Kim Sawyer: This is Kim Sawyer conducting an oral history interview with Robert Smithee on February 15, 2001 at one o’clock in the afternoon in the Special Collections Library at Texas Tech. This interview is part of the Lubbock Area Vietnam Veterans Oral History Project. Mr. Smithee, could you tell me a little bit about your early life; where were you born, first of all, and where you grew up?

Robert Smithee: I was born here in Lubbock and I was raised in Ralls about 30 miles from here, and that’s where I went through high school. My parents and grandparents and great-grandparents, go back a couple of generations, are from this part of the country. They were here in Plainview and Hale Center and stuff like that. I went to college at West Texas State in Canyon. I was in ROTC there and that’s where I entered military service.

KS: What year did you graduate from college?
RS: 1965.
KS: And did you go into the service directly after your graduation?
RS: After I graduated I went from there to Ft. Carson, Colorado. That was an infantry division. I was with a medical unit that supported an infantry division.
KS: And how long were you at Ft. Carson?
RS: A little bit less than two years, about two years. I went from there to Vietnam.
KS: Could you tell me a little bit about your training at Ft. Carson, maybe what your typical training entailed? What was your typical day?

RS: For the medical service, what they called en route. I went to Ft. Sam Houston for two weeks for medical service corps, basic officer training, and then went from there to Ft. Carson. Ft. Carson was home of the infantry division, the 5th Mechanized Infantry Division and I was with a medical company that supported combat arms. So, we trained pretty much with the infantry units. We went out on field operations, operated dispensaries for sick call, that sort of thing, and at that point in time the country was gearing up for Vietnam so there was a lot of training that was semi-related to that so our medical training was reasonably, at that time, seemed to be realistic in that you would go support your battalion or whatever unit that you were in support of. So, for two years, that’s pretty much what we did. We trained somewhat like the combat arms officers in that we had weapons training, vehicle training, live fire exercises, that sort of thing.

KS: Your medical training, could you talk a little bit about that, what that entailed exactly?

RS: The real training that I got was leaving Ft. Carson on the way to Vietnam. There were a certain number of people who were selected to go back to Ft. Sam Houston and train as a surgical technician, and that was supposed to train someone to replace the doctor in an aid station, to receive the level of surgical training and patient care to do the basic triage, wound care, those sorts of things. I got most of that after I left Ft. Carson going to Vietnam. The title was we trained as a battalion surgical assistant, a surgeon’s assistant. So, then when I got back into Vietnam, that’s pretty much what I did.

KS: Did you receive your orders while you were at Ft. Carson? That’s when you found out you were going to Vietnam? Could you talk a little bit about that, what that was like? Had you expected that?

RS: Probably I think everybody that was assigned to a combat division figured that sooner or later you would either go with that unit or go individually. At that time there were a lot of people who were going as individual replacements rather than going with their whole unit. So, I guess you never really were prepared, and it was not totally unexpected, and mixed feelings as I kind of mentioned. You’re somewhat excited in the
sense that that’s what you’ve been trained to do. You’re going to have the chance to do
what you were trained to do, and you’re scared because you’re going into a real shooting
war and don’t know exactly where you will be and what you will be doing. It was a
mixture of apprehension and excitement, and never really prepared and had no idea what
to expect. That’s kind of what you did

KS: What about your family and friends? What was their reaction?
RS: The family, I think for me around here at the time with me going back to
college. Being in the military was still an accepted thing to do. My father and relatives
had been in World War II and Korea so being in the military, there was no stigma
attached to that, and I think that even the two or three years before that in college, when it
became apparent that there was going to be a conflict somewhere, if you have someone in
the military, there was a chance that they were going to go somewhere. So, they were the
same thing. You were doing what you had to do, but nobody really liked it. You just
wanted to get through it.

KS: Having family members that served in the military, did that kind of prompt
your decision to join ROTC in college and join the military?
RS: Well, I think in a sense, with ROTC and it was an accepted thing to do. You
got paid some for participating in ROTC. It was the thing to do. At that time, I think that
people would seriously consider a career in the military and that’s kind of the direction it
was going and some people didn’t really know what they were going to do. It was a
reasonable place to be for a period of time if you wanted to take the risk. Of course at
that time, right on the edge, this is probably in 1967, ’65 to ’67, there wasn’t that much of
a buildup at that point, so if nothing happened and you flipped the coin, we might not go
anywhere. That was something you did, of course, so we took the chance.

KS: I wanted to ask you about your training. They treated it as if you were going
to Vietnam. Do you think you were trained well enough to handle once you got to
Vietnam?
RS: No. I think the training was based on World War II and Korea and what the
combat arms did at that point. So, the training was reasonable in the sense that you knew
who that you were going to support and what you were required to do. At that time there
just weren't enough people that had been to Vietnam and been back to give an idea of exactly what you were going to do.

KS: Did you have anybody, any of your superiors or your trainers saying, ‘This is how it is over there?’

RS: There were a few people who came back who were in the combat arms, and they said, ‘What you’re doing here is totally unrelated to what you’re going to be doing over there,’ and a lot of it was probably more directed toward the combat arms but for the medical side of it, if you look at World War II, you had cantonment hospitals and we still used canvas tents and that sort of thing, and they had all the printed material about, ‘This unit goes here and you’re supposed to be here and this is what you do,’ but in World War II and partially during Korea, it affected me directly, the way you treated patients and evacuated patients was not at all what it turned out to be in Vietnam. The type of wounds, the type of injuries, and the type of sickness was not what you saw; maybe in World War II if you were in the Pacific that would have been close, but anywhere else it wasn’t. So, some of it was good. Obviously, my way of thinking was that the clinical part of the training was certainly very valuable, treating wounds and stopping bleeding and triaging, that was certainly very appropriate. The rest of it you kind of learned as you went on.

KS: Is there anything else you wanted to add about your training in preparation for Vietnam?

RS: No, I don’t think so. I think a lot of people tried to prepare everybody as best they could. There was a lot of unknowns.

KS: Did they talk to you, anything, about the culture or the people, the civilians, or really what to expect as far as weather or anything?

RS: No, not really. At that time, most of that was handled after you got in country. It was a three day I think orientation to the country, the people, the bugs, the snakes, that sort of thing, because at least at that point in time, at least in Colorado, [?]. Colorado just doesn’t look a whole lot like Vietnam, particularly in February!

KS: Big difference! So you went to Vietnam. Was it 1967?

RS: Yes.

KS: What month?
RS: Probably be February I guess.

KS: Did you fly on a commercial charter? How were you transferred?

RS: Yeah, we flew out of Sea-Tac, Washington, Seattle-Tacoma. We flew from there to Hawaii, to the Philippines, to Vietnam.

KS: Anything you recall about the flight?

RS: Well, it was pretty quiet. The flight was entirely military going from one place to another, so I think everybody had the same questions and same concerns and apprehensions. You didn't know what you were going to get into. It was a long flight. It was long in one sense, but it seemed like you got there all too fast. Other than that, certainly I think the biggest thing anybody remembers was getting on the plane in February here and getting off in the tropics. That was a huge change. People were not prepared for that; I wasn’t prepared for it.

KS: What were your first impressions when you got off the plane?

RS: The heat and the green and the smell. It’s a combination of kind of what you’d expect in a third world country, plus the equipment. When you get off in the air it’s jet fuel and much like a large combat zone.

KS: Where did you arrive in Vietnam, what base?

RS: We came into Long Binh, Tan Son Nhut. At that point, you come in and everybody throws all your orders away and they decide where you’re going to go after you got there, and that’s really all you could do so you don’t know where you’re going to go, what you’re going to do. There are three days, everybody went through the Vietnam orientation things and then you go talk to your branch whoever handles things over there and they tell you where you’re going to go and when you’ve got to be there. That’s when I found out exactly where I would go.

KS: And they assigned you to what unit?

RS: It was the, again, a medical company with the 3rd Brigade of the 4th Division which was in a place called Dau Tieng which was between Cu Chi and Tay Ninh, close to the Parrot Beak of Vietnam, South Vietnam, out in the middle of nowhere. It was right on the edge of the Michelin Rubber Plantation.

