Stephen Maxner: This is Steve Maxner conducting an interview with Dr. Clint Chambers on the 19 February, 2001 at approximately 8:30 a.m. we are at Lubbock, Texas in the Southwest Collections Special Collections Library interview room. Dr. Chambers, why don’t you begin by telling us when and where you were born?

Clint Chambers: I was born in Chickasha, Oklahoma and on the 15th of January 1932.

SM: How long did you live there?

CC: I lived in Chickasha all of my life until I went off to college. That was my hometown.

SM: What was it like growing up there?

CC: Chickasha was a town of about ten thousand, it was a smaller town and it had a good public school system and you almost knew everybody in town and it wasn’t quite that little but you almost knew everybody in town. It had some good public school teachers and a good public school system. I just grew up there, I lived at 1101 South 12th Street in Chickasha right near the high school so as a youngster I always watched the football players practice, when they practiced everyday because our house was right across from the football practice field, so that had quite an influence on me being able to live close to the football field.

SM: Did that inspire you to play football yourself?
CC: Yes I went to Chickasha High School and Junior High. I played in Chickasha junior high school and then in high school. I was an all-state football player for Oklahoma. With that I was able to get a football scholarship to Baylor University down in Waco, Texas in 1950.

SM: What positions did you play?

CC: I played center. I played mostly on, I always said that I played everyday except Saturday. I played mostly on the red shirt team, I was not as big but I did have a lot of determination but you got to be big too.

SM: Do you have any brothers or sisters growing up?

CC: I have one sister, she is a year younger than myself, Mary Ann Chambers and she went to school there at Chickasha to. My father had gone off - he was the assistant post master in Chickasha and in World War II, even though he was in his forties, he volunteered to go into the service and went off to the Navy and went to boot camp in San Diego and was in the Navy and toward the end of the war because he had a family they started discharging people. So he was discharged and came back and went to his job there in the post office. He had been a clerk, but he worked his self up to be an assistant postmaster. Then he got sick in about ’46 and developed cancer of the pancreas and after the diagnosis was made he was taken up to Rochester to the Mayo Clinic and he was explored up there. The abdomen was explored and it was found that the cancer was not operable so all they could do was what they call a bypass operation. Then he came back home. This was in December and he died the next July. My mother had worked in Chickasha during World War II at the Borden General Hospital- it was an Army Hospital there in my hometown- as an X-ray technician. She did have a job and once my father died, well she got a job in Oklahoma City as chief technician at Mercy Hospital in Oklahoma City. So that is when they moved to Oklahoma City after I graduated, but my sister had to go her last year at Claxton High School in Oklahoma City. But then my sister came down to Baylor and went to nursing school; she graduated from nursing school at Baylor.

SM: Did your father spend much time in the hospital after his diagnosis?

CC: No, he spent most of his time at home. Once he had his diagnosis and everything he just came home and we took care of him at home. In those days, pretty
much when somebody had a terminal cancer, you just take care of them at home. My mother took off work and took care of him until he died. The interesting thing about it, just as his diagnosis was made, he received an appointment which it had something to do with politics from Jed Johnson who was the Congressman from that district as the postmaster but he never did really get to assume that job.

SM: So when you left to go to school at Baylor?

CC: My intention at that time after my fathers illness and everything and seeing the physicians that were taking care of my father there in my home town, H.M. McClure and Turner Bynam, they were good doctors and so that sort of – and my mother being an X-ray technician sort of pointed me toward going into medicine.

SM: Did you debate on whether you wanted to become a M.D. or a D.O. or was that even an issue?

CC: Really, it wasn’t that much of an issue. In that time they didn’t have a D.O. school in Oklahoma. I think they might -I don’t know if they had the one that they have in Fort Worth now but I always wanted to be an M.D.

SM: A couple more questions about growing up in the thirties and early forties, do you remember much about the Depression life?

CC: I know that my - as a young person, I was very fortunate that my grandparents lived - that was my mother’s father D.C. Cooley and Dolly Cooley. They lived on a farm northwest of Chickasha, a forty acre farm and my grandfather had cows, milk cows, Jersey cows and he sold milk and cream in town at what we used to call a milk route and so I can remember some of the - they had a house near my grandfather’s house where some of what we call hired hands lived, a young man and his wife and I can remember their house and I can remember that they did have eggs and milk and things that were on the farm but I can remember their main food that they had was oatmeal, that really stuck with me oatmeal. Probably a good food, but still that showed me -we were fortunate in our family during the depression because my father was a postal clerk and worked for the government and so his salary was $150 a month, which was really quite good compared to a lot of other people. So the Depression did not affect me directly, I don’t think but I saw people, as a young person, that were affected by it and their were a lot of people that were on what we call a WPA (Government work project) and those
programs were really important for their survival, the things that they did. My
grandfather and grandmother had lived over on a farm near a place called Byars,
Oklahoma, near Purcell, Oklahoma, and as they got older, my mother and father decided
to bring me closer to them and so that is how they got the farm. My father and my
mother bought the farm on time, they’d pay out a little at a time so that my grandparents
would not be over there by themselves. I was real fortunate to have, as a boy to spend a
lot of time on farm with my grandfather and he taught me a lot of things about animals
and how to work with cows, horses. He didn’t believe in tractors. Probably the reason he
didn’t believe in it he didn’t have enough money to buy one, anyway he still used the
team so I learned how to plow and how to cultivate and do things with a team of horses
and learn how to milk cows and so I was real lucky to grow up on a farm. Not all the
time but ever summer I would mostly spend most of my time on the farm.

SM: In what ways did that affect your life later?
CC: Oh, I think it did really affect my life. I was always lucky as a young boy to be
able to work on a farm with my grandfather to learn about how to feed cattle and how
to do things on the farm. That also - you got to repair things and do things like that so
that helped me that way, but then when I went to high school, while I lived in town, I
guess my first job was a job of carrying out groceries, but then, later on, I got a job one
summer working in the gas field, called the Chickasha Gas Field south of my hometown.
We worked as what they called a roustabout. That is where you go around to the different
gas wells, you go around to the different sites and clean off around the gas wells. They
didn’t want to have a lot of brush around the gas well in case of a fire or something like
that. Then one summer I worked for the Benson Construction company, that was a
construction company there in town and during school on Saturday’s I worked at that
time for Coca Cola. You had to take the old bottles out and put in the cartons and put new
bottles in and that was what I did on the Saturday’s. So I had a lot of different jobs when
I was growing up, but I think the jobs that helped me most really, was the job that I had
with construction and the job that I had with - working on the farm. Those things [?].
SM: Let’s take a break for a minute. We’re going to continue now and we are
joined by Kim Sawyer. When you were working in the gas fields, south of town, how did
you get there to work?
CC: You always would go to where they had the trucks that went out to the field and so you’d always go over there everyday and the trucks would take off, it was near town and then they would take off and go out into the countryside to the different gas wells. But it was for the Oklahoma Gas and Electric Company, was the name of the company we worked for. It was - the only problem with it, there was a lot of what we call Johnson grass and if you had an allergy, why it would flare up on you. You know your nose would get all stuffy and everything.

SM: Did your family have a car?

CC: Yes, we had a, I can remember a 1936 Chevrolet. But just before World War II, my father was able to buy a 1940 Chevrolet. It was a red Chevrolet. I guess after six months, my mother was in the PTA (Parent Teacher Association) and there were a lot of kids during the Depression time, there were a lot of kids in school that just didn’t have a lot of clothes even to go to school with. So my mother’s job was to take the kids from school. There were several schools in my home town Chickasha; they had a south school, north school, southwest the schools were named by the direction of what part of town they were in. But anyway, she took some kids from school and taken them to what they called a clothing room, where the community would donate clothes that their kids had outgrown or something like that and then the kids that didn’t have any clothes because of the Great Depression they were taken to the clothing room and then given clothes so when they came to school they’d have it would be pretty hard on a kid if you went to school and your clothes weren’t any good because kids sometimes were pretty frank about things and they’d tell a kid that and make him feel bad that he didn’t have. That was a good thing. So she was going to this clothing room and had an accident. Fortunately, none of the children were hurt, but it tore up the car and they weren’t able to fix it, so that meant during World War II we rode the bus. But the bus came right by our house so it wasn’t that bad a thing. We rode the bus a lot.

SM: You mentioned earlier the WPA projects were important for some in your community.

CC: They were really important in Chickasha; in fact they constructed the Shannon Spring’s park, the swimming pools, the public works projects really. You can go to Chickasha and see they built an armory for the National Guard the 45th Division.
group of or a company of the 45th Division and that was all built by the WPA and they
used - you know Oklahoma was at one time Indian Territory but it has a lot of red clay-
looking land and anyway, there was some sand stone that came out of that clay and so
they quarried those red stones and built a lot of the WPA projects that -- and if you go
and see any of those things today you can pretty well tell what was built by the WPA
because they use that red sand stone.

SM: Did they did much road construction and bridge building?

CC: They did that. They worked on the bridges. It was all public works pretty
much and they built some schools. In fact, I think probably, I wouldn’t be surprised if
you go on the road from here to Matador and Paducah and you go north to Childress,
about half way if you look back on to the left there is a old school house that’s been
converted to someone’s home, but it’s - I think that was probably one of those WPA
school projects. They had a lot of schoolhouses you know out in the country too and I’m
sure they built some of those. That was a good program.

SM: How about conservation activities, the Civilian Conservation Cooperative?

CC: At that time they had a lot of wind, you don’t see that much anymore, but
they had a lot of these wind shelters where they plant a row of trees on the side of the
road and then another row, another row, and another row just to kind of protect from the
wind to try to save the soil. You still them here in West Texas and you still see a few of
them in Oklahoma. A lot of them are gone now but you can see - sometimes when you
see along the roadside farm road side the trees that are in different rows along the road
that was a lot of soil conservation. And they also stretched that terracing, you know
where if your farm was on the side of the hill, why then you would terrace it so that the
water wouldn’t wash the soil away. Kind of make it level along in a certain altitude or a
certain level. That would keep your soil from washing away; a lot of it would wash if
you didn’t do it, that terracing.

SM: Anything else that you remember from the government projects?

CC: I can still remember when the German prisoners were kept there at the
Armory during World War II. You know when the German prisoners came to the States,
they were brought to the middle part of the United States and then a lot of them worked
as farm workers. There were a group of Italians up here at Hereford, do you remember
that story? They even built a chapel up there near Hereford, but most of the prisoners
there around my hometown were from around Chickasha. Some of the prisoners were all
Germans pretty much. So what would happen is that farmers didn’t have anybody to help
them on the farm so then the prisoners would leave every day and go out and work on the
farm and then they’d come back at night and stay in this building, the armory there built
by the WPA and that was a way - and they were glad in a way to get out and not be in
barbed wire. And the Germans - the farmers around there - you are always judged by how
good you worked on the farm, you know if you are a good worker, why you are okay but
if you didn’t work good, you didn’t work hard, then you weren’t very good so they
judged that the German prisoners, most of them were good workers on the farm. So they
went out and worked on the farm, I don’t know if they got any money out of that but I
know that they may have got some privileges or could have something in the camp. In
other words, they weren’t completely not rewarded for doing the work and they weren’t
paid out right I don’t think, but they were rewarded. They were such a far distance from
home that they didn’t try run off that much. I imagined there were some that tried to get
away but it sure wasn’t common for them to do that. If you go to - they had a group of
them up in El Reno, Oklahoma. It was a group of German prisoners up there at what
used to be, it was Ft. Reno, it was a military post when it was Indian Territory and when
Oklahoma became a territory, then a state and then it - up around Ft. Reno there used to
be a remount station where they grew or raised horses for the Calvary and they had a big
reservation and it was real good land and they had pastures. In fact, you can still see some
of the stables that they built at that time, when it was a Remount station. But anyway
during World War II, Ft. Reno became a prisoner war camp. If you go to the Ft. Reno
cemetery, you go in the front and then you see the grave stones of the Army scouts or the
people, there at the Fort that were buried, some children and things, but if you go back of
the cemetery then there is another smaller cemetery that just has German prisoners. It is
a beautiful, I think the Germans have come back into the States and restored all of that, it
is just beautiful, the way they kept the graves of those German prisoners’ graves. You
can still look it now; it’s out at Ft. Reno. But it is in the back of the cemetery, it’s not in
the regular cemetery but it’s back of the cemetery, but that was some of things. I think we
had more Germans, but I think out here in Hereford in this area, they might have had
Italian prisoners because, I don’t think there is anything left of the camp, but I think the
chapel might still be around but I’m not for sure.

SM: When did they start arriving the POW’s?

CC: It was well into the war. I can remember in December, I guess I was - I was
born in ’32 so when the war started, I was probably about eight or nine years old. I can
still remember what President Roosevelt said on the radio about this day in infamy and
then I can still remember that quite well. I can remember too that there were rations, gas
was rationed, sugar was rationed. It was hard to get chocolate and things like that. But
we were glad to - we didn’t mind it because it was going to the troops - the men that were
fighting the war so you didn’t have much gas and you couldn’t go to far from home. So if
my grandfather had, what they called an A-stamp, some farmers got these stamps, they
could get a little more gas because they lived far from town. But I think my grandfather
all he got was an A and they put it on the windshield and so you knew how much gas the
guy that was driving the car had or got per month or whatever it was.

SM: Was there any fear, concern that these POW’s were in your proximity?

CC: I don’t think there was that much, I’m sure there was but I didn’t have any, I
wasn’t aware of it. I can still remember they lived in the armory but they had a big fence
around the armory to, so you know they couldn’t get out. I think some of them escaped
but where are you going to go? You are not going back Germany.

SM: Did they speak English well?

CC: I’m sure some of them spoke English but I don’t think they all did. They
were just German people. Farmers liked them because they were hard workers and that
was the farmers cared about, they wanted someone that worked hard.

SM: How about others, you mentioned the Italians that might have been around
Matador or that were around Matador -

CC: Up around Hereford -

SM: Hereford. I’m sorry, Herford.

CC: I think the Italians were around Hereford if I’m not mistaken. I don’t know
that much about that but just in the last few years.

SM: How about Japanese?
CC: I don’t there were any Japanese, I don’t think they took many Japanese
prisoners. There may have been some but they sure weren’t around here. All that we had
was Italian and German.

SM: Were there a lot of Germans that lived in Oklahoma where you were from?

CC: Oh yes there are several up at place called Okarche. Of course, there was a
lot in Oklahoma what we called Mennonites, some of those Mennonite people were
originally from Germany. You know, the farmers would say, you know, ‘He is a Dutch
man’, well they would ask the people when they would come to the states, ‘What are
you? And where did you come from? ‘So the farmers - the German would always say he
was from Deutschland, well then the farmer would say, ‘Well then you are a Dutch.’
That was the way they figured it. They didn’t know much about them. He wasn’t a
Dutchman, he was from Deutschland is what they call it.

SM: Did the war have any more impact on your life, in terms of for instance the
games that you would play and things like that?

CC: Yes, we fought the war many times over when we were kids and once the
war started, we quit playing cowboys and Indians and we sort of transferred over into war
and then I guess probably when the war over, boys started playing cowboys again. It all
depended on current events.

SM: You mentioned the rationing, how about drives - drives for rubber and tin
and that sort of thing.

CC: While we were in boy scouts, that was our job to collect scrap metal and we
collected scrap metal and then we collected rubber, all of those sorts of things and they
collected all that and sent it off somewhere and I don’t know. But we did a lot of that. A
lot of mainly it was rubber and metal. That is what they were wanting. So they looked at
all of that and had drives for that. They went out, went out around a lot of the old farms
and a lot of the old farm equipment was probably gathered during World War II because -
usually if you had a farm and you have equipment, why you use it and it kind of wears
out and you can’t do anything with it so they just put it out to the side and then just let it
sit and a lot of that was gathered up during World War II and sent off for the metal.

SM: How did that effect you in terms of your sense of being a part of what was
going on and being part of the war?
CC: Oh yeah, you felt like you were part of the - you did your part and that was
what they always say - everybody has to do their part so if you were in the scouts, why
then that was your part collecting those metal and that stuff and then sorting it out and
then going from there. But we had good men that were our scoutmasters and they were
really good and they really had good strong influence on our lives.

SM: Did you stay in the scouts all the way through?

CC: I only went up as far as the star scout. I went to - I did right after World War
II, we went up to from Chickasha my home town to the National Scout Ranch out at
Philmont, New Mexico. It was right after World War II and we rode in a reconditioned
school bus that had seats that were wood and they were hard to ride on. That is quite a
long distance but we had a great time. When you are a kid it don’t bother you too much.
Then I had a chance, which was nice - I had a chance to go with my own son in the
seventies so I went in as a boy in ’45 or right after World War II and then I went back,
sort of like Rip Van Winkle and went back probably in the 1978 or ’79 with my own son,
maybe it was more toward 1980. So that was quite a few years so there had been a lot of
changes but a lot of it is still the same.

SM: You said that the scoutmasters had a strong influence?

CC: Oh yes. My first scoutmaster’s name was Leslie Ursland. Sort of west of
Chickasha there was a town called Norge, it’s gone now, Norge, Oklahoma and of course
Norge is the Scandinavian spelling for Norway, so there were a group of Norwegian
people and these Norwegian people settled west of the town, but they originally came
from the Dakotas. I guess they got tired of that ice and snow up there, so they came down
to Oklahoma and settled west of that. My scout master’s name was Leslie Ursland and
that was a Norwegian name and then there was another scout master by the name of
Adolph Heiniger and he was a German name, but he was quite an interesting person
because he had been a clown in the Ringling Brothers Barnum and Bailey Circus. And as
a young man he had been in the San Francisco earthquake in 1905 or whenever that was,
that big earthquake in San Francisco but he was a plumber by trade but he could do
anything. He could build and could do anything and he had a lot of influence on us. Mr.
Ursland and Mr. Heiniger. Mr. Usland was good at stars, you know you go out at night
and look up at the sky and he could name all the different constellations for you. We got a lot from those men as boys. They were good.

SM: When they were talking about the constellations did they talk much about celestial navigation and moving about as a result of your knowledge of the stars?

CC: No, not as much but just identification of Orion and the Big Dipper and the Little Dipper and you know where to get the north stars and that is where you always you got to look for the north star because if you are going in a certain direction that would help you to know where the north star was. You’re right, that is probably the reason that they had that in there and what they were doing because they would have to - because I think on the planes in the early days - probably the last centuries they had to go by land marks or you’d have to go by - if you went by the stars - you know you might could get a direction that way. If you didn’t know the landmarks it’d be hard.

SM: Anything else that you remember from your days as a scout?

CC: Our scout troop was sponsored by the American Legion and we always met at the American Legion Hall. That was downtown in my hometown. I don’t hear that much about the American Legion, but at that time American Legion was very strong because it was mainly World War I veterans that were in the American Legion. There are different veterans organizations now but at that time the American Legion was really the most prominent one and it was mostly World War I veterans. So they had a lot of influence in the community at the time because they were all still there or a lot of them were.

SM: You mentioned that in junior high and in high school, you played football. What were your favorite subjects?

CC: I liked history. We had two good history teachers there in Chickasha; the first history teacher that I remember was Mary Bailey. You know Chickasha was - when it was first started it was in what we called Indian Territory. You know when Oklahoma was opened and they had the run for Oklahoma territory, which is really just a small area in the center about where in Oklahoma City in that area is now. They had that run in 1889 and Oklahoma became a territory. Then in 1892, they opened up the Cheyenne and Arapaho reservation and then I think in 1893 they opened up the Cherokee Strip so they were just gradually opening up and so really Oklahoma at that point in time was divided
into Indian Territory and Oklahoma territory. Now the western part of Oklahoma was in Oklahoma territory and the eastern part was in Indian territory so Chickasha was right on close to a meridian, they called it the old Indian meridian and then east of that meridian it was Indian territory and west of that meridian it was Oklahoma territory although Oklahoma territory included what had been the Cheyenne and Arapaho reservation as well as the Comanche Kiowa reservation and all that to the west. But anyway Chickasha was in the Indian territory and I guess Chickasha got it’s name from the word Chickasaw but they had a Chickasaw and the postmaster said you can’t have two towns with the same name so somehow it got to be Chickasha. But it was started in the 18 - Chickasha came into existence in 1892 when the Rock Island Railroad came out of Chicago to Rock Island Illinois then it came to the south through Kansas and then it came on down through Oklahoma close to where Highway 81 is know. It was the Rock Island Railroad. It was there long before the highway system or anything, so Chickasha was on the Rock Island line, and that’s why Chickasha got started as a town. But it was on Indian territory and you can still go to Chickasha and some of the old sidewalks and on the stand, it will have where they put the cement, it’ll say the Chickasha IT (Indian Territory) so you know that that sidewalk was built before 1907 caused after 1907 it was all Oklahoma the state. So it was originally in Indian Territory then it became Oklahoma in 1907.

