Laura Calkins: This is Dr. Laura Calkins with the Vietnam Archive at Texas Tech University beginning an oral history interview with Robert Rankin, US Navy Retired, US Navy Reserve Retired I should say. Today’s date is the 4th of May 2004. I am in the Interview Room in the Special Collections Building on the campus of Texas Tech. Mike is joining me by telephone from the Washington DC metro area. Good morning Mike.

Mike Rankin: Good Morning.

LC: Mike can you start just by telling me a little bit about where you were born and when?

MR: Yes, I was born on the 19th of January 1937 in Lake Village Arkansas.

LC: Ok, what about your folks. What did your dad do?

MR: My dad owned a, or worked for first and then owned a small clothing store. Mother was I guess a housewife is one way to put it. She did not have a specific business.

Mother was I guess a housewife is one way to put it. She did not have a specific business.

LC: Did she work outside the home at any point?

MR: No she didn’t.

LC: Do you have any siblings Mike?

MR: I had one sister who died about four years ago and I have one brother who is a physician in Vicksburg, Mississippi.

LC: Did your dad serve in the military at all?
MR: No he didn’t. He said once, and I remember him saying it. “I was too young for the first and too old for the second,” meaning the first and second World Wars. Dad was born in 1905 but he was not in the military.

LC: Was that a matter of regret to him at all?
MR: I don’t know. I honestly don’t know. I was actually the first in the family to serve in combat of all my parents, grandparents, siblings, and all the rest of it. I was the first so I don’t remember his saying it with any kind of regret, no.

LC: Tell me a little about where you went to school, particularly high school.
MR: Lakeside High School. I’m about to go back for my 50th high school reunion in a month.

LC: Congratulations.
MR: Thank you. That will be fun and interesting.
LC: Absolutely.
MR: Then I went to the University of Arkansas pre-med and then the University of Tennessee Medical School.

LC: When did you graduate as an undergrad?
MR: Undergrad, in January of ’59 from Fayetteville from the University of Arkansas, I’m a dyed in the wool Razorback. I love beating Texas now. I went to the University of Tennessee from 1960 and graduated in ’63 and did my postgraduate training in Psychiatry after some of my initial Navy time.

LC: Tell me about your decisions to attend Tennessee. What informed that decision?
MR: The reason I went there rather then the University of Arkansas was that you could go all year round and finish a couple of months early. Arkansas made you lay out every summer. The University of Tennessee did not. Also it had a reputation for being a better medical school. So I went there. What I did with that time I saved I’ve never been sure but I did graduate there.

LC: Did you have any ROTC (Reserve Officer Training Corps) experience?
MR: I had ROTC, Army ROTC, at the University of Arkansas. We were required to do that. It was a land grant college. They only had two ROTC programs, Army and Air Force. Boy did I make the wrong decision. The Army had us marching around. I could
take an M-1 apart and put it together blind folded and all that. The Air Force ROTC sat in
classrooms and watched movies. I thought, “Boy I don’t want to be in the Army. This is
no fun.”

LC: How did that decision come about? Was it something that you were in charge
of or were you assigned?

MR: You mean in ROTC?

LC: Yes.

MR: I honestly don’t know. I don’t remember how I made that… Oh I think I
probably made the choice because I’m acrophobic and I don’t like flying. I was afraid the
Air Force would make me fly. I don’t mind flying as a passenger. I didn’t have the idea I
would want to pilot a plane, which is the same reason I didn’t go into the flight training in
the Navy although I would of liked to been on a carrier. I think it probably was I was
afraid they would put me in planes.

LC: Did you have medical school in mind from an early age?

MR: Oh yeah.

LC: Really? Where did that come from?

MR: Probably from family. Mother’s family, I come from a very interesting
combination background. I consider myself an Irish Jew. Mother’s family were Polish
Jews, dad’s family-Scott Irish Presbyterians. Poland, I had no interest in but I loved
Ireland. Judaism had a lot greater appeal to me then Presbyterianism so I sort of
combined the two. It was the Jewish family, mother’s family, who really encouraged me
to go medical school. Dad and his family were pretty well happy with anything I might
want to do in college. No one in our family had finished college before. Dad and mother
both started but dropped out for various reasons before they finished. So dad was just
happy I was going to college. Mother died when I was seven so she had no influence
directly on what I did professionally. But her sister’s and brother’s were all very strongly
encouraging me to go to medical school and so I did.

LC: Did they live near by?

MR: They lived 70 miles away.

LC: Did you see them a lot?
MR: A lot, yeah. My mother died when my brother was born. She died in childbirth with my brother who continued to live with mother’s family down in Louisiana for whatever reason. I wasn’t part of the decision. They decided to let him stay with them for the time being. We already had my sister who was only two years old when mother died. Dad was trying to raise both of us without a lot of help so I guess he figured an infant was a little more then he could handle. So my brother grew up down there. We would go down almost every other Sunday and spend a lot of time with him.

LC: And your brother then also went to medical school.
MR: He did, yes. He went to Tennessee Med School too.
LC: Was he a Razorback undergrad as well?
MR: No, he went to Tulane undergrad and he’s a fiercely partisan LSU (Louisiana State University) fan.

LC: LSU? (Laughter)
MR: Although he never went to LSU, he chose a team I think he thought was more likely to win.

LC: I was going to say what about the “Green Wave?”
MR: Well he has no interest in the “Green Wave” whatsoever. My brother’s a bit wacky. He has not missed listening to or going to an LSU game in 34 years.

LC: Well I have to say LSU stole the football coach who got them the national championship from Michigan State, which is my undergrad.
MR: What’s your undergrad?
LC: Michigan State.
MR: Oh Michigan State, ok. Moo U.
LC: That’s right. (Laughter)
MR: Right. I’ve got two very good friends who went to Moo U.
LC: It’s a very good school. Good for Ag and for a few other things too, but a good school. Mike, let me ask you about your medical internship. How was that arranged?
MR: We had a choice. We applied for a number of internships. I had an aunt and uncle, mother’s sister and brother-in-law who lived in Chicago and I really wanted to be in Chicago. I loved Chicago. From the time mother died they used to send me up there in
the summer to be with my aunt and uncle and they became sort of surrogate parents to me
so I had maintained a strong tie to the city. So I accepted or applied for and accepted an
internship in Chicago at Presbyterian Saint Lukes.

LC: Now at some point here the Berry Plan intruded I think. Is that right?
MR: The Berry Plan is what guided my entrance into the Navy.
LC: Can you talk about how that came about. When did you first get contacted by
the Navy?

MR: Well I didn’t get contacted by the Navy. I contacted the Navy. I grew up in
Lake Village, Arkansas, which is a town on a lake. I love the water. I practically lived on
the water in the summer. They had trouble getting me to Chicago because I so missed
fishing and swimming and all the rest of it. They only got me up there because they
promised there was an even bigger lake. I tried fishing in Lake Michigan, which didn’t
work out very well.

LC: It’s a different thing.
MR: Different thing, right. I was water oriented from the start. I loved the water
and I also loved travel and I loved seeing the world and all of that. I had done very little
of it. Where I grew up if anyone went to Memphis everyone sort of viewed them with
awe. To me going up to Chicago sort of let me know there was a bigger world outside of
southeast Arkansas and there might even be a bigger world outside of Chicago; so I was
very interested in seeing all of that and very interested in being on the water. The draft
board in Lake Village let me know in no uncertain terms, they let me go through
internship but after that I was theirs. I had three choices, the Army, the Navy, or the Air
Force. I had already had an Army experience in ROTC. I knew I didn’t want that. The
Air Force was still determined to put me in planes. I didn’t want that. The Navy was
going to put me on ships, was going to send me to exotic ports, was going to show me
wonderful parts of the world I would never otherwise see so I went down to the Navy
recruiter and joined.

LC: And this was what year?
MR: This was in 1963.
LC: In the fall?
MR: Well my internship ended in July of ’64. So it would have been, I did this in probably in the early spring of ’64. Let’s see, my internship was ’63-’64. So I was doing this in early ’64. I remember going out after I had done it. I had signed up with the Navy. They said, “Fine, come July, when you finish, we’ll give you your orders and get you trained and all of that.” So I went up to Great Lakes to the Great Lakes Navy Training Center up there asking to see ships. I had never seen a Navy ship; I thought it would be fun to see one. They didn’t have any ships up there. But what I did notice was that when I came through the gate they saluted me and they said, “Sir,” and that all felt really, really nice and I thought, “Wow I’m going to enjoy this.” So they toured me around and then they said, “If you want to see ships we have a few small ones down at Navy Pier in Chicago. You can go down and look at those.” And I did. But I never really actually saw Navy ships until I got to Newport.

LC: Which would have been…?

MR: What happened was they sent me to the US Navel Academy in July right after my internship to have three weeks training with other newly minted young doctors to teach us to wear the uniform, to salute, to say bulkhead instead of wall and you know all those sort of Navy terms. After that we all went out to the fleet. They had us train for three weeks. They flew me from Annapolis up to I think it was some place in New Jersey. Then my ship was [at sea] that I was reporting aboard to so they flew me to Rota Spain to wait for the ship to get into port. It looked like it was going to be in Naples for a while so after a week in Spain where they had a sub-base they flew me over to Naples and I joined the ship there and rode it back.

LC: Did you get to do much in Spain besides being on the base?

MR: No, I was only there a week, but it was wonderful. It was exotic. I was running around looking for Flamingo clubs and all of that. These people in this small town must of thought I was nuts. I also got to Seville and I got down to Gibraltar. I made the best of the week.

LC: Sure absolutely.

MR: And really got around to see as much as I could there. I really enjoyed it. I thought it was a beautiful place. However Franco was still in charge and you really got a sense of the oppressive nature of that regime there, the Guardia Civilia, were everywhere,
we were warned not to say anything against the regime, just to be quiet about everything.

I thought, “Wow this is different.” That was the first time I had had that kind of experience.

LC: Did you make any other observations?
MR: Only that this was the hottest and driest place I had ever been. When they flew me to Naples, they flew me first up to Mildenhall Air Force Base in England where they were delivering some sort of package. It was just a few hours stop. As we flew over England it was so lush and so green and I remember thinking this land, this isle, this blessed realm of kings and all the Shakespeare stuff that I had learned in high school and college came back. I just sort of fell in love with England from the air. Then they flew me on down to Naples where I joined the ship.

LC: Now at some point Mike I’m sure you must have had an opportunity later on to get back to Britain.
MR: Yeah, a couple of times. Never got back up to Mildenhall but I’ve been back a few times just as a tourist.

LC: Just going on your own?
MR: Yes, and to Scotland too and Ireland, which I just love.

LC: I was going to ask did you actually make it over the Emerald Isle?
MR: Oh yeah I certainly did.
LC: Yeah it’s beautiful; it’s absolutely beautiful. I went to school over there.
MR: Oh did you. Where?
LC: I went to London, University of London for seven years.
MR: Oh did you, oh ok.
LC: Yeah and I got to travel around.
MR: I love Galway. Dublin was great but Galway is even nicer.
LC: Calkins is a good old Irish name. So from the southeast.
MR: Which county?
LC: I can’t remember the county but the towns name is Clondalkin. It’s just a corruption of that. Yeah, just poor, very poor.
MR: Well, “Mayo, God help us!”
LC: That’s right. (Laughter) So I had some adjusting to do living in England as
you can imagine. I had a lot or Irish friends in London though. Let me ask a little time
line question if I can.
MR: Sure.
LC: Can you tell me what you remember about President Kennedy being
assassinated?
MR: I remember everything about it. Every single thing about it.
LC: Where were you Mike?
MR: I can tell you the exact sequence of the weekend.
LC: Ok, go ahead.
MR: I was in Presbyterian St. Luke’s Hospital. For some reason, it must have
been around lunch or shortly there after because I remember being in the cafeteria and
then stopping in the gift shop there to buy a candy bar or something and hearing the news
over the radio that was piped into the cafeteria and was just stunned and then I went up to
the ward where I was assigned. I was a rotating intern. I think I was on internal medicine
or it may have been neurology. There was a women there who was one of the
McCormick’s who had had a stroke about four years before, was totally absolutely
comatose but had been lovingly cared for in that room. The family had probably given
half the money to build the hospital so that was not an issue. Mrs. McCormick has this
splendid room with a separate room for her maid and all of that and all of the staff were
gathered around in her room because she had a TV in there. It was really for the maid, I
mean she was totally unconscious. We all gathered around and watched that and we were
just stunned and I remember that was a Friday and I had a date that night with a woman.
We were going to go to Second City, which was; I think Elaine May and Mike Nickel
were still there. It was just at the hay day of Second City. I thought, “Do I cancel the date
or not?” And then I thought, “It’s just not a night I particularly want to be alone.” I called
her and she agreed so we decided to go to Second City and of course they changed their
whole format. There was no humor then. It was, they were trying their best to put it into
perspective and it was all just off the cuff, but it was kind of consoling. Then Saturday I
don’t remember much about it except watching television. Sunday I went to Temple with
my aunt. They had a Sunday memorial service and when I came back to my other aunt’s
house I remember her telling me that Oswald had been shot and then of course during the
funeral we were all gathered around the television watching all of that. So I remember
that in great detail.

LC: Mike did it have an impact on you?

MR: Yes, I was very fond of Kennedy. I remember he came through [Memphis].

Oh I almost got kicked out of medical school because of Kennedy.

LC: Really? Tell me that one. Tell me that one.

MR: Oh yeah. My former wife and I and two other members of our 36 member
class I think were the only four Democrats in the whole class. The Republicans in the
class and other medical school classes had a big booth in the Student Center for Nixon.
So I went to the Dean and I said, “I think that’s a great thing. Would you mind if some of
us put up something for Kennedy?” And he said, “I wouldn’t mind at all and then when
you’ve done that you can pack your bags and go home because you will no longer be in
this medical school.” I said, “Well I think we probably shouldn’t do that.” He said,
“You’re quite perceptive and you got the message in a hurry.” So we didn’t. But I
remember his coming through Memphis and speaking down around the Pier down there,
down around the water and there was a huge crowd and I just thought he was great.

LC: This was the fall of ’60 then or summer?

MR: This would be, let’s see the election was in November so this was probably
right after the inauguration so it would probably [have] been September, October. I think
that’s the only time I actually saw him.

LC: What was your impression of him when you saw him?

MR: Very bright. I was a Yellow Dog Democrat from the word go anyway. He
was very bright. I just thought he was great. He was introduced by the then Mayor of
Memphis who was probably a little younger then he was and Jewish of all things in
Memphis. I remember the Mayor saying, “Now there have been a lot of complaints about
Senator Kennedy being too young and his religion and all that and look who they asked
to introduce him, me, and I’m younger then he is and I’m Jewish.” So he made a
humorous thing out of it and Kennedy picked right up on that. But of course this was the
Bible Belt and this was the very center of anti-Kennedy sentiment. I had been going
occasionally to the big Baptist Church there, Bellevue Baptist Church with a classmate
because I loved the music. The choir was just great. It wasn’t a theological thing for me. I stopped going because about that time the Minister got up to the pulpit and said, “Anyone who votes for John Kennedy is turning the country over to the Pope and we’ll most certainly go to hell.” I remember thinking, “Ben I like your music and your choir but I can’t handle that.” He said, “Oh he didn’t really mean it.” I said, “Oh yes he did.” So we hear echoes of that now but I certainly remember that from those days.

LC: Were you paying much attention to the movings of the civil rights activists?

MR: Oh yeah absolutely. When I would go home from, on vacations, a lot of that was just beginning and what I would do, I was working at the time with SNCC (Student Nonviolent Coordinating Committee). Until they kicked me out. SNCC was the Student Non-Violent Leadership Conference. It was an activist group of black and white kids.

LC: Now is this in Arkansas or Tennessee?

MR: No this was, they were based in Atlanta but I was giving money to them and I was trying to help get involved a little bit with that and what I would do when I was there was to go over to Greenville, Mississippi across from Lake Village and they had a voter registration and a literacy project over there and I would go over there and work with them when I was on vacation. Then SNCC became very, very anti-Semitic for some reason. I have no idea why. I still have a letter from the leader thanking me for my service but telling me from here on they, “Could do it on their own, thank you very much.”

LC: Wow, ouch.

MR: Yeah it was ouch. Then the other alternative was the Student Christian League or something that Martin Luther King was running and I had the greatest respect for Martin but I wasn’t Christian so that sort of let me out. So I just kind of did stuff on my own.

LC: Did you ever hear Dr. King?

MR: I did. I actually marched with him for about a day and a half at Selma.

LC: You were at Selma?

MR: Yeah, I took a leave. Well see Selma was a several day thing. Washington was one march. They went from the bridge to Montgomery. They stopped every night and so I had a little time off. I took a little time off from the Navy, leave and I went down
there and I just did one day. I mean I didn’t do any big thing. I just thought they might
need a doc. I took my little medical bag and I think the best idea was treat somebody’s
sore feet or something. I didn’t do anything, but yes it was just an amazing experience.

LC: Mike, tell me a little more about the mood. Can you remember that? What
was the feeling?

MR: The feeling was one of absolute exhilaration and absolute terror. We had no
idea. This was not too long after Goodman, Schwerner and Cheney were killed. I knew
from my, being so close to Mississippi and growing up near there just exactly what the
mood was back there. This was dangerous stuff and we didn’t have any…we would not
of been at all surprised if there would have been snipers in the woods shooting at us. I
mean there was a lot of police protection but clearly the National Guard from Alabama
was not at all on our side. I mean not the National Guard but the Highway Patrol and
those people who were supposed to be guarding us were not at all on our side. I mean we
knew that. We didn’t know if we were at more danger from people shooting at us in the
Klan or from them. But I don’t want to put myself too much into this because I was only
there one day but boy the mood was amazing.

LC: Yeah, I mean as many eye witness accounts of that as can be entered in the
historical record as I’m sure you know will be important in the future.

MR: Right. Well what was so moving to me as a Jew was seeing Rabbi Abraham
Joshua Heschel marching alongside with Dr. King carrying a Torah scroll. I mean what a
voice, what a modern prophet. It was very clear, his message was, “This is all based on
the biblical injunction towards justice and I want to be here with you because this is my
tradition too.” Boy I was just so proud of him. Poor guy, he really had problems walking.
He was old at the time, but no it was just amazing. I was not at the Lincoln Memorial
when he gave the I Have a Dream speech. I wish I had been. I don’t remember where I
was at that time. But boy that Selma march was amazing.

LC: How many people were there when you were there?

MR: They kept pouring in. I think I was there about the second day and by the
end of it, it had almost tripled in number. I would say probably two or three thousand.
I’m not quite sure. I know we had tents set up. We had an advanced group that went
ahead and set up the tents and had people all along the route who were providing water
for us and all this stuff and we had little medical things on the side too, little medical
tents.

LC: Were there press people around?
MR: Oh yeah.

LC: Taking pictures?
MR: Yeah there were.

LC: Mike, did you have any sense of there being people in the march who were
there to observe rather than to participate?
MR: No. I really didn’t. I’m sure there may have been. But it seemed to me that
everybody was there for the same reason. We thought this was a defining moment. This
was the time when we were really going to capture the nation’s attention and we wanted
to do the best we could with it.

LC: It must have been hard to leave.
MR: Yeah, it was. I only had a couple of days leave and I think I had rented a car
in Montgomery and I remember I did rent a car in Montgomery. I remember the guy at
the car rental thing saying, “Oh you’re in the military. You’re not going to be going down
there and hanging out with the niggers.” I said, “Well actually I am going down there to
join the march.” He was just stunned. He couldn’t believe it, that I was in the military and
I was doing that. But it was kind of a something I felt I needed to do and was glad I could
even just one day of it.

LC: Did you march again at any point?
MR: Yeah I’ve marched a lot of times on the Wall, but I think that was the one
time for the African Americans Civil Rights Movement.

LC: Ok. Returning to your naval work, your first duty assignment, as I
understand, was on a destroyer. Is that right?
MR: Well actually it was a destroyer division dock. It was DESDIV 102
(Destroyer Division), which gave me four destroyers. I mostly rode on the Lloyd
Thomas.

LC: Now for someone who didn’t understand that reference, can you explain what
a 102 is?
MR: Yeah. Destroyer Division number 102.
LC: Oh I’m sorry, ok. That was a group of destroyers?
MR: Yeah it was four destroyers.
LC: And they were based where?
MR: They were based in Newport, Rhode Island. You see we hadn’t had our orientation, our doctor’s orientation at Newport, Rhode Island. We had it at the Naval Academy instead because as our teacher told us, “They are having the jazz and folk festival up there now at this time in the summer when we have you here and we don’t want you up there hanging out with the Communists and the marijuana smokers. So we got you down here.”
LC: Did someone actually say that?
MR: Yes, yes. I really, you know we were all, us young doctors, not quite sure whether he was kidding or not and I don’t think I ever knew whether he was kidding or not. That’s what he said. That’s why he told us we were, he said, “We usually do it at Newport but now they are having these folk festivals and jazz festivals up there and there is marijuana smokers and Communists and all that up there.” So it was really kind of funny. I was afraid they were going to find my Joan Baez and [Coltrane] albums and pick me out as a Communist or something but they never did.
LC: Actually on that topic, did you have to go through any kind of clearance procedures at this stage?
MR: Yeah, it was very informal. Remember this was before we really got into Vietnam. The McCarthy period was kind of over by then. This was ’63. I don’t think there was much of the House [Committee] on American activities, stuff going on then. So they just gave us a form. It had about, oh I think about 50 organizations on there and it said, “Have you ever been a member of these, are you now or have you been a member of any of these organizations?” I don’t think, most of them I never even heard of. Most of them I never even heard of. The fact was I never had been a member of any of these organizations. That was not a problem. That was the screening.
LC: So you just answered the question that was pretty much it?
MR: That was it.
LC: How long were you with 102?
MR: One year.
LC: When did that duty assignment...  
MR: That duty assignment started in July of ’64 and ended in July of ’65.  
LC: During that early 1965 period I’m sure that you were paying attention to the  
   events in Vietnam.  
MR: Absolutely.  
LC: Tell me what you remember about that.  
MR: What I remember is that it was just starting up. I had been aware of Dien  
   Binh Phu with the French and the French pulling out and all of that but really hadn’t paid  
   much attention after that to the agreement that ended all of that where they were going to  
   go a period and have an election and unify the north and the south. I hadn’t really paid  
   that much attention to it in college and now all of a sudden it seemed to be heating up and  
   I wasn’t quite sure what that was all about. It certainly didn’t seem to be anything that  
   was going to affect me directly. I got married the first of August. They gave me a little  
   leave after I left the ship toward the end of July in Newport. I had a little leave to go to  
   get married and then was assigned to Destroyer Division 232, actually Destroyer  
   Squadron 232. I had four more new ships. Met them in Long Beach and next thing I  
   knew they said, “We’re going off to Hawaii to do some training and then we’re gonna to  
   be off the coast of Vietnam.” I thought, “Well wow this is gonna to be interesting.”  
About that time is the time I think Johnson sent in the large, first large contingent.  
LC: Yes it would have been…  
MR: That would have been July. That certainly got my attention. I thought,  
   “Wow! You know something is going on over here. I better pay attention to this,” little  
   did I know.  
LC: Yeah. What was your opinion of Johnson at that time?  
MR: Well like so many people who idolized JFK I was sorry that he was the  
   President and so forth. But I was beginning to turn around a lot because he got the Civil  
   Rights Act through and I was so impressed with that and I thought, “Hey this guy is  
   really trying to move the Kennedy legacy forward and that’s a good thing.” So I was kind  
   of neutral to positive about Johnson I think.  
LC: Did you have any particular perspective on the commitment of US Forces  
   over there?
MR: No, I just thought it was probably a good thing. I was sort of thinking, “Well you know it looks like the Communist insurgency here and I don’t think it would be good if the whole Southeast Asia went Communist so I think this is probably a good thing. Let’s go over there and see if we can help the South Vietnamese battle this.” I certainly was aware of Korea. That was something I knew very well about. There were a lot of kids in my town who had gone to Korea so I saw it as very much the same sort of thing.

LC: You said that the squadron was supposed to go to Hawaii first for training.

MR: We did, we went to Pearl.

LC: How long were you there?

MR: We were there about I think about two weeks. All we were doing was sailing around and I was really getting to know the ships and getting to know the men and making sure everybody was properly immunized and all that and kind of enjoying Hawaii. I had never been there before. I thought it was great. I tried to get my recently married wife to come over and spend some time with me there but she was reluctant to fly and so didn’t. I was really just getting to know the ships I had just been assigned to.

LC: Was your wife a medical student, did you say that?

MR: She had, let’s see, when we married she was in our med school class, yeah. She finished first in our class and was a concert pianist before that. A real super achiever, terrific woman.

LC: Sound like it, very bright.

MR: Yeah. So let’s see when we married in August of ’65 she had finished her internship and I think two years of her psychiatric residency.

LC: Where was she staying?

MR: She was in Knoxville, Tennessee where she was doing her training. Her parents were there and so she was staying there while I was away.

LC: Tell me about moving over to toward Vietnam. Do you remember that sail?

MR: Yes I do. I remember it very, very well. It seems to me, could this be right, that we sailed direct. We didn’t stop at Midway. We didn’t stop anywhere else. We may have stopped in Japan but what I remember most about that… I think we must of stopped in Japan, it would have been to far to go first. We probably stopped in Yokosuka. But I remember when we got into Vietnamese waters it was late at night or it may have been
very early in the morning and I used to like to hang out on the bridge with the sailors who
were on the midwatch because that was the time when a lot of them would come and talk
to me about stuff they wouldn’t talk to me about in sick bay that I knew that they really
needed to talk about. I remember being up there. It may have been one or two in the
morning. It was when we entered Vietnam waters. There came on the 1MC, the loud
speaker that went over the whole ship, came on this recorded voice from somebody, it
may have been the Secretary of Defense or whoever it was saying, “Gentlemen you’ve
now entered Vietnam waters. You are here to advance the cause of freedom. You will be
going into harm’s way and we want you to know that the whole country is proud of you.”
And all of this; I’m paraphrasing; I’m not sure what the words were. I do remember they
made some very clear announcement when we entered Vietnam waters and when we
were heading towards Yankee Station.

LC: Did that seem odd to you?

MR: No, I was gung ho patriotic as anybody. I thought it was nice. It seemed a
little odd to me that it was at that time but then I thought they timed it according to when
we get into Vietnam waters. So that made sense.

LC: You mentioned that the guys would come and talk to you in the evenings or
later at night outside of office hours. What kinds of things did they bring to you at that
time as opposed to clinical or sick calls?

MR: Well everything in the world. It would be, we would be standing up there
having coffee and I don’t know whether you have ever been on a destroyer bridge or not.

LC: I have not.

MR: Ok, well there are what we call the flying bridges; which is the little sort of
balcony off to the side on either side, and we would go out there and we would just have
our coffee and smokes and stuff. They would come out and talk and, “Doc, how you
just got this letter from my wife and there’s some problems with the kids. Man do you
think Doc that she’s seeing somebody else? You know she hasn’t been writing in a
while.” Those kinds of issues would come up. Issues like, “Doc I don’t want to bother
you in sick bay I know you’re really busy down there but I seem to be having this
bleeding and I don’t think it’s anything serious but you know can you give me a pill or
something?” There would be times when I would say to them, “What time do you get off
watch?” “Well Doc, two a.m.” “Ok.” 1600, 0200 whatever. I would say, “Well I’ll tell
you what I’m not busy now, let’s go down and check it out.” So I had sick call at 0200 or
whenever they needed. That was some of the most effective work I did I thought. There
are times they would tell me things they wouldn’t tell the corpsman. There were also
times they would tell the corpsman things they wouldn’t tell me. So we had a nice
working relationship.

LC: Explain to me if you will the relationship between the corpsman and you as
the MD or the Senior Medical Officer.

MR: The corpsman did initial sick bay. We had senior corpsman and junior
corpsman and I quickly checked them out as soon as I get on my ships and see what they
knew and how good they were and all of that. My job was to take the problems they
couldn’t handle and to teach them to advance their knowledge and all of that. Whereas
that was technically what I was supposed to do. In reality they taught me an awful lot. I
would learn an awful lot from them about the ship, about the various guys on the ship,
various kinds of things that happened on ships. You know what kind of acid base
problems you’d run into from some snipe who had been working down in the boiler room
and refused to come out, all those kinds of issues that I never got training on in medical
school. So we had a very good relationship bond. Never had a ship in my days on active
duty when I didn’t have a good relationship with the corpsman. I had even better
relationship with the corpsman and the Marines when I was in country. It’s interesting, I
have a little crazy thing I do when I go to an event now where I’m in a formal Navy
uniform with all my little metals, I wear one that’s only allowed for enlisted men. I wear
that in honor of those kids that I served with over there, those corpsman. I always get
asked by the officers, it’s usually an all officers thing, “Why are you wearing that, were
you enlisted before you were active?” I tell them that. I say, “If this were a formal Navy
assignment I couldn’t do it here but I’m here to party, or here to dinner, or here at a Navy
ball.” That’s something I do for my own, because I want to do it. I haven’t heard one of
them yet challenge me on it.

LC: It sounds like this was a very respectful relationship in general.
MR: It was, mutually respectful. It was. We had a good time together too. I mean I would take them, when we got in port, I would take out to a dinner or to a place they couldn’t afford usually on their own and we would just have a you know an all medical department dinner. I would cut them loose. We would do it early and I would cut them loose early enough to go out and play with out the doc hanging out with them. So they had their own fun too.

LC: Were there particular guys, corpsman that you remember whose names you might like to mention?

MR: Yeah. Billy Warner I think was one of my favorites. He was one of the juniors on one of the ships. I really liked him a lot. When we got back into port, after I got back from ‘Nam into Long Beach he use to come over. My wife came and stayed with me then and we use to have him and his friends over for dinner. I got him to finish his pre-med stuff and got him into medical school. He’s a doc now.

LC: Really? Wonderful, that’s great.

MR: In up state New York. So he’s one of the ones I had somewhat paternal feelings about him I think. It was an interesting thing in view of what happened later. I wrote to my wife and I said, “Sometimes these kids tell me things on the bridge that are almost embarrassing, embarrassingly personal.” I think probably having later recognized, although I didn’t at the time, that I was gay there may have been some feelings that I was having that I was having a little trouble handling there. But she wrote back and she said, “Please don’t withdraw from them. What you’re doing there is so important to them.” I thought, “Great, ok. That sounds right.” Maybe it was.

LC: She sounds very smart.

MR: Yeah, very, very smart.

LC: In different ways; very smart.

MR: Yes, right.

LC: And sounds Mike as if you kind of grabbed onto that advice and thought, “Yeah you know actually I am doing something good here.”

MR: Yeah it felt good to hear it, especially from someone I respected and cared as much about as I did her. It was kind of reassuring that this is not in anyway inappropriate, just the opposite.
LC: What was the squadron’s mission?

MR: We had a number of missions. We went along with the cruisers and the battleships and all of that to provide protection for them and also once we got off the shore we did fire missions. Give you one example, we were off of Yankee Station and an Australian base camp was under attack from a NVA (North Vietnamese Army) and VC (Viet Cong) unit and so we did fire support all around the perimeter of the camp to try to drive away the attacking NVA and Viet Cong. We were in constant radio communication with the Aussie’s and so we did a lot of stuff like that.

LC: Do you know where that camp was?

MR: It was somewhere in between, somewhere near the Hai Van Pass. It was somewhere between Da Nang and Hue up on Highway 1. Yet that is so mountainous. That’s the way I remember it. I remember it when I went back for my retirement party in Vietnam when we all went back there, that we went up through there and I found that base camp because I had been there too later. I may be confusing where I was with the Marines and where we were actually doing that fire support but I think it’s around that area. I do know it was north of Da Nang and I think it was probably south of Hue.

LC: So it at some point I’m thinking in the 1990’s you went back to Vietnam?

MR: Yeah, when I retired from the Navy and from the VA (Department of Veteran Affairs), which was in late ’96. A bunch of us went back and had my retirement party at the Caravelle Hotel, the bar at the top there.

LC: Ok, I’m going to have to ask you about that one later. (Laughter)

MR: Oh yeah that was quite a trip and it wasn’t all good.

LC: I’m sure.

MR: A lot of PTSD (Post Traumatic Stress Disorder) stuff came back.

LC: A lot of mixed things going on. You described the mission and mentioned that fire support were on ground troops including allied troops was part of what you were doing.

MR: Exactly.

LC: Did you go ashore at any point and see the Aussie’s or work with them at all?

MR: No because when I was TAD’d (Temporary Assigned Duty) over to, up in I Corps, I was strictly with American Marines, mostly with Force Recon, but it was strictly
American Marines. I ran [into them] into the Aussie’s in Hong Kong and you know R&R (Rest and Relaxation) in Yokosuka and all of that, and Kaohsiung but never in country there.

LC: Did you form an opinion about them and the support Australia was giving to the United States?

MR: I loved them.

LC: Yeah.

MR: I really did. I remember this fire support mission. We had a lot of fire support missions, but I remember this one so well because I can remember the voice of the man, the Aussie, who was coming on, time telling us on the ship where to fire and he was being attacked. There whole unit was under attack and he was being so calm about it, almost humorous about it. I remember once he said, “A little bit to the right, all you got was a buffalo, water buffalo over there. Fire a little bit to the right please.” (Laughs) You know we’re listening to this on the ship. We’re all in general quarters and I was in the Ward Room, which was my general quarters station because that’s where we would of done all the surgical stuff if we had to and it’s all being piped in all over the ship. The kids are in the gun towers and are firing and all of that and we’re listening to this running commentary from this Aussie saying, “Fire a little bit to the right. On the left there all you hit was a water buffalo.” It was just amazing. I just had the greatest respect for them.

LC: Yes I found them to be wonderful too. Did you go to Sydney on…?

MR: I’ve never been south of the equator.

LC: Oh really?

MR: Never have. All those years in the Navy and I never went under it.

LC: There’s something to put on your to do list.

MR: Oh it is. It definitely is.

LC: Mike, let me ask you about the first time that you had an opportunity to go ashore. What were the circumstances?

MR: They were losing docs up there pretty quickly.

LC: Up there meaning I Corps?