KS: Can you describe your base there, the living conditions?
RS: It was, at that point in time, semi-improved. It was a brigade-sized base, which is not real big, but probably large enough for 1,500-2,000 people, nothing paved. Most everybody was in tents and at that time they were building wooden floors to put the canvas on. A lot of sandbags; that’s how you spent your spare time was sandbagging everything. The medical company that I was with, there was one medical company, which supports the brigade. The medical company has they call it a hospital. It’s kind of a hospital plus. It’s a dozen beds, 12 beds, and everything, again, under canvas much like MASH, it was like MASH. So, whatever surgery and things you did there were pretty rustic, dirt floors and canvas, and that was a midpoint where people would be evacuated to there to be stabilized and Medevaced to a bigger hospital in South Vietnam somewhere else larger, like Long Binh or some of the other bigger cities, Tay Ninh. So, this was really kind of the next step back. The first step was out actually in the bushes with the combat troops as what you would think as a combat medic and then back to kind of a little bit more of an aid station. So, that’s where I was was at the medical company. The medical company and a certain number of people would go out with infantry companies or whatever sized unit. Wherever they went, they provided the medics.

KS: Would you rotate shifts? For instance, someone would always be at the aid station on base and some people...

RS: You read there were two other officers there when I was there and we’d take turns. If something was happening we’d go out and support whatever. The people up above decided how much medical support they needed. Medical support got to be a real big thing in Vietnam because you didn’t have the kind of World War II where you could see the enemy, an enormous number of booby traps and you didn’t know what was going to happen or how it was going to happen. It’s kind of why the medical evacuation, the airvac got popular. For one thing, when we got there, they shipped over ambulances, ground ambulances, and that did not work. It happened too many things where they tried having convoys for different reasons going from where we were back down to Long Binh to pick up supplies and things like that. There were too many mines and command detonated mines that blew up ambulances and blew up trucks and it just got to be that it was not an effective way. Everybody had to be transported by helicopter, and this one (this hospital) they stationed two medevac helicopters at our base station and that’s what
the other guys, two of the guys and I did, was rotate rides in medevac choppers. We did
that for about nine months. You’d take a shift, go a week at a time, whatever mission
that you had to do, and you were relieved of all of your other duties except sleep and go
on missions. That’s all you did for a week.

KS: Were these usually during the day?
RS: I’m sorry?
KS: Were the missions usually during the day?
RS: No.
KS: Just any time?
RS: Just whenever they were called. We tried not to do it at night, that’s not a lot
of fun, but it was kind of whenever they were called.
KS: I wanted to ask you a little bit more about the hospital or aid station on the
base. You mentioned it was fairly primitive conditions. Could you talk a little bit about
infection or keeping things sterile? Were things handled differently than what we would
consider modern medicine?
RS: Oh yeah.
KS: Could you talk a little bit about that?
RS: The purpose of that aid station was to handle the normal sick calls and
illnesses and things on a day-to-day basis for the people on the base camp. If there was a
large number of wounded that would come in, either by helicopter or if they were brought
back by the vehicles, the company or the battalion would come back in trucks, they came
back there and they would just be stabilized, and if they could be stabilized, be stabilized
and moved out the next day or day after. So, it was not a long time. [That sense of the
hospital] They added to the staffing normal doctors at that aid station to add a couple of
surgeons and a dentist I think to handle heavy trauma. That was far enough out that if
you could stabilize the patient there, that’s what you did and they were brought back
home to the 121st Evac or some other evacuation hospitals where then there would be
some more sophisticated care and then go back to Japan or the Philippines or someplace
like that. This was very rustic, yeah. It never got any more than that. But, that’s what it
was supposed to have been.
KS: Yes, served its purpose. What about common illnesses with the soldiers?

What kinds of things would you treat?

RS: All different sorts of skin problems, rashes, boils, due to levels of uncleanliness, that sort of thing would come up, diarrhea and gastrointestinal illnesses, which everybody would know what they would do, would be evacuated somewhere else. The day-to-day kind of stuff, that’s kind of what we saw, minor stuff like that. But, if there was an operation going on or something else, you saw some really bad trauma. You got on board along with the engineers and the transportation people so you collect the dead or the others that died after that and move those patients out to graves registration and treat whatever else that you could treat there and that’s kind of what you did.

KS: What about when you’d go out with the troops on the missions? Could you talk about that? Would you stay in the field with them overnight?

RS: However long we stayed. They were usually less than a week; it would be usually less than a week. Whatever the organization was, there was one company that was with this one brigade in the hospital, 50 people or 60 people, something like that, and the units would have their own air medic. Most units had their own medic. If they’re large enough they would have their own doctor and sometimes they would. If they’re going on a large enough operation, they would need another vehicle, what they called APCs, the track vehicle, used [?] track or something like that. So, you’d send a couple of people, one of the officers, surgical assistants, and in some cases one of your doctors from your company would go out and stay out with that unit wherever they went. So, if you stayed out for three days or four days or five days, usually that was about the max anybody stayed out was a couple of days and then come back to the base camp and report what they found or didn’t find or what they were supposed to do. So, it was sometimes a long time and nothing happens at all, and then all of a sudden it just seemed like every day there was something wrong. That particular area was involved, at that time, in 1967, in several very large operations in South Vietnam, Operation Junction City, Cedar Falls, seemed like there was another one I can’t remember. So, our particular brigade, that unit, plus all the other big units from Vietnam were all involved in something going on in Vietnam. So for a couple minutes [weeks] it would be real busy.

KS: Could you describe conditions in the field? Were you able to get any sleep?
RS: It was horrible, just living out in the bushes. Probably the thing that they did do reasonably well was provide drinking water and food, but it was slogging through anywhere from rice paddies to triple canopy undergrowth, and it was hot and sticky, couldn’t see. Most of the time, at least, we had no idea where we were going. You just follow whoever the commander is and hope that they know where they’re going. You go all day and whenever you decide to quit, why you set up shop and at that point you treat and we saw whatever troops that felt they had something wrong with them, anything from a headache to smaller injuries or whatever else. I was involved in some fairly heavy action and at that time you had a lot of wounded, and you either evacced those that you could or stabilized them, did what you could do. You had to rely on the combat arms to either get you in or get you out, which is kind of what we did.

KS: Did you bring all of your medical supplies and food with you, or they would be dropped in? How were you supplied?

RS: Most of the time the food they took with them, I don’t think anything was evacced in for that. The medical supplies, we carried all the medical supplies that we needed at that time. I can’t remember any time when anything like that had to be brought in. With the exception of a couple of times, if you had called in for a medevac, if you needed IV fluids or something particular like that, you would tell them at the time where you needed so many units of blood or plasma when you come and we would pick that up when they came in. But, we normally didn't have them, just occasionally.

KS: Would you do procedures? You would do blood transfusions in the field?

RS: What’s that?

KS: Would you do blood transfusions in the field?

RS: Not really blood transfusions. We’d start fluids.

KS: Start fluids?

RS: That was the way you had to stabilize the patient. If they had a really bad wound, you started fluids. About all you could do was start fluids and then get that patient on a helicopter or get them back to the rear somewhere where somebody could do something else. Sometimes you just got overwhelmed. Sometimes you just didn’t have enough time to do everything for everybody that you wanted to do. I think that was part of the frustrating part for even the physicians that I was working with. A lot of times you
never know or find out what happened about anybody but you do something with them, do what you can do and go and you never know whether they lived or died. That was the frustrating part of it. Sometimes you saw a lot. It got kind of old.

KS: Your medical supplies, did you have like I think a doctor’s bag or something that you carried with you, your supply kit?

RS: Some of it was left over from World War II which was fine, it worked, and you had different sized bags or containers that you carried with you even out on some of the operations, the way the tracks were you could lower the back part of it and on the inside you had a cot and you’d have a fair amount of good supplies, supplies inside the track or sometimes you could set up a small tent real quick and you would kind of have to estimate how much and what kind of supplies you would need and carry them. It really wasn’t a lot like what you see in the movies where the medic is going here to here to here to here. There was some of that with the unit medics. If you’re in some sort of a combat action and somebody got wounded, they’ll call for the medic to go out to that particular location. There was some of that, but a lot of it because everybody was so dispersed you couldn’t really find anybody anyway.

KS: So they were brought to you?

RS: They tried to bring some of the people back to the [medic] location and then you could go find the location. So, that’s what I say, the things you learned in your basic officer training [would not] always would work exactly the way it worked. When you’re in the middle of the boonies, you can’t really see anything. You can’t hear anything. So, it’s difficult to find any particular buddy. Most of what we had was other troops would bring the guys back or they would find a location and take you to that place, and we did quite a lot of that. So, we got somebody either treated or stabilized and you would go out where they were to find them. You usually carried a radio that you could contact other people in the unit and also contact medevac. So, if you got far enough out, you could call the medevac in to where you were. Depending on how intense the action was, you could call somebody in, it just depended.