SM: Why did the Rock Island Railroad come through Chickasha? Was their particular commodity that was picked up there?

CC: Yes, you know back in about 1872, the Kansas and Missouri Pacific Railroad came through eastern Oklahoma. It went from Kansas on down to, you know where Sherman. Dennison is? Where Sherman Dennison is and it came through the eastern part of Oklahoma. This was in the 1872-73 time frame. So that was the only railroad then that was in Oklahoma but at the time they begin to open up Oklahoma, there were really two railroads that came down near Oklahoma territory. The Santa Fe came through Oklahoma City, Purcell, down that way and the Rock Island came through, Eden, El Reno, Chickasha, Morica and then on into Fort Worth and so the Santa Fe came down more to the east and then the Kansas Missouri Pacific was even farther east in Oklahoma. The Kansas Missouri Pacific was the earliest one and it went through Indian territory but
the Rock Island and the Santa Fe came down through Oklahoma when it was being
opened up for as a territory.

SM: Did you have a significant Indian population in Chickasha when you were
growing up?

CC: Yes, not significant. But I’ve learned since. You know when you are a child,
you really don’t pay much attention to things, people especially. But I went to school
with a man, he is a man now, of course, but his name was Bill Pruner and his great-
grandfather - I know that now but I didn’t know it at the time - was a great Indian scout
called Black Bever. He was a Delaware and he accompanied a lot of the men who went
to the west, all the way to California, remember the Army had Corps of exploration and
sent out explorers, well he went with Marcy, Black Bever was with Marcy, some of the
Army officers that did the exploration, in western part of the United States but his
grandfather, after he was a scout he came back to Oklahoma and lived and they lived near
where Anadarko is now. Black Bever had a daughter, whose name I believe was Matty
Pruner, but she married an employee by the name of Pruner who worked at the Indian
agency, so Black Bever’s daughter married Mr. Pruner and so that family then was
related to Black Bever the famous Delaware scout. Then I had another Indian boy in our
class. His name was Jessie Hinkle. He was also a Delaware. I thought for a long time
that he was a Kiowa but I’ve just recently found out he was Delaware. But we did have
one Comanche boy in our high school class. His name was Paul Pocoon and he was a
Comanche. There were other people who probably had Indian blood but at some point in
time before, people didn’t come out and brag on it like they do now-a-days. They just let
things be like they are. Now they can brag on it. But I learned this all later about this
Pruner and then when I talked him when we had our high school reunion, I learned a lot
that I didn’t know when I was a child. That’s one thing you do at the reunion.

SM: It seems that a lot of Indians that were integrated into your schools and into
society of Chickasha.

CC: You know they were, they had Indian schools, they had some of those
boarding schools and things like that and I’m sure some of the children went to that but in
Chickasha everybody went to public school. They did have a Catholic school there in
Chickasha, St. Patrick’s, and no maybe St. Joseph’s but anyway, they had the Catholic
school and then they had the public school but at that time the public school, you know it
was really a good school. The teachers really expected you to learn things and they really
worked on that. If you didn’t do right, they would talk to your folks.
SM: Was there much conflict between the Anglo population and Indian
population?
CC: Of course at Chickasha they had segregation. They had Lincoln High School
for the Negro children and then they had Chickasha High School. They had segregation.
But I always wondered about that because if they had been desegregated, there was a man
who played for Lincoln High School or a boy his name was Bassett, and he was a very
good running back and if the schools had not been segregated, if it would all been
together, we might have been better off because if we played - I guess it was in 1948 or
‘49 - we played for the state championship. We played Muskogee and I just always
wondered because we always scrmagged the high school, Lincoln High School before
the season started and he could out do anybody. It was amazing. I was just thinking if we
would have been integrated we might have won the state championship. He was really
good. He went on to play at Atlanta State and then he played professional ball. I was
just thinking if we would have been integrated we might have won.
SM: How about housing, in terms of the distribution of housing and where people
lived. Was the town itself segregated with its own racial lines?
CC: The east side of town, just like it is here in Lubbock on the east side of town
is where the Negro people lived.
SM: How about the Indian population?
CC: They just lived anywhere. They were pretty well. You can have a minority
and it can be segregated and on the other hand you might have a minority that is so much
of a minority that he can’t put two or three or four and segregate them. So they lived
right in town.
SM: Was labor - the distribution of labor, did that reflects any kinds of
segregation in terms of jobs?
CC: I’m sure it was because I worked when I was in high school, I worked for a
construction company during the summer and I worked with these Negro men and our
job was to dig foundations before they had the backhoes and anything like that,
everything was dug by hand. I guess I was getting paid at that time about seventy-five cents an hour, which was quite a lot and these Negro men were being paid the same, so you know that was - they were just put in - so I dug real hard, I was trying to do a good job and everything and these Negro men, their arms were as big as your legs, they were that strong and they were really good men. So I was digging and going along and trying to do my best and they said, ‘Now look. You’re here working and your making seventy-five cents an hour and we’re making seventy-five cents an hour. You’re in school and you’ll go on to school and we’ll still be here working,’ so they didn’t go slow but they didn’t speed up because they said, ‘Well, we are going to still be here working and doing these jobs so you just do the same pace that we are doing and you will be alright.’ Which you can’t blame them. They were good men. Big though. Boy, they were big men.

SM: When you say that the town segregated east and west, was it kind of forbidden, if you will, for white people to go the east side of town and for black people come to the west side?

CC: I don’t think it was that - I know that my mother had a family that she gave clothes and things to we call them [?] and she would go over to the east part of town and they were always glad. It was the depression and everything, they were always glad to get something like that and if they didn’t use it, they could give it someone else. Kind of spread things around.

SM: Did they participate in those projects, the WPA and CCC projects?

CC: Oh, yes they’d have to. That would be only the way. I don’t know how much the WPA, how much they got a month but I don’t think - it was around ten or fifteen dollars, it wasn’t much. It was barely enough for them to buy food I’m sure. But they worked for the WPA.

SM: Do you remember if your parents discussed it on some of the more controversial policies that were part of the new deals, for instance Social Security?

CC: I don’t remember anything about that. I know my grandfather was always a Republican and he didn’t like those sort of things. Myself looking at it I felt - I’d think what are you going to do, you can’t let people starve or anything like that. I think that they would say things against them, especially farmers, but then they would go right along and participate in any of the programs that helped. My folks never did discuss it
that much because, as I say, we were a really fortunate family because we were insulated
against it in the fact that my father had a job working for the government. Other people
had it a lot harder than we did.

SM: Do you recall anything in particular that you read as a child or as a young
teenager?

CC: I liked the *Black Beauty*. A story about a horse and I liked *Heidi*. Let’s see,
what else did I like? I think probably I liked the history for some reason or another. That
was always one of my favorite subjects.

SM: Was there much of a press of nickel and dime novels, old west stories and
things like that, do you remember that?

CC: I don’t remember that much. You know they had the Red Rider books and
Roy Roger’s books and all those sorts of things and I don’t remember reading that much
about those things.

SM: You worked a lot as a young person, how about your sister?

CC: Mary Kay, my sister she pretty much stayed at home with my mother. I
don’t think she worked out but she went to school and she for some reason, I don’t think
girls got the chance like they do nowadays to get out, like they do now. They pretty
much stayed around the home with mom. She has had to work a lot since then. She just
retired a year ago, she was a chief nurse at Mercy Hospital, at Oklahoma City so she had
a lot of headaches.

SM: What was it like, the VE day and the VJ Day in your town?

CC: I don’t think there was that much in my home town, of course, we saw a lot of
Vietnam television but we saw a lot in the news reels from a picture show. You know
when I first was a boy in my hometown right on main street. They had four picture shows
and then when you were a kid, you would go every Saturday afternoon you’d always go
to the picture show, but they had news reels that showed, I guess that is the way, I think
everybody at the war - was glad the war was over but I don’t think, maybe by the time the
word got to Chickasha it was all over anyway.

SM: You received a lot news from radio too right?

CC: Oh yeah, everything was on radio; we always listened to the radio. That is
really how we got our news is by the radio. We had some stations. Even Chickasha had a
radio station - had a small radio station. Of course, Oklahoma City had several radio
stations. The radio was really interesting because they had programs for kids. That they
would always listen to, just like the kids now watch the dinosaur and all that program -
*Barney*. I’ve seen all that now with my grandchildren but we had the same sort of thing
only you just listened and you could see it in your minds eye. Which I think is good. I
liked that. You just pretty much had it anyway you wanted if you do it that way.
SM: Was there any particular programs that you remember that were your
favorites as a boy?
CC: Jack Armstrong, All American Boy. They had the Green Hornet, Jack
Armstrong, Green Hornet, there were several of them. They had Batman in those days.
Batman and Robin and of course that was all reinforced by comic books because they had
a lot of comic books in those days.
SM: Did you read a lot of comic books, too?
CC: Oh yeah. Everybody had some comic books.
SM: The town’s response to the victory in Europe and the victory in Japan and
the dropping of the bombs -
CC: I don’t think they had a parade or anything that. I don’t remember it; I know
that everybody was relieved that the war was over.
SM: Were their many gold stars up in people’s windows?
CC: Oh yeah! We had - I still have it at home. I still have it up, I’ve got a room
where I have some pictures of my parents and older members of our family who are
gone. I have that gold star thing that we had in our window, when my father was in the
service. I still have that. There were a lot of them. In fact, we had - there weren’t very
many places to stay so during World War II we had an extra bedroom so - I remember we
had a wounded soldier who was at the Borgio Hospital but I guess he was able to be away
from it, but anyway he was in the 20th Air Force and I remember him staying for a short
time at our house in the extra bedroom.
SM: Did he talk much about his experiences?
CC: He didn’t talk much about his experiences during World War II but you
know the 20th Air Force was in China and they flew the B29’s but I can still remember
the patch that he had which was a patch of kind of like a world, like your globe out here,
and then it had the 20th Air Force on it, but I remember the patch quite well. I don’t think
I have it still but I remember that on his uniform. They were the ones that bombed Japan
from China and of course that was before the time of the Atomic bomb.

SM: What do remember about the dropping of the Atomic bomb?

CC: Just what I saw in the newsreel. It showed things in the newsreel that
showed us what it was. They were worried. They were thinking, ‘Well this war can go
on for three or five more years,’ because if you had to invade the Japanese homeland,
they fought as well as fanatically as they fought in the Islands, where they would rather
die - you had an enemy that would rather die than surrender, well it is going to be high
casualties. Somebody thought - I guess it was a choice that Truman made.

SM: When the war ended, you were still in high school -

CC: Or in junior high - let’s see -

SM: About fourteen or fifteen years old -

CC: Still in junior high. Cause in our town they had the junior high school,
seventh, eighth and ninth. And high school was tenth, eleventh and twelfth so they were
divided that way. Where as in some schools you have a middle school and then you have
four years in high school sometimes, but that’s the way they did it then.

SM: When you were - let’s see you graduated from high school -

CC: In 1950.

SM: 1950. As you were getting ready to leave, some pretty important significant
events in the Cold War were occurring --

CC: Right. You know - I guess we really didn’t think much about it, I don’t
think, the Cold War until the Korean War started. Then the Korean War started in the
fifties and I was in college down in Baylor at the time, so they said, ‘Well now, you need
to join the ROTC so you can be in the military and still finish your college education.’ So
that’s pretty much what a lot of people did, was to go into the ROTC. So I was in the
ROTC for four years at Baylor.

SM: Army ROTC?

CC: Air Force ROTC. But it wasn’t bad because I think if I’m not mistaken you
got twenty dollars or so much a month or something like that. It wasn’t much but it
would help. Because I could, I had a football scholarship so I got my room, board, books
and tuition then the Southwest Conference had a rule where they give you twenty dollars a month lottery money so you lived on that twenty dollars. Your clothes weren’t very clean but you lived on the twenty dollars and then - in ROTC the first couple of years, it was the primary the basic, you didn’t get anything but then the last two years you got some. That was when you had to go to ROTC camp. So that’s pretty much, probably how I got into the Air Force was because I had gone into the Air Force ROTC program at Baylor.

SM: Did they talk much about the Korean War at the University?

CC: Yes, you know the Korean War was going on. They said it was - they started using terms like Police Actions and things like that but you it was a war. You can call it something else but it was still a war. There were a lot of - it had effect on the country. It sure did. You know that probably started the competition between the United States and Russia as far as the Cold War was concerned. Then after the Korean War, it was sort of the way it was all the time, I was in the Air Force - twenty-two years or whatever I was in the Air Force while that was always what - the Cold War was always what they talked about and everything that was done was kind of done in that sort of consideration of the Cold War.

SM: Now, was there a lot of anti-communist sentiment and discussion at Baylor or when you would go and visit your mom - I guess by this time she’s probably in Oklahoma City.

CC: She is in Oklahoma City. I didn’t hear that much, I don’t think there was a lot of - you know there was a lot of investigations like the McCarthy hearings and all of that going on back in Washington but I don’t think it affected what happen in Chickasha to much.

SM: Was there any kind of anti-war or - challenging rhetoric?

CC: In the fifties they didn’t challenge authority that much. I think we were brought up in the thirties and forties and because of the war and because of the situation, I think we were more or less brought up that you went along, you didn’t challenge authority. I think the challenging of authority came in the sixties. I think that was when the authority was challenged. But I don’t think the generations of the forties and fifties, felt that strong about it. I don’t know, maybe they were more interested in their cars or
something like that. However, I will say this, in the late fifties, when I was in med school and some of Dr. Dooley’s corpsmen that worked with him over in the evacuation of Hanoi came to Oklahoma City and I had a chance to talk with them and that was when we got the idea of serving over seas, volunteer medical service, these sorts of things. We had that - we didn’t challenge authority but we that idea of humanitarianism. The thing that I found out about it was that you can over seas and work and do things, but you always get more than you could ever give for some reason. If you go to another culture, another language, seeing how some other people - it is not the same as it is in Chickasha and see the great variety of people they have in the world, it’s - open your eyes to the world as a broader place, as where you grew up so to speak. But that humanitarianism type idealism, that’s what I thought was what was a humanitarian idealism, that’s what a hold on us more that challenging authority.

SM: What did you major in college?

CC: In college, in biology. You know when you are in college, you take pre-med and you take all of those pre-med courses you pretty much got a biology major.

SM: When you entered college, as you mentioned the effects of your father’s death and the effects of seeing the physicians who helped him that you went into college thinking med school?

CC: Thinking med school.

SM: Did you go straight from your bachelor’s into medical school?

CC: No. I didn’t get in. I made an application but I didn’t get in med school my first year, that was out of Baylor, so I went back to Oklahoma to OU and took some more course work and then got in at the med school the next year.

SM: When did you graduate from Baylor?

CC: I graduated from Baylor in ’54. Went into med school in ’55-’59.

SM: You mentioned that while you were in med school you met some of the medical personnel that worked with Dr. Dooley.

CC: Some of the Navy corpsmen that served with Dr. Dooley and the evacuation of Hanoi in 1954 I think it was one man that was there in Oklahoma City and as a med student I talked to him and he told me about Dr. Dooley. That idealism sort of appealed to me so when I was in my junior year or something like that. I wrote a letter to Dr.
Dooley and I said - when I finish my internship I want to come and work on a volunteer medical team. So he answered my letter and he said well - when you finish your internship write to us and we’ll see what we can do. So it just sort of set then for that period till I finished my internship. So you go through the four years of medical school and I served a year internship, it’s called an rotating internship where you have the different subjects, three or four months on each service, like you had pediatrics, you have the medicine, you have the surgery, and it just gives you kind of a general back ground for medicine. That kind of internship so that’s when I did it. Well, I had got a commission in ’54 but the Korean War was over and so they said we don’t need you in the service now so they said we’ll put you in the national guard up in Washington D. C. or something like that just to hold you, so really I wasn’t - I still was obligated to the military, if they train you they are going to try to get some service out of you some time or another. So I was still obligated but they allowed me to do these others things too - they just didn’t need me. But once I got to be a physician then they did need me because they needed physicians, they just didn’t need line officers or anything like that but they did need physicians. So when I went to Cambodia, there wasn’t anything - there was a doctor’s draft then too in other words, as a doctor why you could be brought into the service. They still had the doctor’s draft. They allowed me to go and finish this two years in Cambodia and then after that they said well you got to into the military so that’s pretty much how I got into the Air Force after that was over.

SM: What was the most difficult thing for you in medical school?
CC: The most difficult thing -? Chemistry, the clinical part was pretty easy. Some of the basic sciences were hard. Anatomy, I liked that. Physiology was good. I guess Biochemistry probably was the hardest for me.

SM: By the time you finished your rotating internship, did you know what you wanted to focus on in terms of your residency and your practice?
CC: Well, I thought at one time - a lot in medical school depends on your professors. A lot of what you do depends on your professors. If you have a professor that you have a great deal of respect for, well that you admire that and you, you turn in that direction, somewhere or another. At the University of Oklahoma we had some outstanding psychiatric professors. Psychiatry is not an exact science by any means or
stretch of the imagination. So I’d done some work as a student in that department and
some of the men that were in it, I was sort of pointing in that direction. But then I still
had this in my mind about working over seas so I just said well I’ll do that, then go from
there. So even though I had a residency I just didn’t take it and I went over seas. Which
had really changed - you can be going in a certain way - if you think that you are going a
certain way in your career and then all of a sudden you make turn and go completely
different direction - once I went over seas as a volunteer, I saw the things that could be
done for people in Cambodia at least had to do with surgery or things like that so that sort
of took me from going in one direction in the medical field to going to a completely
different. Maybe I had a lot of aggression in me and then as a surgeon I could work it out.
But anyway, in other words, I went from psychiatry to surgery. A lot of it was the
influence of working over seas. Because we had in Cambodia, in that northeastern part
of the country, there were a lot of surgical sort of things that could be done to help people
and the main thing, the interesting part was something that we don’t see here is bladder
stones in children because of the water and the chemicals in the water and things like that
in children and probably infection too. Maybe bacteria would act as a [nitous] and then
you put calcium on a [nitrous] and then you got a stone. I remember one Laotian boy, his
mother brought him in and said, ‘He can’t empty his bladder if he stands up. But if he
lies down he can.’ So what he had was a stone in the bladder, that if he stood up it
blocked off so he couldn’t empty his bladder but if he would lay down it would go away
or roll away and then he would be able to empty his bladder. We had this medical team
that I was with way up country where we had a surgical surgeon down country, name
Zalontnose - Zanek Zalotnose and we took the kid down and he just opened up his
bladder and took the stone out and the kid did fine.

SM: How much did you hear about what was going on in French-Indochina?
Prior to for instance the native corpsman talked about it but -
CC: When we were up in country in Cambodia, if we read Time magazine we
would have been very afraid because we were suppose to be in the area that was
dangerous and this was in the sixties. The Vietnam War really hadn’t got underway but
I’m sure it was in the process and in fact as we’d go up and I’ll show you on the map, as
we would go up country and go across a place called the Srepok River on the way to our
village where we lived, Lomphat, we came across a big camp of Vietnamese and they were just camped there, this was out in nowhere, and we said, ‘They’ll probably be ready to go back to Vietnam when the war starts.’ They were camped in Cambodia. But they weren’t in that good of shape when we were there we gave them a lot of medicine and did things, so we were real nice to them but we didn’t try - we just thought maybe someday they will want to go back to Vietnam.

SM: How well were they equipped and what they have with them?
CC: They were poorly equipped at that time. I don’t know if they got equipment later on better, but they weren’t in any shape to do anything at that time. Maybe they had everything cashed and then all they were doing there is camping there.

SM: Were they in uniform?
CC: No. Everybody wore black pajamas.

SM: What part of the country was this again?
CC: Up in northeastern Cambodia.