MR: Up in I Corps. The Captain just said to me, “Look, you know, we got good corpsman on here. It’s voluntary, do you want to go or not?” I said, “Absolutely, of
course, yes.” So they detached me over. I think they high lined me, if I remember
correctly to another ship and the other ship I think they high lined me to an LKA
(AMphibious Cargo Ship) and I went ashore on one of the boats there.

LC: Mike, can I just stop right there?

MR: It was a little port somewhere between Da Nang and Hue that we got ashore
and we had, oh I know what it was. The LKA had Marines on it and so they said, “We’re
going to high line you over to the LKA and then we’re going to send you ashore with the
Marines and we want you to stay over there a couple of weeks. We’re going to just be
sailing up and down here and you’ve got the corpsman on here pretty well trained so we
can handle it just fine. If we need you back we’ll call you.” So I did. That’s how I got
over with the Marines. I ended up staying about nearly two months.

LC: Why did you volunteer?

MR: Who knows? I mean adventure. I was getting a little bored on the ship
because everything was running so smoothly. Feeling the need to be supportive over
there for the people who were really taking the slack and taking the heat in all of this. I
guess it was all a mixture. A little bit of altruism and a little bit of sense of adventure,
who knows?

LC: There would not, I take it, of been any kind of penalty out of the formal or
informal for your declining?

MR: Not, no, nothing would’ve gone into my FITREP (Fitness Report) about that
I’m sure. I remember the Captain saying to me, “You know you don’t have to do this.”
They put out an HB, *All Hands* bulletin saying, “We need docs up here; do you have any
doc’s on your ships you can spare?” And I remember he was really nice about it. He
made darn sure I didn’t get embarrassed with the rest of the people on the ship. He called
me into his stateroom and he said, “Doc, look at this. I’ve got this and I don’t want to
force you or pressure you or anything else. They need docs over there. Do you want to
go?” I said, “Captain I have confidence in the corpsman on this ship and on the other
ships in my squadron to handle things and also we were close enough to the other ships
like the Hope and the Mercy and all of those, the hospital ships. If they needed to get
somebody over there they could. I said, “If you think its ok and it’s not going hurt this
ship I’d love to go.” He said, “I was hoping you would say that.” So he said “Here’s how
we’d do it.” I remember one of the officer’s saying to me, “Doc, what are you, nuts?” But most of the rest said just the opposite, “Hey Doc, you know I wish we could go with you and be careful out there,” and all the rest of it.

LC: I’m sure they probably had a great deal of respect for that decision you made. MR: Well, yeah I guess.

LC: I’m sure they did. Mike, what was the ship’s Captain’s name do you remember?

MR: Sure. I’ve got this letter. Did you see my e-mail about the letter?

LC: Oh yes I did actually. I want to talk to you about that later.

MR: Ok, yeah. I’m looking at his letter right here now. He was the Captain of the O’Brian and here it is. George W. Farris.

LC: Is that F-E-R?


LC: Was he, to your mind, a good commander?

MR: No. He was a superb commander. Absolutely superb. The kids idolized him, just adored him. Can I tell you another story about him?

LC: Please do.

MR: Ok, we’re coming out of the Sea of Japan. We’re in the Sea of Japan. We have just come out of, we’ve had some ship repairs in Yokosuka in Japan and we’re coming out and we’re supposed to be hooking up with a bunch of other ships. Probably 200, 300 miles out in the Sea of Japan. It’s winter; it’s rough. I’m not quite sure just what our assignment was but anyway it was important and we were steaming for it. A kid came down with what I thought was appendicitis on the ship. I went to the Captain and I said, “Captain, this kid I’m almost positive has appendicitis and the ship is rough and I can not safely operate on this kid on this ship.” Thinking he would say, “Well ice him down or do something or give him antibiotics or hold it because we’ve go this major, major assignment that we’ve got.” He was on the bridge at the time. He didn’t say any of that. He immediately turned to the officer at the con, who was the guy that was setting the course and said, “Make a 180 degree turn around.” Immediately we turned around. We steamed back in to port and he sent all the announcements that he needed to his commanding officer saying why we were leaving. Got back in and got the kid detached
off, got him into the hospital there in Yokosuka and then we, two days late, got to where we were suppose to go. Everybody on the ship knew he had done that. I mean he didn’t argue with me, he didn’t negotiate with me. He just heard from me that this kid was in trouble and that was his primary concern. So you can see why they idolized him.

LC: Yeah, absolutely. Mike, let’s take a break.
LC: This is Dr. Laura Calkins of the Vietnam Archive at Texas Tech University continuing my oral history interview with Dr. Mike Rankin. Today’s date is the 12th of May 2004. I am in Lubbock, Texas on the campus of Texas Tech in the Special Collections building and Mike is joining by telephone from the DC metro area. Hi Mike.

MR: Hi Laura.

LC: Mike, last time that we finished up you were telling me about having volunteered to go ashore to I Corps because there was a shortage of medical personnel with some Marine units that were active there.

MR: Right.

LC: Can you tell me about your initial sort of foray into I Corps and where you were located?

MR: Yeah, first of all after we talked I began to think I told you that I was high lined over to another ship and went off with the Marines that way and that may well be what happened but then I was thinking, “Could it of been that I was picked up by a chopper off of my shift and taken over there?” Because I did go over a couple of times that way so I really don’t remember which one it was. I think, I know that I did both and I think that the first time they high lined me over an LKA and then we went in with the landing craft and then moved on in. Ironically what I found, I thought I would just be with a regular Marine unit and that would have been fine. I found myself with Force Recon, which was a little weird. I think they thought I was a little weird but they sort of adopted me and took care of me and made sure I didn’t get hurt. We were up in I Corps and we were over the line, and we were back, and so forth.

LC: By over the line what do you mean?

MR: I mean up over the DMZ (Demilitarized Zone).

LC: For someone who doesn’t get the reference to Force Recon can you just describe what that outfit was like?
MR: Yeah. Force Recon wash out’s go into the Navy SEAL. It’s the Marine version of
the Seal’s, only with higher standards. You can tell they indoctrinated that in me.
LC: Yes.
MR: That’s the way they talked about it and by the time I had been there for a while it
was the way I was talking about it. I try not to talk to Navy SEALs about it in that way but
that’s the way they thought of it. It’s hard for me to imagine that anyone could’ve gone
through any tougher training then they did to get into that unit. They were really a rare
and unique bunch of people.
LC: How long were you actually detailed to that?
MR: I was detailed to them off and on for about six months. They would send me
back to the ship if they needed something on the ship for a week or so and then I would
go back for another three or four weeks. So I would say total I was with them for about
six months I would say. And then they would’ve sort of lend me out to other Marine units
too. I kind of was their rotating, circuit riding doc up there.
LC: When you would move around like that, how did you actually get from one place
to the other?
MR: Oh it depended. You know sometimes we’d be in Jeeps with all the sand bags
under the bottom and sometimes in the other vehicles and sometimes we would walk,
depending on where we are going. We didn’t go in great columns up over the DMZ and
into North Vietnam, but we just got there one way or the other depending on where we
are headed. Occasionally choppers would take us, but that was rare. More often, if we
had a lot of wounded the choppers would come pick up the wounded and take them out.
LC: What, if you can say, and this may have changed over time, was the mission that
Force Recon group that you were with, was involved in?
MR: Mainly reconnoitering, seeing what was going on up there. If they knew well,
what can I say here? If there was someone who was really, really bad on the other side.
They were suppose to identify that person and bring them in for interrogation and
prisoner status and so forth and let’s just leave it at that.
LC: Ok, sure. What kind of facilities or supplies did you as a physician have to work
with in meeting the needs of these guys?
MR: Basic, just basic first aid stuff. But it was pretty extensive. I mean especially if
we were going to go somewhere in a vehicle rather than walking. I had pretty much what
I needed. I had splints and I had the basic first aid stuff and I had the basic antibiotics and
I could do trach’s. I never actually did abdominal surgery. I patched up wounds but I
never did an appendectomy or anything like that. When there were fairly serious wounds
I could stabilize it. I could stop the bleeding until we could get a chopper in to bring them
out.

LC: Was there ever a time when Medevacing somebody in a dust off was just not
going to work because of either location or enemy fire and that sort of thing?
MR: Oh yeah.
LC: In that kind of circumstance what did you do?
MR: We would walk them somewhere else as best we could. And we lost some that
way.

LC: Because of the time involved?
MR: Because…?
LC: Because of the time involved in getting them out…
MR: Yeah because of the time, you know, if the hostile fire was just too strong
around there they couldn’t get the chopper in, the weather was too bad. We would try to
get somewhere where they could and it was pretty hairy, quite a bit. I’m sure you’ve
heard all those stories.

LC: Well I probably haven’t heard the ones that you know of. Actually Force Recon
is underrepresented in the Archive.
MR: Well don’t count me as a member.
LC: I know but…
MR: I was just their friendly little doc.
LC: Any view that you can give us of what they were going through…
MR: Well if there was ever a unit that took care of it’s own that was it. I mean it was
hell to get into the unit, but once you were in it, you were in it and you were one of them.
The Marines have this tradition of not leaving any wounded behind and the Force Recon
was Marines to the grave. In that they just did everything they possibly could to take care
of their wounded and to get some choppers in and all of that. We all did. I certainly
picked up that when I was there. That wasn’t anything but what I could admire. But there were times, I don’t know of anyone we left behind, but there were times when we just couldn’t save them because the wounds were too severe or we just couldn’t do what needed to be done.

LC: Mike, how did the guys take to you? Were there sort of growing pains there in getting you into the unit?

MR: Well first of all they checked me out. You know, “What do you think about Marines? Are you some kind of softy? What have you done before?” And all the rest of it but mainly I think they were intelligent enough to know that I was a guy who would keep them alive and I could take the ribbing, I could take the kidding, I could take all this stuff that they give sailors; but when all of that ends the fact is if they got a broken leg or a chest wound or something I’m the guy they need to stop it and take care of them. So they were respectful.

LC: Were you staying, now I get that you were moving around, but did you have one sort of place that was essentially your base op and from there you worked from there?

MR: The Force Recon was pretty flexible. We didn’t have any specific base op but the other Marine units I was with did. Just depended on where we were.

LC: How many times did you get detailed away from your detailed, as it were, away from Force Recon and out to other Marine units? Did that happen with frequency?

MR: You mean back to the ship?

LC: Well actually not back to the ship but to another unit?

MR: Another Marine unit?

LC: Yes.

MR: Oh it depended. Usually when they lost a doc. And they were going to go somewhere that was scary or more dangerous or whatever. They would say, “Doc we’re fine here. We need you over there.” Remember I had some corpsman with me all of the time.

LC: Yes I was going to ask about the support personnel.

MR: Yes, absolutely. The corpsmen were the ones who were assigned permanently to the Marine unit. They were Navy corpsman but they were assigned to Marines. To them
the Navy was much less important then the Marines status. They really felt like Marines, fought like Marines, and were Marines in everything.

LC: Effectively honorary Marines.
MR: Honorary Marines is a good way to put it, yeah.
LC: The corpsman, weren’t as mobile as you were, is that true?
MR: Some were more so. If it was possible I would stay and let them go out and then bring me the wounded, the more severely wounded or bring me the wounded that they needed me to work with them on. They did all the initial stabilization. Then we would do that together. So sometimes they were out with the units. They would go out with Force Recon too. We just were really very flexible about that. To the extent that we could predict how severely the action was going to be. We could determine who needed to go and who could stay back.
LC: Now Mike did you actually, with Force Recon now, travel with the units? Did you actually go with them?
MR: Oh yeah.
LC: And you’re walking along with them?
MR: Yeah, night patrols, day patrols, the whole thing. Sometimes we were dropped in somewhere.
LC: Can you describe a, is there one or two of those patrols that stand out in your mind that give us a sense of what you were living through and what the guys were going through too?
MR: Yeah, you know there were times when we would just go out and it would be kind of calm and quiet and they would sort of do reconnoitering and look around and see what was there and all the rest of it and there were times when it was a hornet’s nest. There were times when it was very clear the NVA and the VC knew we were coming and there were ambushes and all of that. There were times when we would lose people and there were plenty of times when I thought I was lucky to get out of there. We were all lucky to get out of there. So it depended on who our point people were, how good they were, whether they could really pretty well tell us what was going on a 100 yards ahead or a mile ahead or two miles ahead. If there was a particular village or a particular area where we know there was very strong NVA and VC activity and we had some specific
task to go in there and pull out the leaders or something. That could be pretty hairy. Then there were times when we were just looking around to see what was up there.

LC: And you would have quiet nights as well when you just wouldn’t have any contact?

MR: Yeah. They were...oh boy were they appreciated.

LC: I bet. I can well believe it.

MR: Absolutely.

LC: Did most of the ops take place you know at night or were you on day shifts?

MR: Yeah. I don’t know that any, hardly any took place during the day. We slept during the day and then were out at night.

LC: Where did you sleep? Wherever you could?

MR: I was pretty good with a hammock when we could do that. I had one when I was growing up in Arkansas on Lake Chicot and sort of got use to it. If somebody had a World War II, surplus hammock, had a mosquito net and a top and all of that and I was astonished to find out that I was sleeping in the same thing in the Marines units but sometimes just on the ground, sometimes in a tent. If we were stable enough in one place for a couple of days we would put up a couple tents.

LC: Would there be some assignment made for close perimeter security in that kind of situation?

MR: Oh yeah, always. And you know we had to watch smoking and fires and all that kind of stuff.

LC: In a situation like that did you have a team of you know 20, 40, 60, how many guys were you out there with?

MR: When I was with Force Recon it was usually about a dozen to 18 or so. When I was with some of the other units we were up to 50 or 60. We were never much above that.

LC: Did Force Recon have, would that ratio of physician or corpsman to the combat personnel essentially stable, I mean would there be other forced recon units around or you may not know?

MR: Yeah there were. We sort of knew each other and where we were going and all of that. Usually they tried to get at least one corpsman with all the units. But if the
corpsman got hit or for any reason had to be pulled out then they would go without one,
but we were trying hard not to double up in one unit and leave another one unprotected.
LC: So that’s a lot of jockeying back and forth.
MR: Yeah it was. We had to be flexible and that was ideal when they could get a
Huey in to pull us out and take us places but that didn’t happen a whole lot.
LC: Right because of where you were and what the situation was.
MR: Right.
LC: Who, if you know, was making these determinations about, “Ok Rankin you’re
pulled up this afternoon, you need to get over to the other,” who was making those kinds
of decisions?
MR: Usually 1st Lieuis or whoever. I out ranked them but it didn’t matter. We had
that understanding. I told them when I got there, “Send me where you want me.”
LC: Ok. And they’re getting their instructions through their own chain of command?
MR: They would.
LC: And you didn’t really have much information about that probably.
MR: No, I didn’t. I do what to really very quickly clarify though we were not the
Phoenix Project.
LC: Yes I’m…
MR: We were nothing like that.
LC: Yes I’m clear on that. I’m totally clear.
MR: I hope I didn’t give you the wrong impression.
LC: No, no, no it’s a different thing entirely. That was very much about VC
infrastructure. In other parts of the country that was much more prevalent, not by the
DMZ’s so much. Yeah you guys are doing something completely different and I think
operationally that was clear to anyone who looked into it at all.
MR: Also there were times, you asked about quiet time. There were quiet times. You
know we would have three or four days or a week or something and we would be near a
village, and the villagers would sort of wonder around and it was clear they were ok so
we would do first aid and medical stuff and immunize and all that kind of thing. Try to be
good guys out there.
LC: Did you feel that was a refile enterprise Mike?
MR: Oh yeah, absolutely.
LC: Other physicians that I’ve had an opportunity to talk to have said you know look at what’s futile.
MR: No I didn’t think so.
LC: Really?
MR: I didn’t think that was futile and I didn’t think it was futile when I went to Ethiopia in Peace Corps to try to help them get rid of small pox.
LC: When was that?
MR: That was after I got back from ‘Nam. That was ’75 and 6 I think, no ’72 and 3. We all handled Vietnam in our own way. That was one of the ways I handled it. We were working way out in the provinces. My job was to take the medical students out of Addis and take them out there and teach them to work with the native healers and identify small pox cases and to immunize and do basic first aid. Everything I did there I had learned about and I didn’t think either one of them was futile.
LC: Now by everything that you had learned, everything you learned by…
MR: Leaning to work with the villagers, learning what you could do in a limited area like that where you didn’t exactly have Mayo Clinic around. But hey there are kids in both Ethiopia and Vietnam who never got small pox and never got Typhoid fever or any of that because our little units were out in there immunizing. No I can’t imagine anyone saying that was futile. I certainly didn’t think it was futile.
LC: Mike did you sort of look forward to that kind of MEDCAP (Medical Civil Action Program) Operation?
MR: Oh yeah. That was to me R&R when we could do that. That was great because first of all I may have been foolish about it but I wasn’t scared when we were doing that. I don’t think there was a time when we were out on patrols when I wasn’t scared. But I wasn’t when we were doing that. That just seemed like, you know something we could relax and do together. I even taught some of the Marines and even some of the Force Recon people how to give shots and all of that and they were loving it too.
LC: Did you guys do this as a group when you had time?
MR: When we time, yeah when we had time. It was kind of you know, “Let’s do a little stuff in the village over here; they seem to be nice people.” And they would bring their kids in and all of that.

LC: Tell me about the kids. What kinds of things as a physician did you see? What came up in front of you when you were doing a MEDCAP or…

MR: Well all the basic stuff. I had originally planned to go into pediatrics so that was an interest of mine anyway. So all the basic immunizations stuff. I mean we had lots of stuff. We had clubbed feet and we had, you know we certainly had mine injuries and all of that. There was very little I could do about. A lot of war injuries. The kids had stepped on pongee sticks and all this kind of thing, which you certainly wouldn’t see in an average pediatric ward but you did what you could. You really did. I think the parents and the kids and all of them just kind of understood that. That you couldn’t fix their clubbed foot, you couldn’t undo all the damage they had gotten, but you could at least do something.

LC: Did you see many ethnic minorities in the area that you were in, in other words, non-ethnic Vietnamese?

MR: Yeah, we saw the Hmong and some Laotians and some Cambodians, some Chinese.

LC: Did you notice any distinctions as to what they were presenting with based on the different groups?

MR: No, except they wouldn’t come the same day.

LC: Is that right?

MR: Yeah. It was very strange, Laura, we began to think that they had arranged among themselves that this is Vietnamese day, and this is Hmong day, and this is something else day. We found it strange that you know, I was never much of a linguist over there but those who really spoke fairly fluent Vietnamese were finding that these people didn’t understand every word they were saying and they turned out to be Hmong or Cambodian or Laotian or Chinese. They were all that on that day in the clinic. Somehow they sorted themselves out. We didn’t make any distinctions.
LC: That’s interesting. That’s very interesting. Mike did you have special kits or any particularly special surprise for example materials to do inoculations or vaccinations I suppose?

MR: Yeah. What I did was to get back word to the ship I needed all this stuff. And I had kind of hoped I would be able to do it anyway so I told the corpsman when I left the ship, “Stock up on supplies. Give me everything you’ve got that you can spare that will not take away from the sailors on the ships.” So they were double ordering, triple ordering and they would get it out to me somehow.

LC: Were there any problems with that chain of supply when they were double ordering?

MR: Never.

LC: They could get what they needed.

MR: No one argued, no one said, “Why do you need this much stuff?” On the rare occasion when someone might of I just told them to say, “Because we need it and if you have a problem with it, talk to the Doc.” No one argued with us.

LC: And that went away.

MR: That went away, yeah that went away.

LC: Were there actually, as opposed to personnel interventions from whatever quarter, were there actually supply problems where there were shortages and things that you needed?

MR: Well we never had enough out there to immunize everybody; we would just use up what we had. We had a lot more then I think most people realized. We really did. We had one supply officer on one ship who was giving us a hard time, got over his budget or something. He had a little sit down with the Captain and that all went away. That was the end of that. Next thing you know we had everything we needed. I don’t know what the guy’s problem was but whatever it was he was talked to and we didn’t have to worry about his budget anymore.

LC: For example you could get no problems around actually the physical supply of needles…?

MR: If we could get it on the ship then they could get it to me. There were medications that we couldn’t always get on the ship. We couldn’t get a whole six
different of kind of antibiotics and all of that. But if it was available to the ship we could
get them out to me.

LC: And how did the transport work for someone who is interested for example in
logistics, how did it actually physically get from the ship out to where you were, which
was pretty remote?

MR: Various ways. Sometimes the choppers would come in and drop off mail and I
would send it that way because they were dropping off…

LC: Like “mail to you?”

MR: Yeah. They would send it over to me. They would drop it down. You get to
know the chopper pilots and all of that and we all sort of got to know each other and they
were not just doing it for me and my unit. They were doing it for a lot of units. They
would do that. Sometimes they would send it with one of the corpsman would want to
come out and spend some time with us and I would let him do that and send one of the
Marine corpsman back to the ships so they could have showers and hot meals and all of
that. So there was a lot of back and forth there. I really tried to, the Marine corpsman
were hard…the corpsman who were sailors who were working with the Marines were
hard to pry out of those units. Sometimes I almost had to order them to go back to the
ship and spend a little time there. I would say, “You’re stressed out, go back and get a
shower. Go back and have a steak. Go back get a little R&R and then come on back here,
we’ll still be here. We’re not leaving.”

LC: What was the source of their resistance?

MR: They were so identified with the unit. They were so afraid that something bad
would happen to someone in the unit and they wouldn’t be there to take care of them.
Sometimes I got the 1st Lieui [Lieutenant], or whoever was in charge of the unit to go
back and he would. I would just, “I can’t get this guy out of here, he’s stressed out. He’s
not going to be much help to you if we don’t give him a little R&R.” And they would call
him in and say, “Hey Doc you know we really need you but go get rested. Go take a
shower.”

LC: Could there have been not just worry but also guilt because those Force Recon
guys you know didn’t have a ship to go back to? Did that play some part you think?
MR: Yeah I think it probably did. Although we tried to get some of them back there too.

LC: Did you?

MR: Yeah.

LC: Did that ever work?

MR: That wasn’t always easy either but we did.

LC: You were able to do that once or twice?

MR: Yeah and this will blow you away if you haven’t heard it before. I had some resistance from them going back, why, not because they were Marines, not because they were guilty or anything else, because they were worried about getting seasick.

LC: No kidding.

MR: Did I tell you the story on that one?

LC: No!

MR: No! The first time I was on a LKA the Marines were embarked and the commanding officer of the unit, Marine Captain comes on there and says, I said, you know, “Captain I’ve got Meclizine and I’ve got patches and all that if your guys get seasick.” He said, “Marines don’t get seasick.” I said, “Captain I’ve been seasick, everybody get seasick. Lord Nelson got seasick. John Paul Jones got seasick.” He said, “They weren’t Marines.” I said, “Well what do I do if one gets seasick?” He said, “They won’t get seasick.” These poor guys just were puking and everything else. So I was wondering around the ship slipping them behind my back Meclizine and patches. I couldn’t give them patches because those were visible. But I was bootlegging them…

LC: Getting them the pills.

MR: The pills. And I thought that was crazy. It was ridiculous. But that was the Marine way. So some of these guys wouldn’t leave land because they were afraid they were going to get seasick.

LC: (Laughter)

MR: Oh what about the VC and the NVA are shooting at them, that’s ok, don’t get seasick, craziness of war.

LC: Yeah don’t worry about those 120 millimeters.

MR: Right, just don’t go on that ship, it moves.
LC: Wow, yeah. Were there other outlets, other ways that some of those Force Recon men could get down time at all?

MR: Yeah they could go back to some of their base camps and they did.

LC: Was there a road for them to…

MR: It depends on where we were. Most often where we were there weren’t many roads with the Force Recon so they would be choppered out.

LC: As the Doc did you also have to look after, not just their physical well being, but how they were coping with being in the situation they were in?

MR: Oh yeah.

LC: And…

MR: Oh yeah and there’s a story in that one too, which is certainly has been very fresh on my mind with all that’s going on in Iraq right now. You ready for this one?

LC: Sure.

MR: I would send a lot of these guys, both Navy and Marines, when they absolutely were stressed out and just incapable of functioning back to Yokosuka and Yokohama to the Navy hospitals back there. So I’m back on the ship, we’re going over to Yokosuka to get some retrofitting and restock and all of that. So I made a point always to go into the hospital and visit and see the guys I had sent there. I walk into one of these wards, which is all Marines, they separated themselves out from the Navy and these Marines who are in charge of the wards are making them do 50 push-ups and sit-ups and verbally abusing them and harassing them. I’ve sent these guys there because they are incredibly stressed out for R&R, not to get harassed. I said, “What is going on here?” “Well Marines don’t buckle in combat. I want to be damn sure they don’t do that again. So I’m going to make it worse here.” That was sort of the, they weren’t quite that specific but it was pretty close. “I’m going to make sure that they realize when they come back here they’re not going to be a pussy, they’re just going to come back here and work harder.” Man! That was not what I had in mind. I had limited ability to make any changes on that. I had no authority with the Marines at all. I would talk to the people who were in charge of the hospital and say, “Can you do anything about this?” And maybe they could do a little, but not much.

LC: Did the Marines have their own physician or were you as the Navy physician…
MR: There are no Marine physician’s, they are all Navy physicians assigned to the Marines.
LC: Ok, uh huh.
MR: Unfortunately some of these people identified more strongly with the Marines then they did with the Oath of Hippocrates and they were going to be good Marines even though they were doctors and go right along with it.
LC: And make that possible.
MR: Yeah. And I did have some ability there to say to some of the senior doc’s, “This is not a doc that’s going to be here. Get him out of here. He’s not helping these kids.”
LC: Did you have to say that?
MR: I had to say it sometimes and sometimes it worked and sometimes it just made people mad. The fact, Laura that I had been out with the Marines in country gave me the credibility to be able to say that.
LC: I should think so.
MR: I had not just been sitting on the ship. I had been out there with them and so they had to listen to me because I knew what I was talking about.
LC: Well and you had been out there with those specific men that you had gone to visit as well.
MR: Absolutely.
LC: You know what the back story was on them.
MR: Right, absolutely. They also knew I wasn’t going to just fall for some story, “Oh gee you know I really need to get out of here. I’m all nervous.” No, I had to…I knew what was real and what wasn’t. That gave me some credibility.
LC: So how effective looking back were you in protecting those men?
MR: You mean the ones in the Navy Hospital?
LC: Right.
MR: On a scale of ten I would say about a three. But three was better then zero.
LC: Was there…what would it have taken, I mean a big institutional shift or what would it have taken?
MR: It would have taken a big institutional shift. It would have taken a commandant of Marines to send the word down that this was unacceptable, this is intolerable, and
we’re not going to do this. It would’ve taken a Marine equivalent of Zumwalt, of
Admiral Zumwalt. There was no Marine equivalent of Admiral Zumwalt, to my
knowledge.

LC: I think that’s probably true or certainly Zumwalt fans would say that. What was
the condition of the guys that you saw who were up in the hospital there and they’re
being put through these paces? I mean were they deteriorating, were they holding even?

MR: No, they were deteriorating. Some were already in the major mood disorder,
major depression. Some were suicidal. Some were just absolutely into major stress. I sort
of raised whatever hell I could raise, got some of them sent back home. Not many, very
few but a few I got sent back home. Or I got a few sent to Clark, over to the Subic and to
the Air Base over there in the Philippines. Tried to get a few to Pearl but those were the
worst cases. I had friends who were psychiatrist or medical officers both in Pearl at the
medical facilities there and also over in PI (Philippine Islands) and so I could call them
and say, “I’m sending somebody who really needs some help here. Don’t send him back.
Do not send this kid back.” And with rare exceptions they didn’t. They made sure they
got honorables when they got back to the Stateside or got some R&R or something.

LC: Mike what was, thinking back to that time, what was the state of the art in terms
of treatment programs for guys who had really serious cases of disconnect or you know
you can supply the clinical term?

MR: Yeah the PTSD, early stage PTSD. The rumor we had or the understanding we
had then was that the closer to the battlefield you can treat them the better. That to an
extent was good. If they had the ego strength, if they were able to be treated close in, I
didn’t send them out of ‘Nam if I didn’t have to. If I did I sent them to the ship. If I didn’t
have to send them off the ship I wouldn’t. If I didn’t have to send them beyond Yokosuka
I didn’t. So I tried to keep them as close in as I could. Especially if they had any kind of
unit attachment or unit cohesion or anything that made them identify with the unit. So
they were close to their buddies. The ones who just completely deteriorated and fell apart,
I just had to get out of there. But to an extent I think it was right that the closer you could
treat them to where they had to have their breakdowns the better.

LC: What could be done, what was done?
MR: Well we were very limited in medication. We had little more then a little Librium and this sort of thing. Mostly just what I would try to do is get them out of the immediate firefights. Let them not go out on the patrols for a couple of days. Give them a chance to talk. I mean we’d just go crack a beer and have a cigar together and just sit down and talk. I would let them ventilate and talk about home and talk about how scared they were and all the rest of it. If they could do that with me one on one they could pretty well open up. They knew I wasn’t going to take it back to the CO (Commanding Officer). If they wanted to break down, if they want to cry, if they wanted me to write to their families or help them write to their families, we could do all that. So I did a lot of one on one with them, as much as I could. That was respected. They did respect, the other guys in the unit did respect that. They sort of had a funny thing they would say to somebody, “Do you think you need to talk a walk with the Doc?” That wasn’t a put down. That was a, you know, if you need somebody to talk to.

LC: You need to take care of yourself; this is the way to do it.

MR: You need to take care of yourself. They didn’t joke about it, they didn’t kid about it. It wasn’t a …they could say, “Hey you’re a sack of nuts. You’re wacky.” That was ok. But saying, “Do you need to take a walk with the doc?” That was different.

LC: That was treated as kind of a safe zone?

MR: It was a safe zone.

LC: And Mike without being too modest do you think that you created that or do you think that was going on around?

MR: I think the 1st Lieui and I created it. There was one who was particularly good that I really liked and respected.

LC: Would you mind mentioning his name if you recall it?

MR: If I do recall it, I will. I can’t remember it right off hand. I’ll try to think of that. Anyway he and I were just talking about what could we do. He was so caring of his men, big, tough, brut kind of a guy. I think somewhere from Pennsylvania or something. I mean this was not a guy that had a degree from Yale or anything but he was so caring of his men and just really wanted to do what he could. We just talked about it. He said, “If you had a little private time with them.” I said, “Well let me try that.” And it worked; it helped. It really did. I haven’t thought about that in a long time, those walks with the Doc.
thing. That’s what they started calling it, “Go take a walk with the Doc.” (Laughter) I haven’t even thought of that in so long.

LC: It was probably actually very, very important. I wonder if you remember the first guy who decided to you know trust you. Do you remember that exchange, or one of the first, couple, three? Because somebody had to, you showed up one day…

MR: Somebody had to be first.

LC: Yeah and then somebody was having a hard time and somebody had to trust you the first time and then kind of the word got around somehow.

MR: Laura, I don’t but in thinking about it I think I know why it seemed like the thing to do to me because I had had that experience on the ship, on the bridge. Where if I could go out to the flying bridge with the guys and we would just go out there and have our coffee and smokes and stuff and just talk. This was the closest, equivalent to that that I could come up with out there in the boonies, out in country. It was sort of like that. It was like going out on that flying bridge. We didn’t have to go too far. I mean we weren’t walking three miles out of the woods, we would just get away from the camp and the other guys just kind of respected that. I would watch how they would treat someone who came out there and talked to me and it was just as though it had never happened. They didn’t bug them. They didn’t kid them. They didn’t give them a hard time about it. There were just some things that were off limits to talk about and that was it. What you did with the Doc was up to you. That’s kind of remarkable thinking back on things.

LC: It sure is. It’s very remarkable how there was a space graded there in the mist of you know, well you do know and I don’t, what certainly was chaotic and traumatic and frightening I’m sure as well as a number of other things, but there was a space there.

MR: It was and it wasn’t considered that you were wussing out or that you were a wimp or anything else. I was just, “Hey you need to talk.” And you know these guys would go themselves when we would go into R&R someplace. They would go off to the bars and drink and get drunk together and all of that. It was sort of an equivalent to that I think a little bit.

LC: But in a more serious theme coming from a more serious place.

MR: It was, it was. And they would tell me a lot of stuff. They tell me the same stuff that the sailors would tell me on the flying bridge. You know family problems, girlfriend
problems, their wife’s cheating on them, or their wife’s having a baby and they can’t be home and they’re really worried about that, or their parents are not doing well. All those kinds of things that come up in families and you’re so far away and you just can’t be there for them. You imagine it worse than it is sometimes.

LC: And that’s a whole different set of stressors that are laid on top of the actual situations that they’re in.

MR: Oh yeah absolutely. There were times that I’d just wish the family would just leave them alone and just write good stuff.

LC: Just don’t tell them.

MR: Yeah, I can imagine someone back there, a wife, frustrated trying to take care of the kids and the washing machine breaks down and she doesn’t know how she’s going to be able to afford a new one and writing him that and this kid is out there trying not to get shot up and worrying about a broken washing machine that has to be replaced. It was a perfectly human normal thing for the, understandable thing for the wife to do but when it got to them it really just added to the stress. Fortunately there were welfare and rec things that we could do that we could put them in touch with someone on the base. I had the ability to do that. I could get in touch with somebody who would get in touch with somebody who was near where the wife lived and they could come by and say, “Look, we got some welfare and recreation funds. We’ve got some used washing machines. We can get you some help here. Your husband is very concerned about you. He’s asked that we look after you in this. Let me see what we can do to help you.” That was tremendous.

LC: Mike what was, who did you have to talk to initiate something like this?

MR: Depending on what it was. Sometimes the Chaplain helped me on that. The Chaps never came out with us. There were Chaps out there but the Navy Chaps were on the ships and they were usually the first ones I talked to because they had the best connections with welfare and rec back home.

LC: Tell me about your relationship with the Chaplains. You guys are both in special categories where people come to you with problems and what relationship did physicians generally have with Chaplains generally in the Navy?

MR: I can’t speak for all docs but with one exception. I had an outstanding relationship with them. We were very close and worked very closely together. We use to
laugh that we’d give the VD (Venereal Disease) lectures together. They would tell them
not to do it and I would tell them if they did this is what they needed to do to protect
themselves. The Chaplain would stay there while I did that. We had a really sort of nice
little shtick that we would do together.

