m going to be off the ship tomorrow so today to hell with it. Let it sit.” So this guy comes in and says, “What happened now?” the guy who lent me the uniform so I told him what happened and he said, “Well fuck it,” he said, “Just go back up there,” and I gave him my [?] ribbon, he called it a [?] ribbon, have you heard that term?

SM: No, I haven't.

EF: Everybody had a national defense ribbon, you know that ribbon?

SM: Yes, sir.
EF: So without…I by no means would say it disrespectful about the ribbon, but what he was saying, put on my [] ribbon? Like everybody has it! Like, who cares, right? What does it matter? Inconsequential. So I said, “I’m not going to do that.” And then it occurred to me that I had my Silver Star ribbon and when would you ever wear the Silver Star in Vietnam? You get it the day you get it and you take it and put it in your stuff and take it home and that would be the end. It comes in a little leather box and it comes with the medal, the ribbon, and there’s a civilian lapel device, so I put on the ribbon and the ribbon actually comes with a pin because it’s a whole unit. It’s not like later on when I had my bars that you put the ribbons on, that you mount them on, the sliding bar, that comes without a pen on the back but this actually comes with a pen so you could wear it. Well, I said, “God damnit,” and I put the thing on, and I’d never worn it before and I went upstairs…upstairs, I went to that ward room and here’s this guy and he’s still there and this time he takes a look at me and says to me, “Where did you get that?” and of course I played dumb and I asked him, “What?” and he said, “That medal.” And I said, “I’m not wearing a medal,” and the doctors are watching and there’s a little something that goes on between the ship’s command and the doctor’s command, which I was becoming aware of on a competitive basis. You know, there was a little not active descent but maybe a little each group kind of stays to themselves in a large measure. Someone said it was about pro pay, about professional pay, but I don’t know what it was about but be that as it may I said, “I’m not wearing a medal,” and what he said was, “That distinguished flying cross, where did you get the distinguished flying cross?” Now you know that the colors are about the same, red, white, and blue, but the configuration is a little different. This guy was setting himself up for disaster, you know, that soldier. I said, “I’m not wearing the distinguished flying cross.” I would not tell him what it was. He said, “What do you want…” and he was getting frustrated with me, and he said, “Well what do you think you’re wearing? Where’d you get that?” and I said, “Well, I got it down below,” and I wasn’t going to give him any answers. Now everybody’s focusing attention, and he said, “Where’d you get that distinguished flying cross?” and I said, “Listen commander,” his name was Mazolini, and I said, “Listen Commander Mazolini, I’m just going to tell you this one time; I got this out of a foot locker. The footlocker housed my shaving gear. The president gave it to the general who gave it to the general
who gave it to me, so that’s what it is, a silver star, something I gather you’ve not seen
before, and may I have my breakfast sir?” and I was in that tone of voice and this guy just
didn’t know whether to shit or go blind, and then I just went over and got some food and
he was seething with anger. Next thing I know is I get called back into the captain of the
hospital, this captain, his name was Markowitz, and he said, “You have to leave the
ship,” and I’d had enough of this guy, also. He’s the one that had reprimanded me about
my sexual behavior and I said something about walking the plank and I’d had enough of
these guys and I said, “Nothing would be soon enough for me,” and he said, “And we’ll
be checking on that silver star thing,” and I said, “You can check to your heart’s delight,”
and they were not going to hear anymore sir’s out of me or anything. It was going to be
no more courtesy. I went down below, I had greens on at this point because I just
changed into my stuff. There was no safe harbor for me, there was no place for me to go.
I wasn’t going to work anymore, that was for sure. I wasn’t going to do one more
fucking thing. So, the next thing I know is…and I’ve got this little Willie Peter bag,
that’s what I carried my stuff out on, this little waterproof bag with a drawstring like a
purse string with my stuff, and they called a priority Medevac in from the shore and out
comes this 46 and I’m sort of on the deck, there’s a deck on the fantail of the ship
where…it’s a landing pad, and they say, “That’s yours,” and I get on this thing and the
crew-chief hands me the headset and the pilot or the co-pilot, which I don’t know what
the hell happens on the ship, that they called some priority evacuation from the ship to
get me the hell off that ship, but that’s what happened. Who made the call?
SM: For crying out loud!
EF: Is that unbelievable?
SM: Oh, wow!
EF: And these guys flew down to Marble Mountain with me, so what
happened…oh, so I take the headset and I say, “Well, you know,” I said, “These assholes
in the Navy,” because I had no like with the Navy. I identify with the Marine Corps, I
said, “These assholes, I was just taking away too many of their nurses.” And they said,
“How many nurses did you rape, Doc?” you know, and I said, “How many days was I on
the ship?” you know? [laughs] There was this conversation going back and forth, we’re
laughing our ass off, and we went to the Stone Elephant, we went to Marble Mountain,
landed the chopper, they got some land vehicle, we went to the Stone Elephant, we got
shit faced and told lots of war stories and lied like a… “This doctor raped six or eight
nurses on the Repose!”
SM: My goodness!
EF: Then I stayed overnight in a laundry room! I stayed overnight in a laundry
room some place because I remember sleeping on this floor of laundry, which was cool
because it was nice and soft. The next day I took a chopper… oh, what happened is these
pilots were completely smashed and they said, “Okay, we’re going back to Quang Tri,”
to Dong Ha or Quang Tri, which I don't remember, and I said, “No, what’s this we stuff?
I’m not flying with you!” These guys, when I tell you that they were knock down drunk,
there was no way I was getting on a chopper with them, no way. So, that was that
experience.

SM: Now how many women were there on the ship?

EF: Lots, there were lots of nurses and we might have had some administrative
sights.

SM: But as you said, there was very little opportunity to actually do anything?

EF: I talked with this woman, I can remember her name because it is in my diary
now. She was a French-American woman from Louisiana and her name is Moison and I
said, “How do you say that?” and she said, “It’s poison with an M.” That was the
spelling of her name. So, we flirted a little bit, you know, and there was no place to go,
you know. The thought that you could walk down three or four ladders to where your
quarters might be and get this girl in your quarters, I mean, I might have tried to find a
way to do it if I didn’t have a fear of getting caught.

SM: There were strict regulations against it?

EF: Oh, absolutely. I don't remember how the quartering was but knowing how
it would have been, the male and female staff were not anywhere near one another. The
bulkheads would divide the two, you know what I’m saying.

SM: Yes sir. Now with all those women, there certainly must have been a need
for the services of a gynecologist, an OBGYN specialist.

EF: Well, not having been fully trained, I had no knowledge.
SM: Oh, okay, so when you went to the ship you never served in that capacity as OBGYN?

EF: No.

SM: Do you know if there were any pregnancies?

EF: None that I’m aware of. I had heard stories, not of pregnancies, and not of service women, but of Red Cross workers. Had you heard anything about that?

SM: No, about what?

EF: Well, there were Red Cross workers in Danang, for example, that were doing the things that Red Cross workers do. I’m not even sure quite what they do. I know that they have administrative capacity in terms of getting people home under emergency circumstances and communications they do. But the Marines…and I had encountered at this place The Stone Elephant probably half a dozen times, some women and when I would ask, “Who are these women,” because they were clearly American, they said, “Red Cross workers who were available,” who were girls who…if you had the place to take them, which I never seemed to have, or the imagination to find the place that you could make due, they would do what all people do.

SM: Oh, okay. Sir, could you hold on one second? I’m going to have to change out our CD. Just a minute, please. This will end CD number three. [tape ends]

EF: I left, okay, around February 5th or 6th I had been temporarily assigned to the 1st Battalion, 26th Marines because their battalion surgeon had extended and had thirty days leave, and I had volunteered to stay at Charlie Med and some how I left Khe Sanh, I carried some messages I think, some classified mail down to Phu Bai but in order to get back up to Khe Sanh I had to go to Danang because that’s where the fixed wings were leaving from with whatever equipment they had on board. Right back in fused artillery shells. So, now it’s Tet, it’s around February 5th, it’s a time that Long Bay, do you remember Long Bay?

SM: Yes, sir.

EF: Long Bay had been attacked and overrun during this time, it was February 5th or 6th or something like that. We went down to Danang. Danang was chaotic at this point. It was just lots of people all over the place and I found my way over to a place called the 22nd CSF, casualty staging facility which was an Air Force facility where they
were staging casualties that were sufficiently stable to be transported out of country for whatever they would go out of country for, back to CONUS or to a fixed medical facility for more extended treatments or what have you. I ran into these nurses and they said, “Hey, do you want a good place to stay?” and I said, “Yes,” and they said, “How about a clean bed,” and all the rest of it, and I said, “Yes,” and example, I’m just flipping, “Caught a C-130, caught an Air Force C-130,” okay, here it is, “[Harvey Demag] returned today.” That was the battalion surgeon’s name who I had relived, “Thus ending TAD with 126th. Caught an Air Force C-130 to Danang and enjoyed a big steak, line, beer, coke, hot dogs,” just everything in sight. “They bitch about missing part of the movie here, looked at me as if I was a nut because here I was cold, dirty, and filthy. Had a second dinner of hot dogs, French fries, etcetera, tried to call Saigon,” I had a friend of mine in Saigon, “But no luck. Was able to find a rack, took a shower but clothes are still dirty. Awakened at 0:45 and had breakfast, [? ] couldn’t get back. Will attempt to get a flight to Phu Bai,” blah, blah, blah, it just went on from there. “Went back to the officer’s club and had dinner in club. Get a flight tomorrow. Khe Sanh really hit today. NVA have tanks,” but that was because of Long Bay, that’s when we found that out, “Had another steak, coke, French fries, and at 22:30 went for breakfast and met two nurses. They invited me to their hospital and I had clean sheets, shower, etcetera, a very pleasant experience,” and then I wrote down, “Back rub,” but you know this girl, you know I was just ready as anyone ever was and she was more ready than myself! You know, here in the midst of all this I could just…it was so incongruent. As I sit back and I reflect on this before, I was trying to satisfy every craving. I was gauging myself with beer, wine, alcohol, steak, hot dogs, French fries, eating four or five meals a day, not that I was…not out of hunger, but probably trying to sate myself, you know, and here this girl comes, “Hey, come stay with us, clean sheets, can I get you a uniform?” you know, oh my God, what do I have to sleep in, and next thing I know she’s there and I go to sleep and I just can't believe it. It brought me back to other memories, and maybe it was still dark but close to morning. I thought it was she who had came back, but it was the other girl that had come back. It was one of those experiences, and I left. The next day I caught a flight into Khe Sanh, but I’ll tell you something so peculiar about that flight; I get out on the tarmac and get briefed by this Army sergeant, I mean this Air Force
sergeant. I can never tell their ranks, they have all those… I don’t know the ranks, but
they have all those chevrons going the wrong way, right, so who knows what rank they
are?

SM: Right.

EF: And he’s a guy with a deep southern accent and he says, “Are there any,”
and he’s telling us that we’re going to land, that the ammunition which is the cargo on
this C-130 is on these pallets of ammo, aluminum pallets, covered with that nylon wrap,
like seat belt material, secured to the pallets, and we were sitting… those of us who were
going up, probably half a dozen people who would be in the fuselage of the airplane,
there would be some rigging along the side that we would kind of secure ourselves to and
as the plane slowed down we were told to go out first and then the cargo would come out
second and then to hit the deck and all the rest of it, and that we’d get some incoming
machine gun fire on the way in and not to worry but you’d probably never even hear it
over the drone of the engines. Are there any questions? And so I had some questions
and guys were replacements, I don’t know who they were I wasn’t paying any attention
to it, but the sergeant’s name was Custer, that I’ll never forget. So here was this…I kind
of come out of this dream of the night before, listening to Sgt. Custer brief me on going
into Khe Sanh. It just has always in my mind been odd. Then we climbed aboard the
aircraft and we flew to Khe Sanh and we got some incoming from… planes would land at
the time that they were landing they would make their approach from east to west and
there was… we used to joke at Khe Sanh and I think it was after the fact, after my trip, not
before, that at the east end of the runway in the enemy position was an enemy who was in
a humorous fashion referred to as Mook the Gook and Mook the Gook was said to be,
and I don’t know this to be the case, secured to his machine gun and the word out was the
book was never shoot… they should never take Mook the Gook down because he was a
shitty shot and he could be replaced by someone who was a better marksman. So, we
took incoming on the way in, the plane landed, you know, we scrambled out the back and
that was that.

SM: Let me go ahead and stop this real quick. I’ve got to make a change to the
machine for just a second. [tape stops] Okay, this is continuing in the interview. Go
ahead.
Having told Jim Finnigan about my experience at the 22\textsuperscript{nd} casualty staging facility with this nurse, we’ll call her Carol, his first and lasting impression was, “I need to get down there as quickly as possible.” After Khe Sanh and I guess during the summer months he got what was called a hush trip to Hong Kong which is like a little gift, it’s a little bi-trip, it’s not an R\&R and doesn’t count as an R\&R but you get out of country for about three or four days and it’s usually a little meritorious thing which can be politically arranged, and I thought I was going to get one and the situation changed. But, be that as it may, Jim said, “Now where was this place, this 22\textsuperscript{nd} CSF?” So he finds a way to call down there about casualties, billeted now as a surgeon and wanted to ostensibly get some follow up on surgeons and the call gets patched through and he finds his way to this nurse and says, “I’m Big Jim…” he always used to refer, “I’m big Jim from Khe Sanh, and I’m coming down to inspect your facility,” you know, to which she responded, “Well, I won’t be here to help because I’m going to Hong Kong,” now picture that, she’s going to Hong Kong, so he said, “That’s too bad,” and he’s laughing like a fox, you know, and he gets down there as fast as he can, goes to Hong Kong on the same airplane as this woman and they get drunk together and he’s busy shopping to bring something home, like pearls and whatever, silk and whatever else he’s buying, and they have their interlude, their romantic interlude. He never of course mentioned it to me because we don’t want to make...the objective is to secure the goodies but not to make a whore out of this girl or anything, and he gets just smashed with her and they have their thing, which was far more...his thing with her was far more than my thing with her in that it was for a few days, and they come back and that would seem to be the end of the story, but Jim rotates back to the States earlier than I do, gets back around September and I’m not set to rotate until December and he resumes his civilian life and I can speak freely on this because it’s all out in the open, and he has five children, he had married his medical school classmate early in medical school, the relationship began in, it’s now 1968, he’s come home, five children, and half his training finished and Vietnam over, and his wife knows Big Jim. Big Jim is one of my favorite persons on the face of the earth. He’s a great conversationalist, he’s a great humanitarian, he’s a man about town, he is all of the above and then a few other categories. She sees...he, in the early day or two that he’s home they reunite. They subsequently divorce, but when they reunite he’s really smashed, and
she says, “Now Jim, you know, I know it was a long year in Vietnam and I understand who you are,” and war is hell and all the colloquialisms, “But you can’t for the life of me ever convince me that you were [?] not sexually active,” and he defended as long as he could the fact that never, never, never did anything but [?] and she continued to persist and continued to give him more [?] and finally he told me in an effort to keep her quiet he said, “Oh yeah, there was this one time, it was just one of those things. It didn’t mean a thing. It was a moment of weakness. War is hell.” He said, “I think it was even during Khe Sanh I got out for a couple of days,” and she says, “No, that wasn’t during Khe Sanh,” so the next day there’s a little silence and he wasn’t quite sure what he’d talked about and she wasn’t forthcoming, his ex-wife wasn’t forthcoming what they’d talked about, but the long and short of it was he just couldn't contain himself and ultimately had to ask her what they’d talked about and she laid it right on the table for him and he began to deny it vehemently it was never to be believed. But I guess here it is, what is said to be the case of the ultimate test of marital loyalty was to be in Vietnam and to remain loyal to one’s spouse, to get an R&R and inevitably the married people would choose to have the Hawaii R&R because you could meet your wife halfway and I think the airline was very accommodative to the cost of the airfare from the States to Hawaii for spouses, and the ultimate test of chastity was to have your flight arrive 12 hours before her flight. That was it, that was the joke.

SM: Well, we got away from the Red Cross workers.

EF: Well, the Red Cross workers, there was lots of talk in the time frame in and around Danang that the Red Cross girls provided a variety of services, some of which were professional by job designation and some of which were based upon friendship and I’d heard, and I don’t know the truth to this but I’d heard it from a variety of sources, some of which were professional, and I never had the experience only in so much as it was made available to me and I didn't have the time to seek it out, but I’d heard that and I’d heard from enough people said in a way as to not make me believe or disbelieve, not to convince me, but it was sort of said as a matter of fact. To what extent that was the case, I don't know the answer, but I suspect that it would be the case, at least on a limited basis if not more.