SM: All right, Kim. Why don’t you go ahead and ask some questions?
Kim Sawyer: I was curious how much you had heard about Dr. Dooley and MEDICO, you mentioned the gentleman that had come and spoke in Oklahoma City. Had you -
CC: I met through him and then he published books. He wrote three or four books. I think you might have them here. But anyway, he wrote those books and the money from that book came back into the organization so they were able to send more teams out into the field. It was really on his idealism, his being able to put it before the public and then the public would respond to what he said and give him the support that he needed. That was his - you know you just have to have people that have that dream. Dreams and being able to express that and then you got to have people that will carry that out. Dr. Dooley was that kind of person who could have the dream and express it. When he worked in the field with it, we would say well it wasn’t a reality, maybe in his mind it was a reality but it wasn’t until we went there and did something and that sort of thing. It take that kind of idealism. That was his whole life. There wasn’t anything else, he just had that purpose and was able to really inspire people when he talked, and he was a good public speaker, very good public speaker. In fact he came here to Lubbock in ’58.
fact one of our team members, Dotty Stokes, she was from the top school in Abernathy
and she - I don’t know if she heard him here or not but she was -- like I say there were
quite a few people that were caught up in that idealism that he had of sort of a
humanitarian idealism that he had and willing to go out and try to do to - what you do
though wouldn’t be - what he said well it’s better to light a candle than to curse the
darkness. A lot of people said well, you need to have public health majors and this would
solve the problems and that sort of thing but he said, ‘Well, the people under there, if they
need help right then well, then they need help right then. You can’t wait till the public
health people come in make everything like it should be when they had a lot of those
diseases that they had.’ But he sure was, Siva, my wife probably new him better than I
did because she knew him when he was overseas in Thailand. He a lot of people that
supported him there, Asian people that would help him. They would go with it to, they
felt that was a good work that he was doing.

KS: How well known was he as far as the general population or was it more
concentrated on medical students or people -?

CC: I think he was known in the general population because he went around to so
many places in the states and talked. Like if he came here, he would talk in the
Municipal Auditorium and then he went around. Dr. Wool who was last year was the
president of the American Cancer Society, he was a student here at Tech when Dr.
Dooley spoke in the ‘50’s in late ‘50s, ’58 and he told me he could remember the lecture
and what was said. You know we hear a lot of lectures over the years and you remember
what was said, well it must have been something that caught your attention. But he was a
medical student or pre med but he was here at Tech.

SM: You mentioned that one of things that you had to cope with, of course, was
significant disease in Southeast Asia and Laos and Cambodia. What were those?

CC: Mostly you had malaria. You had parasitic diseases and infectious diseases
and that was in a way that was good because most of those you had medications for. You
had your antibiotics, you had your antihelmethic for worms, and parasites and then you
had [chlor?] different medications for malaria. So at least with the most prominent
diseases well at least you had something that you could do. They usually respond pretty
well to treatment but it’s like if you go back into that same environment you may come
back with it again. There are reasons that you’ve got to have the public health before you are really able to control it. Your water has got to be pure. We felt like that - looking back at it and I see that we were able to gain a lot more by experience than we were able to give so to speak, that’s what you come away with. It’s that way with a lot of things. We are always getting more, if we do something for some other people we get more out of it ourselves than we are able to help them or give to them.

SM: How much was that emphasized in medical school, at the end of the Second World War, penicillin had become more widely available and the early 1950’s the development of the -mycines by Watchman. How much of that was filtering into your medical training?

CC: It was there after World War II when antibiotics were very prominent. In fact, we had a lot of Terramycin that Pfizer gave to us in Cambodia that we used. In fact that was how Dr. Dooley approached a lot of drug companies and a lot of them supported him by giving antibiotics and things like that. So we had good support. We had good support up until he died. He died in ’61 and as long as he was alive that was able to be supported but after his death, there wasn’t anybody that could speak like he could or could generate the donations like he could. So then we were over seas and we worried that well, we won’t have anymore support and we were going to have to go back home or something like that but we were lucky that an organization called CARE came in and took over those teams that we were on and kept us going in the field, which was good because we were kind of worried there that we would be overseas and need some money to get home.

SM: In medical school when they were discussing the use of these new antibiotics and other pharmacological therapies, did they talk at all about some of the problems that might emerge or were using - you can’t use an antibiotic; when you are treating viruses and you may end up decreasing the potencies of the antibiotic.

CC: Certain antibiotics that - antibiotics worked for bacterial infections not necessarily for viruses.

SM: Did they talk much about that in medical school?

CC: Yes.

SM: That you shouldn’t prescribe antibiotics.
CC: Right.

SM: Why don’t you go ahead and discuss the transitions from the end of your internship in 1959 to getting to - you first went to Laos correct?

CC: Right. Well you know when I - the year that I was to go I’d been corresponding with Dr. Dooley and he told me that he would be in New York at a certain time and he’d like to talk to me and meet me in New York City. So then I left. I was doing my internship and I left - I guess American Airlines for Oklahoma City and then flew up to New York City and, of course, I had never been to New York City before and then I rode from the airport in on the subway to the - MEDICO had its office on Lexington Avenue and I went into there and then Dr. Dooley was around and I got to talk with him and go around with him a little bit in New York City at MEDICO and then we went out to eat but I was just there about a day or so. But he said he wanted me to go from the way it looked he thought we go to Laos. So when I first got there then I went to landed in Bangkok, came over from San Francisco on Pan American - Pan Am, landed in Hong Kong and then flew off to Bangkok. Then from there I flew up to the capital of Laos, Vientiane and so we had to go through customs and all that sorts of things and then I went through there to what they call Air Laos and it was DeHavilland Beavers. They were a single engine like they use up in Canada. It was called Air Laos. They had French pilots and so we flew from Vientiane to Royal Capital which Luang Prabang and then from there we flew up north to Moung Sing. That is where he had a clinic and I stayed there for a month or so and the main thing that I remember in being in isolated places there was - the problem was supply, food and things like that. We always had enough food but it was very - the food included, I still remember, rice, fish and pineapple. Three and that’s all you had for meals. So I didn’t know what not having a variety of food meant till that point in time but after you eat fish, rice and pineapple, there are only so many ways you can cook it. And so that is one thing that impressed me was the fact that living up country like that - why you didn’t have a great variety of foods. But - stayed at Moung Sing and Dr. Dooley had come back overseas and he came in and the main job with teams was just trying to keep them staffed. So I was pretty much - I could go anywhere - I didn’t have a family or anything like that, so he said, ‘We need someone in Ban Hoi Sai and so we flew over to Ban Hoi Sai.’ He’d had a piper patch, Dr. Dooley
did, and he had a pilot there that flew out of Thailand and so we flew over to Ban Hoi Sai
and I stayed over at Ban Hoi Sai a couple of months or so, working there. It always
worked. When I first went over seas, I didn’t—was always interested in practicing
medicine and things like that and so we were working and seeing patients. But they had a
lady scheduled to into the Northeastern Cambodia and had her son with her but it was
really to wild a country and they didn’t have any facilities to speak of so they said well,
there are faculties here at Ban Hoi Sai, so let’s have her come up here and then you go
down to Cambodia. So I said fine, I was glad to try and then I flew back to Vientiane and
then back to Bangkok and you couldn’t go from Vientiane to Phnom Penh, the Cambodia
camps. You had to fly to Bangkok and then fly to Cambodia. That was when Connoly
had the first coup de tat in 1960 in Laos. He took over the Laotian Army. He was just a
captain. But anyway everybody shut their borders, Cambodia, Laos. They weren’t used
the coup de tats at that time. That is why I stayed in Bangkok and while I was there I
would go everyday, to make rounds and the 7th Day Adventis Hospital in Bangkok. They
have a 7th Day Adventis Hospital in Bangkok and I go around with them because I was
wanting to try to learn as much about tropical diseases as I could because we didn’t have
that much in our medical education. That was good for me to be able to do that and then
finally the border opened up and so I was able then to go Cambodia. Fortunately, we had
another medical team in Cambodia at a place called Kratie it’s a town at the Mekong
River and Phnom Penh is on the Mekong River lower on down. It would take for us to
go to Kratie, it would take a good days drive over roads because we would have to go up
to Lomphat to across Mekong River up higher and then go way over in Eastern
Cambodia in the rubber plantations a place called Snool, where they fall later on in the
Vietnam War and then I went up to Kratie, so it was kind of a round about road to get
there. But they did have a medical team that had a surgeon and general practitioner there
in Kratie so that was sort of our headquarters getting ready to in country. So our first job
was trying to get, that’s where construction and things that I had done earlier in my life
helped because I at least had an idea of what we were going to try to do. I had a one man
that worked with me by the name George Hinning, who was - he was good at
mechanical drawing so he drew up plans for the dispensary that were going to build up in
that country and he did that work and then we had another man from here in Texas. His
name was William McKinney and he was good at getting supplies. We had to get lumber
and supplies and cement and things like that, to try to get it all together, had to load it on
the boats in Phnom Penh, bring it up river to Kratie, unload it there, pick it up by truck
then take it up to this place called the Srepok River, where I told you they had the
Vietnamese camp and then we had to unload it there, load it on Army trucks and then go
up into the Province. It took - if you went from - it took a good day to go by truck to go
from where we were in Lomphat L-O-M-P-H-A-T. Lomphat is a Laos village where we
went to build this dispensary and it was - Lomphat I don’t know if is Cambodian or
Laotian word, this means ‘the winds blows.’ But anyway, we knew where we were
supposed to go where the dispensary was supposed to be built. This was all under the
supervision of the Cambodian government. In other words, they told us where to go and
what to do and that was what we were doing. So we got all of our materials up there.
When we first got there it was just a big plot of ground in the forest in the village though,
we were in the village of Lomphat and then we had to clear off the trees and then we had
to, you know, if you live in Asia, if you live close to a river, usually you will have your
house up on stilts and the reason that houses are up on stilts is because a lot of times with
the monsoon rains you get floods and so we had to prepare and build our houses up high,
several three or four meters high and so that we built our house on piers and so we had to
pour the concrete piers and then we had to have beams that we had to put across and then
we had to build on top of that. Well, this was done mostly by the Cambodian men but we
worked with them and I knew a little bit about it. Of course, Dotty was with us by then.
She was a lab technician but she was just as good as I was to hammering nails and doing
things and so she worked with us and, of course, Siva my wife, Siva and I were married
February 28, 1961. She had grown up in Thailand; she can remember the Americans
bombing Thailand in World War II. They had to go out and live in the country so they
wouldn’t be close to where they were bombing and so she had come back after World
War II and she went to school at the Queens School there in Bangkok and she had then
gone to a teacher’s college in Bangkok and then she had gone from there to England. She
went to live at Oxford in England as a young student and that is where she learned
English. So when I first met her she had an English accent and that is probably the only
reason I met her and got to know her is because I sure didn’t speak Thai, but she spoke
perfect English at that time, since she has been living with us in Texas over this period of
time it has degenerated. But anyway, I met Siva and she’d known Dr. Dooley and she
came with us. She wasn’t a nurse or anything but she really did a lot because she spoke
Laotian and Cambodian and of course Thai, so we were able to give communication that
we would not been able to have otherwise. We had some Cambodian men who spoke
English, but it was a little - we had one Cambodian guy, I never will forget who’s name
was - Song, S-O-N-G. He was good at English to a certain point but if I’d go too fast or
get things confused some way, why then for some reason he would say, ‘Not exact.’ He
just came out as saying, ‘Not exact,’ and I guess that meant to me that I better - if I’m
going to speak English I better slow up and go through it again with him because I don’t
think he is understanding exactly what I’m saying. But I’d often think about - years later
I would always be thinking about how true that was what he was saying, there are a lot
things in the world that are not exact. But anyway…

SM: Did you receive any kind of language training before you went?
CC: No, that’s what you need. You need language training but in this - at that
time - later on see they had the defense language training schools in Monterrey, back in
Washington so there are a lot of people trained in Southeast Asian languages, Laotian,
Vietnamese, Thai. In fact Siva said that there was one time one of the Americans got off
the plane in Bangkok who had gone to the Thai language school and they were really
surprised how well they had learned the language and they had never been to Thailand
but they had learned it through the defense language school. I guess they really
concentrated on the language and when they went to that school, they just really the only
thing that they did is spoke that language and he was saying that they did. By the time
that they came out of there they were really got some good training not perfect, I guess
but the Thais were impressed with it.

SM: Let me take a step back real quick. What did your mom think about you
joining MEDICO and going overseas?
CC: My mother was always in favor of me, she always let me make up my own
mind of what I wanted to do, I’m sure it worried her and of course when we wrote back
to her we told her everything was fine and everything was okay. Even though Time
magazine didn’t think so. I told her not to worry about what Time said, just said we were
We really never had anything - I guess the biggest time I ever got scared in Cambodia is when we were coming from up country, we were coming from Kratie to our place in Lomphat and this was during the beginning of the rainy season, we have the dry season and the rainy season. The rainy season, the mud is awful. The dry season, it is dry as it can be. It’s one or the other it’s not an in between. But this was in the beginning of the rainy seasons so we got stuck in the mud, about twenty kilometers from where we lived in Lomphat and so the Cambodian men said, ‘We’ll stay with the truck and we’ll get it out when it dries up a little and then we will bring them on down.’ Siva and I started down the road and these roads are not like roads here. They’re tracks in the forest and if you came to a stream you had a log here and a log here and you got to drive on the log and there is no bridge or anything, you just drive across on the logs, so they are kind of scary even if you drive. We were walking through this forest and all of sudden; we heard these sounds, just a lot of noise. Didn’t know exactly what it was. But it turned out it was a group of elephants, but the elephants there in Asia; most of them are not wild. Most of them have trainers or people that have worked with them. They are work elephants and it was a group of those work elephants, but I said we could have got stepped on real easy. So it was probably the scariest thing and another thing that scared Siva one time, we were walking along the track at night and then one of these large deer came across the track. Looking back, we saw tigers on the road. We were driving down the road one night and looked ahead probably thought we saw head lights and it turned and the head lights turned and what it was a tiger on the road looking at us and our lights were shining in his eyes. They looked big so we thought we were meeting another truck and it really was a tiger. And leopards, they had leopards in the country. So you know when you are young why, things like that don’t seem to bother you too much. Maybe it’s because you don’t know what is going on? Or you don’t think about it at least. You just go ahead and do what you got to do.

SM: Were there many incidents of cat attacks against humans?

CC: No. The people in public works that was right next to us, they did kill a tiger one time and they brought him back, they wanted to get me to, Siva didn’t want to do it and I didn’t really either. But they wanted to give us parts of the tiger; they said it was good medicine or something like that. But they did have a tiger there that they had killed.
SM: That is an interesting point. As a trained physician, how frequently did you run into opposition amongst the population - because of folk medicine?

CC: They had the folk medicine and everything but it seemed to like to me the people were fairly pragmatic, in other words if you gave them medicine and it helped them they could accept that, they didn’t - it didn’t go against their grain or anything like that. I think the so-called Montagnards or the tribal people, they were just very pragmatic about things. Anything that would work they were for it so to speak.

SM: Just out of curiosity, you mentioned briefly some of the diseases. I was curious if there were incidents of some of the more dangerous communicable diseases that we had pretty much had wiped out during the sanitation era, cholera, plague and things like that.

CC: We had one and it wasn’t - he died later - but there was one Filipino man who was from the Surtagous surveying company, they were mapping Cambodia at the time. He had gotten cerebral malaria and I guess he died with it. He wasn’t with us but he went down to Kratie but anyway it could happen. Fortunately we didn’t see that much. We didn’t have too many patients that died. But a lot of times too, you have to take into account customs. Like if we were - this is a little off the subject but if we were at Can Tho working in the Provincial Hospital, if a patient looked like he was going to die, the Vietnamese people would take the patient home, because they wanted him to die at home. That was their belief that it should be that way. If sometimes we would be making rounds and we would come to a bed and it’d be empty, then that’s what the Vietnamese nurses would tell us the family came and took the patient home. They had to make the decision that it looked like he was going to die and if they made that decision then they would carry him home so he could die at home.

SM: When you were working in Laos and Cambodia that was less an issue since they were just coming to a clinic and they were going home.

CC: Right. If they came to a clinic but a lot of time we would have Montagnard people. When they came to the clinic they would bring their whole family. They had their rice and they’d cook and they would have their own camp and everything. So when the patient was there, the whole family was there. They didn’t just leave him in the hospital. They were right there with him. So that would help a lot because they would
feed the patient and take care of him. Help take care of him. They always had the family
with them. So if you had the patient come you had to know that the family was going to
be there too.

SM: What kind of testing facilities did you have for diseases?

CC: We could do blood smears and things like that, very primitive. Not like it’d
be today or anything like that. Didn’t have the technology but a lot things went on,
symptoms, physical diagnosis and that sort of thing, but you know you just had to do with
what you had. Dotty could do blood counts and we could look for parasites and those
certain things. As far as being able to do what we can now, it’s nothing like that.

SM: How about incidents of meningitis or encephalitis?

CC: I didn’t see a meningitis case. It wasn’t that bad. However, if someone
came in with a high fever, we would always pretty much give them IV fluids and
antibiotics. We wouldn’t have to make a positive diagnosis to treat in other words
because a lot of times you just couldn’t make a positive diagnosis. You just treat it and if
that didn’t work, you tried something else.

SM: Treat the symptoms?

CC: Treat what would be your diagnosis after your history and your physical
exam.

SM: Many incidents of dengue?

CC: No. Not that much not dengue.

SM: Major fever was malaria?

CC: Major thing was malaria. There was a lot of bronchitis, ammonia, those sort
of pulmonary infections. Really wasn’t that much, in the way of - mostly infections and
parasitic diseases.

SM: I asked earlier about plague, but I don’t know if you answered that?

CC: Didn’t see any plague.

SM: Didn’t see any.

CC: It would have to be the rat fleas and things like that. Where we were out in
the countryside like we were, I don’t think we were that crowded up, people were spread
out more. Didn’t really see anything that looked like plague.

SM: Other major parasitic diseases or parasites -
CC: Mostly parasites you had were hookworm, ascariasis; those were the two main two. The big ascaris worms would be in the bowel. We would have some hookworm and people could have anemia from that. Those were the main ones.

SM: How about incidents of ichthyosis? The fish scale disease?
CC: Fishing? I didn’t see a lot of that. We’d see a lot of people that have sores on their feet and that sort of thing. There were a lot of people with that. We had a few lepers that was interesting. That was an interesting group. Like in older times, the lepers, there were sort of outcast in villages and they were kept apart. We had some dap sung or medicine for leprosy so they came and stayed with us several months or so and then they just left one day. I don’t know exactly what happened to them. They had to stay away from the village with leprosy but they had the typical signs of the face that looks like a lion and the deformities of the joints and things like that. But it’s funny, their house was not too far from where we were and there were about three or four of them. At night Siva and I would hear them singing. You know think that someone who has had disease like that wouldn’t have any reason to be happy or thinking - they were singing.

SM: Was there much of a sense of charity in the village towards them in terms of providing food?
CC: If you go to a country like Laos, Cambodia or Thailand, you are going to have that - the way you make merit in the Buddhist religion is give food to the monks or to give food or things to other people and that’s the way you can build up a lot of merit if you do those sorts of things. So the religion is such that - they had a saying in Thailand, there is always rice in the field and fish in the pond. The people may not have everything that you’d want in the world but they at least wouldn’t starve to death. That is thing that I saw in Asia. When I went to India I would be discouraged from the poverty but when I went to Southeast Asia I wouldn’t have that same discouragement because I could see that they can be able to feed themselves and take care of themselves pretty well. I think that is pretty well the way it is. That have nice fruits, mangoes, trees and even in the village that we lived in there in Lomphat, we had lime trees. We’d get limes and mangoes, chickens. But the thing that our patients would bring us mostly would be maybe an egg. They always tried to pay something for what they got. It’d be an egg or I
think probably the best gift you could get would be rice. Cause that is sort of like the bread of life to us. Rice is equivalent to bread.

SM: You mentioned that villagers would bring you stuff, mangoes or eggs, or rice. As a MEDICO person, did you receive any kind of a salary or kind of payment?

CC: No. All our work in the country, medicines all of our work was donations to that country, to the people. We didn’t take any money from the patients. Our salary for working for MEDICO was $150 a month. With that money, we were kept overseas, they fed us and gave us a place to live and you know what they call keep us in the field but the money that we had just was kept for us in New York or somewhere, so at the end that’s—maybe, yeah, they sent it to my bank in Oklahoma City but they just sent that much to it. It was $100 but it went up to $150 a month.

SM: How do you think that effected the reception received from the people and what was the reception like that you received generally from the population?

CC: The people were always good to us. I think they knew that - you know if you go to Southeast Asia, you know that there is a lot of what they call functionaries. People in the government and of course that would be where our most problems would be. Say, if we were bringing something into the country to give their own people they still felt like they’d need to get some money, the functionaries would need to want money. We tried our best not to spend any money for what we said were bribes. That’s the way we felt about it. So it was hard. I’ve got it added up. I’d have to get the figures but I think for us to stay in the field the time we were in Cambodia, it probably cost about with the team and the salaries for the Cambodian people and then the construction and all that we did. I think it was about one hundred forty thousand dollars. Maybe it was - I can look it up and add it up because I kept track in fact I’ve got books that have the names of the patient and the diagnosis and what we treated them for those years that we were there and I’ve got the business part of it. The problem when you are overseas is that you’re too far from our place is New York, where everything was. By the time the word got back to New York a lot of time had passed so we were always a little behind in things as far as they were concerned. We couldn’t do it the same way as if you’re right here together and you spent a certain amount of money and you count for it right there. So we were always
behind on those sorts of things. But it wasn’t our fault because we sent the reports in and it just took a long time to get there.