LC: Like a little tag team.

MR: A little tag team thing. I would say, “Now the Chaplain’s not going to approve
this. Chap, go somewhere else for minute. I’ve got to talk to these guys.” He would say,
“No, you know I’ve got three kids I know what you’re talking about.” It worked fine.
There was one exception I had where I made a horrible mistake in referring a kid to a
Chaplain I’d never met, which almost ended in a suicide. That was the one exception.

LC: Can you give me an outline of what happened there?
MR: Yeah that wasn’t in ‘Nam. That was in my first year when we were doing
REFTRA, Refresher Training down in Gitmo (Guantanamo Bay) and boy that was a
scary last deal. I still tingle a little bit when I think about this one. We had a kid come in
to me. This was a gay issue. A kid came into me, he’s probably 17, 18 from West
Virginia, somewhere and he comes into my sick bay and needs to talk. He’s all upset and
everything and he doesn’t know what he’s going to do and he finally blurts it out. He
thinks he might be gay. And I said, I guess he was astonished that I didn’t fall off the
chair or start condemning him or something but I just said, “Let’s talk about it. What’s
the issue?” And I said, “Are worried about getting kicked out of the Navy? Has
somebody found out and giving you a hard time in the bunking spaces or any of that?”
“No, nothing like that.” “Well what?” He said, “Well you know my family and I are
really very religious people and I’m afraid God’s going to condemn me for this.” I said,
“Well you know that’s not my understanding of the way God works in the world, but
we’re different religions. Let me get you to talk to a Chaplain and see if you can talk
about this.” “Ok.” “He’d be glad too.” Well the Chaplain on the ship would of handled it
beautifully, this Presbyterian guy. He was home on leave so I sent him over the base
Chaplain. I think it was the day before the fourth of July, I think it was. This becomes
important in a minute.

LC: Sure.
MR: Next day he goes over and he comes back. I didn’t see him. I figured I would see
him in a day or two after he talked to the Chaplain. I just wanted to find out what the
Chaplain told him. Next day we’re having a softball game out in Guantanamo and the
recreation area there and the whole base is surrounded by barbed wire in between in
which and then another strand of barbed wire and there are mines all in between the two
strands or there were then in the 60’s. The next thing you know we’re out there playing
softball and he plays out in the outfield. Next thing you know he’s gone over the fence
and he’s in the minefield. This was, I’m sorry; it’s hard to talk about. One of the other
sailors went in and got him and just held him until we could get a map of the mines and
bring him out. He came back to the ship. We got him back. He was, I just said, “What
happened?” He said, “Well the Chaplain told me I would go to hell for loving men like
this. I figured I might as well end it now.” And I learned from that. He was very
depressed and very suicidal. So I immediately got him to the Navy hospital in
Philadelphia. I knew someone up there and I called and I told them what happened and
they said, “We’ll take care of it.” They did but I learned from that you don’t ever send
someone to a Chaplain or a doctor I would say unless you know who they are.

LC: And how’s it’s going to fall. Oh I could of killed this guy. I could of literally
have killed him. I talked to our Chaplain about it when he got back and he said, “Oh I
wish I’d been there.” He said, “There is nothing you can do because that’s his theology.
Yes, he told the guy what he believed.” I said, “Well remind me never send someone to
somebody that I don’t know again.” But that was the most remarkable thing. We were all
standing there just stunned and this kid goes, and his unit just goes over the fence and
holds him. They don’t walk around; he just holds him until we can get the mine maps and
get him out.

LC: And how long did it take?

MR: Oh it took an hour. They were just standing there. Immediately somebody on the
team knew what to do. I didn’t know what to do. Somebody, I don’t know, one of the
officers’s said, hollered over to the kid that was holding him, “Just hold him, don’t move,
we’ll get you out of there.” Then they cut the fence and they did have the mine placement
maps and they were, thank God, very specific. So they were able to get over and get them
out. I mean they had the guys in all the heavy gear in case the mine blew up they
wouldn’t be killed and as soon as they got to them they put them in the gear. The kid was, he didn’t try to break away. He was just crying and holding onto the other guy. Wow. I hadn’t thought about that one in a while either.

LC: That’s an amazing episode, amazing courage.
MR: Boy it sure was, it sure was.
LC: No one else obviously knew what was going on.
MR: No, they didn’t. He was thought of as kind of a little backward. He from some little West Virginia town and they always thought…I think they called him Country or something and kidded him a bit. But, boy.
LC: But they didn’t have a clue.
MR: No.
LC: Wow that’s amazing. Mike you know I wonder on the heels of that whether you would be available to say any more instances that came up where gay issues put people at risk because Navy policies.
MR: Well the one story I wrote about, the kid who could operate the radio.
LC: Yeah, go ahead and let’s include that here, if you don’t mind.
MR: Sure, I’ll be glad too. We were out in the unit. This was not Force Recon, it was another Marine unit but it was when I was out there with them. We had been out on a patrol and we came back in and I don’t know I was just beat. Everyone was kind of beat. We were just sitting there and about an hour or two later I think we all just kind of collapsed or having a beer or something. The 1st Lieui came over and said, “You need to go and talk to so and so.” Who was our Corporal, who was our radio operator. I said, “Well, ok what happened?” He said, “Just go talk to him.” Here’s what had happened. The kid was gay and thought that a Sergeant in our unit was being particularly friendly and might be gay too. He wasn’t the sharpest tack in the board either, so the Radio Operator Corporal wrote a little note to the Sergeant said, “Would you like to go on R&R together? I would really like to get to know you better.” The Sergeant freaked out and just absolutely went bananas and went and told the 1st Lieui that, “This faggot is making a pass at me.” So the 1st Lieui came in and ask me to go see him and he said, “Look this is what happened. Doc, he’s queer. We can’t keep him.” He said to me, I’ll never forget it, he said, “Don’t let the Marines hurt this kid.” So I saw him. That was one of the
“Walks with the Doc” that I didn’t enjoy. I spent an hour or two with him and talked to him. He was so embarrassed and he was just crestfallen and he loved the Marines and all of this and he understood. He couldn’t stay in the unit. It would be all over the unit in five minutes but he just didn’t know what he had done wrong and I said, “I don’t think you did anything wrong. Except maybe it would have been good to make you’re feelings known on a little less, better way in a different time or something.” Anyway, I got him over to Yokosuka. Sent him over there because I knew the docs over there. I didn’t tell them exactly what happened. In fact I didn’t tell them what happened at all. I just said, “This is a mildly depressed, probably adjustment disorder with mild depression kid. Please see him, and process him for discharge.” They must’ve thought that was kind of funny because I rarely sent anyone over there [to] process for discharge. But that’s what I said and that was the end of it in the unit. Three or four months later I am in Hong Kong on R&R, back on my ship. My ship had pulled into Hong Kong. We’re there and I’m in the China fleet club buying sweaters or cameras or something and here he comes walking up to me. I said I’ll call him Charlie. I said, “Charlie what in the world are you doing here, didn’t they send you home?” He said, “No, they just transferred me down to the Delta.” He said, “You know Doc, when they need you they keep you.” And he said, “Look I really appreciate the way you handled my case. Come over to Kowloon with me. Let’s head over. I want to buy you a beer. Come on over to Mad Dog’s with me.” Mad Dog’s was a pub over there that a lot of Aussie’s and Canadian’s and Brit’s used to go to who were military. And so we got on the Wampa Sam and Fung Fat water taxi and went over to Kowloon and went over to Mad Dog’s and we were having a beer. He bought me a beer. I was about to buy him one when this Canadian pilot, Air Force pilot, Canadian Air Force pilot comes in. Gives him a big hug and Charlie introduces me to him and I started to say, “You guys want to go out for dinner over at the Parisian Grill or Jimmy’s Kitchen or one of the good places here?” Then I said to myself, “Self if there ever was a time when three’s a company this is it.” We exchanged manly handshakes and I took off and let them have their R&R together. So that’s one time when I think getting him out of the unit really hurt the unit because we never had anyone…he was the guy who even in the monsoon rains could bring the choppers in. Could connect with them, could make the
equipment work. Yet because he was gay they had to get him out of there. So that was a
tough one.

LC: Yeah it was.

MR: Not as bad as the kid, at least he wasn’t suicidal.

LC: Right. Although one never knows what happened in between the times when you
see someone else. Mike, did you have…were you sort of beginning to get a sense about
the policy that called for a discharge of gays?

MR: Yeah I knew what the policy was. I knew very well what it was.

LC: Were you forming an opinion about whether it was a good policy or not.

MR: Oh I hated all the prejudice aspects of it. The biggest problem I was having with
the policy was kids coming and claiming to be gay and who were trying to get out.

LC: How often did that happen?

MR: On my shifts maybe once a month and in country much less then that. Rarely
with the Marines but in fact I don’t know maybe one or two times in the whole time I was
with them did it happen. But that was an ongoing problem. On rare occasions I would
have a commanding officer or a you know one of the Lieutenants who was in charge of
snipers, or weapons or something in the unit come and say to me “I think this kid is
queer, see him and tell me what you think?” I always did. I would tell them when they
were in sick bay with me, just the two of us. I would say, “Now I don’t know whether
you’re gay or not, and I don’t care but let me tell you, here’s the way it’s going to work.
If you’re gay and you want to get out, I’ll help you get out with an honorable discharge.
If you’re gay and you want to stay in I’ll help you do that too. So you got to tell me
which you want if you’re gay. If you’re not gay that’s ok too, tell me what you want to
tell me and I’ll just sit and shut up.” They would tell me what they wanted to tell me and
I had both. I had gays who wanted to stay in and gays who wanted to get out. But I made
darn both. I had gays who wanted to stay in and gays who wanted to get out. But I made
darn sure if they wanted to get out they didn’t get out on anything that would hurt them
with a discharge

LC: How would one arrange that kind of thing?

MR: Oh it was easy. I just called them adjustment disorder with mild depression and
off they went. And got honorable medical discharge.

LC: And they would be discharged?
MR: And Laura there was a link. I knew a doc in Yokosuka who had handled it well. He knew a doc in Pearl who would handle it well. He knew a doc in San Diego who would handle it well and we bounced these kids from doc to doc to doc to be darn sure they didn’t see anybody who was going to hurt them. We had a little network there. We all sort of knew who we were. Some of these doc’s were gay, some were not. But they were all ok to send somebody too.

LC: For someone who is interested in how that kind of got set up, how that got arranged. I’m sure it was all completely informal but how did you identify each other as somebody who would be a good person…?

MR: Somebody in my med school class knew somebody. Somebody in my internship knew somebody. Somebody, you know I went Annapolis for three weeks, the first three weeks I was in the Navy to get orientated. I knew a lot of those guys. Some of them you know we sort of talked in code a little bit. I wasn’t out then but I sort of knew who was gay or thought I did. I could connect with them and say, “I’ve got a kid who has this issue. Do you know anyone I can send them too who will be empathetic and not hurt them and handle it well?” So we knew each other.

LC: So just kind of over time?

MR: Yeah. If I didn’t make a mistake sending someone to a Chaplain I didn’t know again. I didn’t make a mistake sending them to a doctor I didn’t know again either. I didn’t have to. I knew enough docs I could be sure how they would handle it.

LC: There was some paperwork vehicle such that you could steer patients?

MR: Yeah, absolutely. And we had code with each other. Adjustment disorder with mild depression, we all knew what that meant. We all knew what that meant. The commanding officers even knew what it meant. Some would say, if they were homophobic, “What are you trying to do, get this queer out with an honorable?” I would say, “Well Captain this is my diagnosis.”

LC: So you would fall back on the medical…

MR: “This is my diagnosis. This is what I’ve written in the man’s medical chart,” and the captain had no right whatsoever to change what I had written in a chart. They knew better. I rarely had one like that. I had a lot more who were glad the kid wasn’t going to get hurt like the 1st Lieui over in…but that’s the way it happened.
LC: What about guys who, that you’ve mentioned, who were trying to use this as a
dodge to get out of service?

MR: I would just go along with it. I wouldn’t give them the diagnosis and I would
just say, I would ask them, “Ok who have you slept with?” I don’t care about names but
where. “Where do you go meet somebody?” They wouldn’t have a clue. “Well I go to a
queer bar.” “Well ok, which one? Where?” “Well you’re not going to tell on me are
you?” “No, no, but I know there are bars in San Diego and there are bars here and there.”
They wouldn’t have a clue. Next thing you know they would come back in, “Well you
know doc I’m not really queer. I’m really fed up with this. I need to get out of the Navy.”
I would say, “Well you know see if there are other ways you can do that other than this.”
Also Laura the word gets around on a ship pretty quickly. “Don’t go in with this with the
Doc if you’re not real about it.”

LC: I’m sure, about one or two of those and…

MR: And the word’s around, “This is not going to work.”

LC: Yeah, “Try something else if you need to.”

MR: Now if, “You’ve got a problem at home, go ahead and talk to the Doc or Chap
about it and we’ll try to work with your problem but don’t come in with this.” So that’s
the way it worked.

LC: Now Mike, were there cases that came to your notice where people were accused
of being gay as a means of getting rid of them or moving them out of the unit where the
accusation may or may not have been founded but it was used as a weapon against them?

Did that ever…

MR: I heard it happen but it never happened to me. It never happened to me. It just
never did. I don’t know whether I was just lucky or what; but much more often then not I
got a Captain who would say something to me like, “Gee I hate to lose him. He’s really
good.” Or, “Yeah I kind of thought so.” And, “Yeah probably it’s going to be a bit of a
problem on the ship so let’s see where we can get him to go; maybe he should be
Stateside or something.” I didn’t have any sympathy. Maybe they just knew not to do it
because I wasn’t going to go along with it. Man I had a real problem with one kid who
was gay. This was when we were in Newport who was going down to Times Square on
the weekends and being a little prostitute.
LC: Really.

MR: The kid kept coming to me saying, “I’m gay and this is what I am doing.” He had, I’ve forgotten what it was, some skill that the Captain valued that nobody else had. Oh he was good in CIC (Combat Information Center) or something. I kept saying to the Captain, “Captain we got to get him off. This kid is really doing some very self-destructive stuff.” I didn’t get more specific then that. I said, “If we don’t watch out he’s going to be on to drugs and that’s not going to be good.” “Well you know I can’t get anybody else to work this equipment.” I finally said, “Captain, I’m sending this kid off. Fire me as you doctor if you want to but he’s got to go.” And I got him out.

LC: Did you actually help him to help him get out of the Navy or did you just give a different…?

J: I helped him get out of the Navy and I also helped him…I helped him do something other than what he was doing down in Times Square. He had a pretty intact family. I think he was desperate. I think he was saying, “I got to get out of here and if this is what it takes to prove to you that I am gay I’ll do it.” It’s safer to do that than go and kiss the supply officer or something so he did that. I’ll never forget I was sacked out in my bunk and he came in one night and knocked on the bunk. I was bunking with three other guys in there and he starts telling me all these stories and these guys are all wide-awake listening.

LC: Yeah, I’ll bet!

MR: (Laughter) I said, “I think we better go to sickbay to continue this.”

LC: Let’s just …let’s just rejoin this for the time being and re-take it up later.

MR: Right, right, right. But he got out and we did maintain contact then by mail and the last I heard he was a junior college back home where he was. He was from Detroit I think.

LC: Mike, just in general, if you could describe the climate. Was there rampant homophobia? Was it an issue that just wasn’t an issue?

MR: It wasn’t an issue. It really wasn’t…you know every one of the ships I was on, all the Marine units, they all had men that everyone suspected or knew was gay. There was another funny story. All this stuff just comes up. I was on the bridge just hanging out on night and there’s an officer up there and this kid comes up and says, “Commander
Smith,” whatever his name was, “There are a couple of guys getting it on down the fantail.” So Commander Smith says, “Well someone else take the con, let me go down and see what’s happening.” So about 20 minutes later he comes back. Nothing is said. He is taking up his duties up on the bridge again and off we go. Half an hour later here comes this same guy saying, “Commander Smith, Commander Smith. They are doing it again.” So he goes back down there and says to them, I later heard, “I told you guys to knock it off. You didn’t knock it off, now you’ve got me forced to turn you in. I have no choice. I’ve got to report it. I man you’ve been observed twice.” So he did and they were processed out. That one was harder for me to help them because they had been observed having sex on the ship and all of this. I could only see them and be sure they weren’t suicidal or something. They didn’t ask for a medical evaluation on that. They just processed them out. But I later learned that Commander Smith was gay. I met him when I was at Long Beach and ran into him some place and he said, “Doc, do you remember that incident?” I said, “Yeah I was on the bridge and I was just hoping they wouldn’t do it again.” He said, “How do you think I felt? I was gay and I was the one that had to kick them out.” But it was more like that. I didn’t hear cracks. You know, “You faggot,” or something on the ship, there just wasn’t that much of it. It was an issue. I’m sure it happened and I’m sure there were a lot of guys who had a lot of trauma from it but I just didn’t happen around me.

LC: In later years when you were in the Reserves…

MR: Oh yeah then it was very clear.

LC: The temperature rose around the issue?

MR: Much.

LC: About when would you date that from, like if you had to stand back? When would you say the world turned as it were?

MR: Let’s see. I don’t think it was that bad through the 70’s, early 80’s. I would say probably mid 80’s. I remember once after I was out and I think we were based in San Francisco. I was the doc for a Mine Division, Mine Div 52. Had a bunch of mine sweeps and there was a corpsman on there and one of the most hostile men I ever met. The guy was Mormon and really hostile to anybody who didn’t agree with his particular worldview, religious worldview, all the rest of it. He was especially hostile to me and I
couldn’t figure out why. I had never done anything to this guy at all. Pretty soon I noticed the other officers, not the other officers, but the other Chiefs. He was a Chief. The other Chiefs on the ship were getting hostile to me too. I just finally confronted the guy. I said, “What is going on here, did I offend you in some way? What’s happening? I’ve tried to be very supportive. I’ve given you good fitness reports and all of that.” He said, “Well you know, to be honest since you’re about to leave the unit,” I was going over to a cruiser, he said, “We really don’t like faggots on this ship.” For a corpsman to say that to me was just astonishing. I think I said something, “Well I understand that. I don’t like bigots on my ship,” or something to that affect. But fortunately I already had orders to a different ships so that was not an issue. That kind of thing and I thought at my level at that point I was already a commander. If he could say that to a commander what was he doing to get to kids who were enlisted and a lower rank then he was. It was bad then. It got bad in the mid 80’s I think.

LC: Do you attribute that to what was going on generally in the country at the time?

MR: Yeah I think the country was getting a lot more conservative. It was the Reagan years. You know it was the “Religious Right” was beginning to be in ascendance. The camaraderie, the history, we were there and we survived kind of thing out of Vietnam had faded by then. This was the so-called peacetime military. It just got a whole lot worse and it did. I was beginning to see a lot of kids who were getting traumatized by it. Again the word was out that I was an ok guy to talk to so I started getting calls from folks over in the Air Force and in the Army and the units around the Bay Area there, “Would you see this guy?” What I could do then, which was great was that I was at the VA and I could see them at the VA. I didn’t have to see them on a ship and that was great. I would see them at night or I would see them on the weekends. If I didn’t have drill weekend it didn’t matter I would just tell them to come over next Saturday. I’ll see you in the room. I could do it there. Nothing whatsoever ever got back to the ship from that, not in writing, not verbally, not anything. I always told my commanding officer’s, “I will tell you anything that I hear that might affect the safety of anybody on this ship, or the safety of the ship, or the mission of the ship. Otherwise I’m not going to tell you and if that’s not acceptable tell me now.” They always said, “That’s ok.” I said, “That’s the only way it will work. That’s the only way I’m any help to you.” And they respected that.
LC: And to the men.
MR: Huh?
LC: And to the men.
MR: And to the men and they knew that. They would tell me. I would tell the sailors when they would come in [and say,] “Doctor I got to talk to you.” And I would tell them that. I would say, “If you’re telling me something about drug abuse or about any that I’ve got to report that to the commanding officer otherwise anything that you want to tell me stays here. What’s said in this sick bay stays here.” And they knew. I’m sure a lot of them came in about drug problems and then decided not to say anything because they knew I had to report that. Sometimes they would and I would get in the treatment program and that was good. But I had to let the commanding officer know.
LC: Mike, when you were in San Francisco working at the VA what facility were you working at?
MR: First I was at the San Francisco VA. That was from ’80 to ’86. Then from ’86 until I retired in ’96 I was at the what’s called the Northern California System of Clinics that was VA clinics in Oakland and several other towns around there, Mare Island, Pleasanton, and several others. I was Chief of Psychiatry of that unit.
LC: Had you been Chief of Psychiatry as well at San Francisco?
MR: No I was chief of the day center over there and began to do the AIDS work over there.
LC: I would like to talk to you about that a little bit later on. Let’s go back to Vietnam for a second. Mike, let me ask you about maybe some things that are a little less hairy and complicated although some… Actually as I think forward now, some of them are a little complicated. But first of all as a physician what kinds of things did you see that were not battle related, that were not fire, the result of fire, either friendly or enemy?
MR: Oh all sorts of problems with fungus infections, all of that especially. All the kinds of things you would see in a civilian practice I would see out there. But the fungal infections were among the worst, insect bites, snake bites, all of that. All the kind of stuff you would see with any unit spending a lot of time in the brush.
LC: Were feet and foot care a particular problem?
MR: Oh yeah.
LC: Can you describe like what the guys were dealing with?
MR: Jungle rot. Walking around all day in wet shoes, wet socks, not having any time
to take them off and let them dry. As much as I wanted a lot more immunization material
I wanted more socks for these guys. Their feet couldn’t stay dry. It was really hard
slogging around out there and it rained incessantly even in the dry season, so called it was
[always] raining. Oh we would be slogging around a creek or any of that. Then they
would get Leishmaniasis or they would get some of the nematodes, all those kinds of
things that you get in these tropical areas.
LC: What’s Leishmaniasis?
MR: Leishmaniasis is an infection where there fluke will get into the blood vessels
and just crawl on up it and then block it and then you get the equivalent of severely
blocked blood vessel, which means that everything below it dies because there is no
blood supply there.
LC: Like a finger or…
MR: Or it can be a leg, it can be a…usually more often leg, feet and leg because they
would get it walking through the streams. And would go up there and then they would
begin to gangrene and then we would have to deal with that or they would just get
incredibly swollen feet and legs and calves. As much as I could I tried to get them out of
there because there was no way I could treat that.
LC: What was the treatment then?
LC: There wasn’t much. The main thing is to get them out of there. If you had to go
in and open up a vessel to let the blood flow you could. But I couldn’t do that out there.
LC: Right. So they would actually have to have some kind of like…
MR: Yeah, vein surgery.
LC: Vein surgery, ok. Like blood letting effectively to get rid of it. That’s just awful!
MR: Yeah, and there were some equivalent antibiotics I think, it’s a long time, I
haven’t treated that in 34 years but there was some sort of antibiotics you could get that
would help, but mainly you just had to get them out of there. I saw it in Ethiopia too, not
with the medical students because they were always dry but the people who lived out
there.
LC: Yeah just the people that you were treating, this is one of the things you saw. Short of something that was potentially catastrophic like that, something like Jungle rot, can you describe what that was? I mean what exactly is that?

MR: It’s a massive fungus infection of the um, especially between the toes and then the whole thing would spread through the whole foot and your foot would begin to swell and it would begin to smell and if you kept at it you would begin to lose function of the toes and all of that. I don’t know that we actually lost any to gangrene from it, but it was just an ongoing, horrible kind of thing that was very painful to walk on. It was just you know…

LC: What could you do for them Mike?

MR: The only thing I could do was to, we did have some antifungal medicines and all that and I could use that.

LC: Was it topical stuff?

MR: It was topical stuff. It seems to me that we had some oral stuff too; I’ve forgotten how we did treat that. It’s been so long. But in any case I know the main thing I would say and it was ridiculous to say it, “Keep your feet dry and use clean socks.” “Yeah right Doc out here in the boonies.” But that’s what I tried to get them to do. “Just be aware this is going to happen. Please when you get into base take your socks off, let them dry, put them around the fire, get clean socks,” and so these guys, I don’t think they would change their shoes for three or four days.

LC: Did guys, go ahead Mike.

MR: That was it.

LC: I was going to ask if they had a couple of pairs of socks and where would they try to keep a pair dry? Would they put them up into their helmet or where would they?

MR: They did some of that. Some down in their pants. They had a little fun thing. “Yeah man you seem to be pretty well hung there.” “Yeah, well its two pairs of socks.” “Doesn’t that itch?”

LC: (Laughter) Had the package tag on there.

MR: There was a lot of that too. They tried to have fun with it.

LC: Sure.

MR: Not easy to find fun out there.
LC: What other ways did the guys sort of cope with humor? Was it an important thing?

MR: A lot of it was gallows humor. “Man none of us are going to survive this. You know, you better go out and find somebody over Da Nang or Nha Trang or something because you’re not ever going to get back to your sweetie.” That kind of stuff, that kind of whistling through the graveyard humor was pretty common and was acceptable. That was acceptable, even saying if you saw some picture of somebody’s girlfriend. “Wow, she’s ugly. No wonder she’s with you.” That kind of thing was acceptable too, within limits. You did not kid about a man’s love life if he was having problems with his girlfriend. You just didn’t. That was off limits. But you could kid about their appearance, “Oh look at all those kids, there not all yours.” That kind of thing was ok.

LC: Mike, how much time did you spend, for example, writing back and forth to either your folks, your wife, your friends, did you spend time with…?

MR: Yeah I did and I have a lot of those letters because I ask them to save them.

LC: Yeah, you mentioned that.

MR: And they did. I censored so much. I didn’t tell people a lot of what I had done back there until much, much later. Then I think only my brother have I really told the whole thing. He told me, he said, you know, “We were not even particularly worried about you. You made it sound like high ho the bounding main. This is all kind of fun and interesting and all of that. Wow! We had no idea.” And I don’t know whether I’ve told you the part about coming home and trying to show them the pictures.

LC: No, go ahead and tell me.

MR: I’m back home now. I’m now active duty. I’ve gotten married and I’m going to spend a little time a week or so with my dad and my grandmother. My mother died when I was seven so it was just my dad and my grandmother there. My wife was off with her family in Tennessee I think. Dad said, “We’re just so glad to have you home. Why don’t we have a bar-b-que and we’ll invite the Burnsides over and the neighbors and all of that tomorrow night.” I said, “That would be great. Meanwhile let me show you some movies I took while I was over there.” They were 16 millimeter. No super eight, that’s what I had. My dad and my grandmother said, “Well it’s really late.” It must have been about 8:30 at night and they never went to bed without watching Johnny Carson. So I said,
“Well you know it’s only 8:30 and this is only about three minutes. It’s not about battle stuff. I just wanted to show you what we did out in the clinic’s. It’s just all of us, my corpsman and me immunizing these little kids and they are really cute and all of that.”

“Well you know maybe we’ll see those another time.” I said, “Look Dad, I’ve got the thing set up on this projector. It’s three minutes. Let me show them to you.” “Ok.” So I showed them. I turned off the lights and I showed them and I narrated it. It really wasn’t more then three minutes. When I turned the lights back on, dad and grandmother were sound asleep. They just were not going to watch it.

LC: What was driving that do you think?

MR: I don’t know whether they were afraid that they would see what they had seen on Walter Cronkite or they were afraid…I don’t know what they were afraid of. I don’t know why and they never mentioned it again and they never mentioned the bar-b-que with the Burnsides and the neighbors. It just wasn’t ever brought up again.

LC: Can I ask you Mike how that made you feel?

MR: Oh I was devastated. I was hurt. I was angry and surprised. I couldn’t figure out… “We’re tired, we’re going to sleep.” Its 8:30 and I know good and well they were still going to be up for Johnny Carson, which was at ten. What was this, “Going to bed,” business?

LC: What gives?

MR: I couldn’t figure it out. To this day I’m not quite sure what they were scared of. But I do know boy…you know you hear so much stories and when you got home, nobody wanted to hear about it. Well I wasn’t going to tell them war stories. I wasn’t going to tell them anything that would scare them. I said, “What I’m going to show you is not battle. I want to show you what we did with these kids out there.” They were nice pictures. We were immunizing the kids, and we were laughing and all of this. They absolutely, I assume they got to sleep immediately as soon as the lights went out because they never mentioned it, ever! I knew better then to show it to anybody else and I didn’t. It’s going to be very interesting Laura, I’m going back to my 50th high school reunion at the end of the month to see…I am the only one in my class who was over there.

LC: You know that you are?
MR: I know that, yeah, there were a lot that went in the military but I think they had
gone in for their two and out by that time. I had medical school and all of that so I was
later. None of them I don’t think, to my knowledge none were ever over there so it’s
going to be very interesting if that comes up at all.

LC: To see if someone asks you about it?
MR: Yeah if anyone asks. If we’re asked to do a little what did you do the last 50
years? I’ll certainly bring it up.

LC: Are you going to wear your uniform?
MR: No, not to that.

LC: I have heard actually from others that you do wear your uniform on different
occasions. I wondered whether you were…
MR: I certainly do. I’m wearing it Saturday night to an Army/Navy Ball here.

LC: This Saturday night?
MR: This Saturday night.

LC: Ok, what about next Saturday night?
MR: I’m wearing my uniform but not my dress whites.

LC: Not your dress whites.
MR: Yeah this is going to be dress whites. I am going to have the enlisted good
conduct metal on both times and that I wear in honor of the corpsman that I served with. I
always get asked about. “Oh did you serve? Were you an enlisted man before you were
an officer?” And I say, “No, I wasn’t and here’s why I’m wearing it.” No one has said,
“Take it off.” I’m not trying to wear the bronze star that I didn’t earn, or the Silver Star or
something. I’m just wearing something else.

LC: Right, in honor of other men.
MR: Yes, that is right.

LC: Mike have you ever gone to the high school reunion on previous occasions?
MR: Nope. If we’ve had any before this, they didn’t tell me. This is the first one I
know. I went to my med school reunion a couple of times, my 20th and my 40th.

LC: Now some guys from those classes probably did serve, as well as women.
MR: Probably did serve.
MR: Yes, in my medical school class there is a number that did. That was the linkage. There was quite a bit of camaraderie about that. We did do a lot of comparisons about when we were where and all of that. A lot of welcome home stuff.

LC: In a positive…

MR: In a very positive way and I came out to the class for my 20th anniversary. This is Memphis, this is not San Francisco and they were, with a couple of exceptions, were much more supportive then I thought they would be. The Vietnam experience seemed to be a stronger bond, more camaraderie then the medical school experience.

LC: That’s interesting.

MR: I never really thought that that would be the case. I never thought one way or the other about it. But it was very clear. The ones in the class that I had the most contact with, during the reunion, the ones I talked the most too were the ones that had shared that experience.

LC: Mike, can I ask you and you of course are at liberty to decline to respond but I wonder how you, you said you came out? How did you actually do that in Memphis at the 20th reunion?

MR: Oh I loved it.

LC: What did you do?

MR: Oh the devil made me do it.

LC: (Laughter)

MR: I had a ball with it. By this time I had divorced my wife and she and I had gotten past all the anger and all the rest of it and we were friends again. I had a lover, Doug, and I wrote her. She was in Texas and I said, “It would be great to see you at the reunion.”

LC: Because at first she was a classmate of yours.

MR: She was a classmate and finished first in our class.

LC: First in the class, yes.

MR: And all that. She was and is a super star and I said, “I’m bringing Doug and I want to let you know that. I’m hoping that you and I and Doug,” she was bringing her mother, “And Louise can go out for dinner the night before the reunion. I would really like to have you meet him and you guys meet each other.” And all the rest of it. And she said, “I’d be glad too!”
MR: So we did. She and Doug just hit it off famously. Doug was a wonderful, wonderful guy. It was impossible not to love him. So they really hit it off. Well I said, “Tess I got to tell you I’m planning to come out tomorrow night to the class.” She said, “I can’t wait.” And so she sat between Doug and me. Everybody has gone around in the class. There were probably 30 of the 40 or so were there and everybody had gone around and said what they had done in the last 20 years since we were together and it was mostly, “Yeah I’m on the staff of this hospital and I won this medical award and I’ve got a wife and three little kids,” and all the rest of it. It came my turn almost toward the end and I stood up and I said, “I know that all of you that Teresa and I were married for a couple of years and we’re divorced now. I want to let you know that the things that I have done in the last 20 years. What I am most proud of is two things. One, I’m cofounder of the Gay and Lesbian American Medical Association. We put this together the early days of the AIDS epidemic to be sure that gay and lesbian people were getting good medical care and that gay and lesbian doc’s were not denied privileges on hospital staffs. And it is now started with two people, Dr. Dennis McShane and me. It is now about 3000 gay and lesbian doctors. The second thing I’m most proud of is that Doug and I are making a life together.” The class applauded. I was astonished.

MR: They applauded. One of the guys with his wife sitting right there came over and kissed me on the mouth and said, “Thank you for having the courage to do what I didn’t have the courage to do.” Another I knew was gay split, left, and just couldn’t handle it. One of the guys who had been one of my best friends in medical school just didn’t speak to me and he and his wife left. The next day we had a bar-b-que at the home of the class president. We were all there. The wife of the man who kissed me on the mouth came up to Teresa and said, “I was just so embarrassed for you. I just felt so sorry for you. This was just terrible. How could Mike do a thing like that to you?” And she said, “Let me tell you something. First of all, Mike and Doug were the only two men in that whole room that I could relate to because if you remember every other men in that class expect Mike and one or two others kept telling me I ought to go to nursing school. They thought women shouldn’t be doctors. Second of all, Mike had enough class to ask me if it would
be ok with me before he did it. So honey I don’t think you have anything to worry about
for me.” She said, “Well I never!” (Laughter) Oh I loved it!

LC: Boy I wish I had that on film. That was probably a must see.
MR: Oh that was fun. Then the class president said to me, with everybody else sitting
around there, he said, “You know we’re thinking of having the 30th back here in
Memphis but I think we would like to have it in San Francisco. You’re having a lot more
fun than we are.” So with those one or two exceptions it was really nice.