SM: Now how about the USO show people? Anything?
EF: I saw a couple of shows at Dong Ha. There was a troop that came with vocalists and girls dancing to whatever music and there’d be a band combo, and I can remember…and actually I remember based upon my memory but also photographs that the guys, all the ambulatory patients at the hospital would come and there’d be some security. Dong Ha I thought to be a really safe place and maybe it was where I was located. Dong Ha was huge, Quang Tri was huger, and the concept of the enemy being in the base was incongruent. I never carried a weapon.

SM: What about fraternization between USO…women who worked in USO shows?

EF: Nothing that I observed.

SM: Nothing observed? Well, now after you got off the hospital ship, what happened then? Where did you go, what did you do?

EF: I went back to Dong Ha but just for a few days and then one day we heard…this is dated August 14th, “To Dong Ha this a.m. Navy said it was good to return,” because I was angry and I was looking for that so called hush trip and I wrote down, “Looks like no hushes will be given,” and then I wrote down poison with an M, that was a little code thing, making note of that girls name, “Watched in cold blood, glass of red wine with Father Dave [?],” I guess he was [?] chaplain. Then the next day was August 15th, “Called to report to Quang Tri as mass casualties,” and it says, “Grabbed a few things and drove down. Delta 13 ran into heavy incoming and sustained mass casualties. Joe Wolf and I,” Joe Wolf was one of the four of us from Khe Sanh, “supervised S&D and triage.” Then Friday, the 16th of August, “Guess I’ll remain here. Twice to Dong Ha,” I guess I went back to get some of my gear is what I did. “Living is really bad. Sand deck intent,” in other words, there were pitched tents on the sand. “No additional battle casualties today. It looks like the beginning of the monsoon season.” The next day is just about, “Didn’t do too much [?], no mail.” Next day, “No mail.” Throughout the text of the diary there are comments written about no mail. Mail was very important to me, you can analyze that I suppose, and it has always been important to those people and was a priority to the extent that Friday, Friday Patty and I went out to dinner with a girlfriend [?] and her husband and I didn’t realize her husband had been in the Army and we talked about something about mail. He gave me a catalogue was what
it was from the auction houses and we got to talking about mail and I said, “When did you get this? I haven't gotten mine,” and it was about pistols, and he said, “Well, I got mail.” He said, “You know, mail, mail, mail, we got the mail,” somehow he had gone to Vietnam for three weeks when he was in the Army as an infantry officer and he decided just as a little adventure to take a helicopter out [?] delivering mail and what surprised him was he never had placed not being away the value of the mail, but it had been explained to him and we had a big conversation about it. Mail was very important. Anyway, “No mail, threw the Frisbee around, did an operating room debreevement, continued treating casualties, examining an alleged rape victim.”

SM: Round eye or a Vietnamese?
EF: I don't remember. No, I think it would be a Vietnamese. I don’t remember more details than that other than to say I was going to be, at some point in time when I was up at the next place I was assigned to I had to fly back to give some witness statement which would have been sometime in early October on that case and my recollection was that there was no sign of any forced penetration, of course we didn’t have any of the technology available. What I was also told was that I was going to be held over if this trial…if this court marshal, or whatever proceeding it was, I don't remember what it was, was going to be prior to my date of term…rotation date.

SM: DEROSE?
EF: Yeah, and I remember my emotion was that I’ll be damned if I’ll be held over. Anyway, the rest of it is just, “Doing some surgery, had heat casualties, heard from the Repose,” I remember that, that was about my activity that this captain was really mad at me and they got into a thing, the ship’s command, and I had been disrespectful to them but they had been disrespectful to me and they found out I had belligerently put on a medal. It was just a very ugly and unnecessary event that had to happen. Anyway, we get toward the end of…I’m at Quang Tri, “Busy day. We had incoming about 01:00. The only ones that helped…” what happened was the hospital was hit by incoming or in the perimeter of the hospital, at 01:00 and the only ones that helped, available people, was the CO Murphy who was a [?], Finnigan, and myself, and my note is kind of disappointing, basically what that was is nobody came out of their bunker, nobody came out of their bunker. So, whoever the night people working at the hospital were, they
helped, but people should have assembled when there is incoming directed at the hospital
to go see if there were…I mean, these are guys that were dead, and what we had done is
we went and…Finnigan and I took casualties out of bed and ordered the corpsman on
duty and whatever Marine Sentries were on duty was to take the casualties and put them
on the deck under their beds and up against the bulkheads and we posted guards by each
access to the…to each unit in case it was to be followed by some…I didn’t know the
logistics of the situation, any kind of ground assault activity, but the sequence was that
there was going to be some sporadic incoming, and there will be incoming followed by
assault. But, no one came and I was upset with these guys and I had…we had had…I
hadn’t told you this; most of the doctors rotated back early in August. They finished their
internships and residencies on June 30th, begin their active duty shortly thereafter, that
would be three or four weeks at the field medical service school whether it be at
Pendleton or at Camp Lejune, and then maybe another week or two to get over to
Vietnam but by August they had been there and when they would arrive we would have a
little skit to welcome them because basically you don’t know where the hell you’re
going, and they would be these tongue in cheek things. God Almighty! We’d have a
couple of hand grenades, for example, like hand grenades. “What do I need that for?”
and I’d say, “No, they’re just for you to take care of business. If I had a fucking year left
here, I’d just pull the pin.” Or we’d tell people we’re special…we’d be serving booze,
there was always booze around at Dong Ha and Quang Tri both I think, and there would
be some booze around and they would be concerned and stuff and everybody would be
pretty out there and one guy would say, “You know where special services are?” and
“What the hell are special services?” “Oh, you get to check out…you can get horse shoes,
you can get game boards, you can get cards, you can get a basketball.” “Well where the
hell is the basketball court?” “Well dummy, there is no fucking basketball court, but if I
had as much time in country as you do, I’d get one and go dribble in that mine field over
there!” So, we had these little skits to orient the new guys, what were called the FNG’s.
SM: Yes.
EF: Anyway.
SM: Let me go ahead and step back. You mentioned the alleged rape victim, the
Vietnamese. When you were on the hospital ship or anywhere else, did you ever hear of
any allegations of American service women or Red Cross workers or any American
women who might have been in contact with American soldiers getting raped?

EF: Only…not of a rape that had occurred. This news woman that I’d mentioned
before, she has told me and reminded me that I once saved or helped her from being
attacked, and I have an entry in my diary that simply says someone tried to assault her the
night before, and I don’t remember much about it. It was at Dong Ha. It was…and I
think that I’d given her a place to stay. She’d been in the area and she came to see me or
I encountered her or something and I gave her a place to stay and someone tried to get in.
I mean, she had not been subject to an assault but someone had maybe made an attempt
to get to her, you know, and she, when I saw her subsequently, said I had saved her from
this but she just lauds a little bit when I see her, she lauds people. I had taken some
shrapnel out of her, which was really a small piece of shrapnel. It was not a big thing,
you know what I mean, but she says, “You’re the doctor that operated on me,” and in a
certain sense I did, but in a practical matter, no; it wasn’t much of an operation. No, I did
not…I’m aware in subsequent readings that those kinds of things occurred and not very
long ago I went down to kind of an art show by this [?]. It was an exhibit by Vietnam
former Marine male teacher slash professor and I don’t know what academic rank within
the state or perhaps within the county college system down around Long Beach and I
forget which school he told me, a black guy who was a black panther at one point. He
did a lot of different things. I read something about this guy when I went down there and
part of it…and his art was very, very…Harvey, okay, Harvey and I went down; Harvey
Harrison, his wife, and I and Patty went down maybe a month or six weeks ago down to
Long Beach and standing up in front of this place looked like the Sudanese liberation
Army. Remember those guys from the ‘60s? They were standing guard outside this
gallery and Harvey had expressed some concern about me seeing these things because
they were very, very violent, one of which was a painting representing a rape of a young
Vietnamese girl by American Marines. It was very graphic. It was done something in
the abstract but very, very graphic, and I didn’t ask if he had many paintings on exhibit,
lots of his work, and I didn’t get into anything leading to authenticity because it was said
to represent his experiences. Whether that’s specifically occurred, I don’t know. It
wouldn’t surprise me, I’ll say that. The specifics, I don't know. I don’t know of any
specific incidences but if I had to speculate I would guess that they were certainly
isolated instances of this sort of thing. We would hear, and having been in places where
there was very limited access to civilians, I’d heard that there were Vietnamese
prostitutes that were servicing people in areas where there was civilians. I’ve heard guys
would come in [?] I didn’t do any sick calls that I can think of, minimal if at all. Guys
would come in with various sexually transmitted diseases, certainly off of R&R but there
was in country encounters whether there was any forced sexual stuff…I think that there
probably was but I was unaware of whether it had occurred.

SM: So I guess the events leading up to that action in September…
EF: Yes?
SM: Was there anything of note or anything interesting that happened prior to
that experience?
EF: No, just working, just I was in…[phone rings] let me grab that. [tape pauses]
SM: This will end the interview with Dr. Ed Feldman. [tape ends]
This is Steve Maxner continuing the interview with Dr. Edward Feldman. It is the 14th of December, the year 2000 at approximately 8:30 Lubbock time. I am in Lubbock, Texas and Dr. Feldman is in California. All right sir, why don’t you go ahead and begin today by discussing the events that occurred in September of 1968.

EF: Okay. In September I was assigned to Quang Tri at the medical battalion facility there and I don't remember whether…I think it was Bravo Med where there was a large…large and sophisticated medical facility built to support the 3rd Marine Division. The area was composed of a…and a very well designed complex comprised of a landing pad to receive casualties by helicopter, a very large poured concrete building, a Fort building with hard back construction, a very well illuminated triage area that had I would venture to say many stations, over 20 stations, each of which was equipped to deal with a soul casualty and provide whatever support was needed for that casualty. From that area would be an X-ray facility through which a casualty would pass to further evaluate the wounds of that person and then on to operating rooms and from there there were wards for post operative care. In any event, on the morning…on the day of September 4th I was assigned as the medical officer of the day. That would not be the triage officer because that would be a general surgeon that was specialty trained which I was not that would be the triage officer. The medical officer of the day kind of did all the other things short of the evaluation of triage and would aid the general surgeon in the triage rotation if the numbers became overwhelming. In any event, the day was…it was 4 September, it was rainy and overcast and I was just checking the facility to be sure that everything was as it...
should be equipment wise and personnel wise when I heard a helicopter, I heard the
engine of the helicopter, land and we responded by just waiting for what would come off
that chopper and what came off was a door gunner that entered the triage area and
whether he spoke directly to myself or one of the personnel I don’t know but it ultimately
came to me that they needed a helicopter at the aircraft and I went out to speak with them
and they motioned me aboard. What was in my mind was they had someone that perhaps
they didn’t know how to move or a casualty that would not be properly evacuated to us
which might mean an eye wound or a head wound which we were not equipped to deal
with definitively at which point if the casualty were sufficiently stable we would redirect
that chopper to either the hospital ship if it were online or make some plan to get that
casualty to Danang where an ophthalmologist and/or neurosurgeon, depending upon the
nature of the wound, could provide the care. In any event, when I went out there there
was no casualty aboard the chopper. They motioned me aboard, I climbed aboard, I
thought then that perhaps they had a casualty that was a short distance…I didn’t really
know what was happening so I took the headset of the gunner and spoke with someone in
the front, that is in the cockpit of the aircraft, to find out what was happening. Essentially
what they told me was that it was an embattled company of…it was an Army unit of
armored personnel carriers that could not…that were engaged and could not get
casualties out and therefore they would like to bring me in and I understood what they
were saying and I don’t know what specifically my thoughts were other than that not
having any equipment I hoped that there was some equipment…not having any
equipment with me, I hoped that they had something I could help with. The other notion
that occurred to me later at the time or subsequently and I can't determine which at this
point, that it’s a great emotional support to have a doctor in the field and many times
there’s little more the doctor can add to the equation than the corpsmen or in this case
Army medics but that’s an issue that has been in my mind and shared with other doctors
and probably is irrelevant because the situation calls out for someone there. It’s hard to
explain and not seem self serving that I really can't do a hell of a lot of good there
because I’m ill equipped, but I guess what I’m trying to say is I was never able to nor did
I ever attempt to explain on a pragmatic basis to a command element that we really can't
do much out there because I think the thing that we do in part is the physical presence of
a doctor, of a surgeon type, in the field and the troops perception of that which is another factor and it’s of great importance is that they’re going to be okay and because they’re going to be attended to, and that’s enough for me. well, we flew up at low altitude and it was a very, very heavy rain and as we approached the destination, and it seemed about 20 or 25 minutes, we began to take fire, automatic weapons fire, from the left side of the helicopter and as we hovered on this hill at very low altitude we made kind of a hard landing. It was an elephant grass, muddy surface that we landed or just maybe we lit upon and I jumped out of the helicopter and I could see in short distance from me, maybe 30 or 40 meters away, maybe 50 meters away, a column of armored personnel carriers that were in a linear fashion and I was approaching from the rear of the column on the right side, that were engaged. I could see the RPG trails as they were coming in and some tracer rounds coming in and the first thing I did was move in the direction of the closest track to myself. I encountered a person who by his age either was a field grade officer type or staff NCO of which I’ve not been able to determine who began to brief me on the action and I remember having a disagreement with him as it related to the casualties and who was going to go out on the chopper that brought me in, and there was a man with a head wound very close to where I was, either the first or second track, that he had though was going to go out on that chopper and we were not going to get more choppers. There was a typhoon going on. I was told we could not get artillery support because I don’t know that the word loss was used but lost was how I interpreted it, the specific fix on that location was either not available or the area topography didn’t provide for it or some combination thereof, but in any event – and post air support was not available either. So, it was going to be this chopper and I said, “We need to get out the people that we can salvage like chest or abdominal or bad extremity wounds,” and that this man was near dead and he would be treated respectively and there was some…there was dispute. I didn’t allow for dispute; that was going to be the way it was, and there was no further discussion that occurred between myself and this person. I then grabbed a helmet from a dead person or one was lying about but it was filled with brain because when I put it on it just drooled down my face, the left side of my face, and I got a flak jacket and picked up a weapon, an M-16 and tried to figure out what really to do next. Some person, not the person that I encountered, but another man who had an M-79 and I
then began to go from track to track to figure out what was going on. Some of the tracks were smoking. There was incoming RPG fire, automatic weapons fire, in our direction and I mean frankly in all directions, and kind of a chaotic aroused situation with wind, a lot of wind, and rain; you couldn't hear yourself talk shouting to people. There, of course, up on these tracks on the Kupula…is that the proper pronunciation?

SM: Yes sir.

EF: …trying to get the attention of people. Some of the rear…I’ll call it the rear door for lack of a better term, the gate, were open on some of these vehicles, some not. There were troopers along side some of the vehicles, some aboard the vehicles and inside the vehicles, and I would guess that a number of these vehicles were seven or eight or nine, I don’t know the number. We just began to make ourselves from vehicle to vehicle. They were separated by distances of maybe twice or three times the distance of the dimension of one of the vehicles so maybe they were…I don't know their dimensions, they must be 20 feet long, does that sound about right? They’re long.

SM: Yes, sir.