SM: What was the lag time?

CC: It would be several months.

SM: Was it the same for correspondence for instance when you sent stuff home?

CC: It wouldn’t be that long. I would say, well see even now, Siva wrote me a letter. I just talk to her this morning from Bangkok and she had written me a letter about the middle of the month and I just got it about two weeks. That’s for these airgrams, these little things, to get those things it took longer. I would say it’d been a month at least.

SM: Kim, why don’t you go ahead and ask your question.

KS: I was wondering how would you receive medical supplies. Would you have to go and pick them up?

CC: They had to go through customs, you’d pick them up in the capitol and then you would have to transport them up country.

KS: Was there a lot of red tape involved in that?

CC: That what I say the functionaries. They didn’t like to give those things up. They sort of looked at it like it as their own personal thing and if you gave them some money, it would go on through but if you didn’t well then it took a long time to get things out. We tried our best not - here are the American people are giving this to the Cambodian people and here are these fellows are trying to make money off it, so we didn’t like that.

KS: You mentioned earlier that most of the supplies were donated? From drug companies?

CC: A lot of by Pfizer, Pfizer gave a lot, Upjohn gave a lot, all the big drug companies gave a lot. In fact we wouldn’t have been able to practice medicine if it weren’t for those companies.

SM: Did those companies ever send up field representatives?

CC: Oh no. They sent the drugs to Dr. Dooley or to the, I guess they had a warehouse probably in New York, they sent the drugs there and then he was the one that would send them out.
SM: By the time that you arrived in Laos, which was your first stop, Air America was in operation, CAT, Civil Air Transportation had been in operation for a long time. Did they ever provide flying services for?

CC: I’d been known to see the American Embassy plane in Cambodia was Civil Air Transport. So Civil Air Transport provided the pilot and the plane for the American Embassy, so Civil Air Transport was there at that time. Of course that goes back to Civil Air Transport was the old Nationalist Airlines and when I was stationed in Taiwan at Thai Ninh that was where the repair depot was for Civil Air Transport, so all the Air America, they all came to Taiwan to get the planes. They had mechanics there that worked on them.

SM: Did you see and did you receive services from those groups? Flying services?

CC: No. When I went to Vietnam in ’68, why we flew on Air America from Saigon to Can Tho. We flew on Air America. It provided transportation for the military in Vietnam.

SM: But you were aware of Air America operating in Laos?

CC: Yes. One of our pilots there in Cambodia in the sixties his name was (Kucossel?) and he was an Air America pilot and he had been flying for them the C-119’s, I believe they supplied the Dien Bien Phu, you know the air drops. I think he worked for them. He’s still working for them at that time. He had a Japanese wife and they lived in Phnom Penh and he flew for Air America that had the contract for the American Embassy that was in 1960-62. His name was Curley. He was baldheaded. Curley Kokasel. Sounds like a German name doesn’t it.

SM: How would you spell that do you remember?

CC: You got me. I don’t try it.

SM: You mentioned the red tape and the bribes that you would have to pay to certain functionaries. How was the assistance from the Laos government, Cambodia?

CC: From the Cambodian government? It was hard to get but we did get some. In fact our - the cement for the piers that we build were transported by Cambodian Army trucks from Kratie up to there. So they did give us some help. But they were hard - strapped themselves to provide for their own things much less help someone else.
SM: How about U.S. Government support?

CC: It was great. American Ambassador in fact had a surplus World War II GMC truck. We called it the Alfred E. Newman truck. It was, ‘Who me, work?’ It would break down quite a bit. But anyway it was a good truck. It was an old Army truck that had those four wheels on this side, four this side on the back and then two up front. It could go through, in the rainy season it could go through where other things would high center, the ruts would be so deep so it was great. They loaned that truck to us to get our supplies and we couldn’t have done it without it. That was the American Ambassador and of course the military assistance and advisory group that was in Cambodia at the time, they gave us an operating room light. It was a military - an Army issue probably from World War II that came in real handy. We wouldn’t have had anything like that. We had to use flashlights or something like that. They did well. The general that was Military Assistance and Advisory Group general, the Air Force about in the middle of my term in Cambodia wrote a letter and said, ‘We need you right now in the military,’ and so he wrote a letter to the Air Force and said, ‘Well, these people are doing a good job of service to the country so why don’t you let him finish his tour of duty here.’ And so they did. If hadn’t been for the Americans in Phnom Penh, Mr. Walker any number of people always did things for us. Gave us in fact, they gave Siva her first turkey to cook. She had a butane stove a small butane stove up in the country there and so they sent up a turkey around Thanksgiving or Christmas and at the time, we had visitors, we had a lot of visitors. In fact we had one of the first kerosene refrigerators in the town and so we had it sitting up on this platform where we would eat under a shade of bamboo, so when the people would come town they’d see the refrigerator and they would come up and order a 7-up or a coke or something like, they didn’t have cokes they just had 7-ups, but anyway they would come up and order a soft drink because they thought it was a restaurant or something. So Siva always took care of them but anyway the people were real kind to us. Going back to Siva and her turkey. We had a visiting Australian Colonel and a British Colonel. They were with the Military Assistance Advisory Group to Cambodia and they were up country, looking around. So they were there with us on I guess it was probably New Years. So Siva put the turkey in the oven early in the morning and cooked it all day long and still at eight o’clock at night it wasn’t done. So
come to find out - if you have a frozen turkey, inside they put the giblets or that thing and
so once we found that out and took those out and why it cooked real quick. But that was
her first turkey. She had never cooked a turkey before. We had a good time.

SM: How about other American civilians or military personnel. You mentioned
the Australian and British officers that came out to visit.

CC: Some Frenchman came in periodically that worked for the Rubber Plantation.
In fact, I had a Frenchman one time that came in with a toothache and so we gave him
some medicine for that. Most of the people that we saw were just Cambodians. Not as
many Cambodians as Laotians Montagnards. Cause you know when they divide
countries up on maps on Southeast Asia, you know it’s a line on the map but that doesn’t
necessarily mean that those people are going to all be the same. That’s the way it was.
The Laotian people, some of them lived in Cambodia, maybe some the Cambodian
people lived in Vietnam in Can Tho. When I went to Can Tho, I met people at the
hospital that spoke Cambodian and so they were from Cambodia and they spoke
Cambodian but they lived in Vietnam. So when they drew the map, the French drew the
maps of Indochina they didn’t go by this is all Laotian’s, this is all Cambodians and this
they just drew a line on the map, that was the way it was. Might have been a different
map if they drawn it the other way. Probably they didn’t think about it.

SM: Did you run into Pathet Lao while you were in Laos or Cambodia?
CC: No, never did run into any of that. Never did run into anything like that.
The only thing we would run in - there was a big Vietnamese minority in Cambodia,
there was a big Vietnamese minority. In fact, the people that worked on our truck were
Vietnamese mechanics. The Vietnamese were brought to Cambodia by the French and
they were cooks, in fact, the chefs in the restaurant at Phnom Penh were mostly
Vietnamese but they could cook French food just as good as the French chefs could
because they had all gone to Paris and learned how to cook. There was a Vietnamese
minority in Cambodia, there was this Montagnard minority in Eastern Cambodia that
spilled over from Vietnam. You know like in Da Lat and Pleiku had the Montagnard
people, well these same people spilled over into Cambodia. They didn’t know where the
border was. They have always lived there. That’s the funny thing about the Montagnard
too, you know if you go to the burial sites of the Montagnard people, the graves are
protected by woven bamboo, just like a covering for the grave, up on some little stilts and
then they weave the bamboo up and then right up on top they have a big ship and then it
is not even little boat or anything like that. It is like a ship, like a sea-going vessel, that
makes you wonder like all Aborigine people that pushed in the land that no one else
wants. Like here in the - Indians, were always pushed to the lands that no one else
wanted. The same happens in Asia. So the Montagnards in Vietnam when the
Vietnamese came down, they lived on the coast probably because they had those ocean
type vessels, they carried that with them but they had to move inland. The same in
Malaya, the Aborigine people in Malay are those Negritos, very small like you see in the
Philippines and the same thing happen to them, they are always pushed to the forest or to
make their living on the margins. So I don’t think we are the only ones that have pushed
the Aborigines to the bad land. It has happened all over.

SM: Speaking of religious aspects of their existence, most of them were

Buddhist?

CC: The Montagnards now were animists and we know that pretty well. They
may have some Buddhism in there, but it is most animistic because the Montagnard
people believe that there is a spirit in the tree, a spirit in the forest, a spirit in the water
and your life is to try to avoid coming in conflicts with these spirits. They do have an
animal sacrifice in some of the Montagnards but if they sacrificed an animal they would
eat it after that so it was not - you are going to get some protein. You might sacrifice it
but you are going to get some benefit out of it too. But anyway there was that element of
the animistic. We had two Montagnard men that worked for us, when we were clearing
the land and clearing the forest away to build a dispensary and this one Montagnard, he
was cutting this branch and the branch hit him in the face and then he just got real angry.
Something that we wouldn’t ordinarily have much to do with, but he just got real angry
and just chopped those branches to pieces. Almost like it had offended him and he had to
get revenge. Maybe he figured there was a spirit or something there that was working
against him or something. But they file their teeth. These front teeth up here are filed
and when we put pictures up, we had to smile so we could see those teeth and they are
sharp, these incisors are sharpened up. They wear the bridge cloth, the men - and the
women wear the skirts and women carry the babies on their shoulder with a - just like a
sack. We saw one Montagnard women who had we thought was beriberi. That’s a vitamin deficiency. Sometimes, if you take rice that is has been milled too good, you don’t have any bran left in it, then you don’t get the vitamin B that you need. She’d had a pregnancy and she was very swollen, came in feet swollen, face swollen and all we did, we may have given her a diuretic but all we did was give her vitamins and feed her good and it all went away. We were wondering about beriberi with something like that because the Montagnard people had been displaced and then they had to depend on the government to give them rice and the government would give the polished rice and you could see why they would get a vitamin B deficiency.

SM: You mentioned earlier the restrictive diet, the rice, fish and pineapple.

CC: I think the people that lived there, they knew more about the food and everything and so they would get a bigger variety of food than we would. We just be afraid to eat anything. We cooked it if we hadn’t ate, if we had rice of course you had to cook it. Now the pineapple we would just eat raw. But you could cook pineapple too.

SM: I was just curious, since you mentioned the restrictive diet, if that added to some of the ailments, vitamin deficiencies due to the lack of access to certain types of food. Maybe that was what we wondered about all these Montagnard lady maybe she just hadn’t had the baby and having to nurse the baby and all that, she might have gotten by on a vitamin deficiency. Fortunately we had plenty of vitamins. Drug companies gave us plenty of vitamins

SM: You mentioned animism. How about ancestor worship?

CC: Oh yeah, that’s all throughout Asia. You know the Chinese have ancestor worship. The Thai have great respect for ancestors. I don’t think it is as much as the Chinese but they still honor, you are suppose to honor your ancestors and you are suppose to honor your teachers. That is very important in Asia. So the teacher has a great deal of respect. Which we could take a lesson from, probably. The teacher was well respected and what the teacher said, that’s what the student did. Honor your parents they were good at that. They took care of their parents.

SM: Did each home have its own small shrine dedicated to them?

CC: A lot of them did. They have the shrines if you go to the Thai houses or the Laotian houses, they’ll have them in the house if they’ll have one, but they will have one
outside too. They’ll have one out in the yard. That’s for the spirits so to speak, that was
their house out there. That’s a part of it. It is hard to really separate out things in Asia
because you have so many, you have the people themselves, like the Vietnamese that
came down from China, the Laotian and Thai people came from southern China and
some from Japan. Some of the Thai people came from out in toward Tibet. Those people
came down. They always followed the rivers down and then Burmese the same. So they
brought the language, the tonality of the language, say like the Vietnamese tone, the
Chinese is a tone language, Thai tone language, Burmese, so that was an influence from
China, but the religion itself, the Buddhist religion that came from India, that came from
India, Salam, then to Southeast Asia and some of the Indian religions like the ones that
went Yahweh it was like the Hindu religion and so - there is a lot. Of course the
Buddhist religion was a reformation on the Hindu religion, where as you had the Greeks
that had multiple gods in the Hindu religions and the Buddhist you really don’t have a
god you have a teacher, Buddha was a teacher. He was a king who left his riches and
went to the forest and tried to be enlightened and then he said, ‘Well, everything is sort of
transitory and that we were doomed to reincarnation. You’ll here people say, ‘Well, I
hope I have a better next life. I hope I have a better next life that I am having right now.
But anyway, in Cambodian and Laos and Vietnam, you have some religion of the
Buddhist religion in Vietnam but not like you do in Cambodia and Laos and Thailand.
But you know the people in Cambodia, their languages, Cambodian is not tonal, it’s not a
tonal language and there were people that were there before the people that came down
from the north. They were the people who lived there before and in the culture in the
Cami and Hmong, Siva her grandmother was Hmong. Now the Hmong were the people
that lived in Southern Berman and then came and lived in southern Thailand to and they
of course, their language and the Cambodian language were a lot the same but it didn’t
have the tonality to it that people that came the north did. They kept moving the people to
the south and they said, ‘Finally, we got to ocean we can’t go any further.’
SM: Well thank you very much. This ends the first interview with Clint
Chambers.
SM: This is Steve Maxner conducting an interview with Dr. Clint Chambers; continuing the interview with Dr. Clint Chambers on the 7th of March 2001 at approximately 9:15. We are in the Special Collections Library interview room. I am joined by Kim Sawyer. Dr. Chambers, while you were in Laos and Cambodia, in particular in Cambodia, you mentioned that you had some assistance, in particular we just spoke before the interview when you were talking about a particular incident involving, you we pulling a trailer and some gasoline canister - why don’t you relate that story again.

CC: Well you know, you have, in Cambodia, a wet season and a dry season and then during the wet season, which will start about in May, it will continue on and it will rain very hard and everyday, until almost into November. You just have about six months of a really wet season, where the roads are muddy and you can’t get through. So being up in northeastern Cambodia, we were isolated from really for road travel for about six months. Airplanes could come in and land but to get over those roads were very difficult. If you were able to get through you really had to have a big Army truck, because if a big Army truck made the ruts, if you had a smaller vehicle, a jeep or something, you’d hit high center and you’d have a real difficult time getting through. Those six months we were pretty well isolated and that’s the times too that you could have floods and things like that. But in contrast to that, starting in December and the Monsoon is gone and it dries up. The month of December in that part of Southeast Asia is ideal because you still have some of the coolness from the rainy season is still present.
so that’s kind of - that is where the Cambodians or the Laotians or the Thai people would wear their sweaters because it was cooler. To us it might not be that cool but to them they would be real cold and they would wear their sweaters if they had them. So that was the cool season that December. But starting in January and February it really dried out and got hot. That was really the hot season and the dry season. Of course, this was the cycle that the farmers went through because during the rainy season you plant your rice in the paddy and then it rains and it fills the paddy and then the rice grows and so then at the end of that in the start of the dry season then your paddy dries up and the water goes away and then the people are able to harvest the rice. That promotes rice culture that rainy season and dry season. The dry season then will be real hot. We were going from a town on the Mekong river called Kratie, we went north from Kratie up to a town called Stung Treng which was on the Mekong River and then we turned to the east toward Vietnam and going into northeastern part of Cambodia in a province called Ratanakiri and Ratanakiri was a so-called new province. A big new province had been divided up by the Cambodian government and Ratanakiri was one of the three parts of that big province. Ratanakiri had its capital, which was really just a village; a place called Lomphat and that is where we were stationed. Lomphat in the probably in the Laotian language means Wind Blow and it was this - maybe they had a big hurricane or something and that’s how the village got its name. But Lomphat really, of course when the French took over in Indochina which was Vietnam, Laos and Cambodia they just drew lines on the map. They didn’t divide the country up by what language the people spoke or anything like that and you might not have been able to do that because in Cambodia you had a Vietnamese minority of course you had Montagnard minority and then even in Vietnam in the south you had Cambodian people. Cambodian people and when they drew the lines in the map they didn’t - there were a lot of Laotian people living in that part of Cambodia too. That is why my wife, Siva, helped us being a Thai she could speak Laotian because the Thai language and the Laotian language are just about they can understand each other. It is not the same but they can understand each other. So anyway this was the dry season, we were going up country, of course we were trying to get our clinic constructed up country and trying to do as much as we can during the dry season because we know during the rainy season we will be stuck. We had a jeep pickup,
which belong to the MEDICO organization and we had a trailer, a small two wheel trailer
and we had about four or five cans of big, big cans like the big oil drums, rather than cans
we’d shape drums of gasoline, because we had to take our gasoline up country with us,
because there were no filling stations. So we were coming up country, Siva had just
come, she had just come from Thailand and this was her first trip up country, so she
didn’t really know what to expect. She was a Thai girl from Bangkok, which is a big city
and I don’t know and I don’t think that she had ever been out in the country that much.
Although during World War II, her family had to go out into the country because the
American bombers would bomb Bangkok, so they lived out in the country then, but she
was going up country and we were on the back of this pick up and the Cambodians were
driving it with this trailer and came to this bridge and their bridges were unusual because
you’d have one log, two parallel logs and that would be the bridge across the creek. So
you had to drive very carefully on those two logs, in order to get across. Well, we got half
way across and then the trailer slipped off to the side. Well, in the mean time, off to the
right there was fire, like a prairie fire here, but it would involve the grasslands in that part
of Cambodia. There were trees around to, but it was mostly grassland, it was all dried
out, so it would really make a big fire, so that was where we sat. The trailer was off and
we were stuck on this bridge and then there was this forest fire and we didn’t know which
direction it was going, so that really scared us. So the Cambodian men got out and they
took the barrels and threw them out into the dried creek bed and then we pulled the trailer
up onto the road, we rolled those barrels back up onto the road and put them onto the
trailer and took off. Fortunately, the fire didn’t reach us but Siva’ pulse was pretty rapid
at that point in time. She was little bit frightened but we made it through all right, but we
met, we had bridges like that along the way. Their was one bigger bridge that we
nicknamed, it was bridge, it was a over a bigger creek made out of not just two logs but
several logs, it was logs fitted together. It was near the town of Lomphat so when we’d
reached that bridge we always say this was the Golden Gate Bridge. We’re almost to San
Francisco. We’d go in on the street and find out where the dispensary was being built.
I’m sure the Cambodians had a name for it but we called the street as the Madison
Avenue because a lot of the support that we received was generated by Madison Avenue
types. I don’t know - in the early sixties Madison Avenue in New York was where all of
the people that promoted things lived. In fact we had one of our team members - we accused him of being a Madison Avenue type. He was from New York.

SM: The Cambodian assistants that you had working with you, were these Porters or -

CC: No these men worked with us, the patients and they worked as interpreters, they changed the dressings and they would help take care of the patients. They weren’t trained - they had some training just on the job type training at Kratie, we had the MEDICO team. They had had some training but they had never had the formal training with a nurse or anything like that. But these men were probably in there twenties or thirties. They had a man who was sort of the senior, his name was Chin Chan and then we had Muet and one male, Tung and Sung and Sung was our translator and he translated for us and we’d ask the Cambodian patient where you hurt and what the symptoms are. The thing that you come away with and I worked with Siva, too, my wife, she would help translation especially with the Laotians and you would ask a question, like, ‘Where are you hurt?’ and they could tell you that. Then you would say, they have a word for pain which was Chep and you’d ask them where they hurt or if they were having pain and then I would go in and say is it a burning pain, sharp pain, dull pain and try to get that history out of them but the language didn’t go that much in to detail. In other words the language would get the word pain, but they wouldn’t be able to give me as much of a description as I could get in English and that’s what you’d come away with a lot times and then I asked Siva, I said, ‘Look, why can’t we determine what type of pain this patient is having, like is it burning in his stomach or that sort of thing.’ They could tell you they had pain here and they could tell you where it was in their stomach or where it was but really define that pain, it was hard to get it in translation. Maybe we didn’t know, but I’m sure the Cambodian men could do it but if it was in the language. But the language is very simple, so it didn’t have those descriptive terms that we have and they weren’t able to describe things. So as a result you just got to kind of a feeling they had a word for fever, they had a word for pain. They had some elementary sort of things but to be able to really try to get a good history was very difficult in that sort of a situation. Not because we were wrong or not because they were wrong but because of the limitation of the language. The language is a very simple sort of thing. They’d say, we’d go say, ‘Kinh
yan tai,’ ‘I go to Lomphat,’ which was a village, ‘sic(?)’ which would mean tomorrow, in other words, ‘I go Lomphat tomorrow,’ that sort of thing. There maybe more to the language than that but that is all we were aware of. In the kingdoms in Southeast Asia where they have languages, there is a royal language, which is different from the common everyday language, so if you go to the Royal Palace in Cambodian, they may have a real flowery language that we just didn’t know about but we had just the everyday language.