KS: How fast was the response time usually?

RS: Really very, very fast. Unless it was a problem with the weather, there were enough helicopters, at least where we were. If you had a really bad injury, you could
usually get somebody there in 30 minutes or less unless it was just too intense combat or
if it was a location where you just couldn’t get a helicopter. Really pretty good support.

KS: Would you give coordinates and use smoke to locate? How would they find
you?

RS: Smoke during the day, you’d pop smoke and you’d have to find a location
where a helicopter would get in and you would coordinate the location with the combat
folks, where you are on the map and give coordinates or a location, physical location that
was identifiable so they could find you. That’s kind of what I did for that nine months
that I spent there. Of course as a member of the crew I spent a lot of time on that and
then my last three months, I’m jumping ahead a little bit here, I was transferred from
where I was back to Long Binh to the 58th Medical Battalion there at the cantonment area
at Long Binh because the guy who was the operations person for the Medical Evacuation
Company was leaving country and I replaced him for [during my last] three months to
direct medevac operations for about 40 units that the Medical Battalion was responsible
for until they got somebody else in, just because I’d been working with them for nine
months.

KS: Did they ask you if that was something you wanted to do?

RS: No.

KS: No? I didn’t think so.

RS: This is one day, literally, they said, ‘We’ve got orders for you. Here. You’re
being transferred to Long Binh.’ ‘To do what?’ ‘We’ll tell you when you get there.’ So
I go down, they said, ‘This is what we want you to do. You’ve been working with us and
we don’t have anybody here so this is what you’re going to be responsible for, running
[coordinating] the medevacs for these units.’ There were like 40 helicopters, 42 I think,
and a dozen different locations and it was a matter of making sure everybody was
covered and that there weren’t any problems or crews or needed support from somewhere
else, [?] and a lot of it handling the radio calls and telephone that somebody would be
dispatched. They couldn’t obviously put a medevac helicopter with every unit, but the
units that had a pick up, you had to dispatch somebody. You’d have to know where
everybody was.

KS: So keeping track of everything and organizing?
RS: Oh yeah.
KS: Pretty hectic?
RS: Yeah, like an air traffic controller!
KS: That’s what I was about to say, yeah. Now, where did you receive…did you receive briefings or how did you keep track of where you got your information, what all was happening in the field so you could coordinate?
RS: Well when I went to Long Binh the Medical Battalion people were always involved in the briefings that the other combat troops would have so you would know when something was going to start, what units were going to be involved in it, where the troops would be so you could kind of plan to have to pull some people from over here and prepare them for over here. When I was out with the troops in Dau Tieng, I had not a clue, and I’m not sure anybody knew what was going on. We were given briefings to say what we’re going to be going out to here for three days, but as far as where that was, what they were going to be doing, what the purpose was, we had no clue. We didn’t have any idea at all.
KS: How much did you know about the bigger picture of things?
RS: None at all. When we’d find out about it was after the fact when we’d read it in the Army newspaper or something and find out, ‘Well gee, we were involved in that and didn’t even know it.’
KS: Was that frustrating?
RS: Yes, horribly frustrating because I think a lot of the combat troops didn’t know, either. They had no idea what their part was going to be in any particular operation or what happened or what the results were or did you do what you were supposed to do.
KS: If you asked, what were you told?
RS: We asked, but you didn’t ever get any answers for it. At that time I was a person just coming up. I wasn’t really in a position to be asking a whole lot of questions of anybody. So, you’d ask your boss and he’d say, ‘Well, we don’t know. We’re doing what we’re supposed to do.’ I think that, maybe a little bit cynical, you reach a point then where you really didn't care. It wasn’t like you were fighting for the flag or fighting for the country or fighting for anything. All you really want to do is get out and get back in
one piece, and that’s really all what you wanted to do. So, it really didn’t make any
difference anyway. You counted the days, you counted the time, and didn’t really think a
lot about it; didn’t want to think a lot about it until after it was all over with. From our
point of view, the general thing was that most everything was totally disorganized and
there were so many things that you could overhear that there was confusion,
misinformation, lack of information. If anything was probably portrayed pretty well it
was MASH, the movie and TV series. That was probably the most realistic part of it was
the relationship between the medics and people in the hospital and combat arms. A lot of
that is pretty accurate. Our perception of the combat arms with the way they were
concerned [about] the body count and having a combat command on record and that
affected a lot of things whereas all the medical side wanted to do was one, not see
anymore patients [?] patients and take care of the ones that you did, and the rest of it you
didn’t spend a whole lot of time worrying about holding communism or making [the
country safe. That’s crap. That was ours.

KS: Did you have much contact with your family or friends?
RS: I’m sorry?
KS: Did you have much contact with your family or friends? Did you write
letters?
RS: Oh yeah, depending on the time. If you were sitting around there were great
periods of just nothing going on, and particularly during the monsoon season where it just
rained so hard, there’s not a lot you can do. Then, you’d write every day even if there
was nothing to write about. Other times if you got busy you’d write when you could.
My family was really very good about writing back and other friends. The mail was a big
deal, and I’m sure you heard about that. As a matter of fact, you can find out a lot of
what was going on through somebody else rather than what you knew about then.
KS: Would you discuss things of that nature in your letters as far as politics or
what the climate was in the United States?
RS: I stayed away from that. I think I probably discussed it or mentioned things
like that for a while but then I kind of felt like there’s no reason to load anybody else up
with this, so you tried to stay away from it as much as you could and just discuss other
things, more just kind of newsy stuff.
KS: You mentioned you were a member of a medevac crew; you would actually go out on the missions. Could you talk about that, about what your duties exactly were?

RS: When you were on a rotation, they would rotate medevac helicopters into this particular base camp I think about a week at a time or whatever they could. They would usually have a couple of pilots and one or two people there, full time members of the crew that were medics, and we would supplement that. We would have usually one officer who was a surgical assistant and one other person that would ride the helicopter.

If there was a mission somewhere they would call it back in to this medevac unit which was what we did and say, ‘We have this type of an injury at this location and need a pickup,’ and you’d kind of look at it to see whether one, what kind of injury it was and what had been done, and where it was, just someplace where you could get in or get out, or see if it was something else that maybe could be delayed or picked up later on or had to be picked up right now. There was a lot of…not a lot, but there were instances where you got really busy picking up GI’s [said] that somebody would call in for either Vietnamese pickups or other pickups, other nationalities, that sometimes were really difficult and sometimes they were really minor injuries that did not require evacuation; they just wanted to get out of there. You got some calls where the type of injury was reported to be a lot worse than what it really was for whatever reason, and there was not much you could do about it at the time. Sometimes you got in where there were a lot more injuries and a lot worse than what they were describing. We ran into those. But anyway, when you got a call like that, they would say you could carry up to four patients. You could carry those on a helicopter. You try to see what they’re going to do, whether you go out and back, or out somewhere and in somewhere and then back, and then how many times you had to do that. Sometimes you would make four or five missions a night, four or five missions a day. Just as soon as you set down, unload the patients, you would restock your fluids and whatever else you had to restock and refuel the helicopter and take her off again. So pilots really got whacked. The pilots really got stressed. That was just terrible strain for a full time crew to do that, and of course that would have been a rotation and go back somewhere else, too. When you got really busy, there would be time when there would be 10, 11, 12 days when it seemed like every two hours you were getting a call day and night to go somewhere so there was pretty good stress with it. Of
course I think the frustrating thing with that, and it was for all the medical people, the only time you’d get to see our guys were when they were shot up or dead or mangled. You don’t get to see any of the ‘heroics’. That’s not to say we actually took the hill and the ones alive to see that. For a lot of the medical people, the enlisted and officers and doctors [?] that’s a real strain because it feels like that’s all we did. It kind of changes your opinion about a lot of stuff. But, that’s what we did, see only wounded.

KS: On the helicopters, did they always make that landing or did you ever use harnesses to pick people up?

RS: One time that I was involved in where we had to use the harness because the helicopter has to be equipped for that, and at that point a lot of helicopters didn’t do that. A lot of combat helicopters did because that’s the way they would drop troops. They would lower troops by the winches. A lot of the medical-vac helicopters didn't have that kind of equipment early on, so the only time we ever did was one time the helicopter showed up and had the equipment for it and they said, ‘Well, we’ve got someone who’s got to be picked out of some trees,’ and they tried it, and they did it. It was scary. I’m glad I didn't have to do that very often. It was really nerve-wracking because while you’re sitting up there you’re just a dead target for anybody to shoot at you. It’s kind of unnerving because somebody had to go down to stabilize the patient because the people on the ground don’t know how to do it. So, you had to send somebody down and then send them back up, and then send the thing back down and then bring that person back up. Holding the helicopter in one place, that’s tough to do that, so nobody really liked to do that pretty much. So, not a lot. I think it picked up after that. They had more helicopters equipped to do that, but not any of the ones I did. Usually we landed somewhere.