EF: They’re big. We were getting some fire. We would return fire for the direction that it seemed to be coming, just going from spot to spot, and assessed whatever casualties were at or in close proximity to each vehicle, instructing them to…instructing the troops that they would bring the casualties that need to be either led or carried to the highest position that we could find in terms of altitude. It was more of a slope than a hill as I recall it, although it became a hill a little further up, but mount up the casualties and bring them by foot or carry them in poncho liners to a central area. I don't know when the chopper went out but it seems as if it went out shortly after it arrived with some casualties on board. After going to the last vehicle and doing whatever I could for whomever I could, which was more of an assessment because I didn’t have equipment…there was some equipment in some of the tracks in the way of field dressings and there was some morphine that was gathered and I had them gather some extra morphine for me and I remember designating someone to be in charge of the medicines and battle dressings and bring everything forward to where the casualties would be assembled. We then, you know, I had difficulty finding out who was in charge and I didn’t know who was wounded and who wasn’t and I didn’t know the ranks of anyone
who was wounded and who wasn’t but what was clear to me, and I say this not critically, was that there wasn’t a hell of a lot happening in terms of organization. It just seemed to me that the only thing to do to get to a better defensive posture was to get to the highest ground possible and to develop some form of perimeter. I don’t know that I could quite develop a circle out of this but having watched enough cowboy movies it just seemed reasonable that we gather and circle these vehicles to the extent that we could, and then I ordered that to happen and was telling people to take this here and take this there and up the side of the hill and there was no one that was countering me at all so I just assumed… I knew that something other than what was happening had to happen. The amount of fire power being put out, it seemed to me by our troops in response to the enemy’s fire, was far less and therefore we better be in a better tactical position in terms of elevation. So, over the period that followed immediately as it was happening, it wasn’t starting all at once, it was just as it was happening, I don’t have any remembrance about the tracks physically making an about face because they were facing in the opposite direction to where I wanted them to be. But in any event the tracks managed to get to this elevated position and I then had the men gather the casualties in kind of a central core. That’s what we had in the way of defensive measures, and I don’t really know what they carry, I’d never operated with armor before, and I was told that there was some concertina wire and there were claymores and I asked that the person find me a sergeant in charge and he will put out the wire and he will determine where these claymores go and it would happen as I spoke. It had to be done. I did not ask about ammunition, which I should have, it just didn’t occur to me. We then went about…I had a couple of soldiers help me try to get comfort for the casualties. There was some dead. We began to find out what we could get to support us. The enemy’s efforts now seemed to be diminishing in that there was incoming…what was happening as we went up the hill was a heavy mortar fire. I don’t know that there was artillery fire, I’m told in retrospect that there was. I could not differentiate at the time what it was except I knew it was amongst us and it seemed heavy and having had the Khe Sanh experience we used to pride ourselves on being able to determine what was light and what was heavy, and kind of in retrospect but you weren’t hit by it. Charlie had to try a little harder, that that was a [pea shooter], you know, that type of bravado nonsense that helps to sustain you during these
times but this stuff was close and it was heavy sounding to me. We were receiving
sporadic automatic weapons fire, rifle fire, and mortar incoming fire when we were at a
point now where we were calling for helicopter support. So, I got an RTO and I said,
“You need to get me wherever you will get me where they have communication where I
can set up some form of evacuation. I don’t know how to do that, I’ve never had
occasion to do that,” so I just relied on that person to get me in touch with whoever I had
to speak with and I just requested helicopter support to come in and get my casualties. In
the meantime we filled out some casualty tags and I was in the process of doing that, I
was writing the notes, it was dark and it was wet and there were pencils and I couldn't
really see very much about what I was writing and the descriptions of the wounds
were…I always found those to be of not great value because on the receiving end when
you receive a casualty you’re going to triage them first, you’re going to see what he has,
going through a description of what he’s got is of limited value. But, I was writing down
on these casualty tags that were fixed to flak jackets and uniforms where I was and who I
was. I didn't know where these people were going. It never occurred to me that they
would be going elsewhere other than our facilities but I was told subsequently that they
were evacuated in large measure to an Army facility in Quang Tri. But, be that as it may,
I just wanted to send some notice back because I was concerned that I was not where I
was supposed to be and I didn’t really think of the implications of that at the time but I
thought it was appropriate that my unit know where I was. In any event, we made
communication with some place and I don't know where and I said, “We need a big
helicopter, we need a 53 or a Chinook or a 46 to come in and get these guys out because
there’s not going to be a lot of time to do this and this is an emergency Medevac,” and I
wasn’t using any code words at the time. At Khe Sanh we had code words we used to
describe the nature and number of casualties because we knew that the net was being
monitored and there was really no time to begin to think about that stuff, just, “You need
to come, and you need to come now. You need to come with something big because I
have mass casualties,” and the word that came back was they would send in a big
chopper. “We need an LZ.” So, the men…the character of the battlefield, of the area,
was elephant grass but it was trampled. It was strewn. It wasn’t going straight up. It was
windy and I had the men to start to dig holes. They carry strobes in the APC’s I was told,
unbeknownst to me, and I said, “Do what you’re supposed to do with strobes. We can put them in the hole so that they can be seen from above and not from the sides,” and the dimensions of which I said, “Large enough to support two choppers coming in.” I didn’t know how many would come. About…this all began for me at about 5:30 or five p.m. 17:00 did I know in retrospect about 10:45, 22:45 a chopper did come in. It was a Chinook. We were able to get our casualties and dead, most of them, aboard, and the chopper left and I remained. I chose to remain. It was…it had become apparent to me…we had been…by this time had linked up to another company of armored personnel carriers which I came to find out subsequently was Charlie Company, and leaving would serve no useful purpose in so much as the situation would then be back to…potentially back to where it had been when I came in without medical support and I had not identified who, if anyone, was in charge that could relieve me of what I perceived as my command responsibility so I stayed, and nothing beyond that. During the night we just took some mortar fire. There was no enemy penetration. We were by no means overrun. There was some gunfire. We just kind of hung out basically and I kind of made my way around making some sort of rounds I guess just to see what was happening and to be sure that people were awake. The next day there was absolutely nothing going on. It was just this place that was filled with mud. It was not raining, and if it was raining it was rain of no consequence. I mean, it was a lot of moisture in the air but there was no rain as there had been rain and there was very small amounts of wind. The next day we found that the APC’s were mired, some of them were mired. In mean time, the mic force, the operational…what the operation was about I’m told was a Marine unit which I came to find out was my company of 3 9 had been…there was attempted link up and I guess at some point a link up but then the link up was unlinked. I don’t know the proper term. That unit joined us, and we had casualties that were, you know, could be treated expectantly and I kind of saw to the people. I met a Captain Mutter and I met a 1st Lieutenant or 2nd Lieutenant from the Marine force whose name was Mason and it was just about hanging out. It was the ongoing concern that something could happen but certainly the immediate danger that had proceeded us that day was…it was clearly no longer present, no longer present. We tried to…I gave the men that I was in charge of or seemed to be in charge of, I put 50% up and told the men to get some sleep as best they
could. In my track we had 11 people. I had that…I only know that because my diary reflects that. We had 11 people. My note says, “Tried to get 11 in the APC. There was no contact that day.” That was September 5th. I have a comment, “Was really hell,” but I think it was just the weather, the heat, the blood, the wounds were what they were which was not life threatening but they could not be treated until we got further evacuation. There was bad weather later in that day which was told to me was of the typhoon by definition and I don’t know what the criterion is in terms of speed or volume but whatever it was, it was satisfied. We slept basically for a half hour at a time and then on the 5th we got out. So, that was the 6th, that was Friday the 6th, and I was flown back to the headquarters of this unit, which was the 1st of the 61st. I met a lieutenant colonel there who’s name was Wheeler. He was the CO of the unit, he thanked me and my notes say, “Congratulated me and I met Captain Mutter.” Now I don’t know whether I met him when I was out there or not, “Then I grabbed a Huey gunship to Quang Tri.” I don’t know where they were headquartered but obviously it was awful close proximity. It was not uncommon to take a helicopter short distances in Vietnam. That’s the action. I have a note that my boss, Commander Simmons, was my notes say, the exact comment, is, “Commander Simmons a little put out but not really.”

SM: Want to take a minute?

EF: No, I’m fine. What happened was I had a rash when I came back. I had been wet and I had this itchy rash, I don’t know what it was. In fact, I have a note, “Developed intense peritis,” meaning itch, “With a maculo papulo rash,” and that was a very medical description, huh? I got a hold of some Benadryl and I slept on the…I have NP ward. I never mentioned that to you before. There was a ward for neuropsychiatric patients that was present. I don’t know that I ever occasioned it before. We had a psychiatrist and I think at least one, but the one person I can think of, this guy by the name of Renfro was the psychiatrist for the 3rd Marine Division and I guess he had this ward. I don’t remember anything about it because I never dealt with it, but it was air-conditioned, that’s why I went there. You know, right?

SM: Oh yeah!

EF: Got to get some of the goodies! So, I went there and the next day my rash was worse and my itching was just driving me crazy. I think it was some kind of
immersion thing. The division surgeon was by training - and his name was Wire, Captain
Wire, a dermatologist – so I went to see him. He didn't know what it was anymore…and
I said…I just took the Benadryl and went back to work.

SM: Sir, let me…I have a bunch of questions I want to ask. Before I do, I’m
going to have to call you back. I mean, I’m going to have to hang up the phone and then
call you back. This line that I’m on currently has a little bit of a problem so I'm going to
call you back on a different line. I’ll be back in just a second. [pause] Well let me begin
by…and this is a really phenomenal story, the events in September here with the…this is
the 1st of the 61st Mechanized Infantry?

EF: Yes.

SM: Well, I guess first of all, any idea of what the size of the enemy unit was that
was fighting against them, the NVA forces?

EF: Well, I know in retrospect only by what has been told me is in consequence
of research done by Kirk Ross and interviews with a number of people, but there was a
sergeant who thought that it was battalion size. Now the enemy battalion is numerically
much smaller than our battalion and his estimation was a couple hundred troops. There
are other reports that I’ve had…well, not other reports in conflict, but other reports of
sightings that he currently has obtained from the archive that described sightings of
enemy positions and the physical presence of enemy soldiers at various stages of this
battle in which there was sometimes at a time I think 34 is a name that stays in my mind,
13 in another group, six in another group, and then I was told that there were 22 RPG
sightings that have been identified on a map, as well as 75 TAC howitzers, artillery
pieces supporting the battle, enemy [?]. So, my guess would be, and in the time frame, to
take on the attack of a unit of armored personnel carriers, and I understand from
subsequent research that the units…that the company became divided, that there were
different elements of a company and there might have been three or four tracks in one
place and two or three in another place and then the larger group that I encountered in
one place, but even in the smallest to attack that much fire power, each track had a 50 and
a couple of M-60s and the soldiers that go with them with their personal weapons. Some
of the tracks I’m told are equipped with mortars that operate right from the back of the
track. So, my guess is it has to be…let me use the word sizeable, to attack…I mean, even
from ambush and even with better ground position, you have to have a good unit.

SM: Absolutely. And do you know if the 1st of the 61st was at full strength or
near full strength?

EF: I think that the company was at full strength. I never heard anything about
there being a Delta Company. I know that there was Charlie Company and I don’t know
the strength of Charlie Company. I know that there was Bravo Company. I don’t know
the strength of Bravo Company but I have gotten to meet, to physically meet, the Bravo
Company commander who Kirk found in the course of his investigation who was a then
captain. His name is John Langston. John Langston, now a retired lieutenant colonel,
was monitoring on two frequencies thinking as he had told me in recent communications
that he would be inserted as the command when Captain Vernon, who was the company
commander, this is Alpha Company, was at the very beginning of the engagement,
devastatingly wounded. He was out of commission as was his…I think his lieutenant,
and I don’t know what his designation was in terms of job. I want to say FO, but I’m not
sure. His name was Sullivan and Sullivan was killed. I don’t know the strength.

SM: But it didn’t appear that they were understrengthed from your perspective?

EF: No.

SM: When you arrived, how many casualties had they taken in terms of wounded
and killed?

EF: I think we had three dead people, three or four dead people, and five times as
many wounded. I think significantly wounded. I think we evacuated maybe 17, 17
wounded that had to be evacuated. We kept some wounded people because I remember
seeing their wounds during the course of the day.

SM: What was the primary cause of most of the wounds on these men?

EF: Gunshot.

SM: It was gunshots?

EF: There was shrapnel and gunshot.

SM: Now as a Navy surgeon, a physician, what was going through your mind
when you arrived here and it was apparent chaos, no one seemed to be leaving?
Obviously you were of the right mindset to just go ahead and jump in and take control, but where was the leadership? Do you have any idea?

EF: Well I didn’t think about it. What was clear to me is that I’m not trying to be critical, but there was not enough happening. There was not…I don’t know where the leadership was. I think…my attribution was that each vehicle was almost like an island unto itself, made that way by positioning and made that way by weather. So, I mean, you could not hear from one track to another in a spoken voice. You could not hear the shouting voice from one track to another because of the weather and the sound of the weapons being fired. So, I didn’t know. I had a comment…I’m just looking back. I’ll just read you a verbatim from my entry, “At 17:00 jumped a Huey gunship [?] by Army APC units, trapped in NVA ambush three clicks south of DMZ,” and then I have written down, “Three clicks from C3. Landed in middle of firefight, RPGs, automatic weapons, mortars, started to evacuate wounded, took three KIAs, fired at enemy with M-16. We moved to high ground, linked up…” I can't read that word, “Joined or linked C Company, 1st of the 61st armor, and set up perimeter. Offered to stay until over. No attack that night.” Then I have a comment, “This is my first actual fire fight. I was frightened and thought perhaps would be the day,” you know, I thought I’d get killed. There was a thought that came to me in that time frame that it was almost…it was a thought that was about the irony of having survived Khe Sanh. I had a minor wound at Khe Sanh. It was so superficial that I couldn't consciously write my name down for a Purple Heart. It was two wounds in one day, one on the very back of my head just below my helmet level which was, you know, like a little laceration you know, but just…and then the other one was right on the top of where my flak jacket was open, right over my left collarbone and to grace it and call it a ding would be saying too much, and in the face of guys who get blown apart, I just couldn't put myself in that category. What I said to myself at some point during this, at what God only knows, is the irony of having survived Khe Sanh, which in retrospect was pretty good danger, to get [?] fucking hill, God knows where, in the rain and in the fog, with people I don’t even know. There’s a certain comfort of being with who you knew in Khe Sanh, and you don’t get to pick and choose and I understand that, but it just seemed ironic. I don’t know if that really explains it. Do you know what I’m saying?
SM: Yes, sir, I do.
EF: You know, I didn’t have any thoughts beyond that other than just the thought of the moment, you know, the moment to moment.
SM: Well, was this, for you, was this the point where you felt most in peril, most in danger of being either seriously wounded or killed?
EF: I thought it was imminent then. At Khe Sanh I believed that I would not be the one that had a shell landing on top of me. I just…I used to preach that to troops, that the likelihood of being in the wrong place at the wrong time, because it was mainly about incoming as opposed to firefight was remote, so just do your shit and when you don’t need to be out there do not be out there, and when you need to be out there you’ll know that you need to be out there by what I will tell you to do or what will be apparent what your job is, you know what I’m saying? That was in the general category of the ambulance driver not taking the fucking ambulance to go talk to his friends who were at the other end of the base, do you know what I’m saying, because people did those things. People would go down to the…what was called FLUzie where they…Force Logistic Unit, and get some D1-A’s instead of eating the stuff that was doled out because it tastes better. That’s not a way to become a casualty, and it didn’t serve my purpose to have them become a casualty in that fashion so if they were to do their job of filling sand bags or to be asleep when I told them to be asleep so that when they needed to be awake, they would be awake and functional. This…there was…this circumstance was different. I could see the enemy. I fought the enemy at Khe Sanh, but not often, and they would have to be pointed out to me with field glasses. Here I saw the enemy and I saw where they were fighting from, I saw movement in areas in which I returned fire, and it was nothing that I had ever experienced before. I don’t know other than I was a little scared, but the other thing that I tried to do at Khe Sanh, I didn’t consciously go through the thought process. What I tried to do here is…and it’s a thing that I have in my life that it’s…I try never to show fear…I don’t know whether that’s a thing of bravado. When I was a boy I used to play this chicken game with a cousin of mine that lived in the same building growing up and he would get on top of a dresser in my bedroom and I would get beneath my bed under the box springs with just the springs, the mattress, and he would jump off the dresser and land on the bed and the mattress would push down the springs
and it would go to your face and body but it wouldn’t quite hit and then I would have him
do it, you know, or I would do it then, and the idea was to show this is bravado stuff. I
played “Follow the Leader” more times than I could remember trying to…jumping off of
garage roofs and all that kind of stuff, which they’re not that high, they’re the height of a
basketball…they’re 10 feet high, they’re 12 feet high at most, and off the back roof
which was sort of into grass or into a vacant lot where it was not paved. We walked
across the tops of fences and the object was to do it and to show no fear. What I knew is
if…what I thought I knew is if you showed fear, it could be infectious and these
guys…and this drove me, and I know it drove me and without trying to sound corny I
was 26-27 years old now and had done many more things than these guys did who were
18 and 20 years old, 19 years old, and I had to set an example and so I just tried to always
keep that in the back of my mind when I was emotionally challenged.

SM: And I guess you must have felt the opposite was true, if fear was contagious
than so was courage?

EF: Well, I don’t think…

SM: Did you find that?

EF: I don’t think I ever said it as simply and eloquently as you did, but I
can…throughout my memory of this there are so many countless acts of selflessness,
which is courage, and bravery, and different kinds of it. If we can…using some medical
terminology, acute bravery as applied to a given act and the chronic courage of the ability
to withstand the sustained depravation whether at a place like Khe Sanh where day after
day and night after night, even though the danger may have not been imminent at any
specific point in time, our men functioned day in and day out almost without exception
and almost with…we made it…it was required that they do it, but it wasn’t…there was
little to no enforcing of that requirement.