LC: So there was acceptance there for you?
MR: There was acceptance there. Then going back to the 40th there were many, many
fewer classmates there. We had lost a few and others just didn’t come. A couple who did
were straight who were doing a lot of HIV work and volunteering. I was very touched by
that. I thought that was great.

LC: And they made a point of letting you know that?
MR: Made a point of telling me that. I had been on the Presidents’ Advisory Council
[on HIV] on AIDS and we were sort of going around what have you been doing the last
few years. I talked about that and they told me what they have been doing. One said, “Do
you see the house next door? The gay couple Tom and Fred live over there and we’re just
the best of friends and we play poker together on Friday nights,” and all this kind of stuff.

LC: Absolutely. And your 20th reunion would have been in ’83 or ’84?
MR: It was in ’83.

LC: Yeah and things definitely in the cultural are different between ’83 and 2003 and
of course the intervening age crisis about which you have actually done something and I
want to talk to you about that too. Mike, let me ask a little bit more about your time in
country and then I want to move on to your subsequent career. Mike, I’ve asked you
about correspondence with home and I wonder if you can tell me when you were…the
distinctions that you experience when you’re on the ship an when you’re actually on the
ground, in terms of your sources of news as to what was going on in the world, did you
have an idea? How much information did you have?

MR: On the ship a lot. In fact I’m a real news junky so they let me be the editor of the
ship’s newspaper and that meant that I got the equivalent of the teletype, I guess it was,
coming in. Whatever it was we would get all the new stuff and I would put out a little bulletin for the ship everyday. What most people were interested in was not politics and all the rest of it, but the football scores. And so I had access to all that and I could get all those out and the baseball scores and all of that. So we had quite a bit of access to news and then of course when we could get mail call we would get magazines and all of that. *Army Times, Navy Times*, those were all pretty readily available. In country-very little. You just didn’t know what was going on in the big PX (Post Exchange). It just, who knew? I mean there was some radio contact and all that and it did seem to me the biggest thing was who won the Super Bowl or, I don’t even know if we had Super Bowl then but who won the Rose Bowl or the Orange Bowl or how the Yankees were doing, that sort of thing. Those were the big concerns of it. We really weren’t into dealing with the heavy stuff with politics and all the rest of it.

LC: Right. But sports were kind of a unifying thing?

MR: It was.

LC: Guys could talk about it?

MR: It was. It was a real morale booster-being able to know. These kids they really wanted to know how LSU had done against Alabama and if they could find out that was a big plus, even if Alabama was their team and had lost they were still eager to hear. Who’s the quarterback now for the Niners and this sort of thing? That was good R&R.

LC: Was the newspaper something that you just did as a sheet?

MR: Yeah, it was just a sheet. They would let me…they would give the teletype stuff and that was kind of a news junkie. I was hanging around asking for stuff anyways. I was interested in the politics and all of it but they would give it to me, give me a fist full of it and I would go and type it up and then mimeograph it.

LC: Were you sort of an information junkie?

MR: Yeah I was.

LC: Are you still?

MR: Oh yeah.

LC: I had a feeling. Mike, did the newspaper have a name?

MR: I think something like the name of the ship, *The Lloyd Thomas News*, or the *USS Mole News* or something like that.
LC: Mike, let me ask you…

MR: Sometimes I would put out bulletins on the 1MC. If there was a big sports event or something and everything was quiet on the ship, the Captain would let me make the announcement. That was fun. “It’s the old Doc talking, you know, Alabama is going to the Rose Bowl.” There would be all these cheers or boo’s on the ship and all that. But that was a wellness and the kids liked that.

LC: Absolutely, absolutely. I think sports, you may agree, still serve that function.

MR: It does.

LC: Mike, let me ask you a little about a sort of, a darker side and this again something you had a special view on as a physician and I’m referring to alcohol and/or drug abuse. Most guys that we’ve interviewed, certainly guys who were on the ground, rather then Navy people out in Yankee Station had access to beer. I wonder if, how…

MR: All of it.

LC: I’m sorry? Yeah, all of it.

MR: Was there.

LC: Everything was there? Did you come across cases with guys that were using it beyond you know stress relief and beyond what I guess we now think of as a kind of social usage even in a war zone?

MR: Oh yeah, even in Force Recon, which was rare. I never saw heroin in Force Recon. I never saw any of the heavy stuff in Force Recon. I never even saw heavy drinking in Force Recon. It was sort of a unit [understanding] that you didn’t do that.

Everybody had grass. That was like a beer.

LC: It was everywhere?

MR: It was everywhere. There were times when I would get asked to take a walk with a guy to talk to him about it. It didn’t happen every often. I would just say, “You’re putting us all in danger here. I’m not going to tell you not to smoke grass, but when you go out on patrol and you’re stoned we’re all in danger.” That wasn’t information they didn’t already have but here hearing it said somehow sometimes would get them to rethink it a little bit.

LC: Do you think you had in those exchanges some additional authority beyond the other guys in the unit?
MR: Yeah, because it was unspoken. “If you want to stay in this unit, shape up, if you don’t, between the 1st Lieui,” or whoever’s head of the unit, “And me, you’re out of here.”

LC: Did you have any idea how these guys were getting hold of marijuana? What was the connection?

MR: I never asked. Everybody just had it. They just had it. I never asked who’s you’re pusher, who’s your dealer, or any of that.

LC: But rather then a particular person I mean was it coming from the local economy or was it…?

MR: Both. If we were close enough to a village, long enough they would raise marijuana and they would sell it you know they knew. Frankly I never asked these guys where they got it. First of all I thought they would resent being asked and second they would probably give me some BS and third I knew they had it and they could get it tomorrow, they could get it the next day so I dealt with what it was doing to them because they had it, not where they got it.

LC: Right. What was the behavior around it?

MR: Exactly.

LC: On a different, but also potentially difficult issue, Mike, you were over there in country ’65, ’66. At that time did you see much in the way of racial tension?

MR: Yeah. Although it was less in Force Recon again. Again that was you’re Marine, you’re green, you’re Forced Recon, you’re super green and the fact that you’re black or white is important but secondary. I didn’t see as much in those days. I think it had gotten much, much worse, ’67,’68, and ’69. One of the guys I talked to said that the worst was ’68 and ’69. By that time I was home and in Reserves. There was some, usually it came out in some of the kids that had been in gangs or whatever. Throw them in jail and the judge said, “You’re going to go into the military or you’re going to go to jail. Which one do you want?” So the kids had problems with streets anyway. Some of the whites who had been, if they weren’t skin heads they were in that mind set who had come from very racial, very racist backgrounds, the kids from Mississippi, the kids from West Virginia and all that. You put those two together and it’s awfully hard to have the Marine at those counter that.
LC: Override it?

MR: Override it, yeah. It was there. Again, I didn’t see it nearly as much. I was probably more surprised that they got along as well as they did having grown up in Arkansas and seen all of that. I was thinking, “Uh oh what if this is going to be trouble.” But more often then not it wasn’t. Those were the early years of the war.

LC: Absolutely and…

MR: I did see some heroin but it was unusual. The people I talked to who were there much later said it wasn’t unusual, any more unusual then what you saw with grass, it was everywhere. I didn’t see much and when I did I didn’t have any tolerance for it. I know the commanding officer of Marines that I was with didn’t have any tolerance for it either. They pretty well, we as quickly as we could would get them processed out.

LC: How, if you can say, how would you know somebody was accessing marijuana?

MR: Oh I could tell. I could tell the difference of being stoned on grass and being a little drunk on beer, and being stoned on heroin.

LC: As a physician, how do you tell?

MR: They’re more sedated. Their slurred speech. It persists, it doesn’t stop and with the grass they’d be like a couple of beer and then get over it. The heroin would keep on going. They would sneak off when we were on patrol to go off to the side somewhere to take a leak. Well you just took a leak ten minutes ago. You don’t have to keep taking a leak while they are going out and shooting up. Everybody knew it. After a while they [don’t] work you and [you don’t] have much attempt to hide it. It was pretty clear. So once that was obvious, again to me the issue of drug use was one thing. The issue of what they did to the unit in terms of putting us in danger was something else. If they were suppose to be a point man or if they were suppose to be out on patrol and watching out for us and they are stoned out of their minds, anything can happen and did.

LC: In the Reserves later on, say later in the 60’s and the early 70’s, did you observe more activity of that kind although of course you’re weren’t seeing it day after day after day.

MR: No, but I was seeing it in the VA and I was seeing it…I ran a drug program in Long Beach just before I went to the VA in the 70’s and I was seeing a lot of these kids
who had come back, who had been discharged, coming into the clinic. So I knew if I was 
seeing them there I knew where they had been six months before and what they were like 
then and all of that.

LC: So you could get an idea.

MR: Oh yeah.

LC: And the incidence you think was probably growing?

MR: It was growing and it was much higher I think in the ‘60’s, ’70, 8, 9, ‘70 period.

LC: And that undoubtly put a strain on your clinic on VA resources in general.

MR: Yeah it did.

LC: How was that handled?

MR: Well once the VA got it in their thick heads that they were responsible for taking 
care of these people it just meant that we had much more extensive drug and alcohol 
treatment programs. We separated them out from the mental health programs and we 
separated them out for the other things and we had specific programs for them. They 
started a lot of that down in Menlo Park at the VA down there and then they spread to the 
other VA’s. So we had our PTSD clinics. We had our drug and alcohol clinics. We had 
our mental health clinics and all the rest of it. Often than not they were separate and 
sometimes we had what we called duel diagnosis or more then dual, when they had 
heroin addiction, PTSD, alcohol addition, all of it. Those were tough to treat.

LC: I mean just to pursue this for a moment, how would you organize a treatment 
plan for someone who had…

MR: Well the first thing you want to do is get them clean and sober.

LC: How did you do that?

MR: Well sometimes you do it with medication and sometimes you do it by 
hospitalizing them, keeping them away from it, and making sure they stay hydrated, that 
they weren’t going to go into DTs (Delirium Tremens), you may need to use some 
Benzos or you may need to use some other medication. But you can do that usually in 
four or five days, or two weeks, depending on how addicted they are and to what. You 
can get them clean and get them sober and then you have their attention and you can 
begin to work with what programs it takes to keep them clean and sober. If it’s AA 
(Alcoholics Anonymous) or NA (Narcotics Anonymous) or other support groups or
religious groups, whatever it takes, and you really have to learn that it’s a relapsing illness. I was never very good at working with people with addictive behaviors and I learned when I took a course in that that a person who can’t stand working with alcoholics and has to do it anyway becomes an alcoholic abuser. That means I was not only not helping, I was hurting these people. I was pejorative, I was demanding. I was unreasonable about what they could do and what rate they could progress and so I finally said I’m very good at some things, this is not one of them. I can’t do this. I stopped doing it and let people who were really good at it do it.

LC: How long did it take you to sort of professionally digest that information and make a decision about what you were…?

MR: About three months.

LC: Really.

MR: About three months and no one had to tell me, I could tell myself. I took a post graduate course in it when I was thinking about this and thinking I’m just not very good at this and then I really was confronted by military people who were clean and sober alcoholics, who were saying, “We’re watching the way you are working here and let me tell you, you’re not a helper. You’re an abuser.” I said, “I’m not taking any drugs!” “No, that’s not what we’re talking about. You’re abusing the people who are. This is not your field, get out of this.” And they were right.

LC: That must have been a heck or a realization?

MR: Well it was a relief.

LC: Yeah, actually.

MR: It was a relief. I knew I was good at other things. I was not good at this. I felt that I was so glad somebody else recognized that and told me that I wasn’t just imagining it. It was good. I was hearing it from people who knew what they were talking about and I was able to say, “You know you’re right and let’s get somebody who really can do some good work here and let me go off and do something else.”

LC: Mike, let me ask you about leaving Vietnam. You’re, tell me about the end of your tour. How did that go down? Were you anxious to leave?

MR: No, in fact I have always said I think probably my wife saved my life on that one. I wanted to extend. I just couldn’t leave these kids. I was really having trouble with
that. I had a residency that I had accepted and I just told her, “I can’t desert these kids.”

She said to me, “If you don’t come back, I’m not going to be here when you come back”

There was another issue there too. There was a separate issue about kids, children. We had talked a lot about having kids before we got married and that was the primary reason I wanted to get married. I really wanted kids. On the honeymoon she tells me she has changed her mind. She thinks probably she would like a medical career and kids are not compatible with that, which was absolutely her right except if she would only told me beforehand. But we’re in Vietnam, I’m in Vietnam and there are all these little Eurasian kids there. I wrote her and I said that, “The Chaplain has said to me that if we wanted to adopt one of these…” I thought she didn’t want to have childbirth and I thought, “Man I wouldn’t either. I can understand that.” I thought adopting a kid is famous as far as that kind of thing. I said, “Gee wouldn’t it be great if we could bring one or two of these kids home?” And she said again, “Let me tell you what I told you before, if you do that I’m not going to be here.” In retrospect I thought I wasn’t out at the time, I thought maybe I should’ve adopted one of the kids and accepted a divorce and done what I could as a single parent but they wouldn’t have let me do that. The Chaplain…in fact I sort of hinted at it a little bit with the Chaplain and he said, “Do you realize you can’t do this if you’re not married?” I said, “Ok, that’s what I kind of thought.” So any case she was…I decided well the marriage is not going well, we were writing really angry things back and forth to each other. I said, “Well let me, I can’t, it’s only been two years I can’t just give up on this marriage now. Let me go back and see if I can save it.” So I went back and started my residency and the marriage lasted about one more year. I have always thought that if she hadn’t been there or if she hadn’t insisted I probably would’ve stayed. They were losing a lot of doc’s and a lot of corpsman up there around those times because it really got much worse and who knows whether I would have been here or not.

LC: So you were trying to balance both your own personal concerns as well as your concerns about the conflict with the men you were working with?

MR: Yes, absolutely.

LC: So that’s extremely stressful as well.

MR: It was.
LC: Tell me about the kids, Mike, if you can. Were you particularly interested in some way helping Vietnam by adopting a Vietnamese orphan?

MR: Well it was part of that I think. I think part of it was I just wanted to be a dad. I wanted to be a father to these kids. I wanted kids and I wanted to raise kids and I wanted kids to have my name and let me watch them grow up and try to shape their lives in someway and all the kinds of things that a parent, I think, thinks about when he or she wants a child. I thought that was what she wanted. I mean we had, even in when we were just dating made up funny little names for the kids we were going to have. It was just all…never occurred to me that she didn’t want kids. It was not until the honeymoon she told me that. I was stunned.

LC: I’m sure you were.

MR: Yeah, I was. I thought well I’ve gotten married, and I wasn’t out but I think I had at some level realized that I was probably gay. Here I am married and wanting to make this marriage work and we’re not going to have kids. It was tough, but I have always thought she probably saved my life because I did come home.

LC: As you said doctors were falling by the wayside either wounded, seriously wounded, or…

MR: And dead, corpsman too.

LC: And also killed too. Have you ever thought on the other side of the coin that you could've stayed and done some good? Have you visited that piece of thinking?

MR: Yes, of course. And I’m sure I handled that guilt was the Peace Corps thing. Yeah once the marriage ended I began to think, “Should I go back now or what?”

LC: This would have been what the late 60’s, maybe 69?

MR: Yeah it would have been. It clear, at least I thought it was about to wind down. Nixon and Kissinger managed to keep it going another couple of years. I thought it was about to wind down and I was getting my practice, you know finishing my training and all of that. Also I thought ok if I go back now into the military they’re not going to let me be on the ship and I loved being on ships. They are going to make me stay in a base and if I’m not in Vietnam doing something I think is good I’m not going to want to be in some base somewhere. I rather have the flexibly of going where I want to practice and all of
that. So I didn’t but I did stay in the Reserves. Then I had a whole new group of kids to
take care of when the AIDS crisis hit.

LC: Right. Mike, let me ask you a couple of time line things. The AIDS crisis of
course is one of them. We may not actually get to that one today but there are a couple of
others that fit right in here in the late 1960’s that I want to ask you about.

MR: Sure.

LC: And particularly my questions arise from the fact that the last time we spoke you
shared with me your interest in the Civil Rights Movement and of course Dr. King was
killed in 1968 as was Robert Kennedy and I wonder when those events took place what
was your response?

MR: Well above all I was furious and angry when Dr. King was killed and not just at
the people who killed him but at my own my extended family. We were having dinner
that evening. It was at my mother’s sisters and brothers and aunts and uncles who lived in
this small Louisiana town where the civil rights protest had happened. They had a
clothing store there and a drug store and they had never hired any African American
clerk, even though the vast majority of their customers were black and they were getting
protested and picketed for it. It just seemed logical to me that they should hire African
American people to work for them because that’s where their income was coming from
but that wasn’t the way they were seeing it. Also, they were Jewish and they were
terrified that if they did this, the white community would come down on them like a
massive Ku Klux Klan so they had their own issues they were dealing with.

LC: What town was this?

MR: This was Tallulah, Louisiana. I remember my Aunt Mildred had been, we were
all sitting around the dinner table and my Aunt Mildred had gotten up early and had gone
out in the living room and was watching TV and she came back to tell us at the table that
Dr. King had been shot. I remember one of my aunts said, “Well I hope they killed him.”
I was just so angry and hurt and stunned by that. Now we had three German family
members we had barely, they had barely rescued out of the Holocaust living with us
when I was a tiny little boy, didn’t they understand what bigotry was, didn’t they
understand what prejudice was, how could they think like that? So I was angry on a very
personal level about that. And of course angry at the people that shot him and the people
in Mississippi who had been so racist all this time. Robert Kennedy: I was in Los Angeles
the day before he was killed. I was interviewing for a job up and down the coast. I was
about to finish my training and that was my day in Los Angeles and I have wonderful
movies of him that day campaigning with Rafer Johnson and some of the others holding
him in this convertible. He’s going down this street in Los Angeles waving to everybody
and all that and I thought, “Boy he’s my guy.” I had thought so much of JFK and I’m so
disappointed in Johnson and I don’t think Hubert Humphrey can win so Robert Kennedy
may be the new hope for us. The next day I left and I got the news I think I was on a train
going somewhere and I was really hurt by that. I thought it was terrible. So two shattering
events so close together. So close together.

LC: Did it, what did it make you think about not…?
MR: I just felt the world’s gone crazy. I can’t understand where all this bigotry is
coming from. It just made no sense to me.

LC: Where were you in your own appraisal at that point of President Johnson?
MR: Of who?
LC: Of President Johnson.
MR: I wasn’t as angry at him and down on him as a lot of people were. I had been so
pleased what he had done with the ‘64 Civil Rights Act. I really thought he was trying
hard to carry forth the JFK agenda and was being very effective with it. I really thought
he was trying to do the right thing in Vietnam. Nixon was a, “Nah,” for me too.

LC: Why was that?
MR: Oh I just… I had remembered him when he was in California. I remember what
he had done to Helen Gahagan Douglas, the Red-baiting; I thought the Checkers speech
made me want to throw up. I just thought he was a slezz bag from the word go and I
hated watching him campaign against Kennedy and terrified that he would win. I had
nothing but contempt for Nixon. Humphrey I had the greatest respect for as a human
being, as a politician, but not as someone I thought could win. I thought we’re going to
lose to Nixon if this guy runs. I would have preferred Johnson to have run again in ’68 if
that meant he would of beat Nixon. I think he would have. But then I was in Chicago
during the police riots there, during the Democratic Convention.

LC: Why were you in Chicago?
MR: I was there because I was doing my training at Rush Pres. Saint Luke’s Hospital in Chicago and I was studying or was in a friend’s home who lived in a condo or an apartment building right on Lincoln Park and all of this was going on down there and we were seeing all of this and we just grabbed, he’s a doc too, and we grabbed our little medical bags and went running down there to see if we could help. Next thing you know we’re gassed down there and our eyes are burning and we’re struggling around down there. So I’m thinking, “I survived Vietnam and I’m going to get killed by these Chicago cops here.” So I was right in the middle of all that drama. I remember it very well and Daley saying the police are not here to protect the people. The police are here to something, he got it all screwed up. Dale was a buffoon, we’d always thought that and Gary just made everything worse.

LC: What was the mood down there in Lincoln Park that night?

MR: Oh it was terrifying. It really was. These kids, these hippies, “Clean for Gene” kids and all the rest of it had no idea what they were facing. The Chicago Police Department was just absolutely out of control, just out of control. They were beating them with night sticks. They were lucky there wasn’t a Kent State there, because they could of easily have had, you know, been shootings and all the rest of it. The kids were just getting wiped out.

LC: Were you assisting kids?

MR: I was trying and then I got gassed. I mean a bunch of us got gassed. They were shooting tear gas all over the place and I couldn’t breathe. Alan and I we got a couple of the kids out of there. We got them up to the apartment; his apartment was right across the street. We brought a bunch of them up there and sort of cleaned out their eyes, cleaned out our eyes. They were throwing up, we were throwing up. This gas was making you throw up. Then we left the kids there. We sort of went back down trying to do something. It was clear you just couldn’t. Then by that time the police were clearing everybody out of there. I tell you I was almost as scared as I was in ‘Nam. I had no idea we were going to get into that. I thought I was going to go down there and put a few band-aids on somebody. That was not what it was.

LC: About how long were you down there? Can you estimate?

MR: Before I got gassed the first time?
LC: Yeah.
MR: Oh I don’t think it was more then 20 minutes. I mean it hadn’t really gotten that
bad when we got there but boy it did get bad.
LC: Quickly.
MR: Yeah, they came all in these formations and man they just…somebody blew a
whistle I remember and everybody started…the cops started beating us with, I didn’t get
hit with a night stick but a lot of the kids did, with the night sticks and all that and
everybody is just saying, “Stop, stop, stop!” Man it was a mess.
LC: Were police on horseback?
MR: Yes they were on horseback. They were not just on horseback. They were also
on foot.
LC: With the shields?
MR: Yeah, with the shields, all of it. And the kids weren’t throwing anything. They
weren’t throwing rocks, I mean they were screaming after this but I never saw any kid
throw a rock or have a weapon or anything like that. I mean it’s stupid. Kids were trying
to throw flowers at them. They all came down there with flowers. I’m sure there were
some who were not nearly that nice. But the ones I saw in the little group that I was with,
you know I know the Abbie Hoffman stuff and all of that. But these kids were not doing
anything. They had been “Clean for Gene” and now they were now outraged and they
were convenioning their hero. Gene [McCarthy] wasn’t going to make it; McGovern
wasn’t going to make it. Robert Kennedy had been killed. Martin Luther King had been
killed, they had just had it. They weren’t about to accept Humphrey and that was
unfortunate because that could of kept us from Nixon. I honestly do believe that the war
would’ve ended two years sooner if Humphrey had won, at least two years.
LC: What do you base that on?
MR: I base that on my general gut feeling and what I thought about Nixon and what I
thought about Kissinger. Whether the rumors were right they told Nguyen Cao Ky not to
negotiate until Nixon got in because he would give them a better deal, not to end the war,
not to settle the…not to let the peace talks go successfully. I don’t know whether that’s
true or not but I sure thought so at the time. I still kind of think it probably was. Then he
bombs Cambodia and all of that.
LC: Mike, speaking of that, and just fast forwarding from your experience in Chicago, I’m going to guess that you were pretty horrified with what happened on May 4th, 1970 at Kent State?

MR: Oh of course, absolutely.

LC: Any observations on that? Where were you? How did you find out about it?

MR: Tell me the dates again.

LC: It was actually 1970, the spring.

MR: In the spring of 1970 I was working in Long Beach. I was head of the Long Beach Health Department. I heard about it on the news. The difference was I wasn’t there. In Chicago I was there. In Vietnam I was there. I was in the south when Dr. King was killed. Kent State I was horrified by it but I wasn’t there so I guess it didn’t have quite the resonance. I was stunned and horrified. I think we all were.

LC: Yeah, absolutely. Mike, let’s take a break.
LC: This is Dr. Laura Calkins of the Vietnam Archive at Texas Tech University continuing the oral history interview with Captain Robert Rankin. Today’s date is…what is today’s date?

RR: Today is June 2nd.

LC: It’s the 2nd of June, thanks Mike, 2004. I’m in the interview room in the Special Collections building on the campus of Texas Tech and Mike is joining me by telephone from the Washington DC area. Mike obviously we’ve already been talking. I wonder if you can just review for me the kinds of positions that you were looking at in 1968 when you were looking for a job.

MR: Yes I was finishing my, I was in my last year of psychiatric residency in Chicago at Presbyterian St. Luke’s Hospital, Rush Medical School. I was wanting to go to the west coast but not quite sure where but I did know I wanted to do community psychiatry. I didn’t want to do private practice. I wanted to be in a community mental health center or a public facility of some sort. I had done some of that in my training at Miles Square Center in Chicago working out in a mental health center, a public health center for low income residents and I liked that. I felt I was good at it and that’s what I really wanted to do. So I did this, I set myself up interviews wanting to be on the west coast with programs in Seattle, Portland, San Francisco, Menlo Park, Los Angeles, and San Diego, I think. I may not have gone to San Diego. I don’t remember whether I actually did or not but any case I interviewed in all of these places. When I was finishing up with the Navy in 1966 I had lived in San Pedro in southern California near Los Angeles and had rented a little house there right on the ocean that I really liked. My thought was probably I would want to go back there, but I wanted to look in Seattle and Portland and so forth also. As it turned out the interviews were all good. I liked a lot of the programs but I did decide to go to Los Angeles Mental Health and asked to be assigned down from San Pedro, Wilmington, Long Beach area and that’s what I did. I
took that job starting in July of 1969 and was able to maintain my Navy Reserve
commitment there in Long Beach, which is the port from which I had left to go to
Vietnam.

LC: What unit were you able to get a posting with?

MR: I was the Navy Reserve Center there. I don’t think they put me on ships right
away. I had not had a lot of experience in Reserve centers on shores and I didn’t
particularly like it. So I told them, “If you can find me some ships to sail on, I’ll stay in
the Navy. If you can’t I am probably going to get out.” I think probably there were some
destroyers coming in I would do TAD work. Some of the destroyers that were almost
short on their docs or the docs would be on vacation and I would just go over the ships
and cover for them and we would go in and out a couple, you know we might go up as far
as Monterey or down to San Diego, but my basic work was right there in Long Beach.

LC: Were you working with others who have already been over in Vietnam?

MR: Not originally, no. That came later. I was not working. I was working mainly
with African American, Hispanic, and low income white folks in the community mental
health centers there in San Pedro, Wilmington, which was beginning to get a very large
Hispanic population. Long Beach, which had a lot of retirees in which was giving me a
chance to work not only with retired military who seemed to like to come in and talk to
someone who had a military experience, but also my first experience with working with
older people, very much older people and Long Beach at the time was considered a little
Iowa. A lot of Midwesterners came out and settled there and it was the place they wanted
to be. So it was a real chance to do geriatrics psychiatry, which I hadn’t had before and I
found I really enjoyed that too.

LC: With the younger people from a broad demographic representation there. What
kinds of things were you seeing?

MR: Well I was seeing a lot of things. I was seeing the general, you know severe
mental illness, both the mood disorders, and schizophrenia, usually start in the 20’s. I was
seeing a lot of kids who were beginning to have those problems. I was seeing a number of
people who’ve had severe substance abuse problems who were from more up near the
northern part of Los Angeles, the Hollywood area, including some who were kids of
some of them moving moguls and stars. They didn’t want their kids treated up there
where the neighbors could know about it.

LC: How did they get into the county system?
MR: All they had to do was to come down and interview. We had no means test; I
mean if they would come down and apply for services. We would accept them. We were
pretty flexible about that.

LC: So that’s an area that’s changed quite a bit.
MR: It certainly has.

LC: Which is the superior system in your view Mike? A system that welcomes
basically all comers who have some kind of residential qualification or the much more
restricted access?
MR: Oh they all cover some by far. Absolutely, no question. I mean we treated the
problems. We didn’t treat the geography, and we didn’t treat….If we had someone who
was clearly wealthy, there was kind of an understanding that they would contribute in
some way to the treatment, even though it meant buying for books for little patient
library, or something, giving something back. The way I got into that connection up in
Hollywood was very, very strange. Do you want to hear about that?
LC: Absolutely.
MR: I was looking for a house to buy down there and I had a realtor and she was
showing me around and she said something about my southern accent. She said, “Where
are you from?” I said, “I’m from Lake Village, Arkansas.” She said, “Oh you won’t
believe this. I grew up in Parkdale,” which is about 20 miles from Lake Village. And we
knew a lot of the same people and she said, “Rankin, was your dad James Rankin?” I
said, “Yes.” And she said, “I use to date your dad.” Well it got stranger. This women’s
daughter was Sally Kellerman. And Sally had just made a huge hit in MASH and she said,
“Are you single?” I said, “Yes.” And she said, “My daughter is too, you want to date
her?” I said…well, this is not the time to come out to the women, I didn’t think. So I said,
“Well, I really admire her work. Why don’t we all have dinner one night?” So she invited
me over for dinner and this woman was looking for someone very, very different from
me. Sally Kellerman. We sort of hit it off. We began to talk, we didn’t date obviously but
we got together a few more times. She knew someone who had a daughter who was
having major drug problems and she said, “I can’t get her to take her in to anyone because she’s scared to death about the neighbors. Could you see her down in your clinic down there?” And I said, “Sure.” So I did and after that the word sort of got out this is a place where your kids can get good treatment and the neighbors won’t know about it and Hollywood and all of that. That’s how that happened.

LC: That’s very interesting. What was your impression of Sally Kellerman? Just as a person, what was your take on her?

MR: I liked her. Yeah I liked her very much. I mean if I had been heterosexual I’m sure I would have been delighted to date her. She was looking for someone much more connected to the movie community and all of that but I think I was kind of a relief to her a little bit to talk with someone or be with someone who had not a clue about what that role was like and had a very different world and different experience. We talked about MASH and we talked about my war experiences and all of that, so we had that in common.

LC: Was she interested in what you were saying?

MR: Yeah, she was. She said, “What do you think about what we’re doing in MASH?” I said, “I love it. I think it’s great.” It wasn’t exactly what we experienced in Vietnam but it was certainly wonderful.

LC: Did she express any view on Vietnam? Did you discuss the…?

MR: Yeah, yeah. I had by that time I was beginning to get involved in the anti-war movement and she said, “Good for you. If I can help in any way let me know.” I said, “Well we may ask you to speak sometime.” I never actually, by that I think the, whatever, if you can it a relationship, our connection was beginning to wind down so I didn’t ever have a chance to ask her to do that. But she did volunteer too. She may have done it; if she did I’m not aware of it.

LC: She may have pursued that in some other way or another.

MR: She may have, but no she was a…this was ’69 and ’70. By the then the anti-war movement was just going full blast. I do know that she was just disgusted with Nixon as of course was I. So we had that in common too. I liked her very much. I’ve had no contact with her since 1970.
LC: Sure, but it’s an interesting you know Brush With Greatness I guess they call it, a
BWG.
MR: It came from a woman who dated my dad, which is very strange.
LC: That’s great. I like the Arkansas connection. That small town thing.
MR: Unfortunately dad had died by then so I couldn’t say, “Hey do you know how I
met here in California?”
LC: Yeah, guess who I came across. (Laughter)
MR: “Was this before you met mother or after?”
LC: That’s right. Would he have enjoyed that joke?
MR: He would have loved it.
LC: That’s good. It sounds as if it was very interesting and fruitful for a number of
people who were sort of in the Hollywood scene in some way, but who needed some help
in that, what must be a fairly claustrophobic and confining. Although from the point of
view of the little people I guess, we always think Hollywood and all of that must be some
kind of dream existence, but I’m sure what you saw was the underside of all that.
MR: I did.
LC: Can you give any sense of how many times that network sort of brought a patient
your way?
MR: Oh let’s see I was at Long Beach there until about oh for about five years I
think, somewhere around in there back and forth. I would say probably about 20 times. If
you’re talking about someone from the movie industry sending one of their kids down to
be treated, I would say about 20 times.
LC: And tended mostly to be young people?
MR: Yeah, it tended to be young people, late teens, early 20’s and it tended to be
more drug related then anything else. Although there were a couple that were having drug
problems because they were beginning to get major mood disorders, major depression
and all of that.
LC: I see. Right, in other words one could lead to the other.
MR: Yeah, they were self medicating.
LC: Right, exactly.
MR: Some of the parents were almost relieved to find out that this was what the issue was. It wasn’t just the drugs. They saw it as a rationalization for taking the drugs. I had to talk to them about how that works and treatment and all of this. Yeah, they were about 20 or so. There were a couple in which case they were not the children, they were the partners. Where they would send the partner who was having drug problems, both men and women and worked with them too. They all said, “Can you see me? I don’t want to come down. I’m well known and people will recognize me. Can you see me in the evening if I want to come down and have a family conference with you and all of that?” And I did some of that and some of the weekends. I respected that. That was also in Long Beach, I mean we had a few politicians there and so forth who had their kids in treatment and they too said, “Look can we come in the evening? Can we come when the clinic is not full of patients in the waiting room so we can talk?” As long as it was a good reason they were having family conferences and being part of the therapy that was fine.

LC: And so you made that possible?

MR: Oh yeah.

LC: That kind of flexibility I’m sure was, well that and just your willingness to see them was probably very much appreciated although I don’t know how much that could be expressed at the time. It was a difficult situation.

MR: It was a difficult situation but my staff respected that too and some of them were part of the treatment team and we all did that.

LC: Mike, this time period that we’re talking about, the end of ’69 and into the early 1970’s was of course a period in which street drugs you know sort of really took off in this country and I’m sure that you were seeing some of the fall outs from that. What kind of treatment plan...can you contrast the treatment plans of that time period of ones that might be the standard protocol now? I mean have things changed at all?