KS: And were you ever fired upon?

RS: Oh yes.

KS: Could you talk about that? The first time that happened, what were the instances surrounding that?

RS: Well the first time it happened, I didn’t even know it. I mean, I didn't know it until we got back and found bullet holes in the thing [helicopter] so I didn't know about it. After that I got a little bit more conscious about it and thinking about it. But, a lot of
times you really couldn’t think about it at the time because you’re busy doing everything else. So, you didn’t do that. You knew that there was going to be a possibility for that.

A lot of times the medevac helicopters didn’t get fired on all that much, at least where we were. Occasionally, but none of the ones I was involved in ever got hit seriously and none of the crews ever really got hurt seriously. They got badly beat up on the ground because their base camp would take mortar fire periodically and that shredded a lot of helicopters and a lot of moving like that. That’s why they’re sitting on the ground. There were a couple times on the ground when you’re out with the units that received fire and took a lot of wounded and a lot of casualties, and that was pretty scary. I think that was one of the questions had about one of the things remembered. There was a doctor that I worked with that got [was recommended for] the Silver Star for valor because he was moving around from place to place and he was picked up with supplies in different places and I don’t know how he got away, but it was just he was out there and came back and he’d bring a patient back with him or lead him back in and go back out again.

KS: Do you recall his name?

RS: I don’t. I tried to see if it’s in some of the stuff that I had written down. I’ll think of it. I will think of it sometime. I tried to look through some of the unit rosters I had, but I don’t have it.

KS: What about any dangerous wildlife out in the field? Did you treat patients for like snakebites or insects? Was that common?

RS: We had some snakebites, bees.

KS: Bees?

RS: We had probably as much of that as anything else. Troops would get stung horribly by stumbling into bee hives which I guess were built on the ground or something but it was so thick and they got stung pretty badly on some of those. A couple of snakebites, which all we did was just evac those guys. They would have no idea what kind of snake it was; could have been a cobra, could have been something else. We heard reports that there were tigers out there.

KS: Did you ever see one?

RS: I’m sure they were out there, but I never saw one. I don't recall anyone ever getting wounded. They were wounded by some of the buffalos, which were huge, and
they run around pretty freely there because they’re work [animals] and where we were, the Michelin Plantation which is bizarre, was still operating. They were still taking rubber and floating it down the river from the Michelin Plantation. The corner of our base camp was part of it. If you look at it, it was real pretty. It was all cleaned out. It was a forest, [?] and everything else. Really clean, and the trees, which were huge there, and they would come in and tap the trees and take the rubber and take it down to the processing plant and float it out of there. We were told that the French were still paying for this and I know that anytime in this base camp if somebody happened to knock over a tree or damage a tree the government had to pay somebody for it. Or, if they were damaged through combat operations or something like that they would have people that would come out, count the trees to see how you were going to have to repay somebody for the trees you damaged; and this was supposed to be a war zone! Absolutely insane. But, the thing was they used a lot of buffalos to move all that stuff from the villages. So, occasionally they were foul tempered and they were big.

KS: So they would run over people? They would charge?

RS: Hook with their horns and stuff like that. They’re not like the cows, they’re fairly domesticated around here. They’re not quite that tame. They don’t like strangers and stuff like that. Some people, I don’t know what they were doing, what they decided to do. But, a few, not a lot. You talk about leeches, you have leeches all over the place and some other kinds of insect bites.

KS: How would you treat leeches? You would remove them, or was there antiseptic or something?

RS: You just pull them off and put antiseptic and hope it don’t get infected. But, there’s probably a lot of bizarre diseases that came out over there because people running around out in the water and eating unclean food and we’ve never really found out what the problem was. [If] we couldn’t turn the patient around in 72 hours and show an improvement, he got them out of there. About the only thing I never heard that we had a problem with was malaria and everybody was taking chloroquin tablets. I don't recall that ever there was a diagnosed case of malaria in the whole base camp.

KS: Do you take that regimen everyday? How does that work? For the whole time you’re there?
RS: Seemed like one that was every day and one of them was once a week.
KS: For the whole time that you’re actually in Vietnam?
RS: Yes, and I guess it worked.
KS: Yeah. What about any contact with civilian population? Were you involved in any civic action programs?
RS: Yeah, what they called Medical Civic Action Programs, MedCAPS. It seemed like a couple of days a month you had to go out to one of the local villages and you’d treat the sick. You’d have an interpreter, somebody would go with you, a base representative, and treat the people. My personal opinion was it was an absolute waste of time. It was [supposed to be] about winning hearts and minds and stuff like that. It was pretty much throwing medical supplies down the drain because if you gave the supplies away, they get in the hand of the VC. They wouldn’t take it. A lot of them wouldn’t take the medication anyway. If you wanted to treat somebody, make sure that they took the pill and whatever while you were standing there because otherwise they wouldn’t take it, so you couldn’t leave anything. There were two villages that were reasonably close that you could go back to. I think it was primarily because there were a couple of churches that were in the village and the priests would come out and want to treat these, and occasionally there was an injury or something that you could treat. Otherwise, people line up and you find the indigenous problems there that you probably couldn’t treat anyway. Again, a political consideration I would think was that we were in a place where there were no fire zones. So, this village or the other places could have enemy soldiers come in them, set up a mortar, and mortar your base camp, but you couldn’t fire back because it was a no fire zone. You knew the people in the village were either permitting this or encouraging this or were involved in it. So, it kind of left a bad taste in your mouth to back out to this village at the time and say you were probably treating some of the people who were shooting at you the week before or the night before because it was a political issue I think that’s part of the whole thing in Vietnam is why you’d have a no fire zone in a combat area. It absolutely made no sense. We would see, and a reasonable percentage of the time that you’d go in and treat people, who obviously had combat wounds; anywhere from 14 to 15 year old kids to other people and some older guys that you knew were VC but there was nothing you could do about it. They were there and
they need to be treated, and you knew it was either shrapnel or something like that
because otherwise they’re too healthy and too [?]. But, this was one thing that came
down [from higher up] and said, ‘We’re winning the hearts and minds so you’re going to
have to go do it anyway.’

KS: Did you ever feel unsafe when you were in these villages?
RS: No, not really. I would think for one of those…if you stayed out later at
night, [?] during the day, if you got caught out somewhere after dark then you would not
be safe at all. But, during the day, I think those were kind of the rules that as long as
you’re out there treating [the locals] and treating your own soldiers, not getting ambushed
or anything like that unless you wandered off somewhere and stepped on a punji stick or
something like that. But, you were not also accepted with open arms and everybody
cheering as you were coming in.

KS: You weren’t?
RS: No, no. That was misrepresented by *MASH* because you go to the orphanage
and everybody’s cheering, that never happened. You went in, the people were very quiet,
sullen maybe. You come in, you do your thing, they take it and go away, and you may
never see them again.

KS: Did you ever feel that your work was appreciated?
RS: No, no. It was frustrating because not only was it not appreciated, it wasn’t
really effective because you see some really sick young babies and kids that could have
been improved by basic cleanliness. I don’t know where in the world they [we] get
formula and things like that. We had a certain amount of formula and diapers and stuff
like that that would come in and they’d say, ‘Go distribute them on your MedCAP
mission,’ so you would take all manner of stuff like that. It never got to the kids. I don't
know if they were feeding it to the adults or feeding it to the pigs or giving it away to
someone else. But, you see some that things could be done. We had dentists and they
would go out and they would check and they would remove some teeth and do some
pulling [cleaning], but the Vietnamese were terrified. But, you could do some good with
that because they couldn’t get it anywhere else.