SM: Well when you started issuing the orders there with 1st of the 61st, started
moving those tracks around and getting those people organized, did you meet with any
resistance whatsoever?

EF: I think that people didn’t know who I was but I had two bars on my collar,
and I don't think anyone knew that I was a doctor. I think the person that took me in, that
element may have known I was a doctor. Once I was on the ground with all this chaos
and weather and noise, the only thing visible to them was someone shouting at them that had two bars on their shoulder. What probably was confusing was the leaf on the other collar if it was seen at all. Do you know what I mean? But it was two bars. In fact, Kirk called me, Kirk Ross called me on Saturday, this past Saturday, he found a guy in Oregon who was part of this unit and what this guy remembers in response to Kirk’s question as to what happened was a Marine captain taking over, so Kirk said, “I need to ask you this question,” and I said, “Yeah, what’s the question?” and I was on a cell phone and he said, “Was there any other Marine captain there?” and I said, “No, there wasn’t,” and he said, “Well I just had to ask that, but I know why he thought that there was a Marine captain,” because I was wearing a Marine uniform which was utilities and had the two bars.

SM: Which yeah, made you look like a Marine captain!

EF: You’d think, right?

SM: Yes, sir. When was it that you were finally…when was it someone actually took over in terms of that unit where you could just step back and let them…let the Army take over?

EF: I think during the day, the next day, it seems as if I met someone who knew more than I do. I don’t remember who that person was or even what their rank was but I never felt…if I had been in charge before, I didn’t feel in charge afterwards. There was sort of turning over, do you know what I’m saying? There was…[phone rings]

SM: Do you need to take that, sir?

EF: No, I think my wife will get it, [?]. She’ll tell me if it’s for me, otherwise she knows not to [?]. I guess the next day.

SM: Do you recall who it was that took over the unit?

EF: No, no. I know that we linked up with Alpha Company…with Charlie Company and that commander’s name is Mutter, but I don’t…I remember him only in my notes of having…see, the next day it says, “Out today, met Lieutenant Colonel Wheeler, CO of 1st of the 61st. Congratulated me.” There’s something in here about Mutter. “And Captain Mutter.” Now, I don’t know if Wheeler was congratulating me and Captain Mutter as it’s written, do you know what I’m saying, or I met Captain Mutter and Colonel Wheeler, do you know what I’m saying? So, it would be speculating to the point which I shouldn’t do, I don't want to do that.
SM: No…

EF: That’s the way I would write it, depending on the view. I think what it was is that’s when I met Mutter, but he may well have been there and doing what he did because it was a pretty big unit. There certainly was not any greeting although the person that I do remember greeting was this 2nd lieutenant Marine type from the Mic Force. His name was Mason.

SM: Mason?

EF: John Mason.

SM: Do you remember your conversation with him?

EF: No, just that there was typhoon [?] 2nd Lieutenant John Mason of Mic 3-9. That’s it.

SM: Mic 3-9, is that correct?

EF: Yes.

SM: Okay. When you got back, did you talk to any of the surgeons and other medical service personnel about this stuff?

EF: I think the first thing that I wanted to do was to go to headquarters to stop the MIA report.

SM: Okay.

EF: And I did. Then I was concerned about the hitch and I think there was probably a [?]. I don’t remember talking to them. Just grabbing a little bite to eat. I think what I would have done is gone back to my hooch where I was quartered in Quang Tri and there probably was some talk little rift there. I don’t remember frankly talking to anyone about it. I think that I was still in disbelief about it, and then I just remember itching like a son of a bitch. I went back to work on Saturday because I had a note, “Had duty tonight,” and then I was…oh, what happened is I encountered General Davis who was the CG of the 3rd [?]. When I went back, when I went to 3rd Marine Division Headquarters, I was listed that someone had put tongs on my ears and had dropped me into a mud bath and then pulled me back out with weapon and Army flak jacket and I was a sight to be seen. I went up to 3rd Marine Division Headquarters and he was exiting the building that I was entering, and you know, that’s…Headquarters is very squared away. There are guards outside and guards everywhere in starched utilities. They have clean
weapons. They…the whole thing is as…I mean, its like being back in the States. It
could be like at a camp at Camp Pendleton, it was that clean. So, I was sort of
incongruous looking and I was the figure in motion so to speak because I would catch
anyone’s eye because I looked bizarre and he made a comment to me concerning
something. He was walking with two other officers and I don’t remember their ranks and
I certainly didn’t know who they were. He looked at me kind of funny. I had met him at
the awards…he had decorated me with that Silver Star on June 30th so this is a couple of
months later. He wouldn’t know me by name, but he kind of laughed and said
something, “If you’re going to get in trouble at least let it be with the Marine Corps,” or
something like that, so it seemed in retrospect that he knew something. But, the next
thing I knew is he had cut some orders for me to leave country, to go to inspect the
medical…in fact, I still have the orders here, “Inspect the Medical Evacuation System
between Vietnam and Yokuska, Japan,” because…and that was a great trip for me. That
was going to be an important trip in my life because of what happened but I left a day or
two later. I picked up $900 dollars on September 8th from dispersing and NTA orders
from Yokuska, Japan and I have a note, “Will leave tomorrow, itching continues,” and
then the next day is, “I stayed at [?] facility. [?] boarded a C-130 to Phu Bai, to Danang,
to [?], had a good time [?] and then I caught a C-141 on Tuesday, September 10th to
Yakota Air Force Base,” and then I spent nine or ten days in Japan.

SM: And why don’t you go ahead…actually, hold on one second. So this was
something of a surprise getting these orders to go to Japan?

EF: Well, I’d heard that these things are sometimes…they used to be what were
called huss trips, little bi-trips that guys would get and they’d leave country for three days
and they’d go to…Hong Kong was a common destination, you could buy pearls, fool
around for a couple of days. This was ten days, this was big. R&R had been five days I
think, five or six days. I’d gone to Australia in May and so this was going to be
something beyond all that. I think that it was like a personal gift was what I thought it
was.

SM: And the actual assignment that you were given, that is the evaluation of the
medical evacuation system, is that correct?

EF: I didn’t do one thing.
SM: You didn’t do anything with regard to that?

EF: Zero.

SM: That’s interesting. So what did you do for ten days in Japan?

EF: Well, let me get your advice about this, just off the record.

SM: Hold on, let me put it on pause. [pauses] Okay, I guess we’ll go ahead and continue our discussion of your time in Japan.

EF: Well, I left country on September 10th ostensibly to inspect the Medevac system but it was clear to me that this was going to be a little what was called a huss trip, just a benefit, just a gift, and I flew to Japan. The first thing I did, I wanted a good meal and a Japanese massage, you know, so I asked at the BLQ where I stayed where I could get that and so I had a great steak, I had a couple steaks, I walked around a little bit, and then I went to a massage parlor and I got a legitimate massage, a bath and a massage. What I remember…never having had this despite this sort of thing, where you sit down in a circular tub and these two women in kimonos pour hot water on your back and have a brush, a long brush. One is massaging your head and the other is brushing your back and pouring hot water on you. God knows it was an hour, an hour and a half, and it was just a great experience. Then I said to myself that you know I had this girlfriend who I was communicating with with whom I’d had this affair with and I called her. She was in Michigan where I had been an intern, and I told her where I was and she said she wanted to see me and I said, “How can you do this?” or something to that extent and she said, “I can get it done,” and she obtained a visa, she flew to I believe Seattle where she had to get her visa and then board another flight and then flew to Tokyo. I met her on September 13th and I took her to the Tokyo Hotel and from there we went to a hotel and you know spent the night and renewed our relationship and had dinner and walked around and the next day did just a lot of walking around. I went to get a couple of uniforms made at the custom tailor that everybody used, James Lee, and then I wanted to see a little bit of the…of a different side of things and I had stayed at New Japan Hotel which was like any modern day American hotel but I wanted to get a different flavor so I asked and was directed to a Japanese name which I don’t remember but it was an Inn which was what you would imagine having…if you like I had seen the movies with inns with sliding panels separating rooms within a little suite. Boy, it was not a…it was like a
paper mache type of separation between the rooms. The bed was a mattress like on the
ground, not a bed as we know it but more of a tack on the floor. The commode was not a
commode but it was a channel that kind of ran through and there was even a place to
plant your feet and squat and have bowel movements. It was eating Japanese food and
drinking saki wine. One night I will tell you that I…and it’s dated September 17th,
Tuesday, I went to see with her at the Sano Hotel, that was where a lot of Americans
would kind of wind up, military types, and they had a little movie theatre on premises and
I saw the Steve McQueen movie “The Sand Pebbles” and that movie was a very poignant
movie and I was trying to, in my mind, be part of that movie. I remember Steve
McQueen’s role and I remember the captain’s role on the ship. He was a Navy
lieutenant, and the woman, and just the whole thing was in my mind. That was the last
night I spent with her. She…and now I had this affair. There was a lot of discussion. She
and I had talked some romantic and somehow in the course of those conversations with
her she had told me of a couple of affairs she had had, rather graphically, with people
during the course of that year and I was very disturbed by it. In my mind I thought that I
was in love with this woman and she wounded me deeply. I have no retrospectively, or
even in the same time, the right to require of her that she remain as it were true to me in
so much as I’d never made any commitment to her but what occurred to me is this feeling
of deception in so much as she had been writing to me frequently, frequently being
almost daily during the course of my year in Vietnam, and telling me therefore as one
does when one writes daily or every other day or five times a week what she had done in
the times that she had written last, and of course what was absent were these sexual
encounters that she told me about and I felt deceived and told her such and if she had
wanted to have a relationship be open that I was certainly in no control of that but why
would you lie to me? why would you deceive me? why would you have me in my mind
quantitate and continue to build this thing up if that’s what I was doing? By the same
token, in the interest of clarity, I had been to R&R in Australia three months before and
being one of these persons who’s character is by no means faultless, and always whether
good or bad always having women kind of around me and always doing okay with girls,
there was a woman that I met and wound up with during that time which I don’t know if I
told her or didn't tell her, subsequently I told her, but my purpose was to [?] as much as it
was that it was kind of the way it was. So I went back on September 10th and my
comments…I’m sorry, September 18th, Wednesday, “Terrible to leave, and the flight to
the Philippines. Went to a stop at Clark Air Force Base, went to the officer’s club, and
tried to figure out what the hell is going on.” The whole thing…I can remember that
night as well as almost any other night in my life, kind of closing the bar, sitting at the
bar, then at a table, trying to figure out…these things had happened to me or I was
making happen to me, speaking of the combat experience and speaking of the Khe Sanh
experience and speaking of my career and the ambivalence I had toward this woman and
missing my son and not knowing about my soon to be ex-wife, and the whole thing was
going through my mind as if it were someone else looking at it from the outside in and I
just didn’t know any answers to that. The next day on the 19th I flew to Danang from the
Philippines. I wrote a letter on the 20th to my ex-wife and went right back to work. I
worked all day long in suture and debrevement. I brigade S-1 of the 5th Mechanized
Infantry, his name was Major Barrack, beyond the unit that I had been involved in that
combat experience earlier in the month, had called me and wanted my serial number, and
that’s my return. That was my return after that experience.

SM: How much longer did you stay in country after your return to Japan?
EF: A very rewarding part of my tour came next. Maybe we should save that for
next.

SM: Absolutely. Why don’t I go ahead and end this? This’ll end the interview
with Dr. Edward Feldman on the 12th of December. [interview ends] This is Steve
Maxner conducting an interview with Dr. Ed Feldman. It is the 18th of December, the
year 2000 at approximately a quarter of nine Lubbock time. I’m in Lubbock, Texas and
Dr. Feldman is in California. Sir, why don’t we go ahead and pick up with what
happened after your return from Japan.

EF: Okay, I returned on around the 19th or the 20th of September and just began
some work in the…just the routine work of taking care of the wounds of the Marines that
were hospitalized at Quang Tri. Basically I just began to do the same thing over and over
again. I have a note on September 21st, “Worked in triage all day. One unsuccessful
recitation [?] worked today. Things were very slow,” and I made some comments about
being depressed about things. I worked the next day through the next week actually
moderately busy in triage, and just kept on working. I heard that I was going to be sent to
a place, which was then called LZ Stud and subsequently was named Vandergrifft
Combat Base. On September 21st…I’m sorry, September 25th at 0:100 I saw a
psychiatric patient and then at 04:00 3-9 - which was interesting because that’s the unit
that I had become involved with earlier in September - ran into trouble. I learned that I
was being stationed in Washington and had been turned down for my application for
refugee training, and unhappy about that but not much I could do about it. I continued to
do some work and then went to a briefing in September on the 26th in which I was given
command of Charlie Med as it was reformed to the outfit out at LZ Stud which as I said
became Vandergrifft Combat Base. That was up near Cu Lu along Highway 9 and it was
at the time…it’s purpose was to be the most northwestern Marine presence of
consequence along the DMZ. I went to a briefing. I was made the officer in charge. I
fitted out my people which were about 18 corpsmen, three other doctors, a small
contingency of Marines, and my equipment, a couple of ambulances, two or three jeeps,
and left by 46 the next day and I think a convoy went up simultaneously with the
equipment along Route 9. I spent the next several days going to briefings and arranging
for labor to complete the compound that was being developed for me. I had sketched
what I thought was…I had sketched earlier, probably three weeks earlier, what I thought
would be…they had…the command had given a layout of the topography of the hill upon
which the medical facility would sit and I had sketched in response to that consistent with
the land drawings a drawing of what I thought dimensionally and tactically should be
designed as the casualty receiving area and operating area as well as living spaces for the
troops that would be part of that unit. So I went to briefings with a General Garrison,
General Davis, and there was a task force that became involved in this area called Task
Force Hotel. Anyway, most of the days were spent inspecting and making liaison with
various of the section heads, the Task Force Hotel and making sure that I was getting
everything that I needed. I knew that I had to be I guess I want to say aggressive in
pursuing the command based upon the Khe Sanh experience where all of a sudden it was
too little and too late in terms of getting heavy timber and other materials to build the
complex, so I just made it clear as best I could without becoming disruptive that this
thing had to be done and had to be done quickly and it was a high priority and I had
nothing but cooperation. These people just didn’t know what to do first and they
dedicated a large engineering crew, we hired…they hired Vietnamese laborers to come
and do some of the…not the construction, but for example we put waterproof materials in
between the studs so as to keep the place dry in anticipation of that which was coming
which was monsoon season. This project just continued to evolve. I drafted a set of
policies and submitted them to the command for their approval as to how we would
operate. Basically there was not a lot of battle that was going on. In the area there was
some things. There was a lot of inspections. This base was being developed. We were
told and I recollect this in context of how we were told at Khe Sanh, to expect
ground…in fact, I have a note on October 3rd to expect a ground attack that night. “We
are expected to have incoming and possible ground attack tonight. I picked up additional
ammunition from the dump, instructed men as to what I expect,” and we were very well
armed, and very well defended. Our morale was very, very high at that base. We had
new troops, some of which were new in country. We had seasoned troops. We had a
variety. We had everything that we needed. I have a note, “I obtained 50 units of whole
blood,” and I had the equipment of course to type and cross match blood. I don’t know
that we did cross matching but I do think that we did typing, and we were fully ready to
operate. Basically we had contact with the enemy on October 6th. There was some
incoming. There were some probes at the lines. At that point I began to stop my…I used
to make a daily trip over to interrupt the bowel and pick up a beer ration, so I began to
just limit those trips to maybe every third day. I’d go and we’d have a detail of troops
giving me some support and we’d pick up beer for the men. They were working very,
very hard. Not much more, you know. I was a witness in a rape case, actually. Let’s see
what it says here. “In October, mid October, I caught a 46…” I don’t remember any of
the details of that. It was just brief testimony. There was some business about being kept
on legal hold and I told them that would be an unlikely thing to happen to me; that wasn’t
going to happen. I remember wanting it to be very short, I remember that. I’d had
enough of it.

SM: Just out of curiosity, when you were getting…you were talking about your
work in terms of actually laying out plans for the medical facilities and everything else, in
terms of security and other issues for defending that area, did you have any kind of
infantry and engineering commanders that assisted you with developing that kind of a plan, or did you develop that on your own?