MR: Well they have. We had almost no medications that we could use at all. We had an inpatient system that we could use and that was absolutely necessary for detox. The idea was to get them clean and sober first and then once we did that we could do the talking therapy. I don’t know that it is that different now. I think we certainly have to the extent that drug use was associated with depression; we have much better antidepressants now then we had then. To the extent that it was associated with schizophrenia, much
better med’s for schizophrenia. In actual the drug treatment, the drugs are very, very
different now. I mean we have very little cocaine and LSD and all of that was a big thing
back then. Those kinds of drugs.
LC: Psychedelics.
MR: Psychedelics, all of that. We had some amphetamine use, not a whole lot. A lot
of grass and that was tried to not make that a big issue but for some people it was. So it’s
kind of different now.
LC: What about if an inpatient detox part that you mentioned, how accessible was a
bed to put someone in?
MR: Much more so then it is now. Much more so.
LC: Ok, this was the county hospital I take it?
MR: Yeah, the county hospital. We used a number of the county hospitals and the
state hospitals, both. We had a nice connection with both. So we were able to do that. I
don’t remember having to worry much about a waiting list. I remember when I needed to
get someone in I would call the doc from the unit and say, “Charlie is coming. I need to
get him in. This is what he is using. We’ll get someone to take him over there. Let me
know when you get through and get him cleaned up and we’ll take it from there.” We had
a nice ongoing relationship with the hospitals.
LC: In issues like what insurance they had or how much their co pay was or
whatever…
MR: Gosh, it was irrelevant.
LC: Just didn’t even come up?
MR: Didn’t matter, no.
LC: What state hospitals were you using?
MR: We were using Napa State Hospital. We were using Metropolitan State Hospital
in southern California. Napa was up north. Mostly Metropolitan and Camarillo were the
ones that we were using. I haven’t seen those in so long. I assume they are still in
existence. Then when they began to close the state hospitals, when Reagan got in they
had a massive change there and closed a lot of state hospitals or shut most of the units
down and the idea was to take care of these folks in the community, but the funding
didn’t come to the community to do it. Certainly the funding for housing and all of that
didn’t come so here we all of a sudden begin to have a huge cohort of street people and people who had been doing very well for 25 to 30 years in the state hospital. They were saying they were warehouse but in the fact to a considerable extent the state hospitals were asylums. They were mostly out in the country. They could easily visit with their families. It was a good system that was flawed. You know the staff was not nearly enough. Often the staff was not willing to train. But there were places where these folks could go and have a decent quality of life. Then all of a sudden they begin to be constrictive and shut down or mostly shut down and we had to take care of them [in the] community and we didn’t have the resources.

LC: So the shift that happened during the Reagan administration was as you have outlined, that patient’s were to be deinstitutionalized. The institutions themselves were to be more or less paired down in terms of numbers and staff, and money was supposed to flow to community initiatives.

MR: To the communities, the counties and the cities and it didn’t.

LC: So that there would be group homes or that kind of thing?

MR: There was supposed to be but they really were very, very few and the ones we had were very, had very low quality.

LC: So people who were functional but had some minimal job skills or whatever were pretty much having to find their own way?

MR: They were and both rehab programs we had were the best we could do but we just didn’t have the funds for enough of them. It really got much worse in ’71, ’72, ’73. It really began to be just much, much worse than it had been.

LC: So by Reagan administration of course at this point we’re talking about the governorship and, I’ll just skip forward a little bit, Mike, when he was elected President, or actually when he was running for President did you have some concerns that this kind of thing might be pushed forward onto national agenda?

MR: Oh yeah, absolutely, we all did. We all did.

LC: Let me ask you a little bit about the political climate in southern California at the time you were there. You mentioned that the, of course, late ’69 and then into the early 1970’s the anti-war movement was beginning to grow. What connection did you have to it Mike, was it intellectual, or was it active?
MR: It was active in terms of being a public speaker. I had to be very, very clear that I was speaking for myself and not at all for the city of Long Beach or for the state of California or for the Navy or anything else. I hadn’t thought much about this. I did a lot of that and nobody in my Navy Reserve unit either, no one even...either they didn’t hear about, didn’t know about it, or they didn’t comment on it. I remember most of what I was doing was at UCLA (University of California, Los Angeles) and USC (University of Southern California). Boy was that a disaster.

LC: How’s that?

MR: UCLA was fine, USC was not fine. I had some connections with the vets who were doing that and they would say, “Would you come up and speak, you’re a doc. You have certain perspective from what you’re experiences were over there that some of us don’t have. Maybe they’ll listen to you in a way they won’t listen to us.” But I always made sure that when I spoke they, the vets who were not docs, were there with me. I remember speaking at UCLA and talking just about my experiences over there and what it was like trying to take of these kids and how painful it was to see them go and to see them die and to see them wounded and getting a very understanding, very sympathetic, very supportive response, “How can we help, let’s do that.”

LC: From whom?

MR: From the students that I was talking to. Then, they asked me to do it at USC and then we use to laughingly call it the University of Spoiled Children, well that was certainly proven true there. I got a very different response.

LC: Really?

MR: Oh yes.

LC: How so? What do you remember about it?

MR: What I remember about it was...they didn’t exactly call me a traitor, but it was close to that. I mean it was a lot of challenges. I would be trying to talk to a group and hecklers would come in and, “Support our troops in Vietnam! You’re undermining them with all this stuff,” and all that. What a contrast that was to what I had experienced in UCLA. In fact I just told them, “Hey I don’t have much time. I’ll do anything I can do for you, but please send me to UCLA again. Don’t send me back to USC.”

LC: Now were you working with a specific group?
MR: Vietnam Vet’s Against the War. Both the formal official group and informal group of vet’s who just among ourselves just said, “Hey we got a chance to go up and talk, let’s go talk.”

LC: How did you sort of hook up with these guys? Do you remember?

MR: I don’t remember the specific names. What I do remember is there were a couple I had served with over there that I reconnected with when I got into Long Beach, when I came back from my training in Chicago. There were some who had settled in southern California and either I found them or they found me and I don’t remember whether I saw a report of what they were doing in the paper and tried to connect with them that way. I honestly don’t remember Laura how that connection was made, but somehow they found me or I found them.

LC: Did you speak more than just the two times that you’ve talked about?

MR: Yeah.

LC: What other kinds of venues or events did you talk at?

MR: I spoke at the American Psychiatric Association meetings once, and I spoke, oh boy that was a powerful one. We were having a meeting, for the life me I can not remember where it was. I think, New Orleans, but I may be wrong, but I remember it was when they bombed Cambodia. I was scheduled to speak on something pretty benign like PTSD or something like that and all of a sudden the Chair of the panel jumped up and said, “I want this Association to condemn this action and I’m going to shift the whole focus of this discussion from the clinical aspect of PTSD to how we can stop this horrible war.”

LC: Wow.

MR: I was one of the little panelists and he said, “I’ve invited a number of people to speak on this issue. I know they know what they’re talking about academically. I want someone who has been there to talk about it.” There were two of us who had actually served in Vietnam. The other guy went first and then I told them about my experiences. So I know I did that.

LC: That’s amazing. What was the response in the room, do you remember?
MR: Oh it was overwhelmingly positive. Absolutely. I don’t know how much you remember about what the reaction was when we bombed Cambodia, but it was just astonishing.

LC: Well I, for example, know that some national guardsmen in Ohio got a little trigger happy at Kent State.

MR: That’s exactly when that was. Yes. And all of that had happened and here we are having our meeting. Boy, it shifted from a purely clinical academic discussion of PTSD to the real world.

LC: What kinds of things did you say Mike, I don’t know if you can recall this or not, you probably have just an impression about it.

MR: Well he said, I remember the Chair of the panel. I can not remember his name. It’s probably in some old archive somewhere in the psychiatric office.

LC: Oh sure.

MR: But I remember his saying, both to the other person. I think it was Jimmy, but I’m not sure. I’ve forgotten who the other person was. But anyway he said to both of us, “You have the academic background to talk about your work with patients. That’s fine. We have a lot of people who can talk about that. Tell us about what it was like in Vietnam.” We ran over in time. We had an hour I think for the presentation. We went nearly two. He just had us talk. We both just shared the experiences I’ve shared with you. It was amazing. It was such a powerful moment and thank God for the Chair of the panel. He just shifted it to what every, everybody in that room wanted to hear what was being said. Nobody said, “Oh I’m angry because I came for the academics. What new medicines are you going to tell me about?” He said, “You can get all of that from, they’ll give you copies of their papers. You can have all that.”

LC: Yeah the abstracts are in the back of the room.

MR: I beg your pardon?

LC: The abstracts of the papers are in the back of the room.

MR: Exactly. Ready that, now let’s hear the real world and let’s hear what’s going from this Cambodia bombing and Kent State and all of that, yeah.

LC: What do you remember about your own hearing of the Kent State disaster, do you remember?
MR: Oh I remember being just stunned. I just couldn’t believe it. And the picture of
the old women was in every newspaper. How can this of happened? How can we of
gotten to this point? Johnson said when Walter Cronkite turned against him he knew he
had lost the country on the Vietnam issue. I think if there were any still supporting the
war, I know a lot still supported it even after that, but certainly that was a powerful
moment in the history of the anti-war movement. We all thought that. I was so primed at
thinking. It’s not surprising that I had that reaction, but a lot of people did.

LC: I wonder Mike, if you heard about the shootings that happened. I think it may
have been a week later in Mississippi at an African American historically black college?
MR: Yes, Jackson State.
LC: Jackson State, yeah.
MR: Oh yeah.
LC: Did you hear about that?
MR: Oh yeah, absolutely. My family, I had family in Mississippi. Of course I heard
about it, absolutely. I would have heard about it anyway, but I certainly heard about it
and you know I was talking to the family about it and they were as shocked about it as I
was. Yeah, I definitely heard about it.

LC: I mean this was such a, as you have said, a cardinal moment in I think American
thinking about the conflict and what it had brought the United States to, domestically, let
alone what was actually happening on the ground in Vietnam, extremely difficult time.
And I wonder Mike if this was, if this had any catalytic fact on you’re thinking about
what you wanted to do. I know that in, it was almost two years later, but you must of, at
some point, started to think about the Peace Corps.
MR: It probably is the time I started thinking what I’m doing here in Long Beach is
good stuff. It’s not…a lot of people can do this. I need to do something different. I really
need to get out of here. I think I was just thinking this is too intense. I’m getting
depressed. I had a partner at the time and it wasn’t going well with him. I was hard to be
with. It was just a time I needed to get away. I was looking for something to do. I thought
I even need to get out of the country so that’s why I went to Peace Corps.
LC: How did that opportunity present itself to you? Were you just kind of keeping
your eyes open?
MR: Nope. In Long Beach they had an announcement in the newspaper that Peace
Corps recruiters are going to be at this hotel on a Thursday afternoon or Thursday
evening or something. Anyone who might be interesting in the Peace Corp come and talk
to us.

LC: I bet that recruiter was glad to see you walk in there.
MR: Well…
LC: With an empty…I’m sure they were (Laughing).
MR: Right, I said, “When can I go?” So that’s when I signed up.
LC: How much did you know about the Peace Corps at that point?
MR: I knew a lot about it. I was just so admiring of it. When it was founded in ’61 I
think it was with Sarg Shriver founded it and then Hubert Humphrey had actually
proposed it. He was the original proposer of it. As much as I liked Kennedy I think
Humphrey didn’t get enough credit for that one.

LC: I think you’re probably right there.
MR: Yeah I had the greatest admiration for it. I had actually wanted to do it even
before this and had talked to my wife about it and she said, “I will never leave the
country as long as my parents are living because they might need me.”

LC: She was very clear on a number of issues wasn’t she?
MR: Yes she was. She was.
LC: So I said, “Ok this is not the time to do it.” That was what my thinking was when
I first came back from Vietnam when I was still married that I need… “Tess, would you
go with me if we do something like this? I just need to get away from this.” She said,
“No,” and I wanted to keep the marriage, or thought I did, going for the time being
anyway. So I delayed it. Then there came a time when I couldn’t. I delayed it, what was
it? Oh more then 10 years because I had come back in ’67, ’66 and I eventually went in
’72 so I delayed it six years. That had always been in the back of my mind anyway. I
think I thought about it even when I first heard about it in ’61 I guess it was.

LC: As a young man.
MR: Yeah, but I was in med school. I wasn’t going to toss that aside, but then the
Navy called and all of that. There finally came a time when I did it.

LC: How did it come about that you went to Ethiopia?
MR: First they were going to send me to the Ivory Coast I think, no it was Liberia. They had a program there where they needed some docs and for some reason the program fell through. And they said, “Would you be willing to go to Ethiopia instead?” Now don’t forget I’m Jewish. I knew about the Jew’s of Ethiopia. The Beta Israel, we don’t call them Falasha, that’s the pejorative term, which is the equivalent of nigger. So I knew about that and I thought, “Well boy this will be a chance to do what they want me to do in Ethiopia and also a chance to connect with that community.” So I jumped at the chance to go to Ethiopia. They had me working with medical students out of the Haile Selassie University Medical School, taking them out into the rural provinces. We had a little housing and clinic and so forth about 200 miles west of Addis, and my job was to teach them to work with the native healers respectfully and to connect with them and make them allies in treating the rural population over suspicious doctors and medications. That was something I knew very well how to do since I had done some of that in Vietnam too. So that part of it worked very well and then the rumblings of the Revolution came and eventually they got us out of there.

LC: What about the language issues, how was that negotiated?
MR: Well that was not easy because there were so many of them. The Amharic is the language of the sort of educated upper classes and that is a Semitic language and my Hebrew is very minimal but I knew enough Hebrew to be able to connect with that. Amhara means people of the mountains, both in Amharic, Hebrew, and in Arabic. So I could connect a little bit with that, but where I was, they were not speaking Amharic at all. They were speaking Gallinya and Shanquilla and several of the other languages. But Peace Corps gave me a language coach to be with me and to coach me and to teach me. So I learned enough of it so that I could communicate with them.

LC: Who was your coach?
MC: A man named Ato Bulti; he was an Ethiopian who was hired by the Peace Corps precisely for that purpose. He was a great guy.

LC: What was his background?
MC: His background was about the equivalent of about a junior college background. He had probably been in one of the American colleges or training programs or something there and somehow got connected with Peace Corps. He was wonderful. He was very
sensitive, very respectful of all the various groups there. He, I remember something very
interesting that happened that gave me an even more respect for Peace Corps. He said,
“You need to have a driver’s license. You may have to drive the van around out there and
go into the little, very rural areas and so forth so we need to get you a driver’s license.”
So we went to the office in Addis Ababa where I first met him to get me drivers’ license.
He said to the men at the window, “This is a Peace Corps volunteer. He needs a driver’s
license.” He said it to him in an Amharic or something. The man’s response, I’ll never
forget it was, “Why are you speaking for him? If he’s Peace Corps he knows our
language.” I thought that was such a respect for Peace Corps there that the men in the
office just assumed that I would be speaking to him. Ato Bulti said to him, “Well he just
got here and he hasn’t learned it yet.” And the man said, “Oh in that case, ok.” One thing
they told us when we got over there. “Don’t go anywhere near the American Embassy.
Do not use the stores and all of that that the American embassy provides for you. You do
not go to the commissary. You have no connection whatsoever with the American
embassy,” and we didn’t. You know it would have been cheaper and it would of nice. We
didn’t even go to the embassy parties or anything like that. We just stayed strictly away
from the embassy.
LC: And what was the point of that?
MR: The reason for that was that we wanted to be identified with Peace Corps and
not with any particular American administration or policy or anything like that. And they
assumed in Ethiopia if you were part of the American Embassy, you were CIA (Central
Intelligence Agency). Johnson famously said at the beginning, he told Sergeant Shriver,
when he was Vice President, he said, “I’m really going to support you on this, but you’ve
got to be sure you’re people stay away from cuties, Communist’s and the CIA.” That was
the way he phrased it. “Don’t go over there and help them be involved in any of that.”
We didn’t. That was very good advice Johnson gave. He was very clear on that. When we
got our little orientation they said to us, “There is an American Embassy here, but don’t
go there. We have our own doctors if you get sick we’ll take care of you.” And they did.
“If you need something, we’ll provide it for you. We’ll provide everything. Don’t go to
the Embassy, and don’t date anyone in the embassy.” You want to hear another painful
irony?
LC: Please, yeah.

MR: One of the reasons’s I think I’m HIV negative is because I’m gay. Virtually every male Peace Corp volunteer over there had a woman he was living with and AIDS was beginning, just beginning to show up in Africa. I didn’t have a woman I was living with. I’ve known several who are heterosexual who were from that class of volunteers who did become HIV positive. I’m sure that’s where they got infected.

LC: It’s from that very early…

MR: From that very early time. And who knew in ’72, or ’73 there even was anything such as AIDS?

LC: Nobody right Mike?

MR: Nobody and it was a ten year incubation period and by the early 80’s people were beginning to get it and get symptoms of it. They had picked it up in the 70’s. I remember…I got a few questions, “Hey Doc why aren’t you, don’t you have a girlfriend over here?” “Well I just don’t.” I didn’t feel the need to go any further than that.

LC: You just fielded it by kind of turning it back?

MR: Yeah the same way I did it when I went on leave with my fellow officers then in the Navy. Well you know…well of course then I had the excuse of being married. It wasn’t a big issue.

LC: The relationship that you mentioned that you had in California, was that at an end at this point?

MR: No, actually it wasn’t. He was angry with me for leaving, but he said, “We’ll keep this going,” and we, I gave him a tape recorder and I had one and we would send tapes back and forth and letters and he would call about once a week. So we really kind of maintained that and then when I got back home we tried again to make it work, but there were a lot of other issues there too.

LC: Just didn’t work out. How would someone call you?

MR: We had, I was in Nekemte, Welega Province and that was the sort the, it was a very rural little town but it did have a main post office. It did have a main telephone center. Obviously they didn’t have phones in the houses so everybody who wanted to call went there to call and I could make a call to him or I could tell him, “Call me at a certain
time and I will be here to get your call.” I knew all the Ethiopians who ran it all and they
knew we were doing good stuff out there and they could not have been more helpful.

LC: How large was the compliment of Peace Corps volunteers in Ethiopia while you
were there?
MR: Oh I would say I’m not quite sure, probably nearly a thousand. We had a large
group. We also thought that was because we got the group from Uganda when Idi Amin
came in, they had to pull all the Peace Corps volunteers in Uganda out. They brought
them up to us. We had them join our group and then we were only there about another six
months before we had to get all of our folks out. We looked down our noses a little bit at
the volunteer’s in Kenya. We thought they had a really soft job down there. We use to
say, “We’re going to go down to Nairobi and eat whimpy burgers.” That’s what they
called hamburgers. We sort of put them down a little bit. We thought we really were the
rugged ones and they were the wimps. They never got pulled out, but the Uganda folks
came up and they told us some hairy stories about when Idi Amin came in and we never
were so glad to get out of there.

LC: Do you remember any of those stories or events of things?
MR: Just that they were threatened by Idi’s troops and thugs and all of that. It was
just kind of a frightening thing.

LC: And the Peace Corps people were moved sort of en masse to Ethiopia?
MR: Oh yeah. They just didn’t feel they could provide security for them. So they got
them up to us. About three months later we were told by the embassy, “Let us know
where you are at all times because we may have to evacuate you.” That connection we
did have. And they said, “We don’t know what’s going to happen with this political
situation here in Ethiopia, but we are concerned and we need to know where all of you
are.” The Peace Corps talked there and Addis said, “Yes that you will let the embassy
know.” And we did. It didn’t happen exactly while I was there. They were beginning to
pull us out and then Mengistu came in and they had to pull everybody out.

LC: Now um, Mengistu’s rise to power, I’m not a 100% clear on this, but was that
occasioned by the death of Haile Selassie?
MR: No, he didn’t die.
LC: Oh, ok.
MR: No Mengistu stays there in the Communist Revolution and over threw him and he was put in jail. His sons and grandsons were killed. His daughters were not. That was surprising to people who were from the outside who didn’t know the story there, but his sons, they were not as bad as Saddam’s sons but they were almost as worthless. His daughters were all social workers. They were amazing. One of them lived out in our little province out there, which was almost unheard of and was really very helpful to us if we needed some supplies or if we needed to connect with some of the religious power structure out there or whatever it was to do our work. They were very helpful in facilitating that. I mean this is a man who had awful sons and wonderful daughters. The daughter’s were jailed but they were never killed. They may still being living as far as I know.

LC: Did you met the…

MR: I met one of them; yeah the Dejazmatch was the equivalent of mayor or provincial governor whatever. That was their term for it. Casa was the son, son-in-law and it was his wife who was, not his wife, his daughter. I think her name was Marion. She was wonderful. She didn’t flaunt her connections or her wealth or any of that. She really had this social worker’s prospective. We were all astonished at how this one man and his wife could produce such awful sons and great daughters but that’s the way it was.

LC: Did you have any idea of what her background was, had she gone to school over seas, Britain or somewhere?

MR: It seems to be that she did. Most of them did. Britain was where they went. So she probably did. I don’t honestly remember.

LC: That’s very interesting. Under what circumstance did you meet her?

MR: When I got out there, there were a number of hospitals and clinics out there. The Norwegians had one and I think the Swedes had one too. We were sort of living in their area there. They had the connection already. There was a Norwegian Doctor out there, a Swedish Doctor. They were not Peace Corps; they were part of a Swedish group to work in Africa. They were the ones who brought us in and introduced us, me and my colleges out there.

LC: Wow. So the medical and social workers in these areas had connections, had network around?
MR: That’s right. Yeah we did.
LC: And Mike, did you leave before the actual coup?
MR: Yeah, they pretty well said, “We’re going to have to pull you out pretty soon.
It’s going to get very, very hairy here. You really need to be thinking about getting out of
here.” Peace Corp pretty much said to us, “If you want to leave, leave. That’s ok. You’ve
been here long enough. You’ve done good work. Pretty soon we’re going to have to be
pulled out. We don’t want to have to go through a trauma like we had to Uganda. So let’s
begin to get a few people out at a time.” I had done a lot of training with the, not with the
medical students because I don’t think they did very well, they were not very good. They
were also elitist. But I did a lot of work with the people in the province itself and those
who lived in the villages and so forth. They pretty well knew how to immunize, how to
find small pox, identify it, they knew as much as I did. I just pretty well gave them all the
supplies I had and just said, “I’m sorry I have to go.” There were lots of hugs and tears
and all of that. I told Bulti, my language teacher, out and tried to get him into school in
the United States because I would have been able to do that he would have been able to
get a Visa and I could never get a school to take him and I never heard what happened to
him after the coup. I hope he did well. I tried to get him in Arkansas A&M College and
they wrote back and said, “We don’t have his transcript,” and all this kind of bureaucratic
BS. So that just didn’t happen.
LC: It just didn’t come together.
MR: So I hope he did well.
LC: Mike, you mentioned the medical students and I just want to ask about that a
little bit more. These were men and women?
MR: Both men and women and Laura it was astonishing, I had such a group of them.
Some of them were Indian by heritage from the Indian subcontinent. And the Indian’s in
Ethiopia, for whatever reason, from their perspective had chosen not to become Ethiopian
citizens and maintain their ties with the nation of India. They were looked down upon for
that. Their perspective is that Ethiopia wouldn’t let them become citizens so when Idi
Amin came into Uganda he immediately declared that all the Indians had to leave. When
Mengistu came into Ethiopia he did the same thing, even more brutally and I think they
really probably killed a lot of them. A number of the students I had were Indian.
A
number were not. They were both Eritrean and Ethiopian. That was a very, very different
group. Ethiopia occupied Eritrea. Eritrea considered itself an independent country. One of
my students was killed high jacking a plane for the Eritrean liberation front. Another was
very, very strongly pro-Ethiopia and had to get out of there and get into one of the
neighboring countries and I can’t remember whether it was Somalia or the Sudan but he
had to get out of there. He got on the wrong side of one of the groups. I am trying to
teach these kids how to work with native healers in the Nekemte, Welega province and
they are high jacking planes and getting involved in all the other stuff and wondering if
they are still going to be citizens after their government changes. It was hard to get their
attention to say the least. But the main problem I had with them was that they were so
elitist, they didn’t want to get off the bus when we got out there. “Where are we going to
live, these untouchable, unclean people, they’re not the kind of people we’re use to
working with and so forth” I thought, “Man you guys have a problem.”

LC: Did the government of Ethiopia put them in the position where they were
suppose to be out in the provinces?

MR: Yes it was with the World Health Organization, did a lot of that. WHO worked a
lot with Peace Corps and joint programs and so forth. In fact my boss was a member, a
Chinese doctor I think from Taiwan who was with the World Health Organization in
Ethiopia and was part of the highly Haile Selassie University Medical School. So they
had the medical school there, WHO funded a lot of their programs. Peace Corps sort of
worked with them. It all was sort of interacting there. There was a lot of interaction and a
lot of interchange. That worked out fine. WHO did some great stuff out there. They were
the ones who organized the anti-small pox campaign and Peace Corps brought the staff in
to do the work, but it was their organization and they were just great there.

LC: But the medical students were…

MR: They were part of the university and how they got to be medical students I was
never quite clear but they all seemed to be of a certain middle, to higher middle, to upper
class from there.

LC: Their heads were really connected to the politics in Addis.

MR: Yes, oh yeah. And they were all walking around with Mao’s Little Red Book.

That was astonishing.
LC: Were they really?

MR: Yeah, oh yeah. They all had *The Little Red Book*. It was…they all had pictures of Mao and they had t-shirts with Che on it and all of this. I thought, “Ok, how do your connect your ‘passion for the people’ with this elitist attitude that you have for the people when you get out there to take care of them? Duh, do you not see a little disconnect there?”

LC: This is exactly the kind of thing Mao would’ve hated.

MR: Right.

LC: (Laughter) Interesting. That’s really quite fascinating. Do you know of anything else or do you recall anything else about the lengths between one or two of the students and the Eritrean…?

MR: No I just remember the one woman who was one of the most passionate of all of them and really sort of kept herself apart. I guess it was a bit like Sunni/Shea. I mean they may have been from the same part of the world but they were very, very different in their outlooks. Yeah she and some of her group, apparently the Eritrean Liberation Front had a big sale [group] in Addis and she was a part of that. Next thing you know she wasn’t coming and I said, “Why?” And they said, “Well this is why….” The other students had told me what she had done. They had tried to high jack a plane, I’m not sure where they were going or what they were doing with it but that’s what happened. Then all of a sudden another one of the students who was Ethiopian, not Eritrean didn’t show up and they said, “Oh yeah, he had to leave the country,” either, which is Somalia or the Sudan, one of them.

LC: This woman that was involved in the high jacking. Do you know whether she survived that?

MR: No, she was killed.

LC: She was killed?

MR: That’s what they told me.

LC: Well of course high jacking in the early 1970’s, mid 70’s, that was sort of flavor of the month. It happened with great frequency in anytime country, especially in North Africa.
MR: I didn’t ask what plane she was high jacking or where she planned to go. I heard 
the words and I said, “I’m sorry about that.”
LC: Mike, did you have a hard time leaving Ethiopia?
MR: Yeah I felt in a way I was letting them down. I think what made it easier was the 
experience that we had all had with Ugandans. When they came up and told us what they 
had gone through. I got the picture then. Ok, this is what happens when a brutal 
government takes over, so we don’t want to be there. So that made it easier I think. If I 
had not had that experience with them I think it would have been harder for me.
LC: You might have lingered longer?
MR: I might have stayed longer, but pretty quickly the government said, “You’ve got 
to get out of here. We can’t protect you.”
LC: What was your next step?
MR: My next step was to go back. I didn’t go back to the county of Los Angeles 
Mental Health Center. I went back to the city of Long Beach [Public] Mental Health 
Center. Long Beach was one of the few cities in California that had its independent 
mental health centers. So I went back and ran the drug and alcohol program for them for 
about six months. The Health Officer retired, the Public Health Officer and they said, 
“You’re doing a good job at that. We would like to promote you up to run the whole 
health department.” I said, “Fine.” I was a little concerned that my being gay might be an 
issue. I wasn’t out to the, officially, to the city government in Long Beach. Unofficially 
my boss at the drug and alcohol program certainly knew and was very supportive. They 
all were and they really said, “We really want you to do this. You got a lot of ties and 
support in the community from your work with the City of Long Beach Mental Health 
Center, do it!” And I did. It was a very good job in a way. I thought I did a good job, I 
think I did a good job. I did have a letter sent to the mayor saying I was gay and they 
should get me out by a disgruntled staff member I had to fire, but nothing happened with 
that at all.
LC: Nothing came of it?
MR: Nothing came of that at all. The mayor sent it to me and said, “I just want you to 
know I got this and that was that.” Nothing ever happened. This guy was really 
destructive and awful man and I think they knew that and didn’t pursue it.
LC: He didn’t have much credibility then?
MR: No. After a while I decided public health is great but I’m in mental health, not public health and I want to do something different. So that’s when I went up to the city of Berkley and ran their mental health department.
LC: In the previous one that you were head of the health department that was city of Long Beach?
MR: City of Long Beach, yeah.
LC: At what point did you go up to Berkley?
MR: ’73. I had come back from Peace Corps early, let’s see, it must have been ’74 because I had only been in Peace Corp ’72 and part of ’73. I ran the City of Long Beach Health Department for about a year so it must have been like ’74.
LC: ’74?
MR: Yeah I was up there ’74 I think ’75.
LC: And you were the head of the city of Berkley?
MR: Head of the City of Berkley Mental Health Department.
LC: What was the situation in Berkley? Can you convey…?
MR: Worst job I ever had.
LC: Ok, why is that?
MR: And probably the most racist city manager I ever worked for.
LC: Really?
MR: Yeah. He was African American who was virtually ripping off the low income African Americans in Berkley by going down and buying their homes at virtually no cost and bumping them out and then you know proclaiming himself as the great savior of the African American people in Berkley and all that. For some reason the mayor just didn’t get the hint in what he was doing. He also was extremely hard on the white staffers, just a really tough guy to work for.
LC: Was the mayor in some way intimidated because of political climate…?
MR: Probably. The mayor was African American himself and a very good guy, but for some reason Elijah Rogers was able to just, I don’t know what he had on the mayor, maybe he had something on him. I don’t know. All I know is that he was really tough to
work for and I only did that for about a year then I went over to San Mateo County and ran that program for a couple of years.

LC: How long?
MR: I think two years and then I went to Arkansas to work for Clinton in ’78.
LC: Ok. Let me just ask you about a couple events in that time line.
MR: Ok.
LC: I’m thinking particularly about the Paris Peace Accords and the release of the long held POWs (Prisoner of War), do you recall that?
MR: I remember it and I remember being very happy that it happened but I remember being just profoundly saddened and outraged by the fact that Nixon coming in so called with a plan, had managed to keep the war going another couple of years and getting as many killed on his watch as were killed before. There was no plan, there were rumors, of all things, and I’m sure you’ve heard this, through Madam Chiang Kai-shek connections they had told Nguyen Cao Ky, or Kissinger had, to delay, and Thuy I guess it was, to delay in your negations in Paris because when we nixed, the Nixon group comes in, we will give you a better deal. We heard all of that stuff. I don’t know whether it’s true or not. I believe it at the time. I probably still do. That’s what I mostly remembered. Yeah I was glad when the war was over and I was glad when the prisoners all came home and I thought, “Well, just maybe this will end.”
LC: Had you paid much attention, although you were in Ethiopia to the Nixon re-election and the run against McGovern?
MR: Oh yeah.
LC: Did you find McGovern to be a viable candidate?
MR: I didn’t think he had a chance and I didn’t think he had a clue to win. Nobody even knew he was in the war, I mean he didn’t even talk about that.
LC: Right, in World War II.
MR: Yeah, World War II. Nobody talked about that.
LC: He was, what, in P-17s or something.
MR: Yeah. He certainly had that that he could’ve used. I didn’t think he had a chance. I thought it was sure thing that he was going to lose and I thought that was very sad but there you were. This is before Watergate. I remember going to the first McGovern rally
in Los Angeles and thinking, “This man sounds like Liberace. He is not; no way is he
going to get America to go for him.”

LC: Mike, what did you mean by that?
MR: I mean his voice. He really sounded like Liberace.
LC: He just wasn’t a powerful speaker?
MR: Oh it wasn’t just that. I mean he sounded effeminate. He really did. My partner
was with me at the time and I turned to him and I said, “What do you think?” He said,
“He ain’t going to get Middle America.” I said, “Does he remind you of anyone?” He
said, “No I don’t think so.” I said, “Think Liberace.” He said, “Aww, yes.”
LC: That’s really good. I’ve never thought that before.
MR: That is what he sounded like to me. I had been for Gene McCarthy in the past. I
had been for Robert Kennedy, all of those. None of that went anywhere. Ok, McGovern,
I’ll take McGovern. I’ll take anybody over Nixon.
LC: Did you hope, for example, that Kennedy might, this would be Ted Kennedy
might come to the fore in ’72?
MR: Yes I did.
LC: Despite…
MR: That was before Chappaquiddick.
LC: Yeah despite that.
MR: I actually had a very brief afternoon in Vietnam when I was the doctor for
Kennedy. He came over to visit the troops and all of that and he came into our ship. I was
on the ship and he had, I think he had a, had been in a plane crash and had a back injury
and the people with him just said, “We need to know who the doctor is here in case he
needs some help or something.” So I met him and introduced myself and told him I had
been on the JP Kennedy Jr. ship in Newport and we chatted a little bit about that. He said,
“Do you have a wife at home?” I said, “Yes.” He said, “Would you like me to write her a
letter?” I said, “Sure.” So I gave him the address. He did, he wrote a very nice letter to
her, just said, “I met your husband and he was the physician on the ship and I really
appreciated having him around and so forth.” So that was my little connection with Ted
Kennedy.
LC: Can I just stop you there Mike?
LC: Which ship were you on when this happened?
MR: That was on the Eversole I think, USS Eversole. It was either the Eversole or the Benner. I think it was the Eversole.

LC: That initiative that he took to write the letter, did that surprise you?
MR: No, it only surprised me in this way. He was doing that for, he asked, “Are any sailors here from Massachusetts?” And a lot of them were and he got, one of his staffers took down all the names and all the addresses and he did that as a matter of course. It only surprised me in that I was not from Massachusetts. So he was thoughtful enough to do that just because I happened to be the doc on board. I obviously didn’t offer any medical care, but I was there in case he needed me and he was nice enough to do that and I appreciated it.

LC: What was your impression of him? You know you get an impression, you look in someone’s eye, you shake their hand, what was your impression?
MR: Yeah, I liked him. He didn’t give me the politician stare. When he was meeting with me, he was talking to me, and engaged in conversation with me. He was not looking around me to see who was more important that I can be talking to. I met politician’s who have done one and I’ve met politicians who have done the other and I can tell the difference. He was right with me. We must of spoken five minutes at the most, but I have a picture of that. I had some folks take pictures of it and they gave me pictures of it. I was wearing some awful, awful glasses at the time, it was awful frames. When I showed it back home they said, “You should have taken off your glasses.” I couldn’t see him without my glasses.