SM: When you went to the villages and interacted with people or when they came to you, did you ever have interactions with indigenous medical people?

CC: Oh yes. In Lomphat we had, what was called a medicine chief - indigenous, oh I’m sorry, this was a Cambodian representative, a government representative called a medicine chef. He wasn’t an MD but he had gone beyond, nurse’s training or something like that. They had medicine chefs but the indigenous people like the Shaman or anything like that I never had any. They may have been there but I wasn’t aware of it.

SM: So you don’t know if they even existed?

CC: I’d never seen one. But I’m sure they existed though. If you didn’t have a medical doctor, they would have to be someone that was just like our Native Americans here and they always had a Shaman or something like that, that would fulfill that role and I’m sure they had it there too. Yeah, I’ll show that to you sometime. Right.

SM: Were you ever introduced to any folk or traditional therapeutics that you thought were interesting or effective?

CC: Yeah, I’ll show that to you sometime. Right. When we go to the house some time, I’ll show you. They have what they call counter-irritation, that’s where say you hurt your head or something, their would be a spot on your body and they would take and this was interesting because they would take a French franc and make a hole in it and then have a little wooden panel and then they would take that and rub that and you’d see these rub marks all over their body in certain areas, I guess they rubbed certain area, kind of like counter-irritation. Maybe it has to do - it probably didn’t have to do with acupuncture or anything like that, but it may be a similar sort of thing, but I don’t know. But anyway, you’d see where they had been rubbed at certain areas of their body and it left a bruise sort of like a bruise and that was a counter irritation, so I guess, if you made
it hurt here it might not hurt as bad somewhere else. I don’t know exactly how it worked
but you’d see that on the people, so that was that was some of their folk type medicine
that they used. Maybe it worked. I just haven’t had any experience with it.

SM: How about the use of plants?

CC: Plants. I never saw them use plants but certain - my wife’s grandmother
used to take plants in Thailand, when she got sick, there was certain types of plants that
she would go and get and make a broth out of and give it my wife, so I’m sure that they
had sort of thing.

SM: But you were never introduced to it -

CC: I never was introduced to it.

SM: Was there anything else medically that you found interesting while you were
serving in Cambodia or in Laos?

CC: Well I think the main thing that we had found that was that we were
fortunate because most of the diseases that we had were either parasitic, infectious or
nutritional type things and those usually can be corrected with medication, oral
medication. So we were fortunate in that way. There were some surgical problems but
they were far and few between so didn’t see very many people with a appendicitis, didn’t
see people with, like we see here with diseases, like we see hear. It was mostly
infectious, parasitic or nutritional. And those problems can be solved, they could be
treated. We were lucky that it was that way. Although it was dangerous, Malaria was
dangerous because we did have one of the Filipino men who was with us, surveying the
country, they were mapping the country, he died from cerebral malaria not with us but at
a place out in the forest in the courtyard.

SM: You mentioned earlier that your wife had to leave Bangkok during World
War II because of the American bombing. Was there any residual animosity in Thailand
concerning American military activities during the war?

CC: No. Because see the Thais were the Army - the Thai Army when the
Japanese came in, they cooperated with the Japanese Army. My wife says that she can
remember a Japanese officer coming to her house, but she also remembers too after the
war was ended he killed himself. He committed hara-kiri. He came to their house, but
they had an underground in Thailand which some of the Thais would get out of the
country and go to India and would be trained by the OSI - OSS or the British Intelligence and then they would come back into Thailand and their job was to help flyers, either American or British Flyers escape if they went down in Thailand. They were able to get some food to some of the prisoners, by slipping food into some of the camps, where the Japanese had the allied prisoners. So there was a definite group in Thailand which formed a - were against the Japanese occupation, that’s what it was because the Japanese they said, ‘Well, you’ll let us go across your country to go to Malaya or we will just attack you,’ because they had already taken Indochina. They had to leave Bangkok and go out into the countryside during World War II and they went on these canal boats. There are a lot canals in Thailand and they would go out into the countryside and of course her father built an air raid shelter for the families so if they did have air raids, why they would always go to that shelter at that point in time. She can remember the bombs and hearing the bombs. But she said that the Thai people, they knew it was for the Japanese and they didn’t hold it against the Americans.

SM: The record of the Japanese occupation of Asia and Southeast Asia, the Crane Peninsula and I would imagine probably in Thailand, wasn’t very positive. They engaged in a significant number of crimes. Was that the case in Thailand that they didn’t treat the people very well?

CC: You had to do what they said. In other words they weren’t very - if you didn’t do what they said they - they wanted to be obeyed, in other words, and so the Thai people were treated that same way and there were a lot of Asians that were put to work on - the railroad that ran toward Burma. They not only had allied prisoners working on that but they had Asian people - it was hard. But it was hard in that forest country and even up in Cambodia where we were and this wasn’t even in time of war, the people that worked on the roads and things they were camped out most of the time. It was called Cambodians called it travel public works but they were working on the roads and doing things and they didn’t have a lot to eat or it wasn’t easy living in the backcountry no matter what. But I’m sure if you didn’t do what the Japanese wanted them to then that could be - they all obeyed orders and then they expected you to obey orders, so to speak.
SM: Another thing that you mentioned just prior to starting the interview was you did run into a Muslim minority in Southeast Asia. Why don’t you describe your interaction with that?

CC: The Muslim’s had always for a long period of time lived in Southeast Asia. Of course, there’s a majority in Malaya and Indonesia and Mindanao and the Philippines, in Borneo, those places that it is a majority but in other parts of Southeast Asia, the Muslims are in the minority. So in Thailand and I guess, Thailand, Cambodia and Laos most of the people were Buddhist, that is the predominate religion but they did have a Muslim minority and as I previously stated, the Muslims served as butchers because a Buddhist would not want to take life or kill it and it wasn’t necessarily against the religion to eat food that was killed but to take life was against their religion. As a result, the Muslims served as usually the butcher’s and in the village even in Lomphat where we were if a cow was killed the beef was put in the market and sold, it was a Muslim that was the butcher. So even in the smaller villages, there were lots of people that served as the butchers. Like I said they wasn’t any pork because they don’t go for pork but the other beef and the lamb or sheep, they would be killed.

SM: Did there seem to be any problems or issues between the Muslim minority and the Buddhist majority?

CC: There wouldn’t be any problems, now I don’t know what it is now but at that time there wasn’t any problem. You know being a minority and of course we felt ourselves as Americans, we were a minority in Cambodia, being a minority you don’t have a secure feeling of being a minority but it’s probably good for us to be a minority in some point in time, so that we could appreciate what it feels like so that we can - if we are in the majority we won’t be overbearing on any minorities. So I think it is probably good for us to go and see what it is like to a minority and then you can appreciate it better if you are in the majority. But anyway, the Muslims and the Buddhist got along well. I don’t know if there are some there in some years there had been some problems with some conflicts along the Malayan and Thai border but I don’t know the details on that or anything. I’m sure if you get a group of Muslim’s that are fanatics why you are going to have problems. That is just the way it would turn out. But on the other hand, the King of Thailand, always tries to go to the Muslim minority and they by and large respect that.
No matter what if you are minority, well you don’t feel as secure. There’s no doubt about it.

SM: Were there any other notable religious minority groups?

CC: No not that many, they would always be in those countries. You may have a Catholic priest or a missionary of some type but they are not predominant at all. While we are on the subject of Religion, you mentioned in the previous interview and when we talked briefly before this one, concerning the animal sacrifices. I was wondering not necessarily for the nutritional aspect, that they would eat the animals that they killed, but what religious purpose did they serve?

CC: I don’t know really what the religious purpose was because maybe it is in the people that we had called more primitive which may not be that way but that’s the way we looked at it but you know our, even our Christian, Judeo-Christian, in especially in the Jewish religion, the Passover and all that involves killing the lamb and putting the blood on the door post and that sort of thing, so I don’t know - they might have a similar sort of outlet toward animal sacrifice. I guess it would be something that was done to absolve us from blame or something, I don’t know how that - I heard of animal sacrifice in the animistic people but I never did see anything like that. So, you know, it is one of those things, if I’d seen it, then I would feel better about talking about it.

SM: Lastly, you mentioned also the Thompson Family, as the minority of Americans working in this region included missionaries. Why don’t you go ahead discuss your interaction with them and their ultimate fate?

CC: Mr. and Mrs. Thompson were, I think they were United Brethren, if I’m not mistaken - missionaries who lived in Kratie, Cambodia and they had a small group of Christians who lived in that area, a real minority group but their main job as they told me, as I understand it was to have contact with the Montagnard people or the tribal people and to learn their language, which was an oral language and to try to take that oral language and it was like, what was called a Wide Cliff Bible Translators or Organization or something that would take the language and try to put it into written form, so that you know they could put - print the Bible. And that was the main idea. But what it did was to record that language to give its meaning, it’s a language that is just not written, it’s oral so theoretically you would be able to preserve a language that could be lost as time went...
along, depending on the circumstances. Which, it turned out, probably with all the war
and Vietnam and the Montagnard people being pushed around as they were in Vietnam
and I’m sure a lot of them were killed, maybe some of those languages were lost. But, on
the other hand, there is probably somewhere that there is records of that language, that
have been preserved, probably here in the States somewhere. But Mr. and Mrs.
Thompson, I think they had three children and so once the Vietnam War started - it was
fairly quiet in ‘60 - we were there in ‘62, it was fairly quiet at that point in time but then
later on the Vietnam War heated up. Then Mr. and Mrs. Thompson - there was a group in
Vietnam so they left Cambodia and they went to Da Lat. Well it was probably the same
Montagnard people that were in Cambodia that were also in Da Lat, so those people that
they had been in contact with in Cambodia were probably over at Vietnam so they spoke
their language and everything but they made a big push. I think the Viet Cong and the
North Vietnamese made a big push into Da Lat and I read this in *Time* magazine,
probably in 1965, that recorded their being killed there. But their main job, as I saw it,
they didn’t have a lot of Christian converts, but I think the main job or service that they
rendered was to record the languages of the Montagnard or the tribal people and preserve
that language. Record it and be able to know what the meaning of the words were and
what their ideas was is to try to get it into a written language, I don’t know whether it
would be phonetic or what, it might be something like that.

SM: Do you think their being killed had any influence on future missionaries?
CC: I think, in war, you might not necessarily be - if you’re in the line of fire you
are going to get killed and that is the way world works. If you happen to be in the line of
fire and troops are coming through there, there is a good likelihood and especially if you
were white or American then you would be considered the enemy because if you had
influence with the Montagnard people, they would like to stop that sort of influence, so I
think as far as the war is concerned, they may have selectively been killed but they may
not have too, you know. There would be so much confusion on all that was happening, if
you are in the wrong place at the wrong time, you could get killed.

SM: Were there any other American missionaries that you interacted with?
CC: That was the only one, Mr. Thompson. I think his name, I could be
mistaken, I think his first name might have been Ben.
SM: Kim did you have any questions that you want to ask?
KS: I just wondered if you ever felt unsafe, I know that you were there in the early sixties -
CC: You know when you are younger, I would say we were in our twenties; I guess I was in early thirties. When you are young, you kind of have an idea that nothing is ever going to happen to me and so that is why I think - when my wife and I look back now at some of things that we did and where we were, we’d say I don’t know if I would do that again. I think the younger you are the better off you are as far as - it’s just like the younger soldiers, they feel like nothing is going to happen. It can happen but you have that feeling. Probably what made a good soldier is that you were worried about - maybe that is the reason that the old men aren’t they’re not soldiers because they think about those sort of things. Siva said the other day, if we went through that again, I don’t know if I’d do that or not but we were as a group idealistic and that’s the nice part about it.
That’s the nice part when you’re young. You have an idealism, Dr. Dooley sort of had the dream of this and then you have the idealism that you can make a difference in what happens and I think that is what gives you the kind of strength to do this sort of things. Number one you are young and strong but also, you have a certain amount of idealism and I have to say that influence those two years in my life and I know it’s that the same way with my wife, Siva, because we talked about it, that really was - sometimes in your life you can have a high point in your life that really sort of defines you as an individual and I think for us that was sort of - we did a lot of things after that but that was really -- and it was a time - that was the time that Kennedy, when he was elected president and ‘you asked not what your country can do for you but what you could do for your country’ and so there was that idealism and I think it was sort of a humanitarian type idealism, you want to do something for others, you could do that right here in Lubbock, you know if you wanted to. That was sort of a different way to look at things. The thing that I got out of it, I was able to give some service but I received a lot more that I was ever able to give because if I wasn’t there, their lives would go on and everything, but we did help some but on the other hand, I’ve got a view point someone who had grown up in Oklahoma and gone to school in Texas, but never really been that much away from Texas and Oklahoma, to get to see other cultures, other religions. You kind of find out you are not
the only people in the world. We might be ‘the people’ here but there are some people
over there that think they are ‘the people’ and we all sort of have the idea that we are ‘the
people’. They are other people too, they may be different from us but they are a lot alike.
I think that is what we found out. Siva and I would love to go back and do something
like that again but on other hand, we don’t have the courage, like we used to and I don’t
know why that is. I guess we are more used to comfort now then we were at that time.
Living in a bamboo house, with a straw roof, when we were first married, that sort of
thing. I guess it was sort of a romantic sort of thing even though at the time, even as we
look back on it, it was pretty hard - but at the time it didn’t seem to bother you too much.
Another thing that we got to see, you know if you are seeing patients and doing things
every day, you get to see what you are doing. I’m a surgeon now and I do an operation
and the patient gets well, you get to see what you are doing and it gives you a lot of
fulfillment because you have done something. You’ve finished the job. But here we were
faced with two things, we saw the people took care of the medical problems but we also
had to start from ground up and construct a dispensary and if you know - if I hadn’t had
experience back here in the states, working on summer jobs in construction and things
like that, I don’t know if we’d have undertaken anything like that, but the things that you
had previously helped us then. We had one man by the name of George Hennings from
Virginia, who was really good at mechanical drawing, so he drew the plans for the clinic
and our houses and things that we constructed. So we had the plans and then we had to
bring the materials all the way from Phnom Penh, load them on the river boat, go up the
Mekong River to Kratie, unload it and load it onto Army trucks, bring it all the way up
country and unload it again, so we had a lot of supplies that we had to get up there and
then get that constructed and it took us almost two years to get everything finished, by the
time we left it was finished and it was in the rainy season we were stuck. When it rains
and it gets so muddy, you just can’t do anything, you can work on the inside but you sure
can’t work that much on the outside. But what we will do is - I’ll be glad to show you
some of the films and things and that will help to give you a better idea of that.
SM: Did you do a lot of that construction yourself?
CC: The Cambodian men did it. This girl that I gave you the article on, she was
good at it too, Dotty - I don’t know. She grew up in Granbury. Her father was a
mechanic, but she was real good with construction for some reason or other and of course 
I have worked for - in high school I worked summers for construction outfits and then 
when I was at Baylor in Waco, I worked for construction companies, so I kind of had the 
idea of what to do to build things and so we did it. Cambodians didn’t build exactly the 
same way but we kind of compromised on building. Usually they put up two big tall 
poles and kind of built a house and put a ridge bar across it and then built out from that 
like you start with that. Of course, we put the cement piers in and then put the big beams 
on top of those piers and then we put the dispensary. The reason that we had to build it 
up on piers, that is what you do in Southeast Asia because even though we are about three 
or four miles from the river in the rainy season and if you have a big flood, the land can 
be inundated and if you built down on the ground, you had problems. So we built about, I 
would say, three meters, two and half, at least three meters high and then we put the 
beams on top of that. But we were glad that we did because our last year there during the 
rainy season, they had a big flood and the water came up on the piers almost into the 
clinic so we were glad that we’d done that. If we had constructed the building like the 
constructed buildings in Thailand, Cambodia and Laos and we had followed their - if we 
would have had it down on the ground we’d floated away. So we learned some things 
there. If you are on a floodplain, you want to build your house on stilts or your thing on 
stilts up high.

SM: How deep did those pillars go into the bedrock?

CC: We dug down, we had a good base for them because you need to have a 
good base, two or three, four feet and it would be wider at the base. We did that. We had 
the steel, the building steel and we poured the footing first and then we poured the piers, 
cement concrete piers with steel reinforcement and then we had the bolts on those and 
then we set those beams down on that and that made it good, that was what tied it 
together very well. Our clinic was twenty-eight meters long by nine meters wide. Then 
we constructed housing, which were sort of - I forgot the dimensions on those but they 
were high like that, way up - had a dining room and sort of two houses to the side, they 
were all sort of connected and so you wouldn’t have to get down during the rainy season, 
you just would stay up high. Sort of built like the old Thai houses. Of course, we got a 
lot of that, my wife Siva she knew all about that.
SM: In Vietnam, in particular, when there are large construction projects like the one you just described, there was always attempts to siphon off materials by various petty officials or bribes that needed to made. Was that the case there in Cambodia as well?

CC: They would try, you know, when we brought our drugs in from the capital, we always, it always took a long time to get them out of customs and we felt like that was probably the reason there were because someone was waiting for us to give them some money, so that they could do their job. In other words, the government didn’t pay them enough to do their jobs so they were going to get it some way or another and your big problems in Indochina were what were called functionaries, what the French called functionaires and they were always - they never did get enough money to make a living from the government so they made their money by being paid off and that sort of thing. That’s not a good system because we said, ‘Why should we pay money to bring drugs into the country to give to the people? Why would you do that?’ and it was just because of that system. That was a bad system. We were able to get the Pfizer sent us a lot of Teramycin and antibiotics, Upjohn, there were a lot of drug companies from the states that donated and we got them through but it was never an easy proposition. But we always tried our best not to have to pay that because we said, ‘Why should we pay graft to help these people in their own country, it doesn’t make sense, if they saw that we were doing this, well maybe I don’t need to make money off this.’ They always did it. If the Chinese, which were the merchant class, if they brought things in they always, had to have that tea money is what they called it - bought them some tea.

SM: Did you have any other questions, Kim?
KS: Were any of your patients ever apprehensive about the western medical treatment, did you have any problems with that?

CC: Not that much. Most of them - most of the patients had had some experience with Western medicine, by and large they didn’t, but if they came in they came in voluntarily so you know it was that sort of thing. The only time I saw someone apprehensive was - this is little off the subject was one time in Can Tho in Vietnam. We had a Viet Cong who had been shot and we were getting ready to operate on him. I’ve got a picture of it, I’ll let you see that picture, but he looked very fearful, when were getting ready to operate. Of course we operated on him, he did all right but I’m sure he
was afraid, ahead of time because he didn’t know what was going happen so I’m sure he felt frightful. Of course when we were operating in Vietnam and doing things, we never-a person that’s wounded is a person that is wounded and you take care of them and that’s all and you don’t worry about politics.

SM: With your interaction with indigenous people, I know that in Thailand there are certain taboos, certain things that you shouldn’t do for instance -

CC: Things you don’t want to do. You don’t want to put your hand on their head, that is one thing that you don’t want to do - is put their hand on the head and then when you sit - you don’t want to point your toes toward them. Those are two things that you don’t want to do. Like a child, you don’t want to pat them on the head. I think that takes something away from them or something like that. But that’s why the Thais when they sit, they tuck their feet back underneath them, the women - and the men kind of sit that way because they don’t want to point their feet towards you.

SM: What about the use of the left hand?

CC: You’ll see a lot of times when the Laotians would come in, the Laotian would come in and they would tie these white strings around your wrist. I don’t know whether it is to ward off spirits, evil spirits or what, I think we’ll just have to ask Siva about that because she can tell us more about the customs of the Laotians. It is an honor to put strings around your fingers. Some other Laotians would come to us as patients and then they would make a gift to us of rice and that is significant. If someone would give you rice - I guess it would be like the bread of life for us so to speak, but if someone would give you rice, why then that is a significant gift. They would also give us rice and also give us eggs. Which is pretty valuable to them.

SM: I was curious, while you were in Laos and Cambodia, what were the reporting procedures for you in terms of did you have to submit periodic reports, how frequently?