EF: I did that myself. It wasn’t very complex. The unit was located kind of in the center and I don’t remember whether to the north or the south, but I want to say to the south part of the base, and we were on...we were built into the hillside so we had those very good fields of fire out across the base and the concern that I had is if someone came from the other direction up on top where there was a landing pad, so I had the men create in the quadrants, in each of the quadrants of the landing pad, fighting holes that were not bunkers but were good sandbag gun positions that would give good fields of fire, and then I had someone to the north and the south. So if the compound was facing east or west, I don't remember the orientation now, but I thought I had it covered and all I needed was I needed some M-60 machine gunners and I needed and ample number of troops and I had probably what amounted to, although it was not a squad, I probably had maybe two squads available to me and I had a reactionary force available to me if the situation were to call for it. In terms of defense, we had people on top, we had people on either side, and we had people on each quadrant of the landing pad, of the helicopter landing pad, and then we had the high ground facing the other direction and we had fighting holes dug to either side of it so we were in a very, very strong position.

SM: Okay. Did the facility get shelled that much?

EF: No, no, not during the time that I was there. We had...it was pretty good-sized base. We had some incoming. You could sit around and finish your coffee during some of the incoming if it was not close and I don’t remember anything coming close.

SM: And how about direct attacks against the base while you were there?

EF: I have no recollection. I’m told I would hear. There were twin 40s not far from where I was positioned and I could hear them firing at night and what I’m told, you know direct fire weapons, that they fire at a target rather than just Station 1 and I would hear that periodically and then I’d hear a little something the next day but I don’t remember any verification of enemy dead or in the wire or that sort of thing.

SM: So you never accepted any into the facility, that is any enemy wounded that were captured?
EF: Yes, we did. As a matter of fact I have a date, Tuesday, October 15, “[?] little depression. Kept generally busy with casualties for most the day. Certain things have been difficult to accept, perhaps at the time I may know. Tomorrow’s my son’s birthday.” Then I have a nasty note, it says, “One gook POW brought in. Had five but incoming reduced number to one. They sure kicked it’s ass.” This guy was just…I heard that there were six enemy coming in that were captured and wounded, and only one got there and I don’t remember the rank but it was an NCO that brought him in and this guy…his eyes were closed, his head was beaten with rifle butts and I asked about the others and they just kind of looked at me, and I didn’t get a response, and I think shortly thereafter the people from ITT, is that the proper term?

SM: What’s that?

EF: Intelligence or something. I want to say ITT, Intelligence Interrogation something, they came and took this guy away and I figured it was their responsibility to find out what became of those other enemy prisoners and not mine. I never pursued it.

SM: What about the obvious beating that this prisoner had sustained? Do you know if any action had been taken as a result of that?

EF: I’m not aware of any.

SM: Was that uncommon?

EF: That was the only time that I ever saw that sort of thing, and I assumed it was a beating that he had, I’m confident that’s what it was, and I’m also confident by the look that I got that the prisoners had been shot, and I was…and I’d heard that what does [?] but most of the time not being in direct contact with infantry operations in which there might be prisoners, I didn't have a lot of first hand, so you’d hear bits and pieces. But that was the first exposure that I had ever had; it was the only exposure in which a prisoner had been beaten.

SM: Did that bother you at all?

EF: Yes, I was disturbed by it. As angry as I was at them I think some of my anger probably had dissipated and it had been just a short time since the experiences of early September but everything takes just a very short time to go away. I think you maintain a position and emotional place in which you reside but what I found for example, the first time I went on an operation just to digress for a moment, I found it so
overwhelmingly strenuous that I didn’t know if I were to ask to do it again. If I would have had the option a day or so later I might have said no. I can't imagine an option, being able to have an option, but a few days later like all things you’re ready to do it again. I don't know about…it did disturb me because it was…I brought it right home to this guy and he was quiet but he was…he had a little Marine poncho on and his hands were bound and his face was just beaten as if he’d been in a ring with a prize fighter and he was the target.

SM: What about the…as you put it, you’re pretty certain those other prisoners were killed. No action taken that you knew of in terms of…

EF: None that I’m aware of.

SM: Was this something that you talked about with other physicians or other personnel?

EF: No, I don’t remember any conversations. I think I would have remembered them. I said, “Where are the other prisoners?” and someone just sort of put a palms up and shook their head and said that they didn’t make it or something like that.

SM: Now you mentioned earlier that you received word that you were not accepted into the residency program. You received that in Vietnam?

EF: Yes.

SM: This is the Navy’s residency program, is that correct, or a different one?

EF: That’s correct, yeah.

SM: Okay, when did you actually…when we met last month we discussed a confrontation that you had with regard to that.

EF: Yes.

SM: Did that occur when you came back to the States?

EF: Yes.

SM: Well, I guess we should probably talk about that when we get you back to the States.

EF: Yes.

SM: Was there anything else that had happened before you left to come back?

EF: No, just you know things seemed to be…I was just kind of waiting my time out. What I was enjoying was I was enjoying having command of this unit. It was a
I was honored to be selected to be the officer in charge and I enjoyed...I'm a good planner and I'm a good organizer and I enjoyed the growth and development – for lack of a better term – of that unit and once it was accomplished I was just sort of sitting the thing out for a while, just waiting for my time just to finish. I didn’t have a lot more thoughts. I was very angry at the Navy. I found out - and I have my diary once again to help me with this - on October 18th that I didn’t get the residency, and I felt...I was angry. In fact my notes are that I will use the tenant to strike back at them. I was angry with the American Medical Association. It had been told to me by the commander of the medical battalion that I didn’t get the residency and I felt...I think I was occupied with those thoughts. Those were my last three days in country and you know there was one other thing that happened. There was a KIA on October 19th, a Marine, and it was almost as if, Steve, that the tour began with that fellow that I saw with the matted hair and the acne. I don’t remember exactly what day that was but it was December ’67 and here it is October 19th and I just have a note, “Had one KIA, did not sleep well last night. This KIA, there was a question as to where to put him,” and what I remembered is I did not plan a place for the dead at triage. It just didn’t occur to me, and I knew...and I don't remember where graves registration was. I’m sure they had one on base but I don’t remember where it was at this point, but I remember not having a place to put this casualty who was dead, and the question was – the weather was bad – was do I bring him down into the area or do I leave him above, and I knew that his body had to be treated respectfully so I decided that I would have constructed like a little poncho with...we put some poles above him and I posted a guard over his body, to provide him with what would be if he were living a comfortable position and told the men that there had to be a 24 hour guard until I could get...I didn’t want to call in a helicopter at night for a dead person, for all the reasons that you don’t do that, but that was a guessing out on the first either resupply or chopper. I don’t think I had a body bag, either. So, you know, that’s what we did. We posted guard by his body to guard, two shifts, usually four hour shifts, and that was the next to last night. The next day was dated October 20th, “Very busy day with Medevacs and division surgeons here in greens and I was screwed and fucked up my residency. Suggested I have an audience with Chief of Naval personnel and did it,” and then I had perhaps a
flight date in late November. Now I have no further entries on the diary because that
night, although I didn’t think to put anything in. I got a Red Cross message that my
father was critical, that he’d had a heart attack, and General Glick was the Brigadier
General, Task Force Hotel General Glick, right, offered me his helicopter which was kept
on base at night and I thanked him but told him no but I would wait until the next day and
they cut some orders for me and I don’t remember if they cut the orders there or if the
orders were sent up but I don’t remember. I vaguely remember. I did not go back
anyplace toward the rear but flew directly to Danang by helicopter I think and that was
kind of the end of it.

SM: When did you arrive back in the United States?

EF: You lose a day in flight so I arrived on October 22nd, which parenthetically
was my father’s birthday. Very odd how life has it’s little messages. I came home on my
father’s 60th birthday, October 22nd. My grand daughter was born 30 years to the day
later on my father’s birthday. Isn't that odd?

SM: Yes, sir.

EF: And it was a spontaneous labor, it wasn’t a planned thing.

SM: Now when you arrived back home, were you able to make it in time to see
him?

EF: Yes. The flight was strenuous to the extent that in Danang I got on a…I
think I flew to Quang Tri is what happened or I flew to Phu Bai and picked up a C-130
and the C-130 to Danang, there I got a pair of khakis from someone and I took my…I
didn’t have jungle utilities, I had just regular utilities, I left them in a bathroom
someplace by the airport in Danang, put on…I still had my jungle boots on but I had a
pair of khakis and I had a willy pita bag with my personal belongings. I didn’t really
have much else, and I got on a C-141. It flew to Okinawa. They refueled, changed
crews, and the plane flew to Alaska, to Elmindorff Air Force Base where they did the
same thing. They changed crews and refueled and that plane flew to Robbins Air Force
Base in Mason, Georgia. During the flight I was wondering what was going on. It just
seemed I would go up to the cockpit but you couldn't really stay in the cockpit, there was
no extra seat so you’d wind up either bending over or kneeling and so I’d just go back
and sleep for a while. The plane was rigged for cargo, so I’d just find a way and curl up
and there were not blankets but tarps. I just kind of covered myself with tarp and slept 
most of the way. Then in Macon, at Robbins, I caught a bus to Atlanta. I think that’s 
about 90 miles or so and called my brother. I didn’t know who to call and I was afraid to 
call my mother and I called my brother to tell him…to find out if my father was alive, 
which he was, and I said, “I’m going to find a commercial flight to…” I had some 
greenbacks so I could take the flight up to any airport serving New York because my 
parents lived in Forestville, New York and I asked my brother to tell my mother what 
was going on and also to tell my wife that I would be coming directly to my mother’s 
house. She’d found an apartment someplace but I didn’t know…I had the address 
because I would write to her but I didn’t know exactly where it was and I hadn't lived in 
New York for several years having gone to medical school so I was kind of out of the 
community, so I said everybody should be at my mother’s house and to please be there. I 
didn’t want my mother to be alone because she could get very emotional. I got a 
commercial flight to Newark airport and then jumped into a taxicab and immediately had 
a good experience. I was very tired and looked like some person from another place. I 
had the boots on and I had this wrinkled up khaki uniform. I didn’t have a val pack or 
anything, I just had like a sack and the taxi cab driver asked me where I’d been and I told 
him where and what I’d come home for and he drove me right to my hometown and you 
know, he would not take any money. I can remember him dropping me off kind of mid 
morning at my mother’s house. I think he was being very patriotic, responding to me. I 
think I was probably sleeping in the cab and he said in occasional conversation, “I just 
got back from Vietnam. My father’s sick.” So I came into the house, came into my 
mother’s house and she nearly collapsed in the kitchen. My brother had not gotten there 
and my wife had not gotten there and I just asked where the hospital was and she said, 
“Please call the doctor first. The doctor wants to be there when you get there,” and I’d 
known the doctor, he was a very nice man. So, I just took my father’s car which I 
remember feeling it was an odd experience getting into the car. I went to the car and I 
realized I didn’t have keys to it because if you didn’t need a key if you needed to drive a 
vehicle in Vietnam, there were no keys. But I went down to the garage I realized I 
couldn't start the car, so I got into the car and I drove up to the hospital and I remember 
going up in the elevator and thinking that I hadn't been in an elevator in a long time, and
going into my father’s room and I remember he was in the bed next to the window and
the doctor was there, and I didn’t have clothes. I just had what I was wearing. My
clothes…I didn’t know where my clothes were. I never had a lot of clothes, I’m not a
clothes hound, but I used to [?]. I think I’d taken a shower, maybe I hadn’t, but it was
emotional seeing my father, telling me he’d be okay. But what I found is…then I went
back to my house…I say my house, my mother’s house, and I had called my wife and I
said, “Where are you? You need to be here and I want you to bring Stuart, my son, over
now!” and when I got back from the hospital, I didn’t stay that long because either I was
tired or the doctor told me not to stay long, she was not there but her father was there
whom I’d always been fond of. So, my mother and her father were at the house, she
wasn’t there, and he and I got into a little thing about…it was not a lot of shouting or
anything but I said, “Where’s Judy?” and he said, “She’ll be here,” and I said, “Well
where is she, and where is Stuart?” and I became authoritative, I said, “I thought I told
everyone…” you know, sort of out of context back in civilian life, there was family at the
house and [?] people, I said, “I thought I told her to be here and that’s where she needs to
be,” and “Well, she’s going to pick something up to eat, and I want to talk to you,” and I
said, “Okay, what’s the topic,” you know, and he said, “You may have had it very
difficult but so did we and so did she,” and I listened for just a short time and I said,
“You’ve got bad timing and I’m not interested in having this conversation. Whatever I
have to talk to her about will happen, but do us both a favor,” something like that, “Don’t
pursue this with me.” My responses for a while, I had a lot of stuff that was all pent up
inside of me and you felt everything could be just below the surface. You could
react…I’m not speaking violently as much as quickly, abrasively, and in a staccato like
fashion, just a whole lot of emotion that could easily be triggered by perhaps even what
might not be extraordinary provocation and I felt that inside of me for a long, long time
and certainly felt that with him. So, she came over and we…I went back to the apartment
with her. My car had been stolen when I was in Vietnam. I had this Impala convertible,
my pride and joy. When the student loan came through everybody acted like they needed
a loan and I [?] but we bought the car [?]. They were 3,000 dollars, and we managed
somehow to find tuition. Tuition was only $1500 the last year of school and the cars
were $3,000 and so somehow…I had this job, I could always make some money, so this
car was my pride and joy and was stolen and I was mad that my car was stolen. So I took
my father’s car because nobody would be driving it. My father didn’t drive during the
week anyway. He would take the subway to work. I went back to the house with her,
and tried to be normal and I don’t remember much more except that that evening we got
into bed and it wasn’t any good, and I… I don't know if we had a discussion or what but
the next day I said, “I can’t do this,” and I went back and stayed at my mother’s house
and we talked a little bit but I had to get out of there. I stayed for a few days, saw my
father, and then I just could not adjust easily, and got on an airplane and went to
Michigan, partly to see if my job was waiting for me when I finished the military, that
was the guise of it I think, but also to see this woman with whom I’d had this relationship
that was this passionate relationship. I spent a few days there and knew that I was being
stationed in Washington, went down to Washington to find an apartment to live in, and
reported to the command…I think I took a week off, I came home on emergency leave
and being assigned to the Department of the Navy at 19th and Constitution and just
continued to work down my apartment, rented furniture, went out and bought civilian
clothing, found a used car, just sort of tried to jump back into my life.

SM: During the time period from when you got back to the United States to when
you did finally get out of the uniform and get into civilian clothing, did you ever meet
with any kind of hostility or any anti-war protestors approach you or anything like that?