LC: You didn’t realize this was a fashion moment?
MR: No, I didn’t.

LC: (Laughter) Well how does Ted look in the picture?
MR: Ted looks great. He looked terrific. He was a handsome man in those days.

LC: Absolutely. He is a very good looking man now.
MR: Yes he is. He needs to get the weight off, but…

LC: But he’s doing better with that, I think. He’s remarried and I think that helped.
MR: I think she’s helping him with that.
LC: Yes, I agree. I think so too. He seems healthier. You had some hope then around
his making...?

MR: Oh yeah I did. I just don’t remember what was going on with me at the time was
dealing with these problems with Ray, my partner and going to Peace Corps and all that.
A part of me thinks maybe I just needed to get out of the country because Nixon was
going to be reelected too. I just couldn’t stand the thought and I just wanted to get away
from there.

LC: And was also going to Ethiopia a part of your own sort of…

MR: My own healing?

LC: Yeah.

MR: Oh yeah.

LC: Healing is a word from Vietnam.

MR: Yes, absolutely. I think going into community mental health was apart of that. I
needed to do something like that. I didn’t want to go into private practice and all of that.

LC: Mike, if I could just ask you a little about 1978. You said that you went back to
Arkansas?

MR: Yeah.

LC: Can you tell me about that?

MR: I was a Mental Health Chief in San Mateo County. Funny how these things
happen. I had an assistant who was really not doing a very good job and was really bad
and everybody kind of disliked him. I was struggling with whether I had to demote him
or fire him or whatever. Well he found an announcement in one of the medical or mental
health papers that said they were looking for a Commissioner of Mental Health in
Arkansas. He knew I was from Arkansas. So he put it on my desk. I have always thought
he did that hoping I would leave, so he would be able to stay there. It worked! I got in
touch with them and I thought, someone told me, you know they got this very bright
governor back there named David Pryor whose likely to go up to the Senate. They have
this very, well educated Yalie named Bill Clinton who is the Attorney General now who
is likely to go up and be governor and he’s put the word out that he wants to bring people
who use to be in Arkansas back to the state to do what needs to be done. So that’s sort of
was intriguing and I talked to the people [woman] who were [was] chairmen of the…or
the Chair of the mental health board back there. She came out to California for something and said, “Can I meet with you when I’m out there?” I took her to a nice restaurant and we had a nice lunch. She said, “We really would like to get you back.” So I went back to be interviewed. When I was, I don’t know how much you’re interested in this.

LC: Very interested.

MR: Ok, I went back. David Pryor was the Governor. David was the person I first had to interview with. He was about...this must have been July or August because he was going to go up as senator and Clinton was coming as governor. He was someone my family had known for a while. I had vaguely known him at college, but not really. He said, “I think you’ll be good here, but I can’t hire you because I’m going to not be in this position. I want you go over and meet with Bill Clinton.” Have I not told you this story?

LC: No. (Laughter) This is another of your brushes with greatness Mike that you hide from the world, but this is the time.

MR: You’re controlling this interview. You tell me when you’re not interested in that.

LC: This is fascinating. Please, go ahead.

MR: Alright. So I go over to meet with Bill. Well first of all David is really a very handsome guy, David Pryor. He interviews me in the governor’s mansion and he’s sitting on this couch and he says, “Come over and sit down.” I’m sitting there and I’m thinking,

“Uh oh you’ve got to control yourself.”

LC: Yeah, something’s happening.

MR: He hands me these jelly beans I remember and he said, “Would you like some jelly beans?” I was beginning to feel like I was being seduced by this guy. Not just for the mental health thing. I’m sure he’s straight and he…it was just southernism in him. The next thing you know after we finished talking, his wife comes down from upstairs and he introduces me to her and all of this, moment has passed fortunately. But he sends me over to meet with Bill. I went over and met with Clinton in the Attorney General’s office, and we chatted for a bit. We were pretty clear. We were on the same wave length about what Arkansas needed for mental health and so fourth and then we talked about jazz and we talked about Arkansas football and all this stuff. He said, “I think you would be a good fit back here. I would like working with you. I would like to offer you the job.” I said to myself, “Self you’ve been out of the closet for a long time and you’re not about to go
back in. You better get this clarified before you even think about coming back to
Arkansas and working for this guy.” So I said to him, Bill, or General, or whatever I
called him, I said, “I would really like to come back here and I think you’re right, we
would work well together, but I got to let you know I’m gay.” He said, “Ok.” I said, “Oh
yeah great, this guy has been to Yale. He’s been to Oxford and all of that. He doesn’t
have a clue what I’m talking about.” I said, “Mr. Clinton, I’m gay. I’m homosexual.” He
said, “Well I kind of figured if you were gay you were also homosexual.”
LC: Did he really say that?
MR: Yeah, he said that. I said, “Well does that bother you?”
LC: He said, “Yeah, a whole lot, about as much as the fact that you got brown hair
and two feet.” He said, “Look, let me tell you something, I expect the same standards
from you I expect from anyone else in the cabinet and if the legislature ever gives you a
hard time, anyone in the legislature, let me know and I’ll get them off your back.” And so
I took the job. It turned out that several members of his cabinet were gay or lesbian. That
really was not an issue for him at all. Much later when it came up, when he became
President and the Don’t Ask, Don’t Tell stuff came in I always thought one of the reasons
he was so naive about that is because he was so personally free of prejudice. Saying gays
and lesbians couldn’t serve in the military to him sounded like people of Finnish
extraction couldn’t serve in the military. It was kind of a, “Huh, why?”
LC: He just couldn’t imagine people having a problem?
MR: He couldn’t imagine it. He and Hillary both. In fact his Assistant Attorney
General was, I thought probably his best friend, was openly gay.
LC: Who was that?
MR: That was Kirby Smith. Now carrying the story forward with Kirby, years later;
after two years he [Clinton] was voted out and I went back to Arkansas, Clinton was. But
then he came back in. Kirby got sick with AIDS and I’ve forgotten when it was. It must
have been ’82, or ’83 or so. Kirby had come out to San Francisco. He and I had become
very good friends when I was there as Mental Health Commissioner. He came out to San
Francisco for the Democratic Convention I think in ’84. We just had a great time at the
convention. He got me into all the meetings. I introduced my then partner to Clinton at
the Arkansas reception and all of that. Again he [Clinton] said, “Gee Mike it’s great to
see you again and all of this.” Then Kirby and I went out and had dinner after the whole thing was over and that’s when he told me he was positive. About a year later he was not doing well. I said, “Kirby I really want you to move out to San Francisco. I’ll get you hooked up with the best doctors out here. You can live with me” He said, “I don’t need to do that. In fact people from Dallas are coming over to get treatment in Little Rock. Clinton has made darn sure that we have a good HIV treatment program here in Little Rock.” I said, “You mean personally?” He said, “Absolutely.” Kirby died. Before he died Clinton was one of his people that brought him soup and brought him food and checked on him and all of that. I don’t mean sending someone to do it. He personally came over and did it.

LC: About when did Kirby actually pass away?
MR: I think he died in either ’85 or ’86. Clinton gave the eulogy at the church for Kirby. He said, “I want you to know two things. First of all, this was a man who was my good friend and I loved him very much. Second of all I will not hear of any prejudice in this state if I can help it against people who are HIV positive or people who are gay or lesbian.” Just laid that right out there. Now when he was running for President in ’92 I was able to share those experiences and that knowledge with the gay community in San Francisco. I was very active with the northern Californian branch of the Clinton/Gore campaign. They had me talking to the gays, the Jews, the veterans and the docs. That was one of the things I talked to the gay groups about. So Clinton was terrific on that.

LC: If I can just follow up a little bit. Clinton was Attorney General when you interviewed with him, but he was of course contemplating…?
MR: That’s correct. I interviewed with him in August and he became governor in January.
LC: Ok and the election was imminent.
MR: That’s right. The election was imminent. I remember being in the campaign headquarters when they actually had the election, which must have been November. I interviewed with him in August and there was nominal opposition so there was no question about his going up.
LC: The position that you eventually took with the state was Chair of the Mental Health Commission?
MR: No, Commissioner of Mental Health.

LC: Commissioner of Mental Health, and did you at any time have an opportunity to meet Hillary?

MR: Oh yeah, absolutely. She was doing a lot of work with children’s programs, children’s mental health. I don’t know whether you know this about Hillary or not, but the great contemporary, some of the work on child psychiatry by Sennet and Anna Freud was written at Yale. Sennet was I think either the Chair of Child Psychiatry at Yale Medical School and Anna Freud worked with him on *Beyond the Best Interest of the Child*. Hillary as a law student did a lot of the legal research for them. She was one of their assistants who worked with them on the legal stuff as a law student at Yale. She knew these issues and she was working a lot with child mental health programs in Arkansas. So I met her in that capacity and had just the greatest respect for her.

LC: Was she in private practice at that point?

MR: I think so, but she may not have been. I’m not quite sure. This was his first term. She may just of been doing only volunteer stuff then. I think she went into practice after the second term.

LC: What impression did you form of her at that point?

MR: Oh extremely bright, extremely nice, wondered if she might be lesbian because she had very close friends who were from New York whom she had encouraged to come down, women, to run such programs as the prison system, the public health system, and the Ozark Commission. The woman who was with the Ozark Commission was wonderful. I just adored her. She was terrific. She had a lot of background in state parks and national parks and all of that. That’s what the Ozark Commission was supposed to do.

LC: What was her name?

MR: I can not remember. I wish I could but I can’t.

LC: That’s ok. It can be found.

MR: But I remember thinking this woman would make Gertrude Stein look, you know, look you know like…

LC: Frilly and fun?

MR: Fun or something.
LC: (Laughter) Yeah right.
MR: She was very direct and very good and a joy to be with. She and I shared a love
of two things: Thai food and chamber music in addition to the forest. So we would get on
the phone and talk about all that stuff. I just thought she was wonderful. I wish I could
remember her name, but I can’t. She was a very close friend of Hillary’s in Yale and so I
thought ah ha, and what really it was, I think Hillary was like Bill. She was so
comfortable with gay and lesbian people that if they had something to offer, their
homosexuality was irrelevant in any way.
LC: Did Hillary ever speak to you about… I mean did you ever have a one on one
conversation with her either at a meeting or at dinner?
MR: Only about health stuff.
LC: She was clearly then supportive of the kinds of things you were trying to do?
MR: Oh yeah absolutely.
LC: Have you met her subsequently? I’m sure you must have.
MR: Yeah, I was on the President’s advisory council on HIV and AIDS. Anytime we
would meet with the President at the White House, which is where we met with him,
Cabinet Room or something, she was often there and we would get a chance to chat a bit.
I did chat with her during the ’92 campaign too because she would come out to California
to speak. I would always meet with her then, not so much one on one but with groups.
LC: Thinking back on this during the 90s, it must have been almost surreal for you to
sort of see them, you know as President and First Lady.
MR: Yeah, I remember the first time he came to speak in California, Northern
California after he had been elected. Those of us who were active in the campaign got a
chance to meet with him in a smaller group and he was coming around talking to us. I
said to him, “Mr. President the thing I most regret at this moment is that Kirby Smith is
not here to see it.” He said, “So do I, I miss Kirby very much.” That was sort of a
personal moment there that he and I shared.
LC: Mike, can you tell me a little bit about the policy problems that were in front of
you as the Commissioner?
MR: Well I could not have had a more supportive governor, that’s for darn sure. The
issues that we had to deal with were that the system was very unclear in terms of who
reported to whom. All the counties or at least most of the counties, or most of the regions within the state had their own mental health centers and they had their own boards. We in the state were funding them but the directors of these mental health centers did not report to me, they reported to their boards. The State Legislator said to me, “We want you to make sure that these community mental health centers are doing the right thing, are doing what the people need in the community and that they are spending the money the way we want them too.” Well that was fine but when I would go out and met with a community mental health center staff or board or something and they were not doing that then I had very little authority to change it.

LC: Right, what could you do?
MR: I could not fire the directors. I could not even get them to change very much, although most of them were very good. There were only two or three that were really problematic, but if I tried to make a change you know they would go to their boards and their boards were local and they had their own power structure there and they would counter me so there were two or three I think that really should have been fired or changed or something and their whole program shift done, and I was never able to accomplish that. Most of the people I worked with were very good. There was another problem in that some of the programs I was in charge. I did have full authority over the state hospital and the state [facility] in Benton, the long term care facility. There were some staff there who had gotten on the outs with some of the local legislators and the local legislators called me aside and said, “I want you to fire Charlie, or John, or Bill, or whoever it was.” I happen to know that Charlie, John, or Bill were all doing excellent work and they just had said something untoward a legislator probably because the legislator had sent some total incompetent, his cousin or something or supporter over to be hired and they didn’t want to hire them. It was that kind of thing. There were times when I really could not, I would not fire Charlie, John, or Bill, but I would have to find a different job for them. That was not good. The governor pretty well said to me, “You handle it, that’s what I hired you for.” There were only rare times that I really had to go in and said, “This is wrong.” The legislators they pretty well liked me. I think I know at least a couple of them knew I was gay because one came on to me. That was a different
situation. It was a good job. I really liked it. I would of stayed longer if he hadn’t of
gotten voted out.

LC: When he was turned out of office, what was…?

MR: Which was 1980 or ’79.

LC: Right. That was part of the big sweep against Democrats nationally.

MR: Well it was then there were two other issues in Arkansas. One was that was the
time of the Marielistas. When they came over Castro just emptied his prisons, emptied his
mental hospitals and sent a lot of these very troubled, very problematic people. Carter
didn’t know what to do with them. So he said to Clinton, “Would you please, do you
have any place you can put them?” He said, Clinton said, “Look Fort Chaffey, our Army
Base here, it is pretty well empty now. We have barracks that are all in good shape. We’ll
put them until we decided what to do with them and process them through.” Well they
rioted and burned the whole thing down. The state of Arkansas said that made Clinton
look like a chump. They were mad at Carter anyway. That just made Clinton look like a
wuss for Carter. The other thing is that Clinton had the nerve to raise the fishing license I
think from five dollars to six dollars a year.

LC: That was a big issue?

MR: Arkansas was not amused. So that was the other issue. It was, I think, more of
the Fort Chaffey thing than anyone else. They elected this Republican, weird guy who
announced right after, in his inaugural that he was going to go to Japan and other places
in the Middle East to find “bidness” in Arkansas.

LC: I heard you say “bidness” there.

MR: That’s what he said. They had a picture, an editorial cartoon in the paper the
next day of him going through a rickshaw through the sands of Saudi Arabia looking of
business. Poor guy, he didn’t last long.

LC: No, he didn’t.

MR: He didn’t. Out he went in two years and then Clinton came back in.

LC: When you learned that Clinton had been defeated, did that make clear to you that
you could not stay in that position?

MR: Oh yeah, this guy announced that he wanted Christian Republicans in his cabinet
and not being either one I thought, “This is not a good sign.”
LC: What did you think you might do next?
MR: I wasn’t sure but I’ll tell you at the time it was fortuitous because I was beginning to hear the horror stories of how veterans were being treated. Our people were being treated, the VA’s. I thought, “Ok, it’s time to go back.” So I went to the VA in San Francisco. I had a friend who worked there and I said, “I need a job and I need to work with these vet’s.” I was there for the next 18 years. Not in San Francisco, but I was at the VA for 18 years.
LC: Now did you go directly then to San Francisco?
MR: Yeah I did.
LC: Was that transition a fairly easy one?
MR: Yeah, I had a home in San Francisco I had rented out while I was gone, the two years while I was gone while I decided whether I was going to stay in Arkansas or not. So I had a house to go back to. My sister and her family lived back there, obviously a lot of friends. So that part of it was an easy transition.
LC: What horror stories had you begun to hear? Can you give me the flavor of that?
MR: Yeah. Veterans being badly mistreated, not accepted for care, they are post traumatic stress, being ignored, being given misdiagnosis, being told they were baby killers, all of that stuff. I mean I couldn’t believe people working at a VA would be saying things like that. I heard some of it in Little Rock, at the Little Rock VA. The head of the VA there was kind of a jerk. He was always trying to recruit me for the VA there and I thought man I would never work for this guy anyway but then I began to…you know I did go over and do some consulting with them a little bit, just kind of a freebie. I began to hear this and see this. Then I began to read about some of it in the papers. The papers were talking about it. I think the VVA (Vietnam Veterans of America) by that time had their own newsletter and they were writing about it. It was beginning to be widely known. Even, I think there was you know there may have been something that came out in the movies about that time about it. I don’t know whether Coming Home was out then. The one I think where the paraplegic came and had a loving affair with an actress. I have forgotten who that was.
LC: I’m sorry I don’t remember that one.
MR: Yeah, I don’t remember that one either. That was one of them though. It was about that time that a movie came out from Hollywood that showed a very badly treated veteran. I think the deer stalker; Deer Hunter came out about that time.

LC: Yes, ’79.

MR: Yeah ’79. So all of that was right in my consciousness. I decided I did not want to go back to San Mateo County. I did not want to go back to Berkley certainly. The VA had an opening and that was a good fit. So I went back there.

LC: And at that point did you think the problems with what you were hearing about were remediated? They could be addressed rather than…

MR: They could be addressed because a lot of the Veterans were coming back to work in VA hospitals, the docs, the nurses, the corpsman, and all of that. Menlo Park had just begun to develop its big PTSD program for Vietnam vets. That was beginning to get some prominence I think. We had no sense at all, Reagan was President. Let’s see, he became President in ’80 I guess.

LC: ’80. Yeah he was elected in ’80.

MR: By that time we got no sense that there was any awareness of this over in the national level at all. That certainly never changed, but in various VA hospitals. It was very much the same when AIDS hit. There were those who had the experience who knew the people and could develop the programs and have the commitment and passion about it and develop the programs and that’s what happened.

LC: I’ll be, if you agree to it, asking you about that next time, but let’s take a break from today.
Laura Calkins: This is Dr. Laura Calkins of the Vietnam Archive at Texas Tech University continuing my oral history interview with Dr. Robert Rankin. Today’s date is the 30th of June 2004. I’m in the Interview Room of Special Collections building on the campus of Texas Tech and I’m speaking with Mike by phone from the Washington D. C. area. Good morning Mike.

Mike Rankin: Good morning.

LC: Mike I want to begin, if we could, by asking if you have any recollections about 1975 and the end of the conflict in Vietnam resolved of course with the fall of Saigon and the completion of Communist take over? Do you remember that at all?

MR: I do remember it. In ’75 I was Chief of Mental Health in Berkley, running the Berkley City Mental Health Program. Later that year I moved over to San Mateo County. I think the fall of Saigon I was still at Berkley and what I do remember was that there was a lot of celebrating in Berkley and I had no feelings about celebration at all. I just thought, “What are these people thinking?” That was kind of my thought about it. I was also on the USS Tulare at the time with my Navy Reserve unit. I was the doc on that LKA and we certainly talked about it a lot in the ward room and wondered what it all meant. We all saw the pictures of the roof with the helicopter and all this. I remember it was a sad time being outraged at what was going on at Berkley and being with my Navy Reserve unit on the ship and talking about it from a very different perspective. Almost everyone on that ship over a certain age had been in Vietnam either on Yankee Station or had been in country because we had a Marine contingent there. We were in a way glad it was over but in another way wondering what would happen next. And also were thinking very clearly about the POWs and would they know come back and happy about that part of it. They had already been back I think.

LC: Yeah most of them had come back but there were of course unresolved…

MR: They were wondering if we would find others after this.
LC: And those cases, of course as you know Mike, many of them are still unresolved.
MR: Yes I know.
LC: Mike you mentioned what was happening up at Berkley. What did you know about it?
MR: I was actually working on my MPH (Masters of Public Health) at the time at the University of California at Berkley School of Public Health. At the same time I was teaching I mean at the same time I was running the city mental health program. They were really tight in space in the public health school up there. So I had all the classes come down and meet in my offices, the city mental health offices which were only a short walk down from the campus. I remember we were having a class there and everybody was laughing about it and thinking it was great and all of that. I wasn’t the teacher there; I was the student like the rest of them. I just happened to be offering them the space and I was sort of challenging some of their perceptions and some of their misconceptions about what had gone over there and all of that and found myself in a very awkward position. In a way I was a student, in a way I was the host because it was my space, and in a way I wanted to get the MPH and I had a teacher who was way to the left of me and that’s hard to do. It was a tough time.
LC: It was a sticky situation from several different perspectives.
MR: Right, it was, yeah.
LC: Did it sort of turn your stomach a little bit?
MR: Yeah it did. Then I remember, I can’t remember the time but I remember I was suppose to have dinner with friends at a restaurant up in Berkley near the campus and we went up there and everybody was sort of, not everybody but a lot of people were celebrating and I said, “I feel like celebrating the end of the war, that’s all I feel like celebrating and the possibility that we may get some of the POWs back.” That’s all I felt like celebrating. Eventually things begin to go back to normal in the class and on the campus and so forth, but not too long after that. I don’t think it had to do anything with that. Not to long after that I moved over to San Mateo County and ran their mental health program.
LC: When did you take the MPH?
MR: I got the MPH finally in ’75 I think or early ’76. I tell you I’m not one who puts all the diplomas up anyway but I know where my diplomas are from the University of Tennessee med school and Arkansas and all that. I don’t even know where the Berkley one is. I never even framed it. I got it and I just…you know when I applied for a job I would put the MPH on there, on the resume but that was as far as I ever did with it.

LC: Were you doing it for your own…

MR: Yeah what had happened was when I came back from Peace Corps I got a job as head of the public health department in Long Beach. I had run the mental health department there. They all knew me. The public health director was leaving and they said, “Hey how would you like to shift a little bit?” I came back and was running the drug and alcohol program for them in Long Beach. When they lost their public health director they said, “You’re a known quantity here. You have the contacts in the community. We like the way you run your programs. How about running the public health department for us?” I said, “Fine.” This was in ’73 and ’74, but doing that I didn’t know enough about the basic public health stuff like well baby clinics and all that sort of thing. I felt I needed to know more. So I went up to UCLA and said, “I know you’ve got a second career or working docs program up here. Can I come up here and study with you folks at night and on weekends?” They said, “Sure, we would be glad to have you. In exchange you can have some of our students come and work in your public health department and be a nice arrangement for both of us.” That was UCLA and that was a terrific program. They really were very, very good there. But eventually after that I think probably late ’74, early ’75 I was feeling, I really…”I’m doing a good job here. I like what I am doing. They like me but I really want to get back into mental health.” Berkley opened up and I thought, “Well I have never lived in northern California. I’ve got a sister up there. I would like to be in the San Francisco area so why not?” So I took that job. That’s when I went up to Berkley, but I had only finished half the work toward my MPH so the UCLA folks said, “Well hey just finish up at Berkley.” I thought ok so I went over to Berkley and they said, “Sure you can finish up your work here.” It was a very different program there.

LC: Different in what way?

MR: Well here’s the biggest difference. I signed up for the community mental health part of it because that was really what I wanted to do. I had been in Ethiopia in Peace
Corps. I had worked in developing countries. I had worked with native healers. I had worked with indigenous populations and diverse populations and all of this. There were people who were teaching courses in those fields at the university who had never been in these countries, had never been in a third world country, and if they had it had been almost as a tourist. They had never really worked in those areas, hadn’t a clue what that was all about, yet were coming at it from a political perspective that really made no sense to what the real life experiences were in those countries. Here I was, I was a student and yet I had experiences that they hadn’t even begun to have. They were not at all happy about being challenged on some of this stuff.

LC: So would it be fair to say that some of these instructors had some kind of political agenda without the empirical data?

MR: Absolutely. It was political correctness gone to an extreme.

LC: And this was in the mid ‘70’s?

MR: This was in ’74, late ’74 early ’75. Actually about ’75 and ’76.

LC: That’s amazing. So anybody who thinks this is a new phenomenon, the last ten years…?

MR: Oh no, it’s not at all.

LC: Right.

MR: Not at all and a number of these people who were in my class have gone up to major leadership positions in mental and public health in California and elsewhere and I think a lot of them…the students were more willing to listen to me than the professors were. The professors I think felt challenged and maybe a little insecure because of the experience I had had and you know they were certainly not at all hesitant about saying, “Well this is not Vietnam we’re talking about.” I said, “I’m not talking about Vietnam either although a lot of what we did over there was relevant in trying to do immunizations in the communities and all of that, but what I am talking about is Ethiopia and a developing country. Here’s what we learned there.” So I had to deal with all of that stuff.

LC: It’s very interesting that instructors were getting combative with you when you’re sharing experience, since that’s what I thought the broader project was.

MR: Yeah, me too.

LC: Yeah anyway, what do we know, right Mike?
MR: Yeah, what do we know? I think if I’d graduated from UCLA I would of
prudently displayed that diploma; but the Berkley one I don’t even know where it is. I
don’t think I even brought it back from California with me.

LC Alright, all you Golden Bears out there.

MR: Right, right.

LC: Mike, let me ask you about another turning point. I believe you were probably
had left the bay area for Arkansas by the time this happened but I’m sure it was
something that you were aware of. I’m referring to the assassination of Harvey Milk in
San Francisco at the end of ’78.

MR: Yeah, but don’t forget that came about a week or two after the Jonestown.

LC: Yes that is true.

MR: Although I didn’t know anyone who was at Jonestown, I knew people who knew
people who were at Jonestown. I was in Arkansas at the time, you’re right. I heard it on
Walter Cronkite or on the news or something. Jonestown came first and I was just
absolutely stunned because I had known people who had friends and family members
who had gone down there. We all thought they were kind of nutty to do that and Ryan,
Congressmen Ryan was someone that I sort of vaguely had met. I think once or twice and
certainly didn’t know well, but knew of him.

LC: This would be Leo Ryan.

MR: Yeah, so there was a real connection there and a real sadness there about what
had happened. It seemed like a horrible tragedy. Then just as we’re getting resolved from
that, the Harvey Milk tragedy. I had never actually met Harvey. I knew who he was of
course and was very happy with what he was doing. I wasn’t there when he was elected. I
had already left I think, either that or I was down in San Mateo county. I don’t remember
being involved in that campaign in any way. I saw The Life and Times of Harvey Milk
video and knew virtually everyone in there, but I don’t think, I had either gone down to
San Mateo County or had already gone to Arkansas. I don’t remember when he ran and
won. Either place I was so happy about it and thought it was terrific and outstanding and
so fourth. Then this happened. I did hear about it on the news. I immediately called back
to San Francisco and I remember not being able to reach anyone because they were all
marching down City Hall with their candles and so fourth and feeling so saddened about
it. I had a number of friends back there who were police officers who had been with me in ‘Nam or had been in my Navy unit or whatever and I called a number of them and just said, “This is horrible.” They said, “Yeah we agree with you, this is terrible and you know it was a cop who did it.” I said, “Yeah I sure do.” They said, “All we always thought he was crazy. We were so happy when he resigned from the Board of Supervisors. We thought he was awful and then here he does this.” I followed the whole thing from then, not only the Harvey Milk assassination and the immediate march after that but the trial and the collecting of evidence and all of that through the eyes of my police officers friends back there.

LC: What did you…?

MR: They were just saying, “They are going to get him off. They’re going to get him off.” I said, “They can’t get him off. He loaded his gun and he went into the window and then he shot one and then he shot two, how can they possibly get him off?” Hennessy, Jim Hennessy was one of my best buddies back there and said, “They are going to get him off, you watch.” Sure enough they came very close to getting him off. I mean it was just a horrible situation and then after that the police riots. Again I was hearing that from the perspective, after the verdict came down then there were the riots in the Castro and the cops and the gays were just fighting like everything. I was hearing about that from California from the perspective of gay friends and police officer friends. Most of my police officer friends, and none of them were hurt, and they all said, “I don’t blame them. I don’t blame the gays for rioting. This was terrible.” They broke into the Elephant Walk bar and all of that. It was just a horrible mess. It was so ironic for me because I’m hearing about it from two perspectives here. From the gay friends and from the cops who were straight. So all of that happened. To sort of complete the Dan White part of this, I’m back in San Francisco in 1980 or ’81; I’ve forgotten exactly when it happened. Dan White is out of jail now. He has gotten his minimal thing. He’s been able to have conjugal visits; his wife has given birth to a new child and all of that. He is out of jail now and is sort of trying to find himself. I was at the VA in San Francisco having coffee with a police officer friend of mine who was assigned to the area out around the VA. He was one of the mounted patrolmen. He was my buddy Hennessy who was on the ship with me. We’re sitting there having coffee and he gets a call on his cell phone, or no it wasn’t cell phone
then but whatever it was that reached him. He said, “Uh oh, something has happened with
Dan White.” I said, “Oh God, I bet some gay man has shot him.” He said, “I don’t know,
but it seems like he’s been shot. I’ve got to go.” Then he left and he called me later and
he said, “No, he committed suicide.” After that, Hennessy and I talked about that a lot
and he said, “That didn’t surprise anyone in the police department.”

LC: Is that right?

MR: Oh yeah. When I work with the cops they even, still now when I do it, and I do
some of it still back in San Francisco, do some consulting with them, when I work with
them the biggest issue we have is suicidality after they retire or after they lose the status
of the police officer and so forth; so no one in the police department and in retrospect I
wasn’t either surprised that he had committed suicide. It was a horrible thing and I’m
really sorry it happened for his family. Personally I’d like to have seen him in jail forever,
but in a way I’m almost embarrassed to say that I was happy that if he had to die it was at
his own hand and not some gay man who killed him. That would’ve just perpetuated the
tragedy.

LC: Yeah, I would have to agree.

MR: So that’s my Harvey Milk…

LC: Well I thought it was possible you might have had some perspective on that,
certainly it seemed that whole tragic episode is increasingly seen as a milestone in
modern American gay history.

MR: Oh it is. It was.

LC: His election, obviously, was a huge turning point in political activity for gays and
mainstream political activity and then the assassination. So I thought it might be
something that you had a perspective on, I’m glad you shared it.

MR: Well the other little part of it is that we’re trying very hard to get parts of his
ashes buried out in the Congressional Cemetery. Every time we have a memorial service
out there we mention Leonard and Harvey but there is some sort of legal tie up, I have no
idea what it is. With his partner or with something where they can’t make the final
disposition of the ashes and he did want…I think he wanted Arlington. I don’t think he
was going to get Arlington. I think he did say in there as a Navy man he expected to be
buried in a military cemetery in Washington. I think there are actually parts of his ashes
in the offices out there; at the Congressional Cemetery that we’re trying get buried.

LC: Oh is that right?

MR: Yeah, but that hasn’t happened yet.

LC: And your reference there Mike was to Airman Matlovich?

MR: Leonard Matlovich, yeah.

LC: I want to, if I can pursue with the move that you made in 1980 from Little Rock
back out to the Bay Area. You told us a little bit about how that came about. Did you still
own a house?

MR: I had just rented it. The one that I owned down at San Mateo County and had
rented out when I left. When I left for Arkansas I thought, “Boy I see this as a trial. I
don’t know whether I’m going to like this or not. I may come back so I don’t want to sell
my house.” So I did rent it out.

LC: And what position did you take up Mike?

MR: Where, in Arkansas?

LC: No, in 1980 when you came back.

MR: Oh 1980 when I came back. I joined the staff of the San Francisco VA Hospital.

By this time I mentioned I was hearing all the horror stories about the way Veterans were
being treated so instead of going back into community mental health or community
psychiatry I decided to go with a VA. I had a job offer there. They were glad to get me;
they paid my way, my furniture moving and all of that. So I went back there and was at
the VA in San Francisco until 1986 when I went over to the VA in Oakland.

LC: 1980 to ’86 of course is a hugely important period for a number of changes in
public and mental health and I’m thinking first of all about the emergence of the AIDS
crisis as a public policy issue. Can you, going back to that time Mike, tell me what the
status was in the VA hospital in San Francisco?

MR: Let me, since we’re going to do the two hours, let me give you more details on
that.

LC: Ok, please do.

MR: I’m back there in 1980 and I am still in the Navy Reserve obviously and I am
back on the Tulare I think. I may have briefly been on a Reserve unit but in any case I
was back in the Navy Reserve, active duty Navy Reserve. Two weeks in the summer and 
one week in the month. I’m at the VA and I joined an organization which had recently 
been formed called the Bay Area Physicians for Human Rights. It was a group of gay and 
lesbian physicians with two things in mind, number one to be sure that GLBT (Gay, 
Lesbian, Bisexual, Transgendered), although at the time we weren’t talking about BT, but 
gay and lesbian folks were getting hospital staff privileges without discrimination in the 
Bay Area because they had been discriminated against. So we’re trying to end that and 
also to be sure that gay and lesbian folks had good health care and that they had sensitive 
docs who were either gay or lesbian or gay and lesbian friendly and knowledgeable and 
so forth. So if our friends said, “I need to see a doc,” we could know to whom to refer 
them. So the organization is formed probably ’78 or ’79. I think they formed it while I 
was in Arkansas but when I came back it was going pretty well and I joined. I moved on 
up in the leadership there. By ’82 I was secretary of the organization and as such I was 
getting mailings from all over the country from docs saying, “Can we join your 
organization?” We were getting a lot of publicity because we marched in the gay pride 
parade and I think our leader at the time was actually featured in *People* magazine, David 
Kessler. So people around the country were noticing that we were an organized GLBT, 
gay and lesbian doc’s group. They were wanting to join us. We got a number of letters. I 
remember I was the one to get all of these letters since I was the secretary. I said to the 
board, “This is very nice that we’re letting people from Keokuk, Iowa and Jackson, 
Mississippi join us, but wouldn’t it be nice if we had a national group? So we could be 
supportive of that group and we could help them get their own groups going in their own 
communities. Tell you what, why don’t we have a health symposium, a weekend 
healthcare symposium on gay and lesbian health issues and at the same time make that a 
time to form this new organization.” Denny McShane and I, Denny was a member of the 
board, and I sort of got all of this together and got it organized and we did it at Irwin 
Memorial Blood Bank in San Francisco, which later would be so ironic because of the 
HIV issue. We picked a lot of topics that we thought were particularly relevant to gay 
lesbian folks, STDs (Sexually Transmitted Disease) and alcoholism and early stage drug 
abuse and all of this, all these kinds of things dealing with stress and homophobia and we 
had docs from all over the country to come and we had them come, there were about 250,
300 of us and we had our weekend symposium and parties and it was really very nice.