CC: Yes. We had to submit reports to New York. What we had to do was to give a description of what we are doing, give a description of the money that had been spent, those sorts of things. That was hard sometimes because of the great distance we were from even getting something mailed. Usually, the way we had to do it, if we mailed something we had to give it to someone in Phnom Penh connected with American
Embassy and then we wouldn’t send it through the International mail, but we would send it through there, the Embassy would be connected with U.S. mail, so they could mail things there at the Embassy and then go through the postal service in the United States. But we had people that we had to report to back in New York to give an account of what we were doing. Sometimes it was quite a delay between them. It was difficult sometimes for the people in New York to realize exactly where we were and, of course, they’d want the report so they had to make their report right on time so we’d have to make our report on time. But a lot of times if we were late that would because them a concern because they couldn’t make their report then, see what I mean, so we kind of held the deal up and so we would write to them and Siva helped with the books and she wrote to the - I forgot his name - he was a retired general, he worked in the office there - I forgot his name now. But anyway at first he was pretty gruff with us because of the way we were doing, but then Siva starting writing to him and telling him what we were doing and what was going on and then he got to be her friend pretty quick and she started writing to him and telling him what we were doing every day, sort of the daily things that we were going through and things like that - that correspondence that she had with him - I have some of his letters that he wrote back to us. You could see where he was going - we weren’t doing our job and it kind of changed over a period of time to where he said he understood what we were doing. So if we were a little late well then he wasn’t too hard on us. But we had to report and I think we looked back over the records and for us to stay in the field two years - I’d have to look again to be exact on it but for us to stay in the field two years and build that and do what we did, just to maintain ourselves on the field, it was about forty thousand dollars a year. Which isn’t a lot of money but still to keep that many people working and to do the things that we did, you couldn’t build a house here in the states for forty thousand dollars, even at that time, a big house - you could build a little bitty house.

SM: Was there anything else included in your reports - population size of particular villages, activities and things like that?

CC: No, we really didn’t do anything, just the main thing we were reporting on was how many patients we would see and how we were coming along with your construction and so on. I, of course, kept records I still have of the notebooks where we
wrote down patients we saw and what the diagnosis was. We had a pretty good idea - we still have those books.

SM: How about enemy activity, did you ever include any information about that?

CC: No. Never anything like that. We wanted to stay out of anything that had to do with military stuff because we were in the humanitarian type business, we weren’t in the political business. We wanted to stay away from that because the reason that we probably were safe where we were is because we did that. If we had been otherwise, we might have not been safe. That’s the way we looked at it. When we crossed one of the rivers called the Srepok River going up to Lomphat there was a big camp of Vietnamese, why would they be there, why would this camp of Vietnamese people be over in Cambodia and we thought to ourselves and said, when the times comes they’ll go back to Vietnam and I’m sure that is what they will do. But at that time they weren’t that well off themselves so we gave medicine and things that they needed. Anybody in need we sure helped them. But we sure wanted to stay out of politics because it doesn’t work out very well. Even if you tried to stay out of it sometimes you could get in it just by being in just by being an American so to speak. But there were, at one time, there were reports in Time Magazine that our part of the country was having problems but we weren’t. It was Time Magazine. I think the reporter stayed in Phnom Penh. They didn’t know exactly what was happening up-country. There may have been some problems somewhere but we sure didn’t know about it. But it could have been pretty close by and we wouldn’t have known about it. We’d had been able to hear shots or something and we’d know about it then but otherwise, we would not know about it.

SM: Did you ever get approached by Americans that weren’t MEDICO personnel or missionaries or just all of a sudden here is this European or American?

CC: We had people visit us up there. We had an Australian colonel came in one New Year’s and an English colonel and a British or the Australian group and the captain of Phnom Penh and we had some Frenchmen that visited us. They worked in rubber plantation, they were constructing a rubber plantation up in the high lands there close by. A place called - I forgot the name of it. But anyway they were people trying to get rubber started up in that part of the country.

SM: But never Americans, civilian Americans?
CC: We had Americans that visited some. In fact, a well was drilled by Mr. Miller. He worked for the United States Aid group and once we got up there and we didn’t have any water and we’d have to go up to the river to get water which would be two or three miles away and we were trying to build a hospital, so we approached the American Ambassador, Mr. Trimble and we asked him if USONG, the American Aid group if they would be willing to come to drill us a well. Of course Mr. Miller who was the USONG welder, he went all over the country in Cambodia drilling wells for the people. He was glad to come up there because it was way out in the forest and he was happy to come so he and another man came up and they drilled us a well. The water then, once we got the well, it was one that you hand pumped, once we got it, then everybody in that part of the village used it. That well was being used all of the time and it wasn’t just by us, it was by the Cambodian people that lived around there and the local people. So it worked for them as well as for us. Then so those were some of the Americans that came up and helped us. They were always glad to come up. Siva’s a good cook too so she’d always fix things, they would always bring some food and we always fed them and everything so they were happy to come. Then we got a, we didn’t have any electricity, we used coal oil lamps and things, so there was electric generators that were surplus or something from the Americans and so they brought the generators up, but Mr. Otto who worked with the American Embassy, USONG, he was an electrical engineer. So he came up and saw that we wired the place right and got the generators working for us so we could have some lights, electric lights if we needed them. So that was another American. Then Mr. Walker came up quite a bit. He was an Agriculture Economist and he and his son came up on the Army trucks one time and rode up all the way on Army trucks. That was a rough trip for them but anyway they came up and stayed with us. He helped us a lot because his wife was a pilot and they had an Aero Club in Phnom Penh and she came up sometimes, flew up during the rainy season, when we couldn’t get out or anything and they helped us a lot and he is the one that recorded all of this. When I show you the picture you will see him and you’ll see him up there working and he really recorded on film and the film was eight millimeter but then he put it on video tape and we have the video tape that was done several years ago of that. That was done then. But he was great, Mr. Walker, David Walker; He is retired now in
Washington D.C. Mr. Otto electric and Mr. Miller they did the well drilling and just any
number of Americans came up and helped us. They felt like it was their work too and we
gained a lot from the Americans but we never had any contact with any American
military or nothing like that.

SM: No American intelligence personnel.
CC: Nothing that I knew of.
SM: Were you ever approached to provide any information about military
activities or anything like that?
CC: Never was. I think that, if we had gotten into something like that, it would
have been a dangerous thing. Because we were up there and isolated and if they got an
idea that we were up there as spies or something like that, then our whole thing would be
gone- the idealism that we had, what we were trying to do and it would be lost. We were
lucky that we kept out of that.
SM: Were you ever questioned or interrogated by Khmer or Cambodian officials
or police or military people?
CC: Never. Never were. We lived right across the road from the chief of police
and he was a real nice Cambodian man, he always helped us and did things for us and we
were right across from the public works people and they were always good to us. The
people that worked on the public works and the roads and things, we always tried to do
things for them. But we never had any—when we looked at the Cambodian soldiers that
came up that way, their job was survival not fighting wars. It was hard up there, they
were just mainly interested in getting enough to eat and getting by themselves much less
trying to fight anybody. I’m sure that they did have some trouble up there but I tried not
to know anything. We don’t know anything, we don’t say anything, and we are a lot
better off. Because we had Siva, myself and Dotty Stokes and at one time we had Ralph
Luman who was California as a corpsman, of course Dotty was a lab technician and she’d
do anything. But it was mainly just Siva and I and Dotty Stokes. I always thought if I
had, if I was by myself and had two women, that was not going to be a threat to anybody,
see what I mean. If I’d have about five or six American men up there or something like
that that might have presented a threat. It would have been perceived maybe as a threat
or something to the people around there, so we were lucky just to keep it as few as we
could but the Cambodian people helped take care of the Cambodian people. That’s the best way to do it. Because you know we are here and we are gone. When we are gone it’s the Cambodians that are left, so they had to care of their own people. That’s the way it should be.

SM: In that respect, was there any program that you were aware of put in place that helped train Cambodians to become physicians?

CC: Well, you know in Phnom Penh the United States helped establish a medical school. They gave money to help establish a medical school. They helped do that. So we did a lot. That was of course before the war and I don’t know what has happen to all of that now but that was the main push for the United States was to establish a medical school. Because before then everybody that was trained had to go back to France to be trained in the French system, but with the help of the American Embassy and the Russians came and built a big hospital, that’s what they did. This was during the Cold War, of course. But the Americans helped with the medical school so I think that’d be the way it kind of balanced now. Those countries were small. It’s just like the Thai saying that those countries would be like saying the Thais had a saying, ‘If the elephants fight, the fleas step to the side.’ If you are small you don’t want to get crushed by all of this. You kind of have to play both sides against the other. That’s what Siva did and go this way and that way and this way and that way. To try to do the best he could to keep Cambodian neutral but of course it didn’t work that way. Then once went pro west why that is when she had all the trouble. Maybe if she would have been able to stay neutral, she might not have had as much trouble but that when the war was going on in Vietnam and they had the Cambodia Sanctuary so there were a lot of pressures then.

SM: How well would you say you knew Dr. Tom Dooley and what were your perceptions of him?

CC: Dr. Dooley. Very idealistic. In other words, you got to have idealism, you got to have someone that has that dream, and other wise nothing is going to happen. If you don’t have the dream or the idealism, nothing is going to get done. You got to have someone that’s able to put that before you and then you have to buy into that and then work to carry out that dream and that’s what we felt like we were. We didn’t have the dream but we were carrying out the dream. That was our job. So that’s good. That is
what you got to have. He had the idealism, he had the ability and if you just look at some
of the newspaper articles that appeared here in the Lubbock paper, when he came here to
talk and speak, it that way all over the United States. Everywhere he went he was able to
get support of just, people like you and I. He was able to really and he could do it
anywhere, he did it in Thailand. There were a lot of Thai people that supported his
idealism. I’m sure it was that way in Vietnam and other places. It wasn’t just Americans.
There were other people that supported it. As Americans, though, we had the
wherewithal to do things so we were lucky that way. We had the drug companies that
were willing to donate the drugs and we had people that would volunteer to go overseas
and do that sort of thing. Siva knew him, even before I knew him and he said he always
had work for everybody to do for his goal, so to speak. If he talked to people, it’s just
like he would talk to you and then his enthusiasm would go to you and then you would be
willing to volunteer to do things. He was that; he was unusual to be able to have that
ability to put everything into words in his writings if you have read his books. It’s a kind
of book that I read at least I just keep reading. It’s one of those kinds of books you just
kept reading and then once you read the books, which I did beforehand and then when he
would talk to you, you’re sold.

SM: How well did you feel you knew him?

CC: Just probably a year. I first met him in - I talked to him, I had written to him
when I was a junior in medical school. It was in the late fifties. I graduated in ’59 so it
was probably in ’58 or so and he was -- I met some of the corpsman who worked with
him in Vietnam. You know when the evacuation in Hanoi in ’54 at that time and then I
had written to him and so he wrote a letter back, he did answer the letter, he wrote a letter
back and said, ‘When you finish your internship, write to me and then we’ll see about
going you a place to work.’ When I finished my rotating internship in the ‘60s, I wrote
to him and said, ‘I finish in July of 1960 and then I want to go overseas and work for one
of your volunteer medical teams.’ When I was in my internship, he wrote the letter to me
and said, ‘I will be in New York on a certain date in the spring and I will be there for
several days and I’d like to meet and talk with you.’ Then so I went to New York and
met him and went around with him and he had to headquarters there in New York and
that’s how we got the idea of Madison Avenue because of the headquarters. It wasn’t
right on Madison Avenue it was on Lexington Avenue but anyway we went in through
the headquarters there and he took me around with him and introduced me around and
then he said, well after he had been with me, he said, ‘Well we will make the
arrangements after you finish your internship,’ and so they sent me a ticket on Pan Am
and he said, ‘I want you to go to Laos.’ So that was fine with me because I was free and
could go anywhere and so we got on the plane and went to San Francisco and then flew
across and landed in Japan and then in Hong Kong and then down to Bangkok and then
from Bangkok we flew up to Laos. Dr. Dooley did have a Piper Apache plane and so we
flew from Bangkok then to Vientiane and then from Vientiane I flew up to Nun Sing on
Air Laos. It was a Laotian airline that had French pilots and they had those DeHavilland
Beavers. They flew on those aircraft. They were good aircraft and flew up to Nam Ta
and then from Nam Ta to Nun Sing.

SM: Was he with you this whole trip?

CC: No. His pilot was in there and got me up to Vientiane and then I went Air
Laos up to Nun Sing.

SM: How much of that trip was he with you?

CC: He didn’t go overseas with me at that time. He came later and this was in the
fall. The fall of ’60.

SM: That is when you met him again?

CC: Yes. Met him again then. By that time, he had a malignant melanoma
removed from his chest wall a couple of years before I think. But at that time when I saw
him then, he had a lot of back pain and he had gone to Hong Kong and had found that he
metastatic disease in his spine so that was in the fall, he stayed around in Bangkok, of
course I was up in Laos and then he switched me to a place called Ban Hoi Sai. I went
from Nun Sing to another unit called Ban Hoi Sai; I was only there for a short time and
then sent to Cambodia. But all this time, I guess the last time I saw him was probably in
November or December and at that time he had a back brace because of this metastatic
area in his spine and then the last time I saw him was in Cambodia in a place called
Angkor Wat. Siem Reap, which is where Angkor Wat is and I saw him then and then he
got on the plane then and went back to Bangkok and then in December in Bangkok he
lapsed into a coma. He had metastatic to his brain. Once that happened he was
transferred back to Sloan Kerring in New York City, a cancer hospital there. I think that
is where he died around January 15th. But at that time we were all off up country. He
was a good man, he died when he was 34 but I think President Eisenhower said that he
had accomplished more in 34 years that most men would in a lifetime. That is probably
ture. But once he died it’s like so many things, if you have an organization - you need to
have an organization that has the tradition or - you don’t want to have an organization
that is just one man. Because if something happens to the one man then something
happens to the organization. So you always start out usually with one or two men or
something like that in an organization but it has to make a transition and become an
institution in order to survive. It’s just like a college or -- you got to have an institution in
order for things to keep going on. His organization didn’t become that. So there we were
in Cambodia, the funds for the organization which he had started were being used up by
the people in the field but there was no prospect then to continue on so we were kind of
unsure of ourselves then because we were overseas and the question is if worse came to
worse how are we going to get back and that was on our minds. But, fortunately, an
organization called CARE from World War II had been in existence since World War II,
came in and took over that organization called MEDICO and provided the funds to keep
us going which was good for us to able to do that because they could have said no we
don’t want to do that but they did. So we were able to then to continue and finish out our
term, our two year term.

SM: So you were still in Cambodia when Tom Dooley died?
CC: Yes.
SM: How did word get to you that he had died?
CC: Well, I don’t know exactly how it happened but I think it was probably
through the American Embassy, someone at the Embassy heard about it from the states
and got word to us. I think that is probably the way it happened.

SM: When did you leave Cambodia?
CC: We left Cambodia in July of 1962. Came in July of 1960 and we left in July
of 1962.
SM: From there you went to Taiwan. Is that correct?
CC: From there we went back to the states. Back to the states, Dotty Stokes and
Siva and I, we went to Hong Kong. We were going to have a week vacation and they
were able to go around but I had fever. I had always been well the whole time in
Cambodia, I never had any problems but at that time I developed a fever so I spent most
of that week just trying to find a place that was cool because I had a fever. You know
they had those terrazzo floors, you know those kind of terrazzo’s like smooth rocks out
on the floor and kind it makes it a nice surface. I just laid on the terrazzo floor the whole
time because that would be cool and then if I had a fever then I’d feel better if I did that.
So I spent our vacation in a hotel in Hong Kong and then by the time I got back to the
States in Oklahoma City, where my mother and my sister lived and Siva and I got back,
by the time I got back, I had developed a jaundice and so I went to the internist there and
found out I had infectious hepatitis. So when you have infectious hepatitis it’s a viral
disease. It usually runs its course in two or three months. Your jaundice goes away and
you get over it. I then received letters from the Air Force that I had to come back and go
into the service and so I already had my order to report for duty in San Antonio and when
I got back to the States. So I was going to have to go into the service at that time and so I
wasn’t very smart when I found out that I had infectious hepatitis, I called the Air Force
and said about what I had and they said we don’t need you right now, why don’t you just
wait till you get over it and then you can come in. If I had been smart I would have gone
down to San Antonio, signed in and gone into a sick call and let them take care of me. I
stayed in Oklahoma City, it took about two or three months to get over it and Siva and I
stayed with my mother and we stayed in Oklahoma City. So we then went off to - when
it was time to go in, they changed my assignment. My original assignment was to go to
San Antonio and go through the flight surgery school down there and then go up to
Washington near Spokane to an airbase up there as a flight surgeon. Since I missed that
class and everything, when I went in in October they gave me an assignment to Hill Air
Base, Ogden, Utah and so got there - well when I came back, saved our money which
was about a hundred dollars a month, we had that much money but we had to live too,
getting over hepatitis. By the time we went to service we were pretty much broke but we
were able to buy us a 1962 Suburban, it was one of the early type Suburbans, V6. So we
loaded everything in our Suburban and went to Utah. Then signed in up there and I
worked there for a year at hospital at Hill Air Base, Utah as a general medical officer. I
worked in the morning in Pediatrics and then in the afternoon I worked OB/GYN and
saw the kids in the morning, I worked under a pediatrician and then afternoon I worked in
the OB/GYN Clinic, worked under a gynecologist. So I was happy for that because as a
general medical officer, it gave me experience under the supervision of a specialist and
that was great. Then we had a chance after a year at Hill Air Base, that was an interesting
year because they had a plane crash and that is a really an unusual thing for an air force
hospital to have but a plane crashed up near side of a- not the side of a mountain but a
flat. A mountain will have a raised area a kind of a flat area where the mountains go up
and I guess it was carrying about twenty service men and it crashed right there near the
airbase. It was getting ready to come in for a landing but it didn’t make it and it crashed.
I believe most everybody survived but we - they went out to the field and brought these
people in and then they were triaged, sent where they needed to be and if they needed we
took care of some of those people that were in the crash so that was something I had
never seen before. But anyway I enjoyed the assignment at Hill because it is above Salt
Lake City. It’s near Ogden, Utah. They had a Weaver State College so I took night
courses at Weaver State, I think I took a course in Art History but anyway you could go
to school at night and that was a good experience. I think the thing that Siva and I liked
best about here at Hill Air Base was the fact that that part of Utah in the Fall and that is
when we got there in October, they apples were ripe and when you have a fresh apple
how good it is and of course we had been over seas for a couple of years not having any
fruit like that and so the first thing we did was buy a half of bushel of apples. We ate a
lot of apples.

SM: What years were you there?
CC: We got there in ’62 and then we left -- we were there for a year and then
what happened was an assignment came open for a general medical officer in T’ai Nan,
Taiwan and of course when the Air Force goes to fill slots for medical officers, you got to
fill the overseas slots first and of course you’d like for people that go overseas, to the
bases overseas - you’d like for them to volunteer because if you send someone that didn’t
volunteer, then they might not adjust as well to it. They may say why am I overseas and
that sort of thing. So I volunteered and then they gave us our assignment to Taiwan. Of
course, Siva and I, it didn’t bother us to go to Asia because we had just come back. It
didn’t phase us. But Siva did undergo her naturalization process in Salt Lake City before
we went back overseas. By doing that, usually for naturalization you have to wait five
years or so or something like that but if you were married to a service man and he was
being sent overseas then you were to accompany him that would be wavered.