KS: Were there any programs to teach some of the basic skills that you said that
might have prevented some of the illnesses?
RS: You didn’t have time.
KS: You didn’t have time?
RS: Because you’d go out once every two weeks or whenever you could. It was in a sense absurd because you just came back from a ten day, seven-day combat mission and then you hated to go right back out. Probably the people you really learned to hate were the PI people, public information and photographers and everyone else who always wanted to make a story out of something and wanted to go see what good was being done. So, they would set up all these kinds of missions to go out where they could take a picture or see what’s going on. We’ve got to tell the people back home. So, we did it but it wasn’t like anybody was real happy about it; maybe under different circumstances. Some people, according to doctors, probably did have malaria, cases of malaria, because they were jaundiced; probably some kidney disease, probably some other things that just related to nutrition and nothing that you could do in a short period of time. It would have been a long-term course of treatment. But as far as putting some names on them, a lot of times they couldn’t not identify them. Usually related to either old age or the diet. They were third world, the cleanliness was just not the standards they have. We don’t know where they got their water, where they got their food, how it was treated. Don’t know what they’re eating. Monkey and dog were favorite foods over there. But, you pick up a lot of illnesses from it [food] and bathing in the river you pick up a lot of stuff. So, nothing unexpected that you wouldn’t have seen anywhere in conditions like that. But, I don’t remember anything particular at all. Problems with pregnancies, you did see pregnant women and babies and you really never knew how many of those babies survived and did not because people sometimes would move around. Sometimes the population would come into the base camp, would come into the gate, the base camp had a big gate on it, and they had a very few number of civilian employees.
KS: On the base?
RS: On the base, very few, but they did have some. Mainly, I think because it was close enough to the rubber processing and they had to have some information back and forth and they would buy some fruits and vegetables from the region that couldn’t be gotten from somewhere else so there’s’ a trace of that. But you would have some people that would come through the gate that would want to be treated for one thing or the other.
Some of it was pregnancies. Some of it was a severe injury which, I don’t know,
someone said they were hurt working on a tree or fell out of a tree and probably be a
combat injury, but we treated it anyway. Occasionally we’d treat patients like that.

KS: They had no access to their own medical care in the villages?
RS: No, they really had no medical care there. They would have some village
people there who were…they weren't really called doctors, they were called [?] and their
treatment would usually be supplies that they had gotten as far as bandages or things like
that. But as far as prescribing medication, they really couldn’t do that. They really
couldn’t do any kind of sophisticated surgery. They couldn’t do any sophisticated
OBGYN. If the childhood [birth] was uneventful, it worked. If it wasn’t, either the
mother or baby or both died; pretty tough.

RS: Did you ever assist in any deliveries?
KS: Oh yeah.
RS: Oh yeah?
KS: It was more Vietnamese babies.
RS: Oh really?
KS: They had a lot of them and when you went out, there were times when you
would have two or three…it was almost like they would wait until the GI’s would come
back to treat them, but I think everybody in our unit delivered a couple of babies at one
time. Even when you’re out on an operation somewhere, if it was quiet, you would go
out on what was supposed to be…I think what they called search and destroy missions,
you would search and not find anything at all except mosquitoes and bugs, so everybody
sat down. Somehow, the local population would find out where you would be and come
in wanting something; food or to see the GIs, because GIs will give away anything, a can
of C-rations or something like this. Well, they would bring in their kids to be born and
the other people in the unit would say, ‘Take them to the medic tent,’ and come back over
and say, ‘We’ve got somebody here who’s fixing to deliver,’ so whoever was there would
go ahead and assist with the delivery, and there’s not a whole lot you can do, just hope
that it goes well and no anesthetics or anything else. Deliver the baby, clip the cord,
clean it up.

KS: Did you have specific supplies that would help you with that?
RS: No, not really. When you get down to it, there’s not a whole lot unless there’s...then you hoped that the bleeding stopped and everything after about an hour or so. Usually the Vietnamese were pretty hardy. They deliver their baby and then they get up and they walk out in about an hour or so. They’re not like stay in the hospital overnight. As long as the baby’s breathing and cleaned up, seems like its going to be okay, then as soon as their bleeding stops they have the grandma, mother, whoever it is picked up and walked out.

KS: Would you have interpreters there with you for that?

RS: A lot of times you didn’t. Sometimes you did because the combat units would usually have scouts or guys or Vietnamese and sometimes Vietnamese troops there so occasionally you would have somebody who would come back and would help with that. But, when they come back in there’s not a whole lot of conversations you could have; get up on the table. The thing that’s...I can never remember a time when there was any kind of a delay in this, like you would wait for a couple of hours or three hours before delivery? Usually it was right down to the minute, they would come in and they would deliver within the hour in the village or in places like this, and that has always fascinated me because I’ve got three daughters myself.

KS: You hear of people going into delivery...

RS: For six hours and stuff like this.

KS: Yeah.

RS: I never saw that. They came in and they had the baby and left.

KS: You mentioned also that you had, on base, a few civilian employees? What were their jobs? What did they do?

RS: None of them worked for us. I think that where they worked, they may have worked with the several of them as either interpreters to the local population. I think some maybe worked in some of the mess halls in the various units, dishwashers and cooks or something like that. Maybe a few of them in trucks and something like that but very few of them but it was interesting what we were told, that they would come in and they knew where everything was and they would observe and they would step off and mark distances and directions so depending how accurate their mortar fire was they could drop it just about anywhere they wanted to drop it in base camp. So for the medical part,
where our little place was, we only caught mortars two times when I was there and those
were probably accidents because those weren't that accurate. Most of it went to they had
a very small airstrip in this base camp.

KS: This is Dau Tieng?
RS: Dau Tieng, yeah, a very small airstrip and they had some combat helicopters
that were usually parked on the airstrip and they would get hit pretty frequently so they
knew exactly where they were and some of the other combat areas would get hit. But,
the medical unit…and there was a church on this base camp that never get a scratch, so it
was they knew where everything was.

KS: How well do you think the base was protected? What kind of measures were
taken?
RS: As well as it could be. It was…well, the Vietnamese never did have any big
heavy artillery, they had no air strike or air capabilities. So, other than random sniper fire
and a lot of mortars, that’s about all the base camp would get. It was heavily fortified as
far as it was not going to be overwhelmed by any means because there weren't enough
[enemy] troops there as far as we knew that there were not that many troops down there.
It was close to the middle of the Iron Triangle, it was close to the Iron Triangle so there
was a lot of movement around it in other places. One of the big landmarks there was a
place called Nui Ba Dinh, Black Virgin Mountain, and other people [units] had been
around there from Tay Ninh and Cu Chi and places like that mentioned that. But, that
was a center of or one of the corners of the Iron Triangle where there was a lot of activity.
We could see it from where we were.

KS: Was it noisy? Could you hear different things going on?
RS: It’s interesting, yes, I had not thought about that. There were times when
we’d hear B-52 strikes all night long that would shake the ground; you’d lay on your
bunk and go back and forth with that, and a lot of other called in air strikes, jets and
others called in. Some of it reasonably close; close enough where you could hear it, but
not right in your own backyard. Plus, we were close to a river. I forget. I guess it’s the
Saigon River, I think we were just within walking distance to the Saigon River so that
was a natural barrier; nobody’s going to come across the river and get the base camp.
The rest of it was on a road, but... The other part of it would get real noisy. I had not
thought about that.

KS: So you felt fairly safe when you were on base would you say?

RS: I suppose. Mortars are not a lot of fun and I guess that’s what they were
designed to do was just make you lose sleep at night. It’s not like there could be enough
to destroy the whole base camp, but there were casualties and there were bad injuries.
During the dry season some part of the base camp would get mortar fire two or three
times every week. So, it wasn’t like it was rare. So, I guess you really never knew
whether you were going to be…because you didn’t always stay on your own area of base
camp. You were on other areas of the base camp, so you didn’t know when you were
going to be standing there and have a mortar drop in your pocket. There were snipers and
an occasional attempt where somebody would come up and try to blow up part of the
fence. It was fenced in and sandbagged, the whole perimeter, and they had guards and
watch towers and things like that. So, I guess, I suppose we were safe, I guess.

KS: What about did you ever have an opportunity to have time off? Any R&R?

RS: I went to Thailand, Bangkok for a week. That was a really short week. It
was almost going back to civilization. In country, a place called Vung Tau and I went
there for a couple of days, only because we were going in to do supplies and stuff so I did
go down there for a couple of days. During the rest of the time, maybe two or three times
the whole time there, we’d have a reason to go back to Saigon, to Long Binh, either
picking up supplies or making arrangements or something, and those, because you’d go
down and maybe stay a day and a night, or a day and a night and a day and then catch a
flight back, so we’d rotate that next, some of the officers on who was going to get to go
down and come back. So, you could go down and go to the USO for a day and have
hamburgers, and that was a couple of times during that nine-month period.

KS: Did these trips, would you get specific time off, like you would work for
instance would you get a weekend off or was it ever scheduled?