One of the people who talked was this guy from LA who was a dermatologist down there
I think or a cancer specialist, I’ve forgotten, oncologist maybe, who brought us these
slides about these men that he was seeing who were gay who had these black spots on
their legs. We were thinking, “Would this guy get off the podium we need to talk about
more serious stuff here.” He said, “I’ve only seen three or four of these and I’m
wondering if any of the other of you have seen them?” A couple of the docs in the room
said, “Yeah, those are kind of strange. What are they? They look like cancer or
something.” He said, “Well you know Kaposi’s sarcoma is extremely rare and I can’t
figure out why I’m seeing these, but I just wanted to alert you and let’s stay in touch.” I
think that was either late ’81 or early ’82. At the end of that meeting we formed the
American Association of Physicians for Human Rights, which later would be GLMA, the
Gay and Lesbian Medical Association. We formed it with those people in the room. We
were going to call it the National Association of Physicians for Human Rights but the
Canadians said, “No, you got to call it the American, to include us.” So that’s why we
changed the name. Then later it became GLMA and now it’s several thousand doctors
from all over the country with the same impetus to make sure good health care is
available for GLBT folks and that there is no discrimination. That was such a fortuitous
time and event because by the time the AIDS crisis hit big time we had already become
organized. The next year, it must have been ’83, by that time we knew about AIDS and of
course the symposium we had the next year was probably 95% AIDS focused. It was at
Irwin Memorial Blood Bank and we didn’t know then that it was blood transmitted and
they were still accepting and giving blood from people before we could check for HIV.
There would begin to be some real red flags raised, especially at that blood bank because
it was at the center of the storm, in was in San Francisco. So we’re working with them on
that. “What does this mean? Should we close the banks?” And, “Should we close off gay
men giving blood?” And so forth. Then the community support began to build as a
support to educate ourselves. In my little synagogue, in the gay synagogue we formed
what we originally called a Phooey on AIDS fund for people who didn’t have money for
healthcare, to support them, and to do prevention. One of the guys who was on the board
of the synagogue, I remember I was President at the time and he said, “May I come and
speak after services? I want to talk to the congregation about HIV.” I said, “Sure.” So he
did and he showed us his KS spot. That really was such a powerful moment.
LC: Which synagogue was this Mike?
MR: Sha’ar Zahav, congregation Sha’ar Zahav, the words in Hebrew mean Golden
Gate. So that was the GLBT synagogue in San Francisco, still is. So the community
support began to build and I was getting active with that, but at the VA we really were
not doing very much. We were treating Veterans. A lot of Veterans were very, very
reluctant to admit that they were gay when they were coming in for services at the VA or
if they were gay they were reluctant to come to the VA. One of the things I was trying to
do was to make sure that anyone I knew who was a Veteran who had any health care
insurance problems at all knew that the VA would accept them, gay or not, and come. So
you know sort of tried, a lot of us tried to do a little outreach there with that.
LC: How much, Mike let me stop you there, there is a couple of questions I just want
to clarify if I can. Do you remember the name of the physician who came to that first
symposium and you guys were like, “What is this man talking about?” And he had the
photos of three or four patients that had KS manifestations?
MR: Freidman was his last name I think. He was at UCLA. It seems to me it was
Freidman/Kind or something like that. He was one of the earlier researchers on it. But his
last name was Freidman something.
LC: You said by ’83 when you had the second symposium the topic of HIV, AIDS,
although not even as clearly outlined as that but even knowing that it was HIV…
MR: Yeah we were still calling GRID (Gay Related Immune Deficiency) Gay
Related…
LC: Yeah, gay related. When that meeting took place can you describe just the
feelings that all of you had the physicians? Did you realize that this was a, how aware
were you of this being a call to arms to defend the gay community?
MR: Well you’ve got to realize first of all that of those physicians there were a
number themselves that had KS spots. This was not just our patients. This was us getting
sick. So clearly we knew how bad it was. We had already lost a lot of folks by that time.
There was no question about how serious it was. There was no question. The community
was beginning to panic. The word was out then that you got it through poppers. We
didn’t know how you got it. A lot of people were suspecting it was blood transmission, but they weren’t sure. They hadn’t found the virus yet. There was sort of, everyone was quietly mobilizing and everyone was terrified, “Is this going to happen to me?” Everyone was looking at every possible little spot on their legs and arms to be sure it wasn’t KS. I remember having a mole at the time and thinking, “Oh God is that what it is?” And going to the dermatologist and having him say, “No it’s not, but I’ve got to tell you that three quarters of my patients who are coming in here are worried about this one thing.” I said, “I certainly understand that.” So we were all committed and a little bit panicked too.

LC: What kind of support was the state of California offering at this point?

MR: The state of California, I think the state was trying to help us with the state health department. I’m trying to think who was governor then. Was it Jerry Brown?

LC: Jerry Brown, I think.

MR: Yeah, Brown I think was governor and his health people were pretty supportive. He tended to have some flakey people up there, some really flakey people up there, but I think they were not flakey hostile. They were flakey but trying to help. My memory of it was that they were pretty helpful. My also memory was that we got virtually nothing from Reagan and the White House. We were trying so hard to go through. Margaret Heckler was the only ally we had up there and she wasn’t listened to. We just got zero help. I remember being so angry and so frustrated, we all were because we knew this was going to be a national thing. We were talking to friends in New York, and Chicago, and LA and we knew how bad this was. We thought we knew how bad this was. We never really fully understood it until later, but we knew it was a horrible tragedy happening to us and we needed help and we knew there were an awful lot of people who didn’t care.

LC: You mentioned that it was an advantage in some way where there already…to have then formed this national organization of gay physicians.

MR: Yeah.

LC: What kind of advocacy rules did the organization take on? Were there hearings?

MR: Well they took on mainly the advocacy roles within their own professional organizations. Those who were interns went to the internist, those who were psychiatrist-psychiatrist’s and also in their local medical societies. There was so much
misunderstanding and so much homophobic prejudice and all of that that they sort of saw
themselves as the point people to try to counter some of that.

LC: That’s a pretty big job.

MR: Yeah, it was and also while they were doing this their friends were dying. Their
lovers were dying. They were dying. So it was really a very difficult time until we really
understood what the issue was and that it was a virus and so forth.

LC: Mike, let me ask you a little bit also about the VA. You said that certainly that
many vets who were gay were reluctant to seek care from the VA and others who came in
would not acknowledge that they were gay such that their physicians could be looking for
this, for HIV infection signs. What was the attitude that you were confronted with within
the bureaucracy of the San Francisco VA? What hurdles did you have to get over?
What obstacles were there such that you could create the welcoming space for gay
Veterans that you’re talking about?

MR: Almost none, but it was rare because it was San Francisco. I did have allies
there. There were lots of gay doc’s on the staff. My Chief there, the internist and so forth,
remember they were also part of the University of California, San Francisco Academic
Staff. So much of the early work on HIV and the early recognition was happening in
UCSF. So we had that link there. We were not the VA in Des Moines or Boise or
someplace like that, we were in the eye of the storm. We knew it. Most people were
approaching it from a good healthcare, a caring physician kind of approach there. It
wasn’t at that hospital where I had the problems, where we had the problems; it was in
the ones elsewhere in the country and into the National VA staff who could of just of
cared less and wanted nothing to do with it. I’ll tell you later when we get to the part
where I move over to Oakland, how that played out over there. At San Francisco, my
biggest problem in San Francisco was getting gay and lesbian folks to realize that they
could come there safely if they served in the military and were eligible and they wouldn’t
lose, if they had any sort of pension, they wouldn’t lose it. They wouldn’t be told, “Ok
you’re honorable discharge is no longer valid. You really can come here for healthcare
and you will find gay and lesbian brothers and sisters there who will care for you.”

LC: Mike, faced with this you know PR (Public Relations) problem, how did you
make it work? Did you relay on word of mouth?
MR: No I did it in a number of ways. First of all, I wasn’t the only one doing it. An awful lot of us were doing it. All of us who were at the VA, especially those of us who were gay or lesbian were doing it. So we were all doing it among our circle of friends. In our medical societies, I did it at the synagogue. And we had article after article in the gay press which was another issue there. That was…the Bay Area Reporter was the gay paper there. I’ll tell you this, at the early days of AIDS that was not a supporting ally at all, at all. Oh the editor of the paper was terrible. He actually published an editorial, must have been ’83, ’84 saying, “Will you people with AIDS quit whining? You brought it on yourself so you got what you deserved so quit depressing the rest of us.” This was in the major gay paper in San Francisco. They almost burned down the building and I wish they had. It would have been certainly understandable. The guy issued a little bit of a halfhearted apology. Then the papers editorial, I think everybody on the staff almost threatened to quit. They sort of changed a bit, but it never was a good ally in any of this, which is one of the reasons why other papers sprang up including the Bay Times, which was a predominately lesbian owned and staff paper which was infinitely better then he was on all these issues. Accurate reporting, getting the clear clinical data and getting it correct and so forth. The lesbian support for gay men who were getting it, since very few lesbians were, was just amazing. It played out in its funny little way; its nice little way in our synagogue. We had, there was a time when they didn’t know, they wouldn’t let gay men give blood so three or four times a year the lesbian members of the synagogue would. They did, they had blood drives for the women. The women went over to Irwin Memorial Blood Bank and gave blood. The men came over there, (coughing), excuse me, I got an allergy here, and gave them a rose, candy, and a foot rub.

LC: (Laughing) Perfect.

MR: That was our thank you. And then members of the synagogue hosted a Sunday brunch for the AIDS ward over there at Kaiser Hospital. San Francisco General had so many people working with them they said, “We don’t need you, go to Kaiser. Do it there.” So we had the Sunday brunch and we would all bring in home cooked food and have it for, not only for the people in the hospital who were living with HIV but also for the staff who were taking care of them. We’d bring music and all of that. There were all
sorts of community support built up there. Obviously MCC (Mennonite Central Committee) and all the Christian groups were doing the same sort of thing.

LC: At this time, Mike, if I recall correctly there were all kinds of you know sort of scare stories in the wider press and the fear factor was pretty high around this. ’83, ’84, ’85 and how did you sort of handle that contrast? Did you just focus on the local things that you could do? I know you had a sense of national politics as well.

MR: Yeah, I did get involved nationally through the Jewish community but let me tell you something that happened that reflected exactly what you’re talking about. The San Francisco Police Department or maybe it was the California Police Officers Association or whatever it was hosted a gathering on some sort of police related issue and invited all the Canadians down. The Canadians had done it for them the year before, the year after that. All these mounted police came down, Canadian law enforcement and so forth. They held the meeting… they were going to have the meeting at the San Francisco Police Department in the city. The Canadians wouldn’t leave the airport. They said, “We’re only going to come to the airport motels. We will not go into the city at all. If you want to have any symposium or work with us you have to do it at the airport motel.” So they shifted the entire thing to the airport motels because the Canadians never got more than two miles from the airport. As soon as the thing was over they got back on the planes and went back to Canada.

LC: And this was explicitly because…

MR: Because they were worried about AIDS. They thought they would get AIDS from the drinking water, they thought that just walking down the street in San Francisco they would get AIDS. This I think was ’84. I was, by this time, working with a number of police officers and trying to do education with them and so forth. I just said to them, “Can I help?” They said, “I don’t think on this one you can help. We’re just going to have to go with what their concerns are. Have the meetings where they want to have them and then send them back home.” And they did.

LC: That’s extraordinary. Wow. Mike there also also was were other things that you as a psychiatrist were dealing with. I’m thinking here about the emergence of…in recognition of PTSD. How did that figure in the cases that you were seeing?
MR: It figured in a number of ways, both in San Francisco and in a very different way in Oakland and when we get to that part of it I’ll tell you about that part of it too. But in San Francisco I was working first primarily with PTSD and then two things happened. They noticed that they had a lot of schizophrenics and mood disorder folks and all of that that they didn’t have the help they needed it for. I had done good work with those folks in the past so they asked if I would take over that program, the partial care program, the day program and all of that, which I did as long as I continue to work with some of the vets with PTSD. They shifted most of that work to the outpatient mental health center and away from the day care center where they put me. I was working more and more with schizophrenic’s and mood disorder folks then PTSD, although I continued to work with some of them too.

LC: That was simply because of this administration distinction that was being made between inpatient and outpatient?

MR: Yeah, because of partial care and outpatient. The inpatient, I wasn’t involved on the inpatient unit. I worked mostly with the outpatient. So I continued to work with some of the PTSD folks. I was one of the few Vietnam combat vets on the staff there. So they continued to use me as a resource and a number of the veterans preferred to see someone who had been in country and so they would ask to see me and I did see them. When I was dealing with veterans, this happened much, much later in the mid to late 80’s. When I was dealing with veterans who had had PTSD who were now living with HIV, I would ask them in the interviews, in the initial intake interviews, which or are both of these equaling concerning to you or which are we going to be focusing on? They would almost, without an exception say HIV. They said, “You know we’ve dealt with the PTSD stuff.” Now this was ten years after they were home, twelve, fifteen years after they were home. For some, I continued to work with a lot of PTSD vets, especially in Oakland who were not HIV positive. When I had Veterans who were dual diagnosed with HIV and PTSD, by far the HIV was the predominate issue for them. I don’t think I had any who said, “I still need to work with the PTSD stuff.” I’m sure there were some who needed that. I found out later there were and whether they thought they did or not I worked with them on it. That was what they told me.
LC: Was the VA’s official position on PTSD sort of paralyzed at this point? It wasn’t, I think, recognized as something that one could get disability benefits for.

MR: Well in the early 80s, no. We really struggled with that, trying to get them disability, trying to get this recognized for what it was.

LC: Can you tell me about how that struggle played out; do you remember much of it?

MR: Yeah. It was, again, San Francisco seemed to be in such a leadership role on that.

LC: Absolutely.

MR: We were all of us, we were trying to get programs established specifically for PTSD and specifically for Vietnam veterans and the Menlo Park VA was one of the first to do that. Menlo Park, I don’t know how well you know the area but it’s about 40 miles south of San Francisco. The VA down there developed one of the best inpatient intensive PTSD programs in the country and one of the first. I don’t know whether it still exists or not but at the time it was a leadership program. We were sent…I’m sorry

LC: Who was in charge of that Mike? Do you remember?

MR: I don’t remember. I don’t remember, I wasn’t directly involved in it. I do know that I went down and spent some time with them and saw what they were doing and was impressed and reassured and felt very comfortable sending veterans I was working with who needed a more intensive inpatient program to their program and was with out expectation pleased with what they were doing down there. They had an absolute requirement that you had to have been in country to be on the staff down there. I don’t even know whether that legal but they certainly had it. Then, eventually, I guess they got to the point where those folks began to get older and toward retirement age or left and they broaden it but at the beginning we were treating us and that was what the veterans responded to. Of course there were multiple problems there. These were vets with major drug problems, major alcohol problems, chaotic family situations and all of that. The etiology of which was mostly through the PTSD experience. So that happened and we had a nice link with them down there. We would refer back and forth. When they finished with a vet they would often, if they were from San Francisco, refer them up to us. So we could maintain that kind of contact.
LC: Mike, were you trying to borrow some pieces from what they were doing on an inpatient basis to deploy some of that for partial care people that you were working with?

MR: Yeah, although most of the partial care people I was working with were schizophrenics and mood disorder folks. Vietnam vets with PTSD I was working mostly with as pure outpatient. This program began to get national recognition and at the same time, I think it was the time when we were really getting organized to go the Vietnam Memorial. Vietnam veterans were marching. I remember there was a march in Menlo Park that the Vietnam vets were invited to march, I think it was the Fourth of July or Memorial Day or something and it was the first time these guys had ever, ever come out in their uniforms and marched publicly as Vietnam veterans and that was such a powerful, powerful thing and it got a lot of press. There was the whole ethos of welcome home and thank you. We had never heard that before.

LC: Were you down there Mike?

MR: Yeah, yeah, yeah.

LC: Did you take any film or shoot some photos?

MR: No. Sorry about that. I’m sure a lot of people did but I didn’t.

LC: I believe that’s probably true.

MR: At the time I think, no this was after, but I knew a lot of the people down there. I was not Mental Health Chief down there anymore. I was back at the VA but I had known a lot of the people down there before and I think they were the ones that had called and said, “Look we’re going to do this. This is our coming out. Come on down and join us.” I said, “You got it.”

LC: How important was the idea of a national monument or memorial?

MR: Oh I think it was enormously important. It really brought us into the limelight. It reminded people that we were here. We had done what we were sent to do and that we were being badly mistreated when we got home and get over it already. We’re husbands, sons, daughters, lovers, all of that and let’s really take another hard look at who we are and what we need. I think that was such a powerful thing to help focus the attention on us. There were other VAs that began to recognize that they weren’t doing what they needed for their Vietnam vets and were paying more attention to it. I don’t even remember who under Reagan was head of the VA. I do remember they were not at all
supportive on HIV. I think they were beginning to get more supportive on PTSD and
Vietnam vets.

LC: How important would you say, just thinking back on it now, we’ve just had the
burial of President Reagan and of course the press has been full of laudatory, you know
ex treatments of his importance and so forth and particularly pointing to his calling for
America to you know renew its confidence in itself and so forth. How important was that
change, apparent change of attitude under President Reagan in the, if you want social or
political rehabilitation of the Vietnam vets, and allowing things like the march, the
marches that you’ve described and work toward the Memorial.

MR: I had no association to that at all.

LC: It wasn’t coming from up there?

MR: Not with me it wasn’t. At the time I was dealing with friends and a partner who
was HIV positive and was dying and all I know was I couldn’t get anything but silence
from the Reagan’s. I thought about that a whole lot, as a lot of us did when all these
laudatory words were being said about the guy. So I have no positive feelings about that
at all. To me everything about HIV, I saw Reagan through the eyes of a HIV doc and so
forth. I did not see him in any positive way with any of this other stuff at all.

LC: In the administration between 1980 and ’81, and ’89 when he left office really
did very, very little and very late in terms of research, funding, and so forth.

MR: Right. And they were doing, as Randy Shilts certainly pointed out in *And the
Band Played On*, even when you were doing AIDS research you were not allowed to say
it or you had to not use the “A” word or whatever it was, the whole thing and the CDC
(Center for Disease Control and Prevention). You had to use, you know, sort of bring it
under the room; break up infectious disease research or something. Not too unlike what
we have now.

LC: With regard to…

MR: With regard to having to use code words or not use, if you’re going to submit for
a federal grant for anything to do with HIV or sexual transmitted disease among gay men
and lesbian and so forth, you can’t use the “G” word or the “L” word or any of that. It’s
very similar now.

LC: And your reference there is, I’m sure, is to the current administration.
MR: Oh yeah.

LC: Let me ask a little bit about the clinical professionals who were making valuations about just exactly what homosexuality was. Were you involved at all in the 1980s in the C-change that lead to the issue? It’s in the early 90s I think of DSM4.

MR: No, that actually happened in ’73.

LC: Ok, it did in ’73?

MR: ’73 is when the American Psychiatric Association removed homosexuality from its list of diagnostic institution manual.

LC: Did that help at all during the AIDS crisis?

MR: Absolutely!

LC: How was it important?

MR: We used it, we were getting, I’m trying to understand how the whole issue of homophobia came out in terms of AIDS treatment and so forth because it was a major, major factor. There were still a lot of physicians, very, very few psychiatrists I’m happy to say but there still were a lot of physicians who decided homosexuality was, of itself, a disease and AIDS was only a part of that. At least in the conventions, the academic forum, the papers that were written and so forth, they made a very clear statement that that was not the case. That homosexuality is not considered a disease whatsoever and besides that it wasn’t only gay people who were getting HIV. At the time we weren’t saying it’s going to devastate Africa. We were saying hemophiliacs are getting it and that sort of thing too. So it was important. Those who still thought that being gay was being sick; they certainly were not very supportive of HIV folks at all.

LC: So attitudes continued.

MR: Yeah it took a long time to change that. It still is going taking a long time.

LC: Yeah, still is taking a long time.

MR: While we’re protesting this afternoon.

LC: That’s right. Go ahead and tell me about what’s going to happen this afternoon if you don’t mind?

MR: This afternoon, gay men and lesbians, bisexual, and transgender people all over the state of Virginia are meeting primarily in Richmond but also our group here is meeting in Fairfax. We’ve got a bunch of buses that were picking a lot of us up and
taking us to the Fairfax City Government complex, County Government complex. That’s
going to happen in I think Roanoke and several other places to protest this new law. This
new bill that is supposed to save heterosexual marriage but in fact makes it impossible for
two people of the same gender to enter into a contract, which is similar to a contract
entered into by a heterosexual couples. In my case it makes, brings into question whether
my gay friend, who is not a partner, can have my end of life decisions of medical power
of attorney for my end of life decisions. It’s that bad. It’s just horrible. There are those
that interpret as saying you can’t enter into a contract and leave, have a will with a same
gendered partner. You can’t have the right to visit in the hospital, all those kinds of
things.

LC: And this comes into effect in the state of Virginia tonight?
MR: Tomorrow morning or at midnight tonight and that’s why we’re protesting.

LC: Again, just to clarify the language in the law is that you can’t have a contract
between two people that are the same gender?
MR: It’s not just that you can’t get married and you can’t have a civil union, that’s
very clearly spelled out but it also goes further then that. This is the only state that does it.
I’m sure the others will pick it up. This is the only one that does it, that says you may not
enter into any similar contract, any contract, two people same gender which would be
similar to one entered into by heterosexual couples in relation to wills, and visits in the
hospital and all that sort of thing.

LC: Wow.
MR: And pointing that out to my brother, my heterosexual brother, who is a right-
 winger, who lives in Mississippi. I pointed out to him that his best friend John, who is a
widower and he has got some major health problems and had asked Jerry, my brother,
who is heterosexual if he would maybe have that role in his life, if he would have his
medical power of attorney. Jerry and John are great friends and Jerry said, “Sure of
course.” So I pointed out to him that if they lived in Virginia, even though they are
clearly heterosexual that might not be possible for them to do here. He’ll ignore it but I
felt better about telling him anyways.

LC: Mike, you let me know that you’re going to be wearing your uniform.
MR: You got it.
LC: Why is that?
MR: Because I want to point out that those of us who fought for this country thought we were fighting for the rights of everybody, heterosexuals and homosexuals. Everybody’s right. Here I am in the uniform. I wore it proudly and I am wearing it proudly today. If you say just because I was a Vietnam veteran, combat veteran I have the right to wear this uniform I’m going to say to you, “No.” What gives me the right to wear this uniform is my American citizenship. That’s why I am wearing it, to highlight the fact that a lot of us fought for this country and you are denying us our rights and that ain’t right, that’s not fair.
LC: It sounds like a very draconian measure.
MR: Oh it’s a horrible thing. Eventually it’s got to be declared unconstitutional.
LC: I’m sure.
MR: How much money is Lambda Legal Defense going to have to spend to get this thing turned over and Equality Virginia and all the other groups that are trying to raise money to overturn it? It’s just terrible. I mean every single Republican except one in the legislature voted for it and every single Democrat without exception voted against it. The Democratic governor tried to veto it. They had a veto proof majority of the legislature so he couldn’t. It’s playing out in Democratic/Republican politics too. Virginia is gone and everybody says, “What do you expect? Falwell and Robertson live here.” Well I guess that is true.
LC: This is an interesting year.
MR: Yeah, it sure is.
LC: Who is the governor right now?
MR: Governor Warner, Mark Warner.
LC: And he’s a Democrat?
MR: There is no flaming Liberal.
LC: Yeah I was going to say.
MR: He’s not for gay marriage either but he’s certainly not for this kind of stuff.
LC: He’s a Virginia Democrat?
MR: Yes.
LC: Mike, let me take you back to 1986 and ask you about your move from the San Francisco VA across the bay to Oakland. How did that come about?

MR: That came about for positive and negative. The positive was that I had friends that were working over there, gay friends who were at the VA in Oakland who said, “We have a psychiatry position open, love to have you come over here. You’re overstaffed over where you are and we’re struggling over here in Oakland, come on over and help us.” That was the positive. The negative was that we had a new Chief of Psychiatry the VA in San Francisco who was pressuring everyone on his staff to do research and to write papers and all of that and submit for grants. I’m no good at any of that at all. I’m pretty good with patients but I am not good with grants and research and all of that. It’s just not my strength.

LC: You say this as a professor at George Washington University. (Laughter)

MR: Well this professor is teaching and this professor has not been told to write any grants or any of that yet. I told him, “If you want me over there, these are the conditions you can get me.” They said, “Fine we got other grant writers. We got other researchers.”

LC: So the heavy academic end of this was not to your …

MR: It’s not my forte. No it’s not. I said, “I’m not the guy you want on this facility.” Get somebody on the staff in San Francisco, get somebody else who can do all that stuff. I’m out of here. With a lot of reluctance because I did like the people I was working with and I certainly liked the patients. I modestly say a number of who followed me over across the bay.

LC: I bet they did.

MR: The Oakland people said, “We’re short staffed over here. Don’t be bringing your patients. We got too many for you over here,” but we worked that out. So I got over there and we had a pretty good boss at the time. I liked him. He left after about six months and we got one that was just terrible. I stuck it out for another ten years over there.

LC: Now at some point did you become the head of the department?

MR: Yeah about six months after I was in Oakland this new boss came in who was just horrible. He’s the classic bully boss. He was shoving people around and just being an awful human being. I am embarrassed and hate to tell you he was also a Vietnam veteran.
He is one of the people I am astonished got through his experience over there without being fragged.

LC: That bad huh?

MR: He was that bad. The guy who was chief in Oakland just said, “I’ve had it, I’m out of here,” and left. Nobody else would take it so I did take it. I took the chief position hoping maybe I could relate to him Vietnam Vet to Vietnam Vet or in some reasonable way. I was never able to do that. I wasn’t about to leave for a couple of reasons. First of all as soon as I got there, even before this guy came, a lesbian nurse came in from the general internal medicine department of the VA there in Oakland and said, “Look I know you’re gay and I know you are doing HIV work and I know about your partner. I’ve got to tell you we’re doing nothing over here for these folks. You’ve got to do something in mental health for them.” Fran wasn’t somebody you said no to easily. Besides that I didn’t want to say no to her. I absolutely agreed with here and I said, “Ok, you and me, what are we going to do?” She said, “Ok, I’ve got some folks who are HIV positive in my clinic. Meet with them and find out what they want. I’ll support you all the way and the other internist over here will too.” So that was when the AIDS group started and the HIV support group. That was one of the most rewarding things I ever did in my whole medical career. I’m still in touch with a number of those guys. You want to go to the AIDS group part of it now or do you want to come later?

LC: Sure, go ahead and tell me Mike.

MR: All right we started this. It was a group that met on Tuesday nights. They didn’t want to come to the clinic. I started it in the middle of the day and I said, “None of you guys are showing up, what’s the problem?” They said, “We don’t want to come to the waiting room when you’ve got everybody else in there. If you can’t see us at night we’re not coming.” I said, “Ok, I’ll see you at night.” So the clinic closed at five. The group started at 5:30. We met in my office, which was a big good-sized office. We had seven or eight people in the group at all times so we had room for it in there and it became a support group. I would bring in some gedunks, some food and stuff and you know if they hadn’t had chance to have dinner there was chips and dip and stuff. The group began and it was very, very clear that this was badly needed and was really a good thing for these guys. The model was the cancer survivor support groups, which everyone thought
prolonged time the life of people with cancer and I absolutely agree with that. I am positive that is group not only prolonged the lives of these guys but certainly enhanced the quality of life of them. They finally, they met people that they didn’t know before who were positive that they could talk to. We tried to make sure the group didn’t end when they left the office on Tuesday nights, that they went out and had dinner together and I would go with them. We would prolong it as much as we could. Then a friend of mine, who had a cabin up in the Sierras, said…I was telling him about the group once. Actually a guy I was dating briefly, my partner had died, and this was about a year after that. I was beginning to date again a little bit. Howard said, “Look I’ve got a cabin up in the Sierras. Why don’t you come up for a weekend, we’ll have a good time up there,” and we did. When we were up there I was telling him about him about the group. He said, “How would you like to have the cabin and bring them up here?” I said, “Howard you know we got, I would love to do that but we’ve got two problems. First of all I don’t have a way to get them up here and second of all I can’t have you here because that is a violation of confidentiality.” He said, “Easy answer. I’ve got a van, you can have it and I won’t be here when you come to the cabin.” So I brought them up there. We had a wonderful weekend together. It was just phenomenal. These were mostly people with very low income. They didn’t have a lot of money to go to the symphony, the theater, and all this kind of stuff. They were thinking the whole world was over. There lives were going to be confined of their little rooms and all of that. We got them up there and the next thing you know if we had been doing it for a while, we were doing white water rafting. We were close to Yosemite. I took them into Yosemite. We were hiking in the trails there. We were climbing rocks and all of that. We had people in our group who were in wheelchairs who had IVs going. We were pushing the wheelchairs down through Yosemite Valley. It was amazing. We developed a tradition that we would go to the Ahwahnee, which is the big wonderful lodge there for our farewell breakfast on Sunday morning, which was just spectacular, the views there. You could see the waterfalls and all of that. So Friday afternoon I would have them all come to the clinic. We did this about every six to eight weeks. They’d come to the clinic and bring their sleeping bags or bring whatever they wanted and we would get in Howard’s van and go hauling off to the
Sierras and spend a weekend up there together. We would watch old Betty Davis movies and we would barbeque together and all of that.

LC: How fabulous.

MR: My tradition on Friday night, being Jewish is to light candles and have blessings over the wine and all of that but I didn’t want to bring sectarian religious thing in there. So I sort of went off the first time or two I think on a Friday night and did it by myself and they said, “What are you doing?” I explained it to them and they said, “Well let us be a part of it.” I said, “But you guys are not Jewish.” They said, “It doesn’t matter, let’s do it as something, it’s important to all of us.” Blessing the light and using wine as the symbols of the joys of life and bread, the symbol of the necessities and so forth. So we had a little, not really Jewish ritual, but we would do it on those Friday nights when we got there. So I continued to do that until I left in ’96. Then we had an alternative. I said to some of these guys, “You know you’re not dating at all.” “Well we’re positive; we’re not going to date at all.” At the cabin in the Sierras we were not near any gay community. We were near an old logging town up there, Groveland, which had the Iron Door Saloon, which is the oldest saloon still standing in California. We would traditionally go there one night, usually Saturday night for dinner. They would have hamburgers and all of that. They had country and western dancing there. All of the loggers would come in who had been working out in the woods during the week would come in for their weekend and they were all dancing and all of that and the devil got in me. I said to one of them who was saying, “Oh I wish we could do that.” I said, “Well what’s going to happen if you try?” “You mean you want me to get up and dance with another guy?” I said, “Well how about one of the guys here in our group so they are not going to be offended.” “Well what if they beat us up?” I said, “I don’t think they are going to beat up on you.” The next thing you know these guys were jumping up there doing Cotton Eyed Joe and line dancing with the rest of them. It was wonderful. Nobody made any big deal out of it.

Everybody was having a good time. Then I noticed they all needed haircuts when we’re going up there most of the time. I said, “Do you guys ever get a haircut before we go up there?” “Oh no we’re going to get them on Saturday morning.” “What do you mean you’re going to get them on Saturday morning?” They said, “Well you know that barber shop in Groveland, this women cuts hair and she is really good. We want to go and get a
"haircut." I said, “I didn’t bring you up here to go and get a haircut, but ok go get your hair
cut and I’ll go off and shop or something or look around.” I noticed about six of them
would go in every Saturday morning we were up there and get their haircut. What I didn’t
know was that this woman absolutely refused to charge them. She didn’t say HIV; she
didn’t say anything. Was she lesbian? I would like to think so. She and her women
partner owned the barbershop. But I said to the guys, “Why won’t you pay her?” They
said, “We try. She won’t take our money.” You know there were these delightful things
about all of that. But there was no chance for them up there for them to meet other men.
So I said, “You know what we ought to do? We ought to go up the Russian River. Let’s
take a weekend up there.” I had another friend who had a cabin up there who would let us
have it. So we went up to the Russian River where there were a lot of bars. That is kind of
the Rehoboth or Fire Island of the San Francisco Bay area. We would stay at the cabin
and do our usual stuff and then at night I would take them to the bars. I remember one of
them saying or a lot of them saying, “We’re not going to date anybody. We’re positive
and all of this.” I said, “Ok I understand that. You’re never going to date anybody again,
you’re never again going to have sex but you’re standing here in the bar, look across the
bar and tell me if you were not positive and if you were in here years ago what men
would you find attractive?” I remember one man saying “In the old days I would love to
have that blonde over there.” I remember saying to him, “If you don’t go over and talk to
that blonde I’m going to go over and bring him over here and he is going to talk to you.”
They knew I wasn’t kidding. Pretty soon the dating began. I said, “We got one rule and
one rule only. You will be back at the cabin by noon on Sunday or I’m leaving without
you.”

LC: To get your ride right?

MR: To get your ride or I am leaving without you. We would all meet at Fife’s, one
of the resorts up there for Sunday brunch and I said, “Bring the guys if you want to that
you have met. That’s fine if you want to bring your date, that’s ok.” So that part of it
happened too. So really it was a great experience for them. It was a great experience for
me. It was a really healing experience for me. I think I had just lost Doug and I was not, I
was taught you don’t bring your own aches into the group but they knew about it and
they were very supportive of me too. So it worked out well for both of us.
LC: How many guys over the time that you were doing this?

MR: Probably, we had eight to ten in there at a time. I would say over time probably 30 to 40. Now in the early days we were losing guys. This was the days before we really had the good meds and that was always traumatic. A lot of them were alienated from their own faith communities and traditions and a number of them asked me if I would lead the memorial service for them. I did for one and then others asked me and so forth and I did it for a number of them. I always made sure I knew what they wanted and who they wanted invited. I said, “If you’ve got folks, family, that you are close to please let me know them, let me meet them, and let me have some connection with them and so forth. I was able to do that for them too. Obviously I didn’t make it a Jewish service. I made it a nonsectarian service. Using the poetry they wanted and the music they wanted and so forth. I had a wonderful recreation therapist, Nancy, who was very fond of all these guys. She had a father who was a Vietnam veteran, a lot of these guys were, some of them were. She helped me a lot with that too. So we had a, you know we were multi-service. We had group therapy and we had vacations in Yosemite and we had all the rest of it.