KS: What year were you married?
CC: We were married in 28th of February 1961. It has been forty years. So this
year was forty years. But anyway, she was naturalized and that was an interesting
process because she was worried because you have to study for naturalization because
you’ve got to answer these questions about who was president and this and that. Of
course, for someone who has never had American history or anything like that, it is scary
and that’s what probably all of the people feel that are under going that naturalization,
they are being thrown into something that they really don’t know about. Siva studied
hard and she did good on her test so she got through with flying colors. There was a
group of us in this naturalization process in Salt Lake City and we had a judge after us
all. After you have been through all of the process and then they have this meeting in the
court house and this was in Salt Lake City and they had the judge there that gave a talk to
the people who were being naturalized and their families were with them and the thing
that I remember about that is that he said, ‘Now you are coming to another country and
what we want you to do is to accept the best of this country but to keep the best of the
country that you came from and then their won’t be any problems living in the United
States.’ But that was quite an inspiring talk to us and I still remember that quite well. He
really said it in a good way that you carry things from the cultures that you came from,
from the country that you came from, but you come to a new country and you want to
accept and take the best from both. So then we went back overseas. So when you go
overseas and go from the west coast, you fly out of Travis Air Force Base so we drove -
that was interesting too. We drove from Utah, we drove to California. I had Oklahoma
tags on the Suburban and then we had some things, you have to ship things ahead of time,
some of your trunks and things like that and then we had our truck, our car that we were
going to ship overseas so you go to Travis and you turn that over and they will take it
over and ship it over and it takes a couple of months. They go by ship and so then you get
on the military aircraft from Travis and then you fly to Hickham, Hawaii and then you go maybe Midway, then Guam and then we landed in Philippines Clark Airbase. Then from Clark you take a flight down to Taiwan and to go to Taiwan, you fly on the military aircraft to Taipei, then you have to take the Chinese military aircraft to go to T’ai Nan, which is in the southern part of the island. So Taiwan is about three hundred miles long about a hundred miles wide, it’s an island, of course, and Taipei, the capital is at the northern part of the island, Taipei - T’ai Nan is the southern part. When we landed in Taipei then we had to change to a Chinese aircraft, Chinese national aircraft. It was a real interesting aircraft because it was what they call a C46. It was the aircraft during World War II that flew from India to China, flew on what was called a hump and so on the tail of the aircraft the had a camel, you know the hump. It was the aircraft, they were still flying that aircraft, this was in the ‘60s, the Chinese pilots were still flying those C46’s a very good aircraft, very stable. Still a good aircraft and we flew down on the – and they call the aircraft a [Maioguanchi?], which is Chinese word that means something like ‘never mind’ and that was a term that was used. There is all sorts of words in Asia like ‘never mind’ that sort of thing. But then we lived in Taiwan. We lived in town but we had to drive everyday to work at the airbase. But most everybody in Taiwan, in the early sixties were still riding their bicycles, so as you would drive you had to go real slow down the street and as you drive, just like in Vietnam, as you drive all these bicycles were surrounding you. So you want to be careful about hitting anybody, so you had to be real careful but we you know when you go there you have to get your driver’s license, a Chinese driver’s license and all that. We sure enjoyed Taiwan. That was a place where we lived close to the University in a compound. It was called Tashalou and it was just back of the University and that is, of course, where my daughter was born in Taiwan, Tita. Tita is my eldest daughter, she was born in 1963. Siva had to go to Taipei to the Navy hospital and wait, they had a place where the ladies would wait and they would go just before delivery and they were delivered by the Navy doctors. Dr. Piece delivered Tita in Taipei, very good physician.

SM: Why couldn’t they deliver then at the Air Force facility where you were?

CC: We had a dispensary and it had only two physicians and it was either family practice or general medicine. So we had no facilities for delivery. So the girls that were
going to have babies would get on the [Maioguanchi?] and they would fly to Taipei and
then they had a place for them to stay at the Navy hospital or near the Navy hospital to
wait till they went into labor. Then when they would go into to labor, then they would
tell their husbands down in T’ai Nan and then he’d come up to Taipei so then he would
be around when they had the delivery. Of course, sometimes they didn’t make it.
Sometimes they did, fortunately I was there and I took leave. I was there when she
delivered. It was a good delivery too because Dr. Pierce used what was called a
continuous call, which is a block so even though you have - you still have labor but don’t
have pain so that was great. If you’re gonna to have a baby that is the way to do it.
That’s when Tita was born. Once my daughter was born then we had to get on the
[Maioguanchi?] and fly back down to T’ai Nan and that was hard for Siva of course, she
had an episiotomy. When you have stitches and you sit down it is hard. In the
[Maioguanchi?] they had seats along the edges but then they had the canvas that you sat
on and I think we had to get a pillow for Siva to get her back down there. But she did
okay. But once my daughter was born, we had to have a girl, a Chinese girl that would
help Siva with the baby and that girl’s name. I forgot her Chinese name, we called her
Judy and she was real good with my daughter. In fact she wanted to hold my daughter
more than my wife. My wife wanted to hold her but Judy wanted to hold her too so there
was a kind of tug or war of who would get to hold the baby. I think as a result and I
always say to my daughter now that she was spoiled when she was very young. She was
held for about two years straight. I would go to work everyday, work at the dispensary, it
was two physicians and then we had corpsman and nurses and it was a nice place to
work. We were out right on the military base - the Chinese military base and Air
America had their head quarters right there. You know, Air America flew in Vietnam
and that is where all the Air America and the civil air transport, that was a Chinese
National Airlines, had their planes worked on right there in T'ai Nan. So they would
always come. I got to see the Chinese pilots who flew over the streets of Formosa. This
was in ’63. They still had - the Chinese were still flying the F86, the Savor Jet that was
used in the Korean War. They had so many hours on those aircraft that they probably
rebuilt the whole aircraft over again, flying so much. But those Chinese pilots had flown
those F86’s so much that it was amazing. One time we got called out to the field for an
emergency. Any time there is an emergency - aircraft emergency, well the ambulance, our dispensary and the ambulance for the Chinese went to the - after flight line so we went out to the flight line. And there was a Chinese pilot and a F86 had taken off and as he had taken off his tire blew out. So when he took off, he knew that his tire had blown. But he was airborne, so then we were sitting out there and he just flew around, it took him quite a long time to fly around and use up most of his gas. That’s what he wanted to do, get rid of much gasoline as possible. Once he had done that, then he came in and he landed on that ramp. He was such a good pilot he was able to land on the ramp and nothing happen. We were worried that the plane would crash or tear apart. He was such a good pilot, had flown that F86 so much that he had a real steady and he had just landed on a ramp. It made a lot of sparks but the plane never did catch fire or anything. That was it. I had a great deal of respect for those Chinese Nationalist pilots because they really knew how to fly the F86 and anyone that could do that was a good pilot.

SM: Did you have a lot of interaction with CAT and Air America pilots?
CC: C-A-T?
SM: Yes. Or Air America?
CC: Air America. The only Air America pilot that I had contact with was a man by the name of Kucasell. He had flown in the evacuation of the Dien Bien Phu in ’54. He was flying a CAT and they had those C1-19’s. Curly had married a Japanese lady, he was bald-headed, he married a Japanese lady and they lived - when I knew him they lived in Bangkok. They flew for the American Embassy. The American Embassy had their own aircraft. We flew several times going up to Lomphat on the American Embassy plane, we got a ride on the American Embassy plane and Curly was the man who flew for the American Embassy but it was a contract and it was Civil Air transport for Air America. He had flown in the evacuation in Hanoi and then he stayed in Asia working for Air American or CAT and had always flown for them and then his job was to fly for the American Embassy in Cambodia. That is where I met him. That’s really the only Air America pilot that I’d come across.
SM: Do you know how to spell his last name?
CC: Kucasell - maybe Siva remembers. We’ll ask Siva. She might remember. I don’t know his first name. I just remember - Kucasell was a German name.
SM: Did they ever use your dispensary?
CC: No.
SM: What was your typical caseload in T’ai Nan?
CC: In T’ai Nan. I would say it was mostly sick calls. You know you always have the sick call in the morning, someone if they are sick they will come in that day on military - the military you always want see the military troops first and get them back to duty. You don’t want them waiting around because, there are some that might want to wait around and not go back to duty, so the first thing you want to do is do the military and mostly just sore throats, colds and that sort of thing. You get that out of the way and then after that you start your appointments where you would see the dependants or the wives of the military and then you would do that pretty much the rest of the day. I guess you would see probably about ten or fifteen people a day. It was never too heavy a load and my commander was Bill Barrons, who was a major and he was a family practitioner and so I learned a lot from him too. We always learned a lot from the people that you work with. He was a good man to work for.
SM: Did you conduct any kind of humanitarian activity?
CC: The only thing we did, we did go on up to the people - a group of Taiwanese people up north, a little bit north of T’ai Nan and they had what was called - we don’t know exactly what caused it but they may know now but at the time they didn’t. They would get what was called a dry gangrene. It was like a diabetic gangrene and it was something in the environment that they get and it would have an effect on their extremities and a lot of them had to get an amputation. Their feet or their toes would turn black so it was called the black foot disease. The people from up in NMRU, which is Naval Medical Research Unit up in Taipei, looked at that a lot and tried to figure out what it was. What caused it. They I think it might have been something in the environment or they really didn’t know at that time. As a result there was a community of people - what makes you think it was environmental because it was localized - generalized because it was in a local area. A lot people lost their extremities and had to have amputations because of that. We went to that village because they did a lot - they worked with their hands and did a lot of weaving type work. In fact, I think we might still
have some rub a bamboo type rub something like that those people had. That was
unusual.

SM: Did they ever discover what the cause was?
CC: I hadn’t heard any more about it but all I can say is the Naval Research unit
was working trying to figure out. I wouldn’t be surprised if they - of course it has been
so many years. It was just a localized village. It had to be something environmental.

SM: Now in people who went through like you and other Americans or
Westerners or whoever - did they or do you know of anybody going through who caught
it?
CC: No, just the people. Maybe the people who worked in the rice paddies or
farmers. Its called black leg or black foot disease. I’ve got some brochures from Amaroo,
somewhere that might tell a little bit more about it.

SM: Were there any other odd or exotic diseases you encountered in T’ai Nan?
CC: Not that much. The Chinese, by and large, had colds and flus in the winter.
By and large they were in pretty good health. There wasn’t a lot of malaria. We didn’t
have to take to many malaria pills. Of course Taiwan is a beautiful Island. The original
name is Formosa, which means ‘beautiful island’ in Portuguese. The Portuguese came to
that island early on. It is a beautiful island. Of course Taiwan was occupied a long time
by the Japanese and after World War II they left. The Chinese people that occupied or
the Taiwanese originally came from the coast of China, right opposite of Taiwan, Phu
King. So the dialect, the Taiwanese dialect is similar to the dialect in the province. The
province opposite of Taiwan. But the people in Taiwan themselves, thought of
themselves more as Taiwanese because they had been Chinese and then the Japanese
came, then the Japanese left and the ones that were born there considered themselves
Taiwanese. Of course the Chinese nationalists, when they fled mainland a lot of them
came there to establish the nationalist government but a lot of the people that grew up
there and lived there for long centuries - over a hundred years ors so, they really
considered themselves not Chinese as much as Taiwanese. They sort of felt they had
their own identity and this group that came from China were the outsiders that came to
settle in their country. But the Chinese that came from the mainland brought a lot with
them. A lot of professors from the universities originally came from China. When the
communist took over then they came to Thailand. A lot of the artwork, Chinese artwork was brought out of the mainland. In fact I saw at one of the museums, I saw a scroll that was a painting of the Yangtze River to its source which was to scale, a smaller scale but it still, the scroll itself was beautiful. Three or four hundred feet long - it was long. But they painted each part of the Yangtze River on that scroll. That was (?) Thai at Taipei. It was an interesting culture, the Chinese culture by living in Taiwan you got an idea of what it was like. It must be a fairly good culture. It’s sure survived a long time. There must be something about it that is good because they have been going about it a lot longer than the Europeans.

SM: You were in Taiwan when President Kennedy was assassinated. Do you remember hearing about that?

CC: Yes. We heard it on the Armed Forces they had a radio station in Taiwan. Yes, that was - when he was assassinated that was really a shock. Of course we saw later - they showed pictures later of it on - I forgot now, I don’t think we even had TV. I know we had the Armed Forces television in Germany but I don’t remember if we had it in Taiwan or not. I don’t think we did jut the Armed Forces radio. Or was that in ’61?

SM: ’63, November ’63.

CC: November ’63. We were in Taiwan yes. That was really a shock because when he came to office in his inauguration speech and all of that. We really thought he was a great thing. Then to have that happen, that was a shock.

SM: When you lived in T’ai Nan did you live on the base or in the city?

CC: No, we lived in the city. We lived in a compound called Tachelou, it was near the Cheng Kung University. That’s of course where Siva - she had some time there and she took some art lessons from a Professor Pi who was from the mainland and he was an art teacher with Chinese water colors, she learned to that. That’s where she really studied. It was food. She had two years of instruction. Then from there she did it on her own. She’s done real well with it. I’ll show you some of her pictures.

SM: Did you have a phone and other typical amenities?

CC: Yes. We had a phone. I’ve forgotten the number. It was 56 or something like that. It wasn’t a high number but we did have a phone.

SM: Was that included in the house?
CC: Yes. I think so. They had a phone system in T’ai Nan. I believe we had a phone. I don’t know. Maybe I better think about that a little because maybe we didn’t. Maybe it was since it was a military neighborhood, everybody knew about everything else that was going on. But it was a nice place to live because it was just a typical Chinese type house. Always had a compound, wall all around you and you live in a world all your own so in the orient it’s the costume to view the outside world and you have this inside world. Sort of like the houses in Vietnam. There’s a lot of influence in Vietnam from China. Then the farm houses in Taiwan were nice. They were that way. They had sort of an open courtyard back of the house and everything was pretty much worked and done right at home. The rice fields in Taiwan were beautiful. The Taiwanese farmers were excellent - two crops almost two crops of rice a year. They were really good farmers and then they would have another crop, about three crops. They were really productive. Maybe two crops of rice. They grew tangerines, we see these little tangerines, they have these great big ones. They had tangerines, all kinds of fruit. Very good farmers. They used every bit of land, too. They would never waste anything. They used everything they had. In fact, they built these rice paddies up in the mountains, you know, go up on the mountainside like steps and over on the western side of the island, you’d go into where they had the mountains, they would have these rice fields stair stepped up and they’d control the water and everything.

SM: When did you leave Taiwan?

CC: We left Taiwan in 1965 and I had made an application through the Air Force for a residency general surgeon and so I was then selected to go from Taiwan to San Antonio to Wilford Hall USAF Medical Center. That’s a thousand bed air force hospital just inside of Loop 410 in the western part of San Antonio at Lackland Air Force Base. It’s right on Lackland. It was the largest hospital in the Air Force but it was a hospital that trained or had residencies, Air Force residencies. There were other hospitals in the Air Force that had residencies but none had the residencies that Wilford Hall had because they had so many people; they had a big patient population. We had all the military in San Antonio, the Air Force people and then you had all the retired people in San Antonio, military retired people, so there was a big volume of work and that is what you need for a residency is a large number of cases because in training you want to have as many cases
as you can because the more you have the better you are trained. We were there five years, five years of general surgery and we had different rotations, orthopedics to plastic surgery. In the first few years, you still had general surgery, which is mostly abdominal surgery. But then you got the sub-specialist early on and that’d give you an idea of what was going on in the subspecialties, but then later on in your third, forth year or the third year you are in general surgery. The last year, the fifth year, you were in general surgery the whole time and then in the forth year, you had some research. The forth year, I took some time and went through the school of Aerospace Medicine and then had I one rotation over at Brook Army Burn Center. This was during the Vietnam War. The burn center was active because all of the major burns that came out of Southeast Asia, went to Camp Zama, Japan for stabilization and they were flown by C-141 directly to San Antonio to the Brook Army Burn Center. When we rotated on to that service we worked with the men that were just coming back from Vietnam who had severe burns. That was really a good learning experience, but it was difficult because the burn ones it’s real serious, it’s hard to handle because to start off with, you have the big fluid shifts and that has be handled right so, you don’t get dehydrated. With those fluid shifts you could swell up a lot and have problems with your lungs. Sometimes you’d have to be on at the ventilator. Then after about a week or so and then you can get what is called burn sepsis, where bacteria gets in the burn and then you can get septic from that. That is the reason the wounds had to be cared for and they had to put the sulfamylon on and that sort of things that they had at the time - silvadene, sulfamylon, those topical antibiotics would be used to take care of the burn wound and to try to prevent burn sepsis. You could still have a lot of problems and then after that - after the burn wound, after that period is over then you have to do the skin graft and all the things that take part in that. It is a long drawn out process. There is a lot of problems, you can have a lot of problems. Of course then San Antonio is a good burn unit and still is a good burn center. A lot of research work was done at the surgical research there at Ft. Sam Houston at Brook Army Medical Center. Of course now you have the burn center in Dallas and even here in Lubbock. Dr. Griswold has a burn center. So it’s more spread out here in the States now, so you have the chance to get better care - very specialized sort of care that really you need to be in the center to get the proper care that they just can’t do out in the general hospital.
SM: How long did you work in the burn center?
CC: I think the rotation was about four months.
SM: Was the mortality rate high?
CC: Mortality rate, there was mortality but it wasn’t that high. Your mortality in
the burn depends on your percent body burn. If you get a body burn that’s over fifty
percent, in other words you can tell what your mortality is going to be like the
percentage, that’s is why it is so important when you have a burn wound to calculate the
percent body burn and you need to know the percent body burn but you need to know
whether it’s full thickness or partial. Full thickness burn is a lot worse than a partial
because the full thickness you’re gonna loose all of that, that is going to have to be
grafted. With a partial burn sometimes you get by it will blister badly and you don’t have
to be graphed and you could get by with that. That depends on the percent body burn.
The higher the percentage, another thing too that is important in burns is if your young or
old, your mortality will go up there. If you are an older person and have a serious burn,
you’re mortality will go up. If you are a real young person, you are better off if you are in
the middle. They survive better. But it really all depends on how much surface is burned
and how deep that burn is.
SM: Was it typical for the Vietnam Veterans to have significant percentages of
their bodies burned or -?
CC: They usually had - if they got to the Brook Army Burn Center they usually
had significant burns and they have had to survive their resuscitation in Camp Zama and
so you didn’t know how many died in Camp Zama but if they made it through the initial
resuscitation in Camp Zama then they came to Brook Army Burn Center.
SM: Was there a general because for the Vietnam Veterans?
CC: Most of the burns were accidental things. If you are around fuel and if it
was exploded or something, well that fuel - most of the burns weren’t because of combat
but they were by accident. It was an accident or someone was careless, why then you get
burned.
SM: Were you aware of any patients that you did receive, who, although were
stabilized in Japan, the percentage of burn over their body was so significant that there
was really no way that they would survive the long-term or was that an issue?
CC: I you had a large and a lot of times they would come in and they had to be put on a ventilator to breath and at that time there was a complication of burns, what we called stress ulcers in the stomach and you would bleed from that. Then they would have to be operated on to control that. Now of course we have Prevacid, Zantac and those blockers and they can avoid it now by the medication, which is great. So a lot has changed and they are using a lot of different techniques than they used to. But it’s all helped.

SM: What are the rotations, the most memorable for you?

CC: The burn center was the most memorable for me because I learned the most about physiology, about how to take care of real sick people. That was the beautiful part there. But of course our surgery was the general surgery. Of course, during that residency that’s where we were sent as a part of that residency for to Vietnam to Can Tho. We were sent down to Can Tho to work in a provisional hospital. So that was a rotation on the residency because they wanted to give the residents an experience of working in a hospital where you had the mortar fragment wounds and different types, so that was a part of it. I think it didn’t continue on of course, when the war stopped and the Americans left, that all stopped for that period of time at least. The time that I went was in 1968, I believe. And it was after the TET Offensive and so the people that had gone before me had been - during the TET Offensive and then I came right after that. So during my time there, we did see mortar fragment wounds and the land mine wounds and things like that but it wasn’t just massive casualties like they had in that offensive.

SM: How long were you there?

CC: I went in December, was there over Christmas, December - I believer November, December and January, I believe it was three months.

SM: You worked on both Americans and Vietnamese there?

CC: Yes. It was mostly Vietnamese because it was MILPHAP Team, an Air Force surgical team that was assigned to a Vietnamese provincial hospital. To the Phong Dinh Provincial Hospital in Can Tho. So our duty and our job was to work every day at the Vietnamese hospital. Our commander was R J Schultz, who was an orthopedic surgeon. We had a thoracic surgeon, Frank Coil. We had another general surgeon who had had some residency and we had a nurse anesthetist, Air Force nurse anesthetist and
we had corpsmen, we had some Air Force corpsmen. Our job mainly was to run that OR, to work the OR. So any surgical cases, we worked that and like I mentioned to you last time, we not only saw the trauma but we saw the typhoid and different other conditions - typhoid preparations and things like that, we operated on those patients. So we got a really varied experience. From the number you saw in that paper there, that was quite a lot of perforations, it was a specific type of perforations, that we don’t see here. We probably had it, it used to have typhoid fever, in fact my mother, when she was a girl had typhoid fever, she lived in Oklahoma. At the turn of the century, typhoid fever was a problem and I think one of Abraham Lincoln’s sons, Tad, died with typhoid fever. You can get very septic with it. Fortunately, if you get to it and you have the right antibiotic, then there is no problem but they didn’t have the antibiotics in those days.

SM: While you were in Vietnam did you receive in your clinic many patients that had suffered traumatic amputations and things like that?