RS: No, it wasn’t. You [?] there. There really wasn’t any difference between
Mondays and Fridays and Tuesdays and different kinds of blocks. If it came time
to…some of this was sporadic. Somebody would come in and say, ‘We need to go down.
We didn’t get the supplies we thought we were supposed to get,’ or, ‘We need something
else,’ or any kind of reason anybody could think of, when they had a plane coming in or a flight going back to Long Binh, a lot of the units would find a reason why somebody could go down and conduct some sort of legitimate business. It wasn’t whether they could have that many passes. For one, it was too dangerous to go down there, and a lot of the people couldn’t just go down and take off for a couple of days because you had people there that you had to do. Like those guys know, I couldn’t be gone because if something did happen either somebody else had to ride the medevac chopper and somebody else had to stay in the base camp, you were aware that could cause some problems. But, occasionally you could get away. The only one that you scheduled around was the R&R and when you knew that somebody was going on R&R then you arranged the schedule and you planned for it.

KS: Did you ever have assistants when you were in R&R, would you have a replacement?

RS: No.

KS: No, you wouldn’t?

RS: No, that’s not true. We were down one [medic and others], we were going [?] R&R and we had somebody come from the 25th Division in Cu Chi and come down and spend a week with us and he didn’t like that.

KS: You mentioned the USO. Did you see any USO shows while you were in Vietnam?

RS: When I was in Long Binh, when I was transferred to Long Binh the Bob Hope show came that Christmas. That was the Tet Offensive, the 1968 Tet Offensive. I saw his show and then the Tet Offensive was a couple weeks after that. I did go see that. I forget, Ann Margaret maybe, I forget. Raquel Welch was there, Raquel Welch and Bob Hope, that’s what I remember about that. That was a big show, [?] but I can say I was there.

KS: Did they have any musical groups or was it comedy acts? Do you recall?

RS: They did, but I don’t remember what it was. Again, there were a lot of people there and we were a long way away.

KS: Did you have binoculars?
RS: Just about, just about. So, it probably would have been more memorable if we would have been up close to see something, but then again, a lot of the GI’s had a hard time. It seems like the GI’s that were in the hospital and they got the front row which I think was appropriate. You may have heard of this term before, the Saigon Warriors who never heard a shot fired in anger got also pretty good seats. Everybody else just got where you could get.

KS: How did you think…did that boost morale for some of the GI’s on the front lines?

RS: I think it was tremendous, yeah, for a lot of the guys who could see that because they did bring in guys from out in the field, some of the other units. You could send a truckload of people back in. Yeah, it really did. It was much better than anything else they did have, Bob Hope and some other people come back and tell the jokes and be pretty honest and up front and kind of make fun of what was going on. It meant a lot to a lot of people, it really did.

KS: I wanted to talk more about the move to Long Binh. That was your last three months that you were there?

RS: Yeah, a little bit more than three months. The 50th Medical Battalion was the higher headquarters for most of the hospitals in the delta, far South Vietnam and then North of there. I think it was like 40 or 42 hospitals and surgical units, something like that. I was the assistant S3, which is operations, and my main job was working with the medevac units. The medical battalion has a medical evacuation unit that was attached to it that was responsible for providing medical evacuation support for us. Seemed like there were about a dozen people who were involved in that at different ranks and what their job was to make sure that all the helicopters were functional, were staffed, had the crews, were trained, and were where they were supposed to be. The radio…they had specific radio call signs and specific radio protocol and somebody who determined the priorities of these helicopters went where to do what and then let somebody know that on the ground there. At any given time there were two or three people taking these calls at one time and then you had to decide with the map and everything else, ‘Okay, we’ve got a call from here. This is what this problem is. A call from here. Who’s close? Who’s in the air that can divert to go there? What’s the delay going to be,’ so you can let
somebody out here know. I was told, and I believe, that the Medevacs were one of the
biggest thing for the GI’s that really made them feel like somebody was taking care of
them. They knew if something happened that there would be a medevac there real quick
in pretty much any weather and pretty much any kind of day or night. A lot of these guys
took it real seriously, which was good. But, it was a big deal.

KS: How hard was it to prioritize? You talked a little bit earlier. You’d get
information from people and sometimes it wouldn’t be correct information?
RS: It was awful. People died because they couldn’t get an evac out to them,
because you simply just didn’t have the resources or couldn't get one there to send them
out. It was tough when somebody would call back in and say, ‘Cancel that because this
patient’s already died.’ It’s tough, hard to deal with. Just couldn’t handle everything, you
just couldn’t do it. So, you tried to do the best you could and get as many out as you
could. I think that unit, not because of anything I did, but I think that unit was just
exceptional, very, very [?].

KS: Did you have your own like communications base or tent, or how was your
operations?
RS: It was in a building. They put us up a building that was like a radar station
where you got all kinds of antennas and stuff like that. That was the operations center,
Medevac Operations Center, and there was somebody in there 24 hours a day, seven days
a week. That’s where you’d go on different shifts; usually ten on and ten off and then
some other times. It wasn’t unbearable because they had enough people there. It took a
while for somebody to get trained to do that. It’s not something you could just walk into
and do the first day. So, they tried to keep enough people there for backup and I think
that’s part of the reason why I got involved in it because I had been both on the ground
and in a helicopter talking back to some of these people that I had known for about nine
months and I had been through that. They were looking for somebody…I don’t know
what happened. Whoever is supposed to come in there, was assigned there, something
happened and the guy didn’t show up. So, they said, ‘Okay, you’re here for 90 days until
we can find somebody else to do that.’ In a sense it was good for me. I got out of the
boonies and got back into…and Long Binh was almost not like being in a war zone. I
mean, they had clubs, buildings of your commissary where you could get hot water, you get showers, you get water, clean uniforms. It was all right.

KS: What about were you responsible for making sure the helicopters were maintained, or was that…

RS: They had somebody to do that. I mean, if there was one that was either routine service or something happened, you had to make sure that there was a replacement there or reschedule locations to cover that for a while while that one is out.

The maintenance, I didn’t keep up with the maintenance. Somebody would say, ‘This one’s got a problem. It’s not flying today,’ or, ‘It’s going to be out for a while, make sure somebody else got there.’ We never had problems. There were a lot of new medevac helicopters coming in country.

KS: These are UH…do you recall?

RS: Huey, it was the Hueys.

KS: Huey?

RS: UH-1B

KS: UH-1B, okay.

RS: The Huey. They were both called slick ships, they didn’t carry any guns.

KS: Did you ever carry a weapon with you while you were out in the field? Is that standard?

RS: Oh yeah, everybody did. I don’t know how effective it would have been. We were trained to use it so it could have. It did. That wasn’t our primary mission.

KS: You mentioned earlier how hard the helicopter pilots were worked. Was pilot fatigue a big problem, or how was that handled?

RS: Oh yeah. These guys would just go until they just dropped; I mean, literally, they were so stressed and you’d have to get somebody to say that this guy just can’t go out on a mission somewhere. You get to a point where his reflexes might be a danger to somebody else or just sheer exhaustion. They worked as hard as anybody I ever saw.

They were utterly, totally committed and I know some of them must have stayed on 24 hours every time, just coming and going, and fueled up and go right back out again. So, yeah, they were something else. Most of them crazy. They would do things that I would never do.
KS: Do you recall any specific incidents?

RS: Well, they did some things, the way they were flown, the way they were flying, the way they would make a landing or sit down was absolutely critical and would scare you to death, getting in and out but they were very talented. I wouldn’t do it.

That’s why I have no desire to get on a helicopter again!

KS: Is there anything else you wanted to add about your time in Vietnam?

RS: No, I don’t guess. I’ll just say that it seems like a long time ago. I don’t know if we ever learned anything out of that or not. I don’t know. I had a brother that was killed over there, so that changes the way I feel about a lot of things, and some of the questions you had about whether I would be interested in going back, and I think no.

You ran into a certain number of people who I think go back over there and say they never heard a shot fired in anger. I spent some time in the Vet Center here in Lubbock; a surprising number of people who claim to have been there who actually never were. You went through a time when it was a stigma to even be a Vietnam Vet and now it seems like there are people coming out of the woodwork who are claiming they were there. If they would have had that many troops there they would have had ten million people in country. So, it’s interesting how it’s turned around. But, I think there’s been a lot of education. It was a tough time. I think I missed some of it, the real activists. By the time I came back, there was just the protests and everything was just really beginning to heat up. That was very disappointing.

KS: At the time, what did you think about the leadership even, President Johnson? What were your thoughts on that?