EF: No, no, I didn’t wear the uniform beyond…it was the only thing on my real
clothing that I had and I think I probably got some clothing from my ex-wife’s house or
apartment and may have gone and bought just a few things. It was beginning to get cold,
it was the end of October and I went to a PX. I know when I was in Washington, I
remember where it was, I went to Cameron Station and I bought a couple of sport jackets
and a few pair of slacks, you know, the usual socks and underwear stuff. In Washington,
I was told not to wear my uniform to work unless I was on call at night at which point I
didn’t have to wear it. I could just bring it with me and keep it there. Immediately I
was…that was the end of October, the election came and Nixon was elected president
and the secret service…the commanding officer of this unit that I was in told me he
wanted me to meet some secret service people. He wanted me to meet some people who
turned out to be secret service people, and they told me that I was going to be under their
administrative… I would work with them administratively and I would not have any other
duties beyond working for them and I asked him what the project was and they said,
“Planning the security for some of the inaugural events.” So I spent… that would be
probably… you know, it wasn’t like a full time job as it turned out but there really wasn’t
much for me to do but the first was which night would be which because I think they had
different people for different things although I never met with other doctors, and it was
decided that I would have January 19th which would be the inaugural musical which was
to be held in Constitution Hall, and so we made a couple of fieldtrips to Constitution Hall
to get the lay of the land and I then designated the coke room would be utilized as the
triage station and I would be equipped with whatever I needed to set up some treatment
facility should it come to pass that either the president elect or any of his party became
either ill or injured. I don’t remember how many of these meetings I went to, it was
probably more than six and less than ten, something like that, and I met these guys. In
fact, I remember taking the train, what would be the Metro I guess, up between
Washington and New York once as an exercise and talking to them at great length about
what the approach is to protecting a president, or president elect, and what I gleaned from
that is someone can kill the president, but won’t get away with it. I don't remember the
detail that led me to that conclusion, but I was involved in that planning. I saw some
patients in the Naval dispensary. I did go to see the surgeon general of the Navy in
Washington in the context of my not getting residency and in fact, I know the date that I
saw him. I saw him on November 29th and I guess I had to schedule that appointment. I
got to see him and his name was Admiral Brown, Vice Admiral Brown, and he was not
particularly pleasant to me. I mean, he was not unpleasant but he was unresponsive I
should say, and we had… and I was not…I maintained my position that I wasn’t being
fairly treated and I knew that I had angered him and I had angered some of his aides. He
was in a very big office and I could remember he was the only flag officer there but there
were captains and commanders around and they asked me… he offered me at the end of
the day – I say that as not literally the end of the day but the end of the conversation – let
me get you an outside training billet. You can go back to Detroit where you’d been
trained previously and you’ll remain on active duty and then you could come back in and
I said, “Well, why would I want to do that?” and he said, “I thought you were career
oriented?” and I said, “I am but you’re offering me the back door and I’m not interested in the back door. That’s not a good career path for me,” and he seemed…he was disturbed with me as were the other officers, and my response to that, because I think in their eyes they were giving me an opportunity and through my eyes they were trying to placate me and they weren’t giving me the front door, and I wasn’t going to accept that. I didn’t think that it was fair. I thought that I had earned my rightful place. My comment to them was that he explained to me that the American Medical Association didn’t have their issues worked out with the American Osteopathic Association and I told…my response to that was, “Why would a civilian agency dictate what the Navy does?” and that…I wasn’t disrespectful but I was very direct because that wasn’t acceptable. The explanation did not to anything to appease me and I made him know that and then one captain told me I was being disrespectful and I became contemptuous with him. He was in uniform, I was in uniform that day, and I looked at him and saw that he had been a lot of places and had done very little and I shouldn’t say those kinds of things but that is what I had seen and this guy’s passing judgement on me when I just came back from a year in Vietnam, separate apart from my own personal experiences I was disturbed with him and I told him that it wasn’t disrespectful and they told me that I owed it to my country not to be disruptive at times such as this, and I told…I remember this clearly, my response was, “I owe it to my country to right wrongs,” and I said, “You all are wrong and you’re trying to placate me and I’m not going to respond to it and I’m going to the Chief of Naval Personnel and I’m going to get a Navy lawyer and I’m going to pursue you and I’m going to see Senator Javats and I’m going to take this to whatever place it must go to and it’s for the good of the Navy that I’m doing it as well as my own good,” and they just looked at me like I was…I don’t think they viewed me as being irrational but irreconcilable and I let them know when I was done talking to them, I know that, I said, “I have nothing further and if you have nothing further I’d like to go. I have business to take care of,” You know, I said, “Sir” with appropriate military courtesy, but I disagreed and I disagreed vehiminently and I felt on course and I felt that I was in my struggle I was correct and that time would find me to be correct and that I was obliged to behave in that fashion. So I left, it was Friday, and tried to regain my composure. I remember some captain coming up and saying, “That was the Surgeon General you were
talking to," and I didn’t respond to him and I just left. Then Sunday morning my father died. I called my CO and told him I needed to be gone for a little while and explained the circumstances to him, and he said, “Well how long do you think you’ll be gone?” and I said, “Well I don’t know exactly, not long, but my mother’s up there and I’m sure there’ll be things I need to do. I’ll just call in a few days and update you.” I still had a leave coming to me anyway, it wasn’t just my presence [?] and I wasn’t doing anything in their command anyway, very little if anything at all, and I was more interested in letting the secret service people know where I was which I did, and I took the shuttle up to New York and my uncle was at the house and by this time what happened was I called my father that morning, Sunday morning. I called him. Do you want me to do this?

SM: I beg your pardon?

EF: Should I be doing this, this part?

SM: Yes, sir.

EF: I called the house and my father said – he was home – and he said, “I can still beat your ass around the block,” and I started laughing and that was the end of the conversation, and my mother called me back shortly thereafter and said, “The doctor wants to speak to you,” yelling into the phone, she was out of control, and the doctor got on and said, “Your father’s dead,” and I said, “How can he be dead? I just spoke to him an hour ago!” Rhetorical question, but he said, “He sat down in the chair and died,” and I asked him if he was sure, which was...he knew I was in utter disbelief and I said, “Tell my mother I’ll be right there,” and just did whatever I had to do, made a couple of calls and got to the airport and when I got there my two uncles, my mother’s brothers were there and the funeral home had come and taken my father’s body to the chapel, local chapel, and we went...you know, I don’t know where they took my father. They took him to a chapel in New York City and I went and when I got there - and my brother was there – I went and talked to the funeral director people and went through the process of selecting a coffin and then they had this Rabbi there and he asked me to tell him a little bit about my father. My father was not a religious man, and I said, “What did you have in mind? What are you going to do?” and he told me he was going to...I had the impression he was going to make this long oration, and once again, I just said, “Listen, here’s the way it’s going to happen, Rabbi. My father was a simple man. He went to
high school, he went to college, he worked his whole life at this company. He had two sons. He loved his sons. End of story. I don't want a whole bunch of stuff about nonsense that my father never did.” I just wanted it short and to the point and truthful, and not beyond that. I had been to funerals where the denomination about “Joe Blow did this,” and I think that’s fine if that’s what he did. I just wanted it simple, and the next day was the funeral, burial service, and I left my original silver star with my father.

SM: Do you want to take a break?

EF: Yeah.

SM: This’ll end the interview…excuse me, end CD number four in the interview with Ed Feldman, on the 18th of December. [tape ends] I’m going to go ahead and give another introduction. This is CD number five of the interview with Dr. Ed Feldman. What happened after you finished with everything dealing with your father, getting him buried?

EF: Well I just went back to duty in Washington, sometimes seeing some patients at a little dispensary at the department of the Navy and sometimes engaged in those security elements that had to deal with just detail work about the planning of the medical support for the inaugural thing, but what I was determined to do at that point was to leave Washington. It just seemed to me that I wasn’t doing anything medical. I felt a sense of being utilized by the service now and I just wanted to do some practice things. I wasn’t certain as to what my future was. I had interviewed…I met someone at a party near Bethesda who had told me he was an engineer and asked me what my plans were for the future and my future just seemed like…my distant future just seemed very far away. My near future, I just didn’t have any idea what I was going to do. My career pattern had been disrupted. At one point I told him I considered trying to get a commission with the Marine Corps and going through…if I had to be a 2nd lieutenant again…not again, but 2nd lieutenant and start just on the line of badges and handling anything medical…he told me he worked for the government and would I consider working for the government and I tried to figure out what he was talking about and then it became clear that he worked for the CIA. So, we chatted a little bit and I found myself over in McClean. I must have gotten this application from McClean or it was sent to me or he forwarded it to me and I filled out this lengthy application which included an oral biographical sketch or they may
refer to it as an anamnesis and I filled out this application and submitted it and I had an
interview, and initial interview, over in McClean with the CIA. In the meantime, I’d met
a friend of mine, a woman that I had known who was a friend of mine in Vietnam. She
was a foreign correspondent. She was a journalist, and somehow she seemed to know or
in the course of conversation…and I trusted her, I told her about it and she advised me to
do otherwise and either one, she had told me or I what I had gleaned from what she
wasn’t telling me she had worked with them, and this was a presumption on my part, I
never directly asked her and nor did she say, but she told me she thought it was a bad idea
and that she had been involved with them. I knew her in 1968 and she told me…this was
now 1969, if I’d known her in 1967 then we would have been in the Middle East
together, and she had been…and I think the word that she used was compromised a little
bit and she tried to indicate that they weren't good people to work with or for. I was
floundering at that time trying to figure out what to do with myself and my career, and
my concern was that going back into civilian life I would not be able to pursue a
residency in obstetrics/gynecology because there was nothing local and I knew that being
separated I wanted to be close to my son having been away from him for a year and I just
didn’t know what the heck I was going to do but I was bound and determined to not do
anything further than Washington. I was disturbed, and I thought I could be helpful to
my mother if I were in New York. There was a large Naval hospital within 15 minutes
from my mother’s house called St. Ollen’s Naval Hospital not far from JFK airport and I
talked to the commander about my being transferred there and there were not responsive
to the request. At some point I met some general, Marine Corps type, and we got into a
conversation and I told him a little bit about what I wanted to do and before I knew it the
transfer had come in. In the meantime, and I never remember the date of this, and I never
kept a diary beyond a year in Vietnam, but sometime…it must have been January or
February, my bronze star medal came through and I can remember the captain at
the…my commanding officer with whom I did not have a lot of rapport and I think it
began on my first day through nothing that I could identify, but people coming to see me
that were important and I almost had the feeling that he…and while I was responsible to
him, there were other things that I was responsible to that went beyond him and I thought
he was annoyed by that. He said to me one day, he called me into his office and said,
“This came for you,” and he hands me an envelope and he hands me the medal in a little leather box, leatherette box, and I looked at him in disbelief. I kind of knew that it was coming because I’d heard through some of the personnel but I was taken aback by the way he handed it to me, so I said, “Thank you,” and I just picked it up and walked out, and as I walked out I ran into this female lieutenant commander who was a friend of mine, she was a nurse, and she said, “What’s all that?” and I opened up the box and said, “It’s my award,” and she said, “You just got this award? What do you mean, he just handed it to you?” and I said, “Yes, as a matter of fact his aides handed it to me.” She was career Navy and she was just taken aback. She was…I remember her reaction; she was appalled by it. She went to see another administrative person and they said that it was just unacceptable and someone went and talked to the captain and said that there ought to be some kind of ceremony and there ought to be a cake but not a big command, maybe a dozen officers or 15 officers, and I said, “I don’t really care whether…” and I was…she said, “There will be. I’m a Naval officer,” and so they had a little party and she pinned the medal on me and some of my friends took some photos and that was the end of a morning of seeing the patients in the clinic and it was sort of the end of that, and then he’d heard…he the captain had heard from above down that I was being transferred to St. Oldam’s and that the order had come through…there had been some pressure, something out of the ordinary channel had occurred and he wanted to know why I’d gone over his head and all that kind of stuff and I wasn’t interested in getting into a thing with him. It was over, and I just told him it very nice and shortly thereafter I left and went up to St. Oldam’s Naval Hospital where I was assigned as a general medical officer to the emergency room, and because I liked obstetrics they let me work on the obstetrical ward at night.

SM: Now quick question backtracking to the issue of you not getting your residency?

EF: Yes.

SM: Just to clarify, you were convinced then that the decision was made because you were a DO and not an MD, is that correct?

EF: Yes, I have the paperwork that reports that. That’s part of the package that I’ve developed over this weekend to send to you. There’s a letter from the department of
the Navy from View Med explaining that my presence in the program would jeopardize the training program of other people who are training because I was not a suitable candidate.

SM: Were you able to pursue any other avenues in the Navy as you had articulated in your meeting?

EF: The wind was gone from my sails after my father died. I just…I was…I wanted to put as much distance between the Navy and myself. I had not at that point had a good experience as I perceived it with the Navy. I had great emotional reaction to the Marine Corps. I loved the Marine Corps. I loved the Marines. Additionally I obviously found great fondness that I experienced with other Naval officers as individuals, but the Navy as an individual I felt had not treated me fairly. I tried to do everything I could. I didn’t want to over…I didn’t then as nor do I now want to overstate any aura of self importance, but speaking as an individual I don’t know what more I could have done and that was my thought at the time in serving and to be disallowed by virtue of something that was preexisting had me very, very angry and bitter. I mean, I wasn’t consumed by it but if I were to entertain the thought of it it was so incongruous with what was right and fair that if I would dwell upon it it would it would get me angry. There were a number of medical officers that had endorsed my application, people that had in a supervisory role written very, very strong letters including the division surgeon and the commander of the medical battalion, to say nothing of the Marine Corps type folks, but it was like to no avail. It would not make any difference whatsoever because the dye was cast. That was going to be the reason why. It was stated clearly. In fact, there’s a…the letter further offends me; it thanks me for my meritorious service in being awarded the silver star so it’s an acknowledgment that I had performed well and it’s sort of like an unfortunate response which I did then and do now find unsatisfactory. What I had expected quite frankly was someone to say, “Well wait a second. Here we’ve got this person who was commissioned, who was commissioned and made equal from the date of entry to all other persons commissioned with his designation, general medical officer, so anything that might occur subsequently would have to be therefore based upon what he did or didn't do subsequent to that commissioning.” That was going to be my argument and was my
argument and in other words, if I had a restricted commission, if I was going to jeopardize training programs as is articulated in that letter, such that some civilian authority and I think there’s reference to… I don’t think it’s the joint commission but it’s some accrediting agency, where are they when I was taking care of troops in the field, noting my qualifications? The starting point should have begun at the moment I was commissioned, with the assumption that he is equal and that’s not how I was treated. The American Osteopathic Association with whom I’ve never had a close working relationship with communicated with me in the spring of that year, wanted me to go on speaking tours. There were two or three stage, still, and one in Arkansas and one in the Carolinas comes to my mind in which full practice rights for osteopathic physicians had not yet been realized. It sounds almost bizarre, it sounds archaic, even as I say it I’m having difficulty having the words come out of my mouth, but what had happened…and I think Arkansas was the example that…that is the example of that time frame. What happened is you'd say, “How many DO’s are there in Arkansas?” so let’s say the number would be half a dozen, you know? Well then what would be the emphasis to change the rules given that there were just six people there? The emphasis would be few to none. There would be no reason. There’d be no momentum to change anything. The AOA contacted me and asked if I would go on speaking engagement to some of these places where they didn’t enjoy full practice rights. You know, my whole thing at that point was I didn’t want to be involved with anyone in any fashion in any way. I think even those last moments before we took a break [?] silver star with my father, I later, and I don’t remember how much later but maybe a year later was able to pin another one simply by writing to whatever the agency was and telling them what had happened, what I did, and [?] and I have it to this day. In fact, you might have seen it at the house [?]. I sort of wanted to put the chapter away. I was happy that I had served. I was pleased on a personal note. I felt a sense of betrayal from the Navy, and was ready to move on.

SM: So how long…how much longer did you stay in the Navy?

EF: I was stationed at St. Oldham’s Navy Hospital until 10 September.

SM: Of ’69?

EF: Yeah.

SM: Did you want to take another break?
EF: No, no, I'm fine.

SM: Also, what did you think about...let's go ahead and shift gears and talk about some of the political stuff that was going on at the same time, and I'm sure although you were obviously very much engaged in other activities, some of this must have been filtering down; the Nixon Administration and their secret plan to win the war, the eventual Vietnamization of the war, things like that, did you keep up with this much?

EF: Intermittently I would. Whenever there was a major battle, and I can certainly remember the activity in Cambodia. I think was that not called the Parrot’s Beak?

SM: Yes, sir.

EF: Those operations. I did not have a feel for the fact that we were not winning. I did have a feel for this being seemingly endless, I had that notion. I don’t know on a personal note if there would be times that I’d wish that I was back, doing what I found much more interesting than what I was doing. On a political note, what happened in the first year that I was out of service is I was a resident at the [?] Medical Center in Northern New Jersey, in Newark, New Jersey. It was affiliated with New Jersey Medical School and that was an MD residency and I took it in anesthesiology and it was kind of like we went to this hospital, a friend of mine who was also a Naval medical officer, also a DO, and he took the radiology. It was sort of like, “What’s available, and we’ll take it?” and we did, and we both went in our Navy uniforms. We were both wearing Navy blue and the administrator, the medical director saw a couple of American guys who had served their country and he indicated that there were a lot of foreign graduates in the training program and he felt to compelled to...and did not care what our medical degrees were, we were going to be residents, and all that he wanted us to do was write to the appropriate accrediting agency within each specialty, the specialty that we’re seeking, so that we wouldn't be wasting our time and at that point in time the rules had changed and DO’s were being admitted. I had a great experience there. In terms of the politics of it, in that time frame just one negative thing, I encountered a guy...it wasn’t negative. It was negative to me personally but he was correct who was a doctor at the hospital and had me come to his office and had posters, blown up posters of My Lai and asked me what the hell were we doing in Vietnam, and I said to him, my response...we had kind of
an intellectual argument. I indicated to him that that would have had to have been an
isolated incident. I didn’t question that it did or didn’t happen, but I certainly had no
knowledge of anything similar in the year that I had been there. That was my first
awareness on an intellectual level of great protest. Now where was I? God knows where
I was, not being able to palpate the pulse of the country, but I guess I didn’t. The next
awareness I had was when I shifted my residency training back to obstetrics and
gynecology at New Jersey Medical School where I had daily interaction with medical
students who were politically much more savvy and somewhat younger than myself. I
was at the time about 29 or 30 years old, and they would be between 21 and 25 years old
most of them, still going in that time frame directly from college to medical school, and it
was clear that there was some political unrest. Students, I felt a separation from them
initially in so much as they did not look like I looked when I was a student. I was a
student that was required to wear a shirt and tie and be clean shaven and now here’s this
group wearing combat boots and jeans and had real long hair and was smoking dope, you
know, in the corridors of the hospital, in the on call rooms. You could just smell the
dope, you could smell the pot, and I just realized things had changed a great deal. I
remember having a number of meetings with students…well, let me just digress and say
that the professor, chairman of the department of obstetrics/gynecology was the acting
dean and subsequently the dean of New Jersey Medical School. He was very important
to my career and personally of great importance to me in so much as he admitted me to a
residency program. When I applied I provided him not just with my academics but also
with my military experience and he applauded it and accepted me and used to reward me
with praises and occasionally he would have me talk to students that would rotate through
the obstetrics/gynecology department which was an ongoing thing but about my personal
experiences as a battalion surgeon. Then students began to hear about it from one
another rather than waiting for their rotation and there was a natural curiosity. I was sort
of the guy that had been to Vietnam and there were a few that had been around the
hospital but the guy that had been with the Marines in Vietnam, and I would talk to the
students and get a variety of responses. All seemed to be interested in some form. Some
challenged me about it. Others had suggested that there must have been a lot of bad
things going on that we had participated in. Some conversations were very provocative; others were accusatory, most however were just information gathering.