LC: That’s just a really outstanding …

MR: Yeah I called the Outward Bound Program I did for them. I really kicked butt with them a little bit. I said, “Don’t be telling me you can’t do anything. Get in this boat; we’re going to white water raft on the Merced.” “Yeah but I’m going to fall out and drown.” I said, “You’re not going to fall out and drown. First of all we’re not going in the rough, that rough of a section and second of all here is your, you’ve got to have a floatation device of something on here.” I never lost any of them.

LC: (Laughter) You never lost any of them. Mike, did this program formalize under this Outward Bound title?

MR: No. It never did. It was always my thing and I tried to expand it. What I did was to get other members who could be co-therapist with me. That was a struggle. There were invariably gay men, gay nurse, and gay psychologists and all of the…and they wanted to co-lead it with me and that was a huge help for me. I had an understanding with the guys in the group. Any one who wants to come in here and co-lead can do that only with your approval and not without. Then we had the psychology department there, which was lead
by a gay guy, saying, “Can we have some of our psychology interns come in and sit in
and learn from this?” It was at least in some circles it was really respected. I said, “Yes,
with the same understanding.” We would have these psychology interns come in and sit
in on the group a time or two and then I would say to the intern, “You got to leave now,
we’re going to vote on whether you can stay.” They voted. We had three particularly
voted two yes and these were heterosexual women who were wonderful. They were in
the best sense of the word, fag-hags. They were very empathetic, tuned to, supportive of,
loving with these guys. The guys said, “You know these are like our kid sisters.” They
were wonderful. They had another woman they refused to let come in because she would
not put her pen and paper down. She kept insisting on taking notes. She said to me,
“You’re running the group how can they kick me out?” I said, “Because that’s the
understanding I have with them.” I said, “Here is why they are doing this. We asked you,
they asked you and I asked you not to take notes.” She said, “But I can’t remember to
report back on what’s happened if I don’t take notes.” I said, “I’m sorry, this is not a note
taking group.”
LC: She didn’t really get what was happening.
MR: She didn’t, she really didn’t. She complained to her Chief and the Chief said to
her, “Mike sets the rules and I agree with them.” So these guys, it was not lip service
democracy. They really knew that a minute we were in this together. You know what one
of the ironies is? They never, ever asked me if I was positive.
LC: Is that right?
MR: They never asked me. I happen to be negative and I never told them. They knew
I had lost a partner to AIDS.
LC: Right, the central issue for them was in looking at you.
MR: They knew I was gay. That they knew very quickly.
LC: Well of course, but it wasn’t you’re HIV status, it was the driving issue. This is a
real tribute to you Mike.
MR: Well thank you.
LC: I know that in the information you provided that this program did get some
recognition from the VA. Is that right?
MR: Yeah it did and it also got an awful lot of hassle. The new Chief of Psychiatry who came in after the six months who was such a bully and awful guy was totally non supportive. This is an awful human being. He said to me once, “Now you’re not going to do this during the time you’re suppose to be taking care of patients are you?” I said “Well first of all I think these are patients and second of all I’m not doing it to the detriment of my work with other folks. I’m keeping up my case load as much as anybody else and more so I might point out.” He said, “Well you just be sure you do. Why are you wasting time on these people anyway? They are all going to die.” I remember him saying that to me and I thought, “How could a physician say such a thing?”

LC: That’s chilling.

MR: Yeah it was. He was just an awful…I was doing a lot of national Jewish stuff at the time and I was also doing a lot of national AIDS stuff at the time. I was on the San Francisco AIDS Foundation Board and I was trying to do some national speaking and all of that. He would only let me do that if I put in for leave. I had to use my leave to go and do those things. When I would submit leave he would say something to me like, “Are you going to do your Jew stuff or your queer stuff this time?” This is a horrible human being.

LC: That’s charming.

MR: Yeah. But anyway despite him we were able to keep doing it and he, I might add he changed his tune big time when Clinton came in and he knew I had worked with Clinton. He had all sorts of grandiose thoughts and he told me “Would you get me together with the President once; I’ve got some things I would like to share with him? Could you get me on Air Force One? Could you get me to jog with him when he was in the Bay area? Could you get me up to Camp David?” I had to get this guy off my back, I said, “Well I don’t think I can do all of that but I can get you an autographed picture of the President, how would that be, with your name on it?” He said, “Well that would be fine.” So I called them back in Washington, the people I got all the autographs pictures with. I had a woman I worked with back there on that and she said, “Ok, do you want a machine autograph or do you want the real thing?” I said, “Make this machine.”

LC: Machine, I knew you were going to say that. (Laughter)
MR: Right, make this machine. It said “To Dr. Morrison. Best Regards, Bill Clinton.”
He framed it in his office. He put it where everybody would see it when they came in. He
was bragging on how close he was to the President.
LC: What a laugh.
MR: That was my ironic get even with him.
LC: That is funny. Mike, let me ask you his having his having said are you doing
your Jew stuff or your gay stuff or AIDS stuff.
MR: Yeah he only said it when nobody else was in the room I might add.
LC: That actually, you know as horrendous as that kind of remark is, it makes me
think though that at other times you may have come across anti-Semitism either within
the VA or in the Navy. Have incidents like that come up for you at different times that
were painful or prejudicial?
MR: You know I don’t. I’m trying to think did I ever experience any Semitism in the
Navy. Laura, I don’t remember that I ever did. Every time I would get on a ship they
would make me the Jewish lay leader because I was the only Jewish officer on there for
the most part. The Chaplains were always very supportive. I don’t ever remember hearing
an anti-Semitic remark in any of my Navy career at all, from a Navy person, or Marine. I
just don’t remember hearing that. Homophobic, yes, but not that. In the VA, no certainly
not; in California where there were a lot of Jewish members of the VA staff. No, I don’t.
LC: His pestering you about your relationship with Clinton after ’93 also makes me
think that during the 1980’s when Clinton was back in the Governor’s chair; did you have
any contact with him at all?
MR: Yeah I wrote him what I thought was a very nice letter after he was voted out. I
just said to him and I decided to put it in a letter for some reason rather than do it
personally. I said, “Look I’m really very sorry about this. I think its Arkansas’s loss, but
let me tell you something. I’ve talked to people back in California. They have nobody
back there in the Democratic Party back there who’s an heir apparent to come up in
national leadership and the Democratic Party in California. What would you think about
moving back there and establishing a base back there? I think you have a lot to offer and
if Arkansas doesn’t want you as much, well maybe California does.” He just called and
he said, “Thanks, I appreciate that but I’m going to stay right here in Arkansas. It will all
be ok.” Two years later he was back in the Governor’s office. By this time I had gone back to California. He came out for the ’84 Convention, which was in San Francisco and that was wonderful. I sort of adopted the Arkansas delegation. I gave them a whole list of restaurants to go to and told them where to go where they wouldn’t get ripped off and all of that. The devil gets into me once in a while.

LC: I guess so. (Laughter)

MR: And I gave them my favorite gay restaurant, which was The Domino, which was down in Potrero Hill there, which was not exclusively gay although it was gay owned and predominantly gay cliental; but they also had a lot of other people who went there too. The food was outstanding. The price was right. I said, “This is one of the places I like. I think you’ll enjoy.” After the convention was over, the owner came up to me the next time I was in there and he said, he was French, a French Alsatian, and he said, “All those people from Utah, your friends?” I said, “Utah?” He said, “One of those states. They came in and they came in night after night. They were here four nights in a row.” I said, “Well good, they all enjoyed it.” He said, “These people, they were gay?” I said, “No, I don’t think so. They just like good food.” But at the same convention Clinton was there and I went to the Arkansas party and took my then partner. This was ’84 and introduced him to Bill and I said, “Bill I would like you meet Doug and he’s my partner.” Doug was a social worker who was doing a lot of work with kids. Clinton and he sort of walked off together and were talking about Child Protective Services problems they were having in Arkansas and all of that. About a half an hour later I retrieved Doug and I said, “Can I get him back Mr. Governor?” He said, “Yeah he’s got a lot to offer. We may use him as a consultant.” Afterwards Doug said to me, “This guy doesn’t seem to be homophobic at all.” I said, “I told you he wasn’t homophobic. I worked for him.” But there certainly was that very nice connection. That was Clinton. He could’ve cared less that Doug was gay or my partner. He had something to offer that he thought Arkansas could use and he was willing to talk about it. That was great.

LC: Did you see Hillary during that time period too?

MR: Yeah Hillary was there too. Hillary was I think in a different…I think there was a woman’s event that night that she was going to. She would have been ideal to talk to.

LC: Absolutely.
MR: Because of the Child Protective Services stuff. I remember thinking or telling Doug, “I am really sorry you didn’t meet Hillary because she is more knowledgeable than Bill is by far on these issues and if you do go back to Arkansas to consult with him,” which he eventually did once. They did invite him back. “By all means work with her on this.” And he did that.

LC: So Doug was able to go then out to Arkansas?
MR: Yeah he was. Yeah they invited him back. He said, “Oh yeah I’m sure he’s talking a big deal.” I said, “No, I know this guy. If he’s told you that he is going to invite you back to come and meet with the Child Protective Services folks, he is going to do it.” And he did.

LC: What was Doug’s last name?
MR: Wolfe.
LC: Spelled W-O-L-F-E?
MR: F-E.
LC: And what year did he die?
MR: ’86.

LC: Was that any part of your transition over to Oakland?
MR: No, it was coincidental at the time.
LC: Ok.
MR: Yeah it was coincidental at the time but I tell you that was not a time when I wanted a lot of hassle from the Chief of Psychiatry of the VA telling me to go and do research.
LC: I can well believe that.
MR: I needed supportive people around me.
LC: And it was worth the changing over to get that?
MR: Yeah, but that was just a little part of why I changed, but that was certainly part of it.
LC: Mike, let me ask you a little bit about the rest of the time that you spent in Oakland. How long were you actually there?
MR: I was there until I retired from the VA at the end of ’96.
LC: Ok, so ten years?
MR: Yes.

LC: You mentioned earlier that there was a different take on the PTSD issues in Oakland, different from what had been happening in San Francisco.

MR: Yeah what I was referring to was the HIV folks who were involved and whom also had PTSD and by asking them, “Which of these two issues do we need to focus on most?” That was that, but no by this time, by ’86 and ’96 and all that I thought they were getting good treatment. Since I was Chief of Psychiatry and Mental Health at the Oakland Northern California VA I made darn sure they got good treatment. I would only hire people who were knowledgeable and knew what they were doing and I was sort of hovering over to the extent that I had to hover over. But the other psychiatrists that we got there and the social workers and psychologist and so forth were terrific with them. Very few had been Vietnam vets. In fact I think I had only one other. I had one whose partner had been a Vietnam vet. We had a very good program, very good PTSD program there and I maintained the contact with the Menlo Park VA and also there was some back and forth with the San Francisco VA too because they had the partial care program that we didn’t have at Oakland. So I could referral over there, even though I wasn’t in thier program any more. The referring back and forth worked ok.

LC: As you think back, how many women vets were you seeing?

MR: One of the first things I did there when I got there, when I got to be Chief was to work with a social worker on developing a Women’s veterans program. We were trying really to do some outreach and the women weren’t coming and so we did a, what I thought was quite reasonable thing. We asked the women why they weren’t coming. The women who were coming we asked why their friends weren’t coming and why more were. They said that many of them had had many negative experiences, by this time by the way we’re…not then, but later we were beginning to get some of the Gulf War Women veterans who had been so badly treated. A lot of the women had felt that they were badly treated in the military and they were not about to come to a military place even though they were eligible and they needed the care and they could get it at little to no cost. So we developed a Women’s veterans program. So we really increased…we never got above 10 to 15% which I thought was way too low but we certainly were getting a lot more then we were before and it got to be known as an ok place to come. I
have to hand a lot of credit to Katrina for that because she really mad that as good as it was.

LC: Who’s Katrina?
MR: Katrina was the one who was the Chief of Social Work there.
LC: What was her last name?
MR Star. S-T-A-R.
LC: And so sort of together or with you…
MR: Yeah we had other women in the program. Nancy, the Recreational Therapist, and Paula, another Rec Therapist and several other women who were psychologists or social workers were part of that too. They did develop the Women’s vets program and that was…in a way it was analogous and parallel to the HIV program that I had. These were people with special needs and special interests and special issues and they had people there who knew those issues and knew those needs and were working with them.
LC: And were there special funding available, do you remember?
MR: I wish. No. However my crazy, wacky, boss I think left that alone. He saw that as a positive for some reason, thank goodness. He never hassled us about that.
LC: Interesting.
MR: Yeah. I think he thought he was going to get some Kudos, some credit from his boss about it and so he left us alone on that one.
LC: Could be. That women thing was ok.
MR: That women thing was ok. Just don’t deal with that queer thing.
LC: And that Jew thing. Let me ask you a little bit about the National speaking that you were doing. Who were you speaking with and how did it come about? Did people call you up and say, “Mike come and talk about what you’re doing there in Oakland?”
MR: Yeah there were a number of ways that those contacts were made. They were made through the gay and lesbian physicians group. What we were doing there got to be known and there were a lot of those docs are who were at VAs and so I shared the experience with them. That sort of got out that way. The American Psychiatric Association was doing a lot of work with psychiatric aspects of AIDS and with psychiatric aspects of PTSD and all of that. And so I got a chance to do some speaking with those groups. On the Jewish end of it I became the National Chair of the Joint
Commission on HIV and AIDS for Reform Judaism. That came out of an interesting conversation I had with Rabbi Alexander Schindler who was then head of the movement. I was on the national level in some other areas and I went to him and I said, “AIDS,” this was in ’82 or ’83 I think, I said, “AIDS is a horrible thing and let me tell you what our synagogue is doing about it. I think at our national convention, which is coming up, we need to have a resolution and support of people with AIDS.” He said, “Resolution nothing. We need to have a committee, a commission that can work with synagogues, the 900 reform synagogues in US and Canada to help them develop support programs for HIV folks in their own communities. We don’t need a resolution. We got all sorts of resolutions. We need action.”

LC: That’s amazing.

MR: He said, “Would you chair this thing?” I said, “Well, yeah since I brought it to your attention I guess I can hardly say no.” He said, “I’ll be with you every way I can.” And he always was. We organized a national healing service for Jews and their partners and friends living, who were living with HIV in Los Angeles. I think this was in ’84. Janet Marder who is now the first women Rabbi who is Head of the Central Conference of American Rabbis, all the Reform Rabbis, at the time was the Rabbi of the GLBT congregation in Los Angeles. She helped put it together. She helped with the logistics, and Rabbi Schindler said to her, “Janet, I don’t know what in the world to say to these people. What do I say?” She said, “Alex, just be a Rabbi.” He was wonderful. He was consoling. He was affirming. He was called to social justice. He was everything. So we had that support from the movement from the first day. So in that capacity, there were a lot of docs on my committee too and I got to get the word out about what we were doing there too. In the Bay Area I would take these vets with me, the ones who were willing to come out as men living with HIV. I tried to get women veterans in the group but it never happened. I would say, “I’m going out to speak. Do you want to go with me?” They would say, “Yeah. We’re not very good at speaking.” But I would say, “But you’re very good at living. Come out and tell about your experiences.” I got to do that with them. We formed a little speakers group there. They were so courageous. I mean they would come right out and say, “Hey I’m Bill. I’m living with HIV and here is my experience. Here’s what we need from you.”
LC: And in that time period it was just huge step, very brave step.
MR: Yeah and some of them...we can’t speak, we’re not good speakers and they were some of the articulate, thoughtful, compelling people imaginable. I would introduce them and sit down and shut up and let them talk.
LC: Mike if I am correct, you continue to be involved with the Reform movement?
MR: Yes.
LC: Can you tell me a little about that?
MR: Yeah. I’m on the national board, the Executive Committee of the National Board of Reform Judaism. I’m also on the Commission on Reformed Jewish Outreach. We’re trying to make Reform Judaism and congregations and so forth welcoming to anyone who wants to join us. As a Jew by choice or who are living in interfaith families. I mean we’re not aggressive proselytizing any way, shape, or form, but if you come to us and you want to join us, that’s great. We want to be sure you feel welcome and also if you’re living in an interfaith family and dealing with interfaith issues we want to help you with that. Then I am on the Vice Chair of the Commission on Religious Living and Synagogue Music. I might add they don’t let me deal with the music because I’m tone deaf but we write. We help with the liturgy and the prayer books and trying to develop personal religious practices in the home and so forth. They have asked me to coauthor the new version of Kulanu, which is our curriculum for congregations to help them make the congregations welcoming to gay and lesbian and bisexual and transgender folks and you know how to make sure that a gay or lesbian couple that comes to the congregation is acknowledged and treated as a family like any other family. To be sure that kids in the religious school get education on GLBT issues that are gay affirming, all that kind of thing, and to do the kind of positive social/justice work we need to do. I mean a lot of the groups that will be protesting today are synagogue groups and other church groups.
LC: So it’s a way to mobilize?
MR: Yeah, mobilize all of that so we’re doing all that stuff.
LC: Mike when President Clinton came into office, actually when he was running in 1992 you were active with the campaign, is that right?
MR: Very active. That happened in a funny way. I went to hear Hillary speak and just one of the early campaign events, and the women who coordinated that was Marsha Scott
who was in charge of the Northern California section of the campaign. As it turned out I spoke to Marsha and I said, “Oh you sound like you’re from my part of the country.” She had a heavy southern accent. She said, “Yeah I am from the south. Where are you from?” As a matter of fact her mother grew up in my hometown. Her father was an Olympic champion. She and I had really good connections right there. She said, “Look we’re going to do the campaign. Can you help?” I said, “Sure I want to be involved any way I can.” So they gave me four groups to work with, the Jews, the gays, the veterans, and the docs. The Jews, the gays, and the veterans were great. The docs were a pain in the butt to work with on the health care revision stuff and all of that. So I was very, very active with the campaign and loved it, and was delighted when he was elected. Then not too long after that I got appointed to the President’s Commission on HIV and AIDS. Marsha said, “Where do you want to go from here? Do you want to go to Washington and work?” I said, “No I’m pretty well committed here to San Francisco. I don’t want to leave this group.” I think the group was my bigger concern then anything else. “But I would like to do something on the AIDS area.” She said, “Ok, we’ll put you on the AIDS commission.” That’s when I got on to that. The first time Clinton came back, when he came back in ’93 to San Francisco really to have a meeting with the Mayor and all of the California officials and to say thank you to the people who had been so active in the campaign. I wore a suit with a Vietnam Veterans, VVA pin on it. He saw it and he was getting a lot of flak about not serving in the military at the time and all of that. He saw it and he said, “Mike, wear that with pride.” I said, “Mr. President, I always do.” That gave me the idea. I said, “From here on when I go to this commission meeting, this advisory commission meeting, I’m going to wear my uniform. I’m going to make darn sure that everybody on this commission knows that there are veterans and active duty people living with AIDS and if I have to wear this uniform to make that point, I’m going to do it.” So I did. I went to all the commission meetings in uniform and every time we met with him in the White House I always wore my uniform. He got the message. He knew exactly what I was doing and was very supportive of that. He knew I wasn’t challenging him by his lack of service or any of that. He knew I was trying to call attention to anyone who came to the AIDS commission meeting that this is an issue. It was great.

LC: What was the work of the council, generally?
MR: The commission was, oh we had multiple work. I mean we were trying to change policy. We worked with everybody from the Bureau of Prisons to try to get them to do some preventive work in there. We advised the President. We didn’t advise the Congress but we could certainly write position papers, meet with Congress members. A lot of whom were supportive, some weren’t and try and get AIDS policy changed; trying to get more research; trying to get the CDC to do what they should be doing and to focus is in the right ways and all of that. So it was a multi-project approach. Without exception, the people on his commission were just superb. Probably over half of them were living with HIV. I think, to my knowledge, I know I was the only Vietnam combat veteran. There may have been one or two others who had served in the military but I was one of the few who had. They were just great people. You know they were people who had… former head of nursing in the state who had gotten HIV because she was artificially inseminated to have a baby and another who was a hemophiliac who was a brilliant, brilliant scholar who had gotten it through transmission and they were gay men and there were lesbians. It was a great group.

LC: Can you name one or two of the most effective people or people that left the biggest impression on you?

MR: I can’t and I’d rather not.

LC: Ok.

MR: There are some confidentiality issues.

LC: I see, that’s totally fine. Did you have any rankling in your own mind about how the Don’t Ask, Don’t Tell policy was introduced in the early months of the Clinton?

MR: Yeah I know exactly what happened.

LC: Tell me everything you can remember about that if you don’t mind.

MR: I know exactly what happened. When he came through for that ’93 meeting and this was when it was being considered. I was wearing the pin and all of that, I called him aside and I said, “Mr. President let me give you one bit of advice, read John Kennedy’s speech on civil rights and I want you to give the same kind of speech on this Don’t Ask, Don’t Tell policy.” It was the speech that Kennedy gave after I think I don’t remember if it was after the church bombing in Birmingham but there was some horrendous civil rights tragedy and Kennedy went on the television and introduced the Civil Rights Act,
which didn’t pass until he was assassinated. This was in ’63 but it was a powerful,
powerful speech. I said, “Read that.” He said to me, “Well I might.” But he said, “We’re
trying very hard to do the right thing here. I hope we can.” When the policy came out I
don’t think any of us realized how bad it was when it first came out. I think it took a
while to sink in, how bad this was. After I did realize it I talked to some people who were
close to him, Marsha and some of the others. Marsha had gone to Washington with him
and was running some of the stuff there. She said, “Let me tell you what happened.” She
said, “When he came to Washington after the election but before the inauguration,
Pamela Harriman had a party for him to introduce him to people in Washington, him and
Hillary, to people in Washington she thought they didn’t know. They did know an awful
lot of people, but they didn’t know everybody. Sam Nunn was there and she said, “I was
there. I heard this.” She said, “The President said to Sam Nunn,” Sam Nunn raised the
issue I think, he said, “I understand you’re going to try to get homosexuals in the military
or something.” Clinton said, “Well yeah. I think we’re going to overturn this ban and we
can broaden the policy and I hope I’ll have your help with that.” Sam Nunn said, “Not
only will you not have my help with you, you will have my vigorous opposition to that
and I am right now mobilizing people to oppose you.” Marsha said Clinton was stunned.
He had no idea he would run into that. Of course it was Nunn who got John Warner and
they had the famous tour The Submarine with that picture and Colin Powell and a bunch
of us went, when we heard how bad it was after how badly it was going, a number of us
went to Colin Powell and tried to use the African American analogy there. “We
understand in general that you understand how badly African Americans were treated in
the military and I know you’ll be an ally and not wanting gay men and lesbians to be
treated that way.” He just went ballistic. Just went ballistic. He said, “You know I can’t
change this black skin but homosexuals can change anytime they want to. I don’t know
whether at the time he knew or not that he had a lesbian daughter, but he may or may not
have and that may have been part of it. Boy that was the wrong tack with him. He just
absolutely refused to see any analogy whatsoever in racism and homophobia. He was one
of our biggest homophobes and remains so. Even though his Chief of Staff whom he had
thought the world of came out to him after this and we were hoping he would be able to
help sway him because they had been very close and he had given him great FITREPs
and all of that. He was the Chief of Staff, I never met him but I met people who had
talked to him and said the Chief of Staff said he told him afterwards, “I have no less
respect for you and I have no less friendship for you but I’m not going to go with you on
this.”

LC: Can you say who the Chief of Staff was?
MR: I can’t. I’m not trying to hide him; I just don’t remember his name.
LC: I see. Mike, again, I don’t know if this is something that you can do, but who
were the others who went with you to speak General Powell?
MR: I was kind of a tag-a-long on that. There were a couple of, who was it that went
there, couple of guys who were big in the DVA (Department of Veteran Affairs). One of
the guys from there, I was by this time a member of the Hamilton Club of the branch of
the American Legion. We took one of the guys there. Laura it’s been so long I just don’t
remember.
LC: And the Hamilton branch is…
MR: The Alexander Hamilton Chapter of the American Legion in San Francisco. It’s
the GLBT chapter. We had someone from there who has been president of that. I think
Marsha helped us get that connection so that we actually could go to it.
LC: Did you go to the executive office building or when was the general..?
MR: No, we went over to the Pentagon.
LC: Pentagon, ok.
MR: First time I had ever been in there.
LC: Really?
MR: Yes.
LC: That’s outstanding.
MR: Yeah, first time ever.
LC: If you think about it that really is quite...
MR: Yeah I was impressed. It was a big building. Now I work out at the gym over
there and it is still a big building, very different.
LC: Very different.
MR: My veterans were very impressed when I got back and I told them that I had
been to the Pentagon.
LC: (Laughter) Mike, did you feel some personal resentment toward Clinton for not having been heads up enough to know that the resistance would be there or did you just think this is politics?

MR: I felt a real sadness. I felt his problem was naivété and in a kind of a sweet way. Clinton, my experience with him, by this time, this was ’93 and I had already had experience with him since ’78 and had known him all this time and had known Hillary. My thought was this guy, you tell him someone who’s gay can’t serve in the military it’s like telling him someone who’s grandparents were Finish or Swedish and can’t serve in the military. His reaction to that is, “Huh, what, why?” He was just totally naive about that. He and Hillary both are so personally free of prejudice that it’s really hard for them to understand that people are prejudice like that. I don’t want to go to totally irrelevancies but there was a funny thing that happened when I was his Mental Health Commissioner when Chip Carter would come to town. Did I tell you that story?

LC: No.

MR: Jimmy Carter was President and Chip would come to town. Chip Carter was certainly not the brightest bulb in the lamp. He loved to date flight attendants and bar tenders and all of that. Those were the women he really liked. He would come to town and he was out looking for women. Clinton would call Kirby Smith or me. Kirby was his Assistant Attorney General when he was Attorney General gay man and one of my best friends. He called Kirby or me or both of us and say, “Chip is coming to town, you guys take him out for dinner.” Meaning we were suppose to take Chip out and go along with him and sort of chaperone him when he was looking for his conquest and so forth and make sure he didn’t get into big trouble. I think it was Kirby or I, one of us finally said to him, “Governor why are you picking on us for this?” He said, “Well you are the only guys who are not competition for him.” You guys are no threat to [Chip] whatsoever. For him it was a casual no big deal thing. He couldn’t understand why the prejudice was there.

LC: How long did you serve on the Advisory Commission?

MR: Until Bush came in. When he came in, he came in January of 2001 and we had a final meeting, the President’s Advisory Council on HIV and AIDS, all of which served at the pleasure of the President by the way. We had a meeting in January scheduled and we
went ahead with that and we didn’t know whether any of us would be reappointed by the
new group or not but we met on purpose at the Health and Human Services offices
because we wanted to brief Secretary Thompson on where we were, “This is how far
we’ve come. These are the issues we are dealing with. We know you’ll want your own
people. Here’s what we’ve done so far. We hope you can pick up from here and go
ahead. These are the areas we think you need a lot of focus.” We met; we usually met at
the Radisson Hotel. I think you stayed there didn’t you?

LC: I stayed at one of them, up on P Street.

MR: Yeah one of the hotels over there in Dupont Circle so we would be very open to
the community. The community knew when we were meeting and they could come in,
anyone could come in and hear us and so forth. We were very open and we had time for
the community to speak and so forth. We met over at Health and Human Services even
though that was much harder for the community to get to or get into because we wanted
to brief Thompson. Well he sent word. His office was one floor above us. He sent word
he did not have time to come down and meet with us. It just was not possible. There we
were, he had two weeks advance notice. We only asked for ten minutes of his time. We
got the message. This is a whole new ballgame. After that I think two of the council were
reappointed and all the rest were told, “Thanks but no thanks, go away.” Nothing good
has come of that since.

LC: Mike had you had any contact with the President since he has left office?
MR: Only the most casual. I may see him at a fundraiser or something but that was it.
No long term discussion or anything like that. Or with Hillary either.

LC: Are you involved at all in the Presidential Library Project out in Arkansas?
MR: No I am not.

LC: Well don’t spread that around or they will be after you!
MR: Ok.

LX: Mike, let me ask you a couple of retrospective questions if I could. These are sort
of big picture questions. Do you have the sense now thinking back on the Vietnam
involvement as to whether in the end this was a positive exercise of American influence
in the world, it was a good commitment, it was right the decision to involve US troops in
Southeast Asia the way we did?
MR: There is no way I can answer that with a simple yes or no. I think it was or I think it wasn’t. I think how many troops and what way, what did we do over there that was really very good. What were we trying to accomplish? Did we accomplish it? It’s way too complex a question to answer and any kind of simplistic way. I do think we went over there with the best intentions. I think the way it was handled by everybody, Johnson and Nixon both, was appallingly bad. Again I don’t think anybody went over there to do terrible things. I think we went over there hoping to do good things but it just didn’t work out that way. It just didn’t. I don’t know whether it was our partner in the South Vietnamese government was so totally corrupt and inept that they were never a viable partner in accomplishing what we were hoping to accomplish there. I just don’t know what the answer is. Now if you mean do I feel good about my own involvement over there, yes I do. I really do. I went over there naive, I learned a lot. I tried to do some good stuff. I think I did do some good stuff. I was able to come back and talk about what I did in a way that I think was interesting and useful to other people. So I certainly don’t have even the slightest twinge of guilt about being over there.

LC: And you continue to be involved with military issues?

MR: Oh yeah.

LC: I know that you are on the Honorary Board; I am not sure what the distinction there is but the Honorary Board of Service Members Legal Defense Network.

MR: Yes, right.

LC: Can you tell me a little bit about their mission?

MR: A little bit about…

LC: SLDN’s mission.

MR: Yeah, it’s we on the Honorary Board are mainly the PR section of it. We’re not the fundraising part. We’re the ones that they can look to and say, “See people like these Generals, and these Admirals, and these Colonels, and these Captains served and they’ll come out and talk to you about it and how can you oppose having GLBT folks in the military when people of this stature and this commitment and so forth served?” So we’re kind of their posters, their poster boys and girls.

LC: And their focus, the focus of the organization is what?
MR: The focus of the organization is wonderful. It is to help especially the young kids, enlisted kids who are being harassed and brutalized by the policy or who think they may want to come out or they think they can come out and get away with it because you know the policy says you can go to a gay bar but you can’t say you’re gay and what does that mean and what if I have a gay book in my library. The kids who are really confused about what the policy says in writing and what it really means and what’s going to happen to them if they even are going to a gay bar but don’t say they are gay. They take these cases, there are lawyers there and work with the kids who are being discharged. They have an answering service. The people who will talk to the kids who just call and say, “I don’t know where the policy is with me, but this is what I am thinking about doing. Is this ok?” And we can advise them. They are a remarkable group. They really do outstanding work. I found them in such a funny way.

LC: How’s that?

MR: Michelle Benecke was the original founder of that before Dixon. I found them at the ’93 inauguration. We had a memorial service at the Navy Memorial for the Alex Shindler, who had been brutally murdered, young Navy kid on his ship. We had a memorial service. I attended that in my Navy uniform. I had my Navy great coat on and I had a pink triangle on my coat. Michelle came up to me and said, “This is who I am and we’re starting this organization and if I can be helpful to you in any way let me know if you have any problems in the military.” I said, “Michelle thank you, but I’m now retired from the military but I’m doing this as a show of support.” So we became friends after that.

LC: Sure.

MR: That’s how I found them.

LC: Wow that’s interesting.

MR: Yeah it was.

LC: Are you speaking about the Navy Memorial there that is across from the National Archives?

MR: Yes, that is the one.

LC: Mike I know that you live in the DC area and you spend a lot of time in the district. Do you ever go over to the Wall?
MR: Only about once a month.
LC: Only once a month.
MR: Yeah. It’s a mess now. They’ve blocked off a whole big half of it.
LC: Have they?
MR: Yeah, they are doing some construction or whatever they’re upgrading some of it or they are having some problems with it. I’m not sure what the construction thing is. They did go to the people who are in charge of it and get their approval and it has to be done and I realize it does get subject to wear and all of this but people are coming now to do their rubbings and all of this and half of it is blocked off.

LC: Wow.
MR: I think once they finish that and open that they will block off the other half.
None of us ever really thought you would need to do anything to it to preserve it, but they are. I do go over there a lot. When I have friends in town, if they have any military or veterans background at all I always suggest we do that.

LC: Does it still in any way powerful for you?
MR: Oh yeah, oh yeah. That hasn’t diminished one bit.
LC: Is that right?
MR: Oh yeah. Always, not always but lots of times I will take a little rainbow flag or something and just put it there. As you know everyone leaves something. It’s very nice, Laura, the Smithsonian has a whole big display of things that people have left at the Vietnam Memorial. A number of gay related objects are there.

LC: Is it on display now?
MR: On display now. It’s on display 100% of the time, all the time. The next time you’re there, the American History part.

LC: I know that the materials were being kept but I didn’t know they were on display or some section of them.
MR: Yeah they are. And they always include the rainbow flags and other pink triangles and little messages, “You were my life partner, I loved you,” signed John, Bill, or Fred. It’s very moving.

LC: Yes it is. It’s an extremely powerful place. As you say it certainly is a shame for those who are visiting.
MR: Yeah. They’ve interviewed a number of them. They’re understanding. You can’t expect it to survive all these winters without some sort of damage.

LC: On the other hand that it’s being taken care of is actually quite comforting.

MR: Yes it is.

LC: Mike is there…I know we’ve done a very extensive interview here and I wonder whether casting your mind back over your own career, your own thinking about your service and all the things that you are involved in, have there been any areas that I haven’t asked you about that you would like to include?

MR: You know I don’t think so.

LC: I’ve taken you to the limit as it were.

MR: You’ve taken me way beyond what I thought was still locked in this old aging brain’s memory but no I think I’ve given you what I think is the important stuff and a lot of trivia too. You’re a great interviewer.

LC: Well it’s been a great interview, and an honor to have spent this time with you. I want to thank you for your time.

MR: Well thank you.