RS: Well, I don’t know which I thought at the time and which is hindsight, but I think there was absolutely no reason to be there. I don’t think we accomplished anything. I don’t think we won the war. I don't think we stopped communism, I don’t think we freed South Vietnam. I think the whole thing was just bogus. Having said that, I still feel very strongly that if the country decides that they’re going to be involved in a conflict somewhere, if you’re in the military, that’s what you do. You go. So, I have very little use for protestors like that or draft dodgers or people who went to Canada or Jane Fonda. People who were there at that time will never forget what she did. She’ll always be a traitor. She’ll always be Hanoi Jane. The leadership over there wasn’t really close
enough to the upper [lower] levels or a lot of that, but like I said earlier, it seems like
most of the combat arms were interested in promotions and self-promotions and body
counts and command. I don’t know whether incompetence is too strong a word or not,
but [maybe] miscommunications. Nobody knew what was going on. When you come
back to some place like Long Binh and some places like that where there is profiteering,
people making a lot of money off this, military and civilians and officers and enlisted,
everybody, and the lifestyle that someone has had there was like a resort. It was very
easy to sit in a place like that and make those kinds of decisions and send somebody else
when they’ve got clubs and swimming pools. That part of it left a bad taste in my mouth.

KS: Do you think the decision makers spent enough time in the field in combat?

RS: No, that was one of the things we really had a bad time was that we had a
mission there that there were certain awards that you could get, the combat medical
badge, the combat infantryman’s badge, that you got if you were in a combat zone, under
fire, for a certain period of time, and we were close enough to where we had people who
would come out and want to stay for a period of time so that they could say that they had
been in a combat zone, but they wanted to get on a plane and go back at night, not
actually stay there, just so they could say that they had been in a combat area. So, [?]
questions. I know not necessarily on the record but the unit that I was in, none of the
medics there would accept a Purple Heart, nobody in the unit. Everybody got a Purple
Heart, and they wouldn’t accept it. They saw too much. As soon as you got a scratch, it
just wasn’t worth it.

KS: I’m curious what you think about lessons learned? How do you think the
military has changed with the procedures based on what happened in Vietnam? Do you
see any improvements maybe?

RS: I think the military part of it improved because I spent another about eight
years in the military after I got back from Vietnam and for the medical side of it, I think
there were some things learned about how you support the units, what kind of equipment
you have to have, what kind of training you have to have, the value of Medevacs, air
evacuation, the value of communication, particularly the value of training for troops. It
think those are all good things that came out of it. I can’t really speak to the tactics part
of it as combat arms because I don’t know if anything was learned out of that or not. I
think that what I heard from a lot of people is that the big problem was how the military was being used, not how the military was doing its job. There was a large…there was a lot of feeling from both combat arms and air support services that the military was not allowed to fight a war. They were prevented from doing the things they needed to do for political reasons and I think that may have been the first time in history where that had been true. I think World War II and Korea then went out to win the war, not the battle, and they committed the troops, and that wasn’t true in Vietnam. You couldn’t even identify the enemy all the time. I think that probably still holds over today. We’re still misusing the military. We’ve got no reason to be social workers in so many countries, and I think that hurt the military. I think it hurt the enlistment, the quality of the people that you get. I think it lost a lot of people in the military that had a lot to provide because they got disgusted with what went on in Vietnam and the military and have gotten out and I think that’s true for people going into the military, and that’s one reason I got out of even reserves. It just was not worth fighting that battle anymore. So what was there from Vietnam? I don’t know. I don’t think I have any personal animosity toward the people in Vietnam. My opinion is that the people that lived in the villages wanted everybody out. They couldn’t tell. The VC came in one end of the village and destroy the village and leave and the GIs come in the other end of the village and destroy it and leave. They were caught in the middle. All they wanted was everybody to go away, but there wasn’t anything they could do about it. It may be predictable with our government; we’ve done it before. We supported the wrong people at the top. There was a massive corruption, massive political machinations, and the people really got hurt on that. I never went back to whatever rebuilt Vietnam. These are the same people that were causing problems in the first place, so I don’t know that we did anything over there. It certainly wasn’t because we were told to go over there, [?]. But then again medical units were not combat units so you don’t know where everything is coming from.

KS: When you got back into the United States, where did you arrive?
RS: Where?
KS: In ’68?
RS: That was back in ’68, really right after the TET Offensive, which was really scary. That was the first time that I really felt like somebody was coming into the base
camp, even something as big as Long Binh, mainly because we were totally unprepared. It was like living in Lubbock, weapons are locked up, you don’t have any access to anything, and here all of a sudden for two days, three days, there’s massive bombardment, massive attacks, and you’re not real sure that anybody around there knows what to do. I was really glad to get out of that. I really didn’t know what was going to happen with that.

KS: Had you had your orders to leave with Tet started?
RS: No, I didn’t have orders to leave. I was supposed to leave in about February, so I still had another month, or actually March. So, in January, I still had a couple months left to go. What I didn’t want to do was I didn’t want to get my tour extended over there and have to, which it didn’t. It went away. So, I came back in I guess March, February or March of 1968.

KS: Can you talk a little bit more about TET and what happened on the base? You mentioned that the base was not prepared. How were things handled?
RS: Now I said we weren’t. Now on the other side of the base, the perimeter, maybe they were more prepared than what we were. When this all started, again, medics are not the ones who actually get all the information first thing. So, we’re sitting here across the street from a very large evacuation hospital, a couple hundred beds, and nobody ever tells the medics anything, and all of a sudden…and there was a lot of people there that had been there the whole war, the whole time of their tour, and they’d never heard a shot. They’d never heard anything. Then, when these start going up, massive explosions and things like that, they had never heard anything like that. For some of the people that had been out in country, you could tell right away that this was a big deal. These are not just an isolated mortar here. This is a big deal. Of course as the information kind of filters through and we get it ten hours after everybody else does, ‘Well, the base is under attack. Tan Son Nhut is under attack. The Vietnamese are overrunning Saigon.’ You didn’t know whether you were talking about 1,000 troops or 10,000 troops or 100,000 troops. So, it was scary for that because that’s the first time anybody asked what is going to happen here? Are they going to come across the wire and take over this base, because that was what the intent was, I’m sure. As it turns out, it was a lot better protected and prepared than anybody thought at the time. But, at least
what we were told at the time, that was the first time when they really came back and
struck the heart of the U.S. command structure at Long Binh. It was pretty scary. A lot
of people spent the night in the bunkers. I did!

KS: How did your operations change? Did you notice that you were dispatching
more helicopters, more Medevacs during that time, during TET?

RS: It wasn’t really more. They were in different locations. They were a lot
closer to Long Binh; usually they were a longer flight out because most of the units
around Long Binh, they could provide ground ambulances. They had a good road
structure and everything else, they didn’t need it.

KS: The roads were safe enough?

RS: Yeah, until then. So, they didn’t have need for the medevacs like why you
got out of there. So, our traffic really didn’t pick up that much in TET. We had more
patients in the hospital but that wasn’t anything that I had anything to do with. A lot of
people stayed up late.

KS: How long did that last?

RS: Seemed like it was about three days. Best I can remember was three or four
days and that was really the most activity that I can remember. But after that it might
have gone on, but we didn’t hear about it.

KS: What were things like back in the United States? You mentioned that the
protests were just beginning to pick up. Did you ever see any of those?

RS: Well, some. When we came back, we came back again through San Francisco and saw the demonstrations or what appeared to be demonstrations and I can
remember thinking I didn’t know if that was a celebration for people coming back
because when you come back in with a plane load, you get a couple hundred people on
buses or trucks and come back in and said, ‘What’s all this about?’ and they said, ‘Is this
the welcoming party for people coming back for Vietnam,’ and nobody really knew. So,
I got off the plane and walked past and I never had any direct confrontation or anything.
When you come back of course you can be identified as military. We came back and I
really never, at least there, San Francisco back to here, never had anything thrown at me
or anything like that. But, a couple of days later I read in the paper that they’re having
demonstrations in California, anti-war demonstrations. I said, ‘Well that’s what all that
was about! I had no idea!’ Then after that it seemed like the next couple of years it
picked up a little bit where you were reading about anti-war demonstrations. I have to
admit, I think about this and I’m not really sure that I don’t disagree with a lot of that, but
again, being in the military is such an isolated society of your own. You come back here
and you do what your job is and not really exposed to it all that much. But, I think it may
have created a lot of mixed feelings. Like today, and I’m glad I don’t have any boys, but
I would just have to think about whether I would want a kid having to go into a combat
zone under the same circumstances that I went in under. I don't think that would be…I
don’t think I’d take that risk, not unless it was going to mean something. My thing right
now, another thing like Bosnia and Haiti and places like that. I don’t think it’s a good
enough reason to go.