SM: What was the most provocative or accusatory thing that you came across, do you recall?

EF: I think that it wasn’t in the course of conversation but when I was a first year resident I was in charge of the first line to the emergency room, so sometimes if we were very busy, and it was the city of Newark, New Jersey’s hospitals, it was called Martin Medical Center but it was formerly called Newark City Hospital, it was a very, very busy metropolitan area hospital serving an indigent population in a community that was a violent community. It was a community that was racially unrested, the community, so I would therefore be quite busy in the emergency room and I’d kind of hang out there and I’d be around other kinds of trauma that would come in, whether it was gunshot wounds occasionally and other stabbings, fights, and I can remember one student, a girl, a woman, who…and I was just casually kind of watching the whole thing happen. Someone came in having been having coffee thrown in their face and another person was stabbed in this maylay that took place and I think someone was dead and I just kind of was watching it without any kind of emotion just like a…as if I was sitting in a theatre and she commented to me afterwards, “Well, doesn’t that upset you?” and I asked what the hell she was talking about and she said, “Well I can understand being numb to this stuff, after all, you were one of those killers in Vietnam,” you know! Oh yeah, she went into her whole thing. She was…and what was interesting is she was wearing jungle utilities…she was wearing jungle boots, not jungle utilities. She was wearing jeans and jungle boots, and so I told her something like, “You’re wearing the jungle boots, not I!” She was very provocative. If I was unaware prior to becoming involved at the medical school of the changing view of the war, and if that were the case, I’m not sure if it was the case or not, but I certainly didn’t have the consciousness I had before going over to the medical school. Being around students, and you’re around students at a university, that is exciting in and of itself because it brings a whole different vantage point into perspective and I enjoyed that. I did not mind being engaged, although I did have another experience. I had a moonlighting job, you know, how it comes back you begin the conversation, I had a moonlighting job down in New Brunswick at one of the sister
college to Rutgers University and I could remember I was trying to run what was called a
health clinic, but as a practical matter what it was was in the jargon of those days it was a
VD and birth control pill clinic but New Jersey didn’t want to call it that, and somehow I
was giving this talk to these girls in like a community center room of a dormitory –
Livingston College was the name of it – and you know this girl came in and said, “We
don’t need these doctors, and this one was a pig in Vietnam, and we don’t need these
men, we don’t need these doctors,” and she hopped up on a table that was in front
of…maybe there wasn’t a big audience, 30 people let’s say, and she spread her thighs and
had a speculum, had a vaginal speculum used to do pap smears to visualize the cervix,
and in front of the entire place took this speculum and put it in her vagina and had her
girlfriend, and I don’t know if it was her girlfriend, on a sexual basis, or companion, with
a cotton-tipped applicator do her pap smear and I was at a loss for words.  I have to tell
you that I was at an absolute loss for words.  I had one other person…New Jersey was an
anti-vivisection state, no…what I had remembered is they did not do…this may not be
correct, but somehow it sticks in my mind that they didn’t have cadavers at the medical
school and someone brought in a dog from a dog lab, God knows where, and passed this
comment to me that it would be all the same meat to someone like myself.  I had a couple
like that.  The worst of the anti-war things did not happen as a civilian, it happened when
I was still on active duty in the military, right at 19th and Constitution, and I was with a
Marine major that I had known not in Vietnam but kind of got to know after Vietnam, in
Washington and he and I were going into this building when someone poured on us from
a building top a pail of toilet water, poured it on us as we entered this building, and we
walked up and saw these people, they were on a low roof, and we tore ass up those stairs
and if I had never saved a life before the life I saved was of these two bastards that did
this to us because this Marine would have thrown them off the roof.  There was a big
fight, these college kids…we just…we did not stop and he was throwing them off the
roof and then we just let them go and the police came, and we just…the police were sort
of empathetic to us and I think it was a day that we were in uniform.  They just let us sort
of disappear.  We disappeared, and these guys…one of them had to go to the hospital he
was beat up so bad.

SM:  Did they survive?
EF: Oh yeah, there was no deaths, but can you imagine?
SM: That is amazing!
EF: This guy was a Marine major who had been in Vietnam, he had been...I did not know him there and we were talking outside this building and then this pail of crap poured on us.
SM: Unbelievable.
EF: He would have killed them!
SM: You mentioned that the police seemed sympathetic to his...
EF: Yeah.
SM: What about when you were in the medical school? We’ve talked about some of the extreme anti-war activities. What about empathetic or sympathetic ears and comments? I mean, you were a physician and you were doing what all physicians do; you were helping to save people’s lives. Okay, it was in a war, but still.
EF: You know, I don’t remember a great deal of...I remember being certainly aware that the tide was shifting, but I don’t remember any particular exchanges. I had my views that I wanted this war won and I suppose if someone would have asked me in that time frame, in whatever fashion it takes but I wanted it to happen. I didn’t spend any time at all thinking about whether that was a right or wrong point of view, whether it was a popular or unpopular one, it just was my point of view and I didn’t spend a great deal of time discussing it with other people. Now whether that was either because I anticipated it wasn’t a popular point of view or I didn’t care what other people thought or I was more involved in my day to day activities and not being of any...I wasn’t involved in jumping into a political thing with someone. I seemed to be separating myself from them, just working. I had a moonlighting job, it seemed like I was always busy trying to either earn a living...I was divorced at the time and I was going out with every woman that would go out with me, I was working very long hours at the residency which was every day, every third weekend on call, every third night on call, plus a moonlighting job doing house calls after work. It seemed like I was always busy to become involved in a lot of thought process.
SM: Well I guess what I was...I figured that maybe, given that some people would react negatively to knowing that you were a Vietnam veteran, I didn’t know if
maybe in some of the exchanges you had with medical students, if an ethical discussion ever emerged that okay, even though you’re a physician, or even though we’re at war, it is still a physician’s obligation and ethical duty to help reduce suffering and save lives.

EF: I remember having that conversation not so much with a student – there were students around - but with a guy that was my chief resident that was a first year who served in the public health service and it was kind of a tongue in cheek thing. I was…Dr. Kamanenski, Harold Kamanenski, was the chief of service at the medical school, and he was very proud of what I had done, and must have…in my presence, and sometimes to the point of embarrassment, he would tell other professors what I had done. So, the word was kind of out and I was treated almost differentially. But, this particular fellow who to this day is a friend of mine engaged me in the conversation and told me that he would never have gone to Vietnam and it wouldn’t have mattered and that’s why rather than to disrupt his life and become a criminal, he chose the public health service. [phone rings]

SM: Do you need to take that?
EF: No, someone else will get it. So, I called it…we all know about that. I called it the yellow delay. I should not have. Have you heard that term before?
SM: Yes.
EF: So, I called it that and he probably had heard the term before also so we became…it was in the cafeteria of what we called the old hospital. There was a new hospital that was connected by a series of passageways to the old hospital. The old hospital became kind of a hang out place where you recorded and also where the cafeteria was, and this was in the cafeteria and continued into that evening in the on call lounge where there were sandwiches put out at eight o’clock for people working all night and he got into the issue with me of what I should have done is refused to provide medical care. I asked if he was fucking crazy or not. Then, he brought up this dermatologist. Now it’s coming back to me. Levy, do you remember that name?
SM: Levy?
EF: Yes.
SM: That name is familiar.
EF: Yes, I think there was a Howard Levy, maybe it’s not Howard. There was a dermatologist who had refused to treat…I’m sorry, he had refused to teach the green
beret medics anything dermatologic about medicines and rashes, that’s what it was, and I want to say Howard Levy but I could be mistaken about the first name. I think that he was court marshaled. Does that ring any bell?

SM: It does.

EF: I’d have to go back into…because I remember it, and it preceded my service. I remember being appalled by this guy not treating and you know how the green berets would have these little forays and they had a medic, I would say a pretty advanced medic also, that would go out into the field and they would, in an effort to identify with the villagers, they had the civilian aid program and there were a whole variety of types of activities that were involved there and this guy, I think it’s David…Levy is the name, there’s no question about it, it’s all coming back to me now, he had trained the [?] and was part of the Einstein complex or something. But, I can remember getting a letter from a woman, a person that I don’t know that I still have, that complemented me on my service and said that people of the David Levy or Howard Levy’s fund, she applauded me for what I had done. But, this fellow who’s name was Earl Greenwald, getting back to the conversation where he engaged me, the students were now part of this debate, not as participants as much as they were observers. Earl was and is a brilliant person, very principled, who after an obstetrician became an oncologist and then now is involved with battered women and I think he has an office on the staff of the Governor in Harrisburg, Pennsylvania with the State Government although I don’t know that he has an official position but it’s about battered women; he’s always had a cause. He engaged me and he was more effective at his point of view than I was at mine. Mine was a real simple one; here we are at war, I didn’t make the war, we don’t make the war, but our job is to serve and take care of American wounded. That was my plan, that’s what I did, I’m glad I did it, and I would do it again, and you chose not to do it so you’re the asshole, not me. It’s not about your not having served in the public service, it’s how you got there that’s disturbed me, that you did it to avoid military service, and I could not understand and I did not allow him to articulate his politics or basically not serving the American soldier, the American warrior. I understand it, but I would not allow him to say it because it’s…I just disallowed it. We became very, very good friends. He had his point of view, I had mine.
SM: Now did the issue of you being a DO ever come up again in your career?

EF: No, it came up in the course of my application for residency at the New Jersey Medical School. When I wasn’t getting my transcript sent some person who without any authority had decided not to send my transcript and I didn’t realize that until it wasn’t getting there and I caused a huge deal. I called the school and finally was able to track it to this person and I asked him why he had not done it and arrogantly he told me, “Well, for one thing,” he said, “You know you’re never going to get board certified. You’re never going to get certified. You’re going to become a hybrid physician,” he used that word. That was a term that the American Osteopathic Association applied to those physicians that were neo graduates that took MD training. That was an official term that they used in the Journal of the American Osteopathic Association. This man was vehemently a DO and felt as if I was being disloyal and I…at first…and I had respected him as a teacher when I was there, I tried to explain to him, I said that having had exposure that there was no question in my mind that a far better training program existing where I was applying than anything in the osteopathic profession, that I had come from the best training program in the osteopathic profession, albeit short lived, and I thought it was a good training program but it was nowhere compared to this one and I explained to him why and I cited full time professors, specialists, huge volumes of clinical material, just went on and on. He would hear none of it. Rationality could not prevail such that I finally had to first admonish him and then caution him that if my transcripts were not there in a reasonable time frame that I would target him out for a lawsuit and that they were not his transcripts, they were my transcripts and that they were not the school’s transcripts, they were my transcripts reflecting my experiences at that school, my grades, and that they would be sent. He tried this impotent response to me and I said, “Listen, don’t do this to yourself. Trust me, it’s going to happen to you if you do,” so he complied, but after that, nothing. I wound up taking my residency, I became I think the vice president for one and then the president of the [?] medical association, you know, everything.

SM: And what years were you at the New Jersey Medical School?


SM: When did you arrive in ’70, do you remember?
EF: July 1st, 1970.
SM: July, so it was after Kent State?
EF: Yes.
SM: Speaking of continuing war activities and domestic unrest and other things going on in the United States and overseas, what did you think about how the Vietnam War was winding down, again with the Vietnamization and with Nixon and Kissinger trying to seek a peace with honor? Did you keep up much with it?
EF: I did, I did intermittently. I never had faith that the Vietnamese forces would do what was required of them. That was based only upon my experience of what was going to be the best of their troops, this elite ranger force that served at Khe Sanh, 37th ARVN Ranger Battalion, and what I had been told about that unit, they had fought bravely at Dien Bien Phu and I was unimpressed with them, and if that was the best of them, the worst of them I had very little faith in based upon just observations and then anecdotes that I would hear during the course of my time in country. The other thing is political unrest, but some of the reading that I’d done had made it clear to me that the government was not a representative of the people. I thought that the Vietnamese viewed the Americans probably with disfavor, and the whole…it just…when troops would be withdrawn I thought that that was a good thing but I didn’t have any high expectations as to what the outcome would be. I don’t remember when I felt that I wouldn’t want to represent myself as being either sufficiently intuitive or clairvoyant or knowledgeable because it all kind of came together as…without my being able to clearly identify when we disengaged in ’73. I was very saddened in ’75. It was sort of like the end of an era for me.

SM: What did you think in 1975, in April ’75 when the decision was made not to continue providing support for the Vietnamese forces and the North Vietnamese successfully invaded and took over South Vietnam?
EF: I had mixed feelings about it. I think at that point I was convinced Americans had, as a practical matter, they hadn't been engaged for over almost two years at that point I think, and my intermittent reading of what was happening was not encouraging. The press’ coverage of the war had shifted such that my recollection of it was that Vietnamization was not going well, and this is kind of like the endpoint of that
whole fiasco. I felt badly that those…and I knew that there were those…I couldn't
identify specific characters but certainly there were individuals in Vietnamese
government who were very, very loyal to the Americans and loyal to the struggle and I
did not like the way we left and I’d heard bits and pieces and I continued to hear bits and
pieces from families that were abandoned by our efforts. I knew that things…that was
the endpoint. That’s April 30th of 1975. What I remember afterwards was my
imagination as to what must be going on there to cause these boat people to do what they
were doing, which was to cast caution to the wind, certainly anything tangible that they
had in the way of personal assets, just to get the hell out of there, it could only be about
life and not about anything else. They had to try to survive it. Things must have been
terrible there and I knew that it was being underreported.

SM: And what did you…how did you feel about the media coverage say from the
time you got back, when you were getting exposed to more and more American coverage
to the end of the war and just after the war? Did your opinion of the media change?

EF: No, I thought the media did a great job.

SM: Now I guess the post Vietnam period of your life, how did the war and how
did your experience in going to Vietnam and being a Navy surgeon, how did that effect
you?

EF: Well, I think that it did a number of things. Certainly I was proud to have
served, and I think that it instilled in me a pride, kind of a thing I carry with me. Without
being modest I know what I did there and sometimes in moments of challenge and
despair and disappointment it gives me strength when I think back, if I can remember the
word, to say nothing of the relationships. The relationships that formed during that time
frame are indelibly etched on my persona such that yesterday for example I spoke with a
former…well, I don’t know what his rank was when he retired from the Marine Corps but
he was a major at the time that I was a Navy lieutenant and as soon as I said my name to
this person it was as if 30 years had gone by and it was last week that we were talking
outside the CT. Those relationships are just forever and it was the best thing in my life.
It was perhaps at times the worst thing in my life, but it was the best thing that ever was
in my life. Having taken care of these guys who were wounded and having dealt with
other people who were practicing their craft, whether it was combat or medicine, in peril
with me, were the best things in my life. I was impressed with... if I had not understood
American views, and probably never spent any time thinking about what and how and
basically what Americans were about, that experience and my first hand witness to
countless acts of great personal courage, of stoicism, steadfastness, all adjectives and
superlatives that go with them that speak of what we as a country are individually about
either reinforced or established in my mind that way and it will never go away.

SM: Now for you personally, did the eventually conclusion – that is, the way the
war concluded – did that have an effect at all on your perspective of the United States
government or foreign policies or anything like that?