KS: Where were you stationed after Vietnam? Were you back in Texas?
RS: I came back and went to a school and then I went to El Roso, [William
Beaumont Army Hospital] Memorial hospital.

KS: What did you do at the hospital?
RS: I was a in patient administration which is medical records and things like
that. That was a large return hospitals for Vietnam returnees. It must have been 1,000
beds, and still receiving a lot of medical evacuation from Vietnam. So, I did that and I
was also in charge of the outpatient services, outpatient clinics for dependents and active
duty also. It was more of an administrator. I got back into the administrative part.

KS: Administrative? Did you have any contact with any of the patients?
RS: A lot, a lot, because that part of it was responsible for receiving the patients
and getting them into the hospital and then getting them out to either back into the
civilian life or back to duty or back to VA hospitals, and that all came through the patient
administration.

KS: So these were patients coming directly from Vietnam?
RS: Yes.

KS: What kinds of injuries and wounds did they have?
RS: Disabling injuries, loss of arm, loss of leg, severe internal injuries where they
probably were not going to go back to active duty. They did have a large rehab area
there. Some patients could have been rehabilitated, not necessarily go back to active duty
but just go back into life. So, they did a lot of that. That was a huge orthopedic rehab
area. That one was orthopedic for those kinds of injuries whereas Ft. Sam Houston in
San Antonio were burns. That was a burn center Brook Army Hospital so they saw a lot
of burn stuff.

KS: How long would they typically stay? I know it would probably depend on
individual cases.

RS: A year, two years, a long time.

KS: Would their family, do you know if their family would come to be with
them?

RS: Families would come to visit. When a patient would come back you’d have
to make a decision. They first got the treatment and then the rehab and then a
determination would be made whether they were partially disabled, totally disabled,
should go to a VA hospital for long term rehab. But that hospital, the idea was to get the
patient out of there and into rehab as quickly as they can, but some places they would
stay a long time. It wasn’t a long time to stay over a year. A lot of patients get out in a
lot less than that, a couple of months, [?]. But, that was a big hospital, a huge out patient
area that treated dependents also. Ft. Bliss is there so we did all the outpatient services
for the dependents and kids and wives and things like that, too.

KS: Busy place!

RS: It was a busy place, busy place.

KS: What was your next assignment after El Paso?

RS: Actually I went from there to Korea and I went to the United Nations
Command, the office of the surgeon for United Nations Command and U.S. Forces Korea
and that office was responsible for all the medical facilities in Korea, all the hospitals, all
the clinics, the MASH hospital, the 4077, that was one of the units there. So, I was an
administrative officer for the office of the surgeon there. I [also] worked with that office
and with the Korean surgeon general. That was 13 months working with that.

KS: How did you feel about your work there? Was it something you enjoyed?

RS: It was an assignment. Not necessarily Vietnam, but I do like the Far East
and Korea was a good assignment, to learn the people and learn a lot of that stuff [about
the country]. It was a good deal. It’s not like it was a shooting war but you had some
tension on the border. Korea is a pretty country. The people are hard working and
they’re good people. The Korean soldiers that were in Vietnam were good soldiers. It
was a good assignment, I didn’t have any issues with that. It was if you’re punching your
ticket, it was a good ticket punch to move up.

KS: What was the time frame, the year in Korea?
RS: I was there from ’70 or ’71 to ’72.
KS: After that assignment?
RS: After that I went to the U.S. Army War College and Carlisle barracks. They
had the what was called Medical Department Activities at Carlisle Barracks. The U.S.
Army War College is the senior training for officers who are going to be generals and
things like that. It is a college and it also is the alternate sight for the Pentagon. If they
ever bomb the Pentagon, that’s where they go to Carlisle Barracks.

KS: Is that Virginia?
RS: That’s Pennsylvania.
KS: Pennsylvania, okay.
RS: It’s just like going to college. Talk about a good duty. It’s not like being
active duty military at all.
KS: What did you do exactly?
RS: I was in two positions; one is the administrative officer for the hospital there.
They had a small hospital where it’s at, but also was responsible for Valley Forge
General Hospital and two other hospitals that were in that region; one in Pittsburgh and
[Cumberland] Army Depot and we’re responsible for all the medical supplies and
treatment there. As a matter of fact, that was the unit that when they evacuated the
Vietnamese boat people back part of them came to Valley Forge and part of them came to
Louisiana so that was one of the things that the medical department activities were
responsible for.

KS: Did you have any contact with any of the Vietnamese or deal with any of
their records?
RS: I left there before it actually happened. They [I was there when they] were
preparing the Valley Forge and some of the other hospitals there for the relocation. I was
involved in some of the preparation but I was reassigned before they got there.
KS: What did the preparation entail, do you recall?

RS: Yeah, a lot of the hospitals are moth balled like the hospital in Pennsylvania is almost 2,000 beds, it’s a huge hospital, and it is literally under sheets; all the equipment is there, all the facilities are there, and they keep those in position in case we ever get into a war and we have to evacuate a large number of patients back to the United States. They can get a hospital like this up and running in less than 30 days because all the equipment is there. It’s called pre-position I think. So what we were doing was getting all this stuff inventories and cleaned up, make sure it was there, getting supplies in position and in order, looking at what kind of staffing you’re going to have to do that. At the time we didn’t know that it was going to be the Vietnamese coming back. You need to be prepared to receive about a thousand patients. So I didn’t know what it would be. We were just doing it. I left before they got there.

KS: Was that your last assignment?

RS: I went from there to Ft. Knox, Kentucky and I was the commander of the 42nd Field Hospital and there are two [field] hospitals in the United States that were kind of left over from World War II. Their main mission is to provide civilian disaster support, like if you have an earthquake or a war and things like that, when they send hospitals down to that that’s one of the two hospitals that does that.

KS: You mean mobile unit and you can move?

RS: Mobile unit. You load it up on a plane. Everything is in boxes and crates and you load it up on a plane and it goes somewhere. So that one, at that time there were a lot of earthquakes in Guatemala I believe, that would have been like 1974-'75. It’s 500 beds, under canvas, and it’s [the unit tent] 100 beds down to Nicaragua where there were earthquakes, but also that period of time when you had the tornadoes and Zenia, Ohio, those tornadoes that went through that part of the United States and destroyed a lot of the stuff like that [several communities and towns]. Then we supported the governors of Kentucky and the governor of Indiana to provide medical support and beds and things like that for those cities that were destroyed by the tornadoes.

KS: Did you travel with it?

RS: Yes. We sent out 100 beds [units to two different locations] here and 100 beds there and all the people. So you go through the town and you set up a water
purification system and a morgue and you set up beds for hospitals and generators and
stuff like that.
KS: Who gave you…where did the ultimate orders come from to dispatch you to
these places?
RS: From the office of the emergency preparedness. The one mission was to
support the troops. We didn’t have a hospital there at Ft. Knox. It’s a combat mission.
If they decided to go to war with China or something this is the kind of hospital that
would load on trains or a plane and you go and you set up a 500 man massive field
group, but we didn’t have that mission so they keep two of them; one at Ft. Knox and
one at Ft. Sill, Oklahoma.
KS: Still there today?
RS: Yeah. You rotate for six months at a time for who’s going to be on call first.
If the flag goes up, if that’s your six-month period, you go. So, during that [slack] time,
you do training, you get your supplies, and we literally get trainloads of supplies, from
diapers to food and some goes in a warehouse and then you get on a C-5, you go
somewhere else, and you go somewhere. It’s kind of neat because everyone else on the
whole post, when you get called, the stop what they’re doing and they get you where you
were going. Of course we were right in the middle of the tornadoes. Brandenburg,
Kentucky was wiped off the face of the map, and Louisville and Zenia, Ohio, places like
that. We got called the next day and said, ‘Get your trucks and [?].’
KS: How long were you…
RS: I was there about a year and a half and that’s when I got out of the Army. I
got married. My wife was also in the military and it got to be very difficult to get
assignments together and we had a one-year-old baby at the time, so I figured I was too
tired to do that.
KS: Great. Is there anything else you wanted to add about any of your service?
RS: No, I guess I don’t remember anything. It was an experience and I learned a
lot and I feel like I did what I wanted to do and had to do.
KS: This concludes the interview with Robert Smithee. Thank you very much.