EF: Yes, I think that as it applies to example how we as a country remired them
in that protracted struggle which had a conclusion that was... to say suboptimal would be
understating it, must be learned from. I think it was General MacArthur who had warned
never to become involved in a land war on the Asian continent and here was one of these
persons who was one of the most highly esteemed military persons of our history
commenting. Perhaps we should have listened more closely. I’m disturbed of the
behavior of people like McNamara who knew better or should have known better. As a
practical matter, I’m very disturbed with the way in which – and I’m going to speak in a
global sense – Vietnamese would help participants in the Vietnamese war, in our war in
Vietnam, are perceived, that it is not an uncommon visualization if one says, “What do
you think when I say Vietnam veteran?” and the response would be, “Someone sitting
underneath a freeway overpass with a scraggly beard and a sign looking to get something
for nothing.” Those people exist but they represent the minority of those who served.
So, if we break down the leaders of our country, if we remove the leadership that caused
it to happen and caused it to continue to happen, and then get back down to the troops
who served, and of course further [?] command forces and the troops who were at the
trench lines and operational level of day to day combat operations, there’s a number of
thoughts that come to pass. One, the junior officer corps was wonderful in the Marine
Corps, I was very impressed. I had very limited experience with the senior officer corps
but what experience I had I was very impressed with their concern about their troops, the
courage of the American fighting man is wonderful. The political leaders at the time, as
political leaders may be, incorrect in their decision to continue the war and to fight it the
way in which it was being fought. I don’t have the expertise to comment on a strategic or
tactical basis or to begin to critique the conduct of the war other than to say that the
commitment wasn’t there as it should have been there which resulted in unnecessary loss
of life. On a personal note, one of the things that I would like to achieve with what
energies I have left, and I think I perhaps mentioned this to you, but Governor Davis here
in California has on his desk my application, my credentials to make me one of the board
members of the California Veterans Board and one of the…and I’m hoping he’ll act
favorably upon it. One of the missions I would like to think that I have is to try to prove
the perception of our veterans, particularly those in the Vietnam era, my era [?].

SM: Okay. Now, speaking of your potential role in that context, that is in the
veterans organization, do you think that the government has done a good job of taking
care of it’s veterans?

EF: I think that they need continued strong encouragement. It is upsetting to me
to think that the government did not take full responsibility for the post Gulf War
Syndrome which is now evolving with a defightable entity. I have spoken to a couple of
combat leaders who say without any question there was gas, there was exposure to gas,
and I don’t know what that brings me as a medical [?] because I’m a scientist but I’m told
that there are some long term implications of that exposure. It’s upsetting relative to the
issue that evolved about Agent Orange. So, I think that the government has been
reasonable but I think that they need continued guidance and I think the guidance has to
come from people of great energy that can muster support and cause things to continue to
happen. I think one of the problems with veterans is that as organizations they have some
element of political might but individually they’re not soft and cuddly like newborns and
many of them drip gravy on their tie and they’re edentulous and they are aesthetically
unpleasing to the citizenship and it’s hard therefore to muster sometimes emotional
support that goes with the cure of a disease or the care and treatment of a newborn with
an affliction. One of the things that we as a society need to get beyond is the perception
of veterans. If we accept the fact that veterans…they remind us of things that are not so
pleasant, particularly Vietnam veterans and that whole thing that goes along with the
reaction that the country has in embracing the Vietnam experience in a global sense and
try to cope better with our – I say our as Americans – grasp of the Vietnam era, we will
be better able to deal with Vietnam veterans. I guess what I’m saying is many times the
picture of the veteran brings up something unpleasant and we need to do whatever it
takes to avoid the next reaction which can be, “Get it out of my face!”

SM: Yes. This will end the interview with Dr. Feldman on the 18th of December, year 2000. [tape ends]
This is Steve Maxner, continuing the interview with Dr. Edward Feldman. It is the 8th of January, year 2001, at approximately 8:30 Lubbock time. I’m in Lubbock, Texas, and Dr. Feldman is in California. Okay, sir, would you please discuss the other ways in which the Vietnam War or your experiences in the war, had an effect on you in your present life?

EF: Yes, I can. I think that if I were to characterize one of the effects that it’s had, it polarizes the people and myself with whom I shared the experience in such a way as to bring us very, very close together. It is not uncommon to receive or for that matter make a telephone call or in some fashion to communicate with a person from that time frame and that becomes a very high priority item. If someone…if for that matter, I had needed help, and that certainly was the case not so long ago with a problem that was a problem that didn’t seem to have a common or easily accessible solution, the same is true with regard to say that I would like to think that my response is the same. About two years ago I became involved in a very difficult situation whereby a couple was suing me professionally but it seemed as if they were trying to extort money from me. That lawsuit became a public matter in so much as they, they the plaintiffs, attorney and his wife, convinced a Los Angeles Times reporter that they were the victims of abusive medical practice fundamentally scheduling an operation to suit my convenience rather than have him maybe in a more natural fashion, and made a money demand of me and the case…and I’ll be very brief about it. The case was reviewed and my malpractice carrier found that my medical care was altogether appropriate and the next thing on the front
page of Los Angeles Times, the county in which he resides was a full format article complete with a posed portrait photo of the couple and the baby which was anything but sympathetic to my side of the equation. I was aware that something like this might occur in so much as the investigative reporter had communicated with me a week or so before and when I wouldn’t speak to him about the case but referred him to the court house to review documents or frankly to speak to my attorneys whom I’d instructed not to make any comment because it wasn’t my desire to be tried in the press, he told me I would be sorry in almost a threatened fashion, and sorry I was. But, I had representation, but, and for no good reason on my side, I didn’t have full trust and confidence in the attorneys representing me. I reached out to a Vietnam era attorney friend of mine who then referred me to a nationally known person with whom I was well acquainted. His name is Chuck Patterson. Patterson was the lead council on the Whitewater investigation, lead outside council, and amongst other things he investigated the former governor of Arizona and found him guilty of wrongdoing and he was removed from office. He was involved with developing the case against the McDougalls and the governor of Arkansas, a very, very well known attorney. In any event, when I reached out he was instantly there and not for fee and not for money but just for support professionally and morally and otherwise, and I can't begin to tell you what that sort of thing means, and I think that it is reflective of the experience that we shared together during Vietnam years, and it is something that I will carry forever. It is not uncommon for me and probably happens on a maybe an every other month basis, I receive information from a former combatant at Khe Sanh who, because of our battalion surgeon status, will go back to that period in time in the hopes that I can recollect and help him with a current problem whether with the VA or otherwise. I have something on my desk even as we speak involving a man who was injured in Khe Sanh avoiding an airplane that was heading in his direction that was shot down, it was basically a ball of fire as it approached his position, and the injury that he sustained was a consequence of that experience and he’s trying to deal with the VA on that. So, the positive, if its been said that the only one that gains in war is the surgeon, there’s probably an element of truth to that in terms of experience, but beyond all that what I personally have gained is the comradery that is ongoing and I think has sustained me forever the experience. Another situation that arose not very long ago in my life
maybe a year and a half ago, at best two years ago, was a request on the part of attorney
Chuck Patterson who represented a former Khe Sanh combatant, Marine, who had been
on death row at that time for about 16 years at San Quentin awaiting execution. Chuck’s
request was for me to review the materials that were used by the prosecution to convict
this condemned man of sexual assault, attempted sexual assault, and when he provided
me with everything that the prosecution had, everything that they had, that is to say the
criminal rendering at the scene of the crime, the direct and indirect term
implied...interrogation, the medical examiner’s report, the coroner’s report, every item
that the prosecution had, I had. It was evident to me that the jury had been nuked in so
much as description of this victim was that of normal anatomic structures of a woman
who was 78 years old and weighed 95 pounds and her physical findings are normal and
those are significant findings in any case in the way of sexual assault. That, I found to be
an outrage and I took those materials to the chairman professor at both the University of
Southern California and the University of California Los Angeles and asked the professor
of OB/GYN to review those materials as I had and I kind of made it a moral
responsibility of theirs as so much as they had high position and therefore it would be
complex at that level and not cushy and to please, in the interest of justice in a life and
death situation, to make this a high priority, to review it as I had, and to make a
statement. Those statements were made, they were turned into declarations, each of
whom agreed that there was no evidence whatsoever of sexual assault which is really
negative evidence when one thinks about it. I delivered those materials to the governor
of California and then became very actively involved in an attempt along with Chuck
Patterson, he doing the appropriate legal maneuvering, and myself and a number of other
Khe Sanh veterans, two of whom were company commanders in the same battalion that
this man was in, to attempt to effect a plea of clemency. We went to the clemency
petition, we developed a great following of 7,000 letters that were delivered to me at a
vigil at a park, Chuck Patterson and I went on national TV four or five days, four days,
prior to the planned execution unfortunately to no avail. I guess the point of the story is
there is a cohesiveness that exists as a consequence of that shared experience that results
in a willingness on the part of the individuals to once again to become cohesive, act as a
unit, and reach out for one another and that’s a gift of the experience which I hold very
dearly in my personal life.

SM: Have you found…have you joined any kinds of veterans associations or
anything like that?

EF: Yes, I’m one of the founding members of the Khe Sanh Veterans Association
and more recently I joined the VFW. Parenthetically, never having been a joiner before
but having kept in my memory certainly and in my…I wouldn’t say day to day life, but
common to…I communicate with two or three people from the experience on a frequent
basis, probably not less often than once every month, perhaps more than that. I went to
Kansas City which is the home of my alma mater where I met a combatant in another
episode that we had discussed previously and he invited me - and I was so pleased to be
able to do so – to join his local VFW post which I thought was full cycle to the
extent…or full circle that my professional roots began in Kansas City in the early ‘60s
and last year I joined the VFW post in Clarkville, Missouri which is just a bit north of
Kansas City by 15 minutes. I found that as I reflect upon the experience of having been
invited to join and subsequently joining, it sort of enveloped the whole situation. So, the
answer is yes, I have.

SM: At any time before now, like when you came back from Vietnam or shortly
thereafter, did you ever try to join at that point or is it just more recently?

EF: No, it was more recent. I’m aware of incidents, as a matter of fact, in which
Vietnam veterans were made to feel unwelcome in certain other veteran’s organizations.
Why that is the case is unclear to me, I’m sure it evolves from the controversy of the war.
Here’s a little bit of information…I’m going to walk with the telephone now and get a
document that I want to retrieve, okay?

SM: Okay.

EF: I didn’t talk during that because Patty’s sleeping and that’s the room I do that
in. We’re fine. There’s a journal that’s called the Khe Sanh Veteran’s Red Clay and it
comes…it’s published through the Khe Sanh Veterans, Inc. that particular veteran’s
organization, and I read a very interesting account and I reread it just yesterday. I’m
going to fax it to you. In fact, let me write down the fax number now if I may.

SM: Sure, it’s 806…
EF: 806?
SM: 742…
EF: 742?
SM: 0496.
EF: 0496. 806-742-0496?
SM: Correct.
EF: Anyway, it was a comparison. This article was a discussion of a statistical information that’s applied to deserters and the unit that surrendered comparing the draft statistics of World War II and the Vietnam experience and it’s very, very interesting to know that we who served in Vietnam who have been thought of in some circles at least of being of lesser stature for lack of a better term should have…there’s no basis in fact to feel that way and one of the key problems as I perceive it and I think back in retrospect was the war was unpopular so why would the combatants themselves not be unpopular and symbolically I had some personal experiences – I’m not sure if I talked about them – with regard to disdain that was shown me for my participation and I think that was not an uncommon experience. I don’t know how pervasive that was, I don’t know how recurrent it was in any individual’s particular experience and I can’t tell you that I was victimized on an ongoing basis, I certainly wasn’t, but to think that it wasn’t out there would be to be blind to that situation.
SM: We did discuss some of the commentary that you had to endure when you came back and were in school, and also the dumping incident, the bucket.
EF: Yes, that’s what I was referring to. I’ve spoken to a number of people that would tell me that they were not well perceived. I think I can be global about it. that was not an uncommon experience.
SM: When you go to the VFW meetings now, do you interact with the veterans of other wars, World War II in particular and Korea? Are there many members?
EF: At the most there’s just a few. I haven't gone to Clarkville but I’ve gone to the local post here and of course I’m a new person and I go and I kind of maintain a low profile, introduce myself, and just try to interact in a more [?] fashion in so much as I’m trying to understand the lay of the land. Some of these World War II folks are getting older and I think that as one grows older sometimes the perceptions of things that were
many, many years ago as opposed to just many years ago and I’m speaking of many,
many years ago to their own experiences and many years ago to the experiences of my
time frame, I’m not well recollected. So, I’m just going there to try to understand the lay
of the land and I’m also trying to go and develop some kind of an understanding as to
what I can do to encourage more Vietnam era veterans to join so that we can have an
ongoing presence. The VFW was not in my mind and from what I understand a largely
Vietnam veteran organization ever, but if we don’t begin to long overdue encourage
people from that time frame to join, it concerns me as to what the long term of the VFW
is.

SM: Well, their survival is at stake.

EF: That’s what I think. I’ve joined another organization called the Vietnam
Veterans of America in Ventura which is the county in which I reside, the Ventura
chapter, and have spent just a little bit of time with them, it’s a recent membership, and I
find it delightful.

SM: And just out of curiosity, I don’t know if they explained why or any of the
circumstances surrounding it, but the people that you have talked to that said when they
came back from the war and tried to join some of these organizations, the VFW in
particular, maybe the American foreign legion, did they say that it was a particular
generation of veterans that didn’t find them welcome, or did they say anything specific?
Do you remember?

EF: What I remember is two things; one is yes, it was the World War II people
and one of the reasons that memberships was…I think initially it was absolutely denied,
was the representation that there was no war declared.

SM: Just the Gulf of Tonkin Resolutions, not a declaration of war?

EF: Yes, that has been remedied obviously since then.

SM: Are there any other ways that the Vietnam War has effected you either as an
individual or as a citizen who has a sense of civic responsibility or duty, or as a doctor?

EF: I think that without the ease of being able to specifically identify any one
thing in particular, it has given me…I take pride in my service and I take pride in the
reason for my service and I think it is at least in some measure a symbolic sort of thing. I
take pride in having served in Vietnam. My motive for serving was multiple, some of
which was even personal in perhaps I needed a little hiatus in my life that I rather thought
that I was seeking personal adventure, but I think that beyond that I was happy to serve
my fellow Americans and it was my notion that that’s what I would be doing and it didn’t
matter much to me as we thought previously what the politics of the situation is. As I
reflect now being older, I think that having seen some of the things that I have seen. I
find them unique to my eyes, I like to think that it has helped to define my character and
given me in times of needed strength when I have encountered some adversity in my life,
I tried to take from my previous experience whatever is called for in an effort to give me
the strength to – I don't want to over dramatize this, but to persevere.

SM: With the current presidential administration, we’ve seen a lot of limited wars
or limited actions involving the military, not necessarily declaring a war but kind of like
Vietnam; there’s a need for an American presence to assist in a certain situation or
circumstance so we sent a limited number of troops and a limited goal in support of a
limited policy.

EF: Yes.

SM: Do you find…when we engage in those types of activities as a nation, what
do you think about that, especially looking back on your Vietnam War experience?

EF: It seems to me that those are responsive strategies that are designed to
address the current situation that we’re dealing with and I think that they are appropriate.
I think they call for a redefining of a mission of our military so that we can have…we can
acknowledge that this is in the pattern of events and we need to develop the strategy, the
tactics and strategy, to address these issues. We need to train our forces to develop an
expertise in dealing with those issues and I think that they were appropriate. We are,
whether we like it or not, we are the world’s leader and while others would argue that we,
based upon that, should not take it as our responsibility to be the world policemen, but
that’s a matter that in my mind it calls out for that. Given that that’s been our role
whether by design or otherwise, we need to be effective at it. So my point of view is a
supportive one. I think that the key, the key…if the military [?] military because I try to
keep a strong relationship with the military, if we can reflect upon what the pattern of
events is, we need to sculpture our forces to be as expert at that as a traditional land war
in which there are long term and short term objectives, of which we have the need to
occupy territories, we need to just refine and hone our razor to be able to defect them at a solution. We should acquire the funding, develop the expertise, we should develop the training that will accomplish that mission, and I believe that is being done as we speak and I have direct knowledge that that’s the case.

SM: Are there any other events or any other issues you’d like to discuss today?

EF: I can't think of any. I would like to in so much as the most gratifying experience of my life was that of the Vietnam period and my personal involvement, what I’m seeking in my own life is to in some fashion not reenact that situation by any means but to try to serve my fellow veteran. I have as we speak an application on the appointment secretary’s desk with our governor here in California applying to the California Veteran’s Board for membership on that board which I’m hopeful will be acted upon favorably and that will give me the opportunity to hopefully favorably impact the veteran’s community here in California in a number of ways. In a variety of ways with rights and privileges and that would be, in my mind, a great opportunity for me to continue to serve my country.

SM: Okay. Well, if you don’t have anything else to add?

EF: I think we’ve said it, Steve!

SM: Well thank you very much, sir. I do appreciate it. I’m going to stop the interview now, hold on just a minute. This will end the interview with Dr. Ed Feldman.