CC: Well there were amputations of course; we were fortunate we had a good orthopedic surgeon, Dr. Shiltz. He was from Arkansas but he had trained in Ruffer Hall and I think he saved a lot of limbs. Limbs that would have probably been treated with amputations but he was able to treat the wound and persevere the functions and that sort of thing so that helped having a trained orthopedic surgeon because they do what they can to get by with. Say earlier on, in the civil war and World War I and things like that, if you had a wound and you didn’t have any antibiotics or anything like that - if that wound was left in place then you become septic and then die from septices, so that is the reason they were real quick, to do the amputation because they knew if they did that, they would save the life but they wouldn’t save the limb. But with antibiotics you are able to save the life and the limb, which is a lot better.

SM: You had mentioned earlier that you did receive training in aerospace medicine?

CC: Yes. They tried to give us all surgical residents at that time - it was a four year residency but they made it a five year residency and in those five years they tried to get some of these others things in, so that you would have an appreciation, as a surgeon, you would have an appreciation for what was involved with the pilots and the crews, the air crews and that sort of thing. So that gave you a good perspective. The aerospace
medical course was about a two month course over at Brooks Air Force Base, there in
San Antonio and it had sections on Ophthalmology that had to do with your eye and had
sections on vertigo. Pilots could have problems that way, vertigo and then they had that
big centrifuge over there, that they used in research. They could pull G’s that sort of
thing. What a pilot would need in these high performance aircraft for G suits and those
sorts of things. You’d learn a lot about what was going on as far as the aircrews were
concerned.

SM: Do you remember if you ever worked with a Dr. Calvin Chapman?
CC: I remember that name, Calvin Chapman; he was our instructor there.
SM: You haven’t had any contact with him since then.
CC: No. But he was our - he ran that course in Aerospace medicine at Brooks.
Calvin Chatman, I remember that name. How did you run into him?
SM: We interviewed him.
CC: Have you? Is he here in town?
SM: Not here in Lubbock but he is in Texas though.
CC: He is in Texas. He was our course director there at the Air School of
Aerospace Medicine. Does that jive with what he says?
SM: Yes sir. Was there anything else that you want to talk about today?
CC: That is all.
SM: This will end the interview with Dr. Chambers on the 7th of March.
KS: This is Kim Sawyer continuing the interview with Dr. Clint Chambers it is April 4, 2001, 9:10 in the morning, we are in the Special Collections Library at Texas Tech. Dr. Chamber last time we had just began discussing your experiences at the hospital in Can Tho. Could you tell us little more about that and maybe also contrast that with your experiences in Laos and Cambodia?

CC: Okay. As far as I left in December of 1968 for Can Tho. I left from San Antonio and then flew to Travis Air Force Base and then on to - from there we flew to Saigon on the military air transport and once we got in Saigon, we were at, I believe it was - I’ve forgotten the name of the airport there in Saigon, but we were in the military.

KS: Was it Tan Son Nhut?

CC: Tan Son Nhut. We were at Tan Son Nhut there and got off the aircraft there and then went to Air America. Because Air America had flights that went from Tan Son Nhut down to Can Tho and into the Can Tho Army airfield. It was an Army airfield at Can Tho - U.S. Army airfield. So got on one of the Air America - it was an aircraft that had a short landing and take-off type aircraft. Anyway, it was a propeller type aircraft and then we flew down to Can Tho and then once I got to Can Tho Airfield and then we went into the city of Can Tho and there I went to the Phong Dinh Provincial Hospital and there is where the Air Force surgical team was working. Now, the Phong Dinh Provincial Hospital was staffed by Vietnamese physicians but they didn’t have surgeons so the Air Force surgical team, which was called a MILPHAP team, a MILPHAP team staffed the surgery portion of the hospital and the hospital was probably a hundred and fifty to two hundred beds and it was built in the old French colonial style - big thick
walls, kind of painted a light yellow or that color with the green roof and really reminded you of that French colonial type architecture which it was. So once I got to the hospital then we were taken to our quarters where the Air Force surgical team had their quarters. The quarters for the Air Force surgical team were about a mile, maybe a mile and a half from the hospital in the downtown portion of Can Tho and it was located-- our quarters were located on the top floor of the old what was called at one time the bank of Indochina and these quarters had been placed into the upper level of that. So it was - I got there after the TET Offensive. The man who preceded me had - at Can Tho from Wolfforth Hall the hospital I came from was a Colonel Sheer. Evan Sheer and he was unlucky enough to be at Can Tho during the TET Offensive. When he came back to San Antonio, I think that had an effect on him to have gone through that. But when I was there it was all calmed down and fairly quiet. However some of the men in the quarters had their bed in a room alongside the window they had stacked sand bags because during the TET Offensive the Viet Cong had fired a rocket at that building at one of those windows. Fortunately, they were all at the hospital working. They were very cautious and I’d have to say our job, we spent most of our time working at the hospital but we didn’t go out anywhere at night. We stayed pretty much inside the quarters where we were. From the bank of Indochina, you could go up on the roof and you’d look out onto the portion of the Mekong River that went through Can Tho and you were able to see the Riverine boats of the Riverine forces, the troops that were on these river boats and you were able to see those and all the traffic that was on the Mekong River there in Can Tho. But like I say most of our job was at the Phong Dinh Provincial Hospital and that is where we spent the day into the night. We wouldn’t stay all night at the hospital. We would go home in the evening and everything sort of closed up at nighttime there because of the war. Anyway our patients that we operated on were all Vietnamese civilians so that was an interesting experience for me because I was glad to take care of people not only for war wounds but for something - other problems too because we would operate on anything really that needed to be operated on. Our first job was to take care of the casualties and the war wounded. Usually the way it worked was that they would have buses out in the province and then these buses would go around from village to village and sometimes the Viet Cong would lay land mines in the roads and these buses with civilians would hit them
and then they would bring the wounded in to the hospital and we would see them in the
emergency room and then triage them. We’d look at them and if they needed to go to
surgery right then, we’d take them to surgery. We did have anesthesia and, like I
mentioned, we had the orthopedic surgeons to work with that. Then we had the general
surgeons and the thoracic surgeons. Once the wounded people would come in, we had
two operating rooms and we’d just keep those going until everybody was taken care of.
Our main type of wound was the wound that you would see from fragments. Like a
mortar fragment or a fragment from our land mine. Which were metallic so if the patient
was wounded we’d evaluate it to see if they had any penetration of abdominal cavity or
the chest, all of those sorts of things. A lot of times, they didn’t have that type of wound,
they had a wound that where you had multiple fragments of the extremities. That is
where we’d have to have surgery with them under anesthesia. We would excise the skin
right where those fragment wounds were. We wouldn’t necessarily go after fragments
because the metallic fragments, if you went after them you would just tear up too much
muscle. If had injured a blood vessel, we would have to explore the wound and if there
wasn’t a blood vessel injured or anything, the only thing you’d do really would be to -
where the skin is injured is to excise that and clean that wound up, irrigate it out with
antibiotics solution and then pack it open with gauze. Because you wouldn’t want to sew
up a wound like that because you wouldn’t want it -- if there was any kind of infection
you wanted it to come to the outside, if it developed an infection. A lot of times with a
fragmentation type of wound like that of the extremities, then that would be all - you’d
always x-ray it and know that you didn’t have a fractured bone or anything like that and
if you did, the work with the orthopedic surgeon to take care of that. Then if you had a
type of wound that was the hardest of course would be the fragment wound of the head
because that would require what they call a craniotomy, where you would have to open
the head and clean that out. That had to be cleaned out because you couldn’t leave it
open to drain because you’d be draining spinal fluid out through that. So that had to be
closed and irrigated out but that would be the very difficult type wounds. Sometimes a
person would have that wound and it wouldn’t affect them neurologically and sometimes
it would affect them neurologically. The main type of wounds would be the broken
bones and these fragmentation type wounds. Occasionally we would have gun shot
wounds but not that much because the gun shot wounds were with these military type
weapons. Those wounds are so bad they make such a big defect by the bullet tumbling, I
believe, that most of the time if the person was shot with those they would never make it
to the hospital. In other words they would have died before they got to the hospital. So
we didn’t see that much of those type wounds. I did have one patient that I have a
photograph of when were just getting ready to operate on and it was a Viet Cong and he
had a bullet wound in the right flank in that muscle the right flank and he had an injury to
his colon so we were able to take that out and bring up what we call a colostomy. We’d
have to do that and wash out real good because we wouldn’t put an injured valve back
together. We’d want to exteriorize it, what we call exteriorization of the bowel so that
would heal and theoretically at a later time you’d come back and put the bowel back
together.

KS: You mentioned triage, could talk a little bit about that process and how
things are prioritized?

CC: Triage is the process where the wounded are all brought in one group and
you have to go around and say is this patient here, is his wounds such that he won’t
survive or does his wound need immediate surgery or can we delay. In other words you
have to divide them in. You have to be able to look at the patient and examine him and
make that kind of determination. Your main goal is save a life and limb. Life first but if
you had someone that had such a severe wound that you could not - his hope for survival
is not that good, you would go on to the fellow that if you operate on him right now and
take care of this, he will survive, he would be the one you want. If it’s a minimal sort of
thing, where he probably could wait because you are limited on your resources, so you
have to utilize your resources to do the most good for the most people.

KS: Also you mentioned treating a Viet Cong patient. Was this commonplace?

CC: It happened but it didn’t happen every day. What would happen if they
would be brought in by the Vietnamese Army and if they had an injury and then we
would operate on and take care of whatever they needed and then after they recovered
they were taken by the Vietnamese Army. They were taken as prisoners by the
Vietnamese Army. So we just took care of their medical need and the Vietnamese took
care of everything else as far as they were concerned.
KS: Did that come into play when you were triaging people?
CC: No. Because you can’t tell the difference. They all look alike. They are Vietnamese people so we wouldn’t necessarily know and we’d never - we always treated everybody the same. You can’t make a distinction on something like that. I imagine where they were out in the field, why they might make a distinction but when they got to us, we made no distinction as far as whether they were Viet Cong or they were just people who needed help as far as we were concerned.
KS: Did you ever have either Vietnamese civilians or VC soldiers refuse treatment from American doctors or any?
CC: Not that I know of.
KS: What about working with the Vietnamese doctors, did you participate in any training of these doctors?
CC: What we did with the Vietnamese doctors there was a difference between the training that the Vietnamese doctors had and what we had. A lot of the Vietnamese had or trained in the French school and the French in Indochina at least had rather that doctors they had what they were called medicine chefs. It was between a nurse and a physician and the training was sort of in between. So the medicine chef usually and they were usually medicine, medical type doctors and they didn’t do a lot of surgery or any thing like that so really we pretty much took care of the surgery part of it and the Vietnamese took care of the medical part of it. One interesting thing that I saw was as surgeons we’d never seen it before since is what is called the typhoid perforations of the small bowel. If you get typhoid fever, the bacteria attack the lymph nodes in the small bowel and these lymph nodes become infected - it’s in the distal small bowel, what we call the terminal ileum and then those infected lymph nodes can perforate so you go from having a medical problem which is treated with antibiotics and in those days we treated typhoid fever with chloromycetin and it was a good drug for typhoid fever but it goes from being a medical problem to a surgical problem once that perforations occurred. So then we would see the patients and these were patients that had been out and hadn’t seen a doctor or hadn’t been on any antibiotics and just let the disease run the course and if they had a perforation and if we saw them within a twenty-four hour period and operated on them a clean them out good and sewed up the hole in the small bowel and keep them on
antibiotics, well they would survive. But if they have been out in the countryside with
typhoid fever a long period of time, they’ve had a perforation for four or five days and
then they have what we call peritonitis, where the inside of your abdominal cavity is
infected and then if you have peritonitis then you can get sepsis or what we call Gram-
negative sepsis the bacteria gets in the blood stream, then if we saw at that point then our
main problem is the sepsis in the blood stream and we could go ahead and do the
operation and everything but a lot of times they wouldn’t survive but it depended on how
quick they had the problem. You would know when you had a problem because you
would have a lot of pain with it. When we would feel their stomach it would be hard as a
rock and they would have fever and then we just go ahead and we knew then and we
would get an x-ray on them and it shows some free air in the abdominal cavity. If we saw
that we knew we had to operate on them then. We would give them fluids and hydrate
them up and then go ahead and operate on them and close those perforations. The thing
that was interesting about those perforations is that to me at least, because I had never as
a surgeon you never see it here in the United States, you never see it in a western or well
developed country but you would see it was in the third world. We were able to collect a
group of those perforations and then we were also able to collect some of the - when we
close the bowel we took some tissue out and we were able to collect some of those and
get some pathology on it too, to show that it was in the porous patches and that this what
would confirm your diagnosis of typhoid fever.

KS: How long would the surgical procedure generally take?

CC: It would generally take about an hour or so. Because what we would have to
do is open up the abdomen and we would have to find out where the perforation was and
then free that up and clean that up and wash it out and close that up. First thing you do is
go in and clean it up and close it up because you didn’t want anymore to spill out and
then go from there. An interesting thing that we saw was the fact that you could have a
perforation and then when you were cleaning out the abdominal cavity if the patient had
what we call psoriasis, round worms, sometimes those worms would be free in the
perineal cavity. They were in the small bowel but then when got the perforation they
would go out through hole that would be inside the abdominal cavity. So you had to get
everything cleaned out real good.
KS: You see these all across the population as far as children to adults, males, and females?

CC: You could see it in children. We operated on children as well as adults. Typhoid fever is unknown here, however when my mother was a girl in Oklahoma at the turn - well I guess it was probably in 1950, she had typhoid fever. So we did have typhoid fever here in the turn of the last century. It is something that was here; it’s gone now because of our public health. But it’s still present.

KS: What about any other - I don’t want to call them unusual diseases or things that you wouldn’t see in the United States that you came in contact with?

CC: There would be people - you would always be on the look out for people with TB, tuberculosis. More tropical of what you would expect - more tropical diseases. Which that is what we took care of when we were in Cambodia is mostly - the reason we were able to work really is because we had medications for parasites, for bacterial infections that sort thing, that is what helped us because we were able to manage that. Here as surgeons we had the antibiotics to help us but we saw things that you wouldn’t see as a medical doctor necessarily.

KS: What about - can you describe your facilities? I know you talked a little bit about the structure of the hospital. How are things set up?

CC: Most of the operating rooms set - which that is where we were, the facilities we did have air conditioning, we did have - very important in the tropics, if you have an operating room to have air conditioning because if you don’t have air conditioning you will be so hot. It’ll be so hot under those drapes and everything. You will be sweating a lot as a surgeon and the patient can have an effect on the patient too. So we were lucky that we had air conditioning. We had good lights, we had the military type lights, the field hospital type lights and we had good anesthesia machines, and we were just really set up like a military unit so we had equipment.

KS: How did you receive your supplies, did those come from the South Vietnamese government or -?

CC: Supplies would come through the military channels. I think our supplies came through the military; they had an American Army military hospital at Can Tho airfield. I was called a 29th Evac, I believe. But that hospital would help and the
MILPHAP teams were supported by what they call USAID U-S-A-I-D. They got a lot of the supplies through USAID.

KS: Were there ever times of shortages when you didn’t have everything you needed to treat your patients?

CC: If there were shortages they weren’t that critical. They were really good. They weren’t that critical the time that I was there. Now I can’t saw what it was like in TET. I imagine they were short at that point in time.

KS: Talking again about supplies did you ever have to deal with the black market, you hear of things being -?

CC: No. Never did. We were real lucky. We never did have to do that.

KS: I know you treated primarily Vietnamese civilians; did you ever treat any American personnel, military personnel?

CC: We would if we had to but the American military personnel were cared for by the Army Evacuation Hospital, there at Can Tho so they were taken care of out at Can Tho airfield.

KS: Were you ever involved in any MEDCAP mission, where you went out into the community?

CC: No. Not with this surgical team. I was involved in MEDCAP when we were stationed in Thailand.

KS: You talked a little bit about the living quarters on top of the bank. Were you—how secure were these?

CC: While I was there we never had any trouble. But like I say before I came there had been a rocket fired at those quarters. You just hope that nothing would happen, that sort of thing.

KS: How many people were on a surgical team?

CC: Usually on your surgical team our leader was a man by the name of RJ Black Shultz. He was an orthopedic surgeon, he was trained at Wolfforth Hall and he was there about one year tour, he was a commander and next was - we had Frank Coil, who was the thoracic surgeon, of course the thoracic surgeons had been trained in general surgery and thoracic, so he was there. We had another surgeon who was partially trained, who’d had two or three years of general surgery residency. He was there. Then we had
our anesthesiologist were nurses - nurse anesthetist, there was a lieutenant, and I believe
his name was Blanchard, if I’m not mistaken. I could be mistaken on that. But anyway
he was - there were two nurse anesthetists. Of course we had air force corpsman, military
corpsman. I guess there were probably about I would say five or six corpsman and they
were the nurses. They helped us pass the instruments and we did have a nurse too, an OR
nurse. I forgot his name but he kind of ran the OR as far as getting things ready. Then
the corpsmen worked under him to support the servants.

KS: Could you talk a little bit on how this experience of this Provincial Hospital
differed from your previous experiences in Laos and Cambodia?

CC: Previously experienced up in Laos and Cambodia. We were like, in primary
care, we saw the patients and if we could treat them we’d take care of them with
antibiotics, antimalarials or whatever if we could treat it. Now if we had a surgical
problem in Cambodia, I might have mentioned, we had a Laotian boy with bladder stones
- but we had a surgical problem, we had to send that down to another team that had a
surgeon so really, if we couldn’t handle a problem, we’d triage it or send it down to the
surgery group. Well in Can Tho we were the surgery group so things were sent to us,
surgical problems were sent to us. So that is where the difference is. One would be
primary care and one would be specialty care. That would be difference there.

KS: In Can Tho, how often would you receive casualties due to war related
injuries?

CC: I would think probably every three or four days. It wasn’t everyday.
Usually two or three times a week possibly. Like I say most of our casualties were
fragmentation type wounds because someone hit a mine or something like that. Or
mortar fragment type wounds.

KS: Were you at this hospital to learn how to deal with those types of wounds
specifically?

CC: Yes. That was the reason because we were in our residency and we had
never had any type of experience working in triage and war wounds. So the idea behind
was to train us and we were working it under more a certified surgeons to train us in the
care of wounds and military type wounds. But by being at a civilian hospital we got to
see something other that just military-type wounds.
KS: Would there be a lecture component or a classroom component to this training or was it all hands on?

CC: It was all just you learn. That’s a lot of your training in surgery is doing the work because you have to be able to look at the problem, diagnosis what the problem is and then handle that as quickly as you can.

KS: How aware were you about military actions going on around the hospital?

CC: Really, you weren’t. Your world is pretty narrow. When you are in a situation like that because you are not out roaming the country or doing anything you are staying where you need to be and then you are spending your days working in the hospital and that’s not a big world at all. It is not something. You don’t get the big picture. Now you would - the thing that would bring the war to you, would be we would go up on the top at night. We would go on top of the bank of Indochina and we would see those gunships. You’d see the gunships way off at distances that were striking targets in the province somewhere. But that would be the closest that you would get to see the war sort of from afar. You’d know that it is going on but you didn’t hear it. We were kind of observers.

KS: Did you read any American newspapers during this time or keep track of the news reports?

CC: It was always in Time magazine or something like that and they had the Stars and Stripes and the military newspaper. You pretty well knew what was going on but as far as what was going on with other people in the field or anywhere else you didn’t really know what was going on.

KS: What was your most memorable experience during this three month that you were in Vietnam? Does anything come to mind?

CC: Really doesn’t. It’s mainly just, you work everyday and you take care of the patients, you make rounds and that is pretty much your life and I think that I was impressed though, like I mentioned to you at night if we went up onto the roof of the Bank of Indochina - our quarters were up on the top floor and look out across the Mekong into the province and see those gun ships firing because it was really impressive to the fire to where you could trace it down to where on the ground, they had tracers with a tube where you could see where the fire - you didn’t know anything about it or anything
but you could see if that was happening you wouldn’t stand much of a chance if you were on the ground.

KS: How close did you follow American politics during this time?

CC: You would follow American politics a lot. We were in the military as far as we were concerned it was - we didn’t. If you are in the military, it is probably best to stay out of politics if you can. You can’t completely stay out of all politics or anything, but national type politics the way our government is set up is that, the civilians have to take care of that part and then in the military they just have to do their job. In other words, we didn’t make the policies. Civilians made the policy and we carried out the policy that they made. I think as time went along, it probably became pretty obvious to people that Vietnam wasn’t a place that you couldn’t get a clear cut type victory unless you really went in and did it. If you weren’t willing to make that sacrifice you really shouldn’t be there. I think that was the impression that it left the military that if the government wants to do something they better go in and do it, get it done and not fool around like we did for ten years. It was longer than ten years wasn’t it - how many years? Sixty -

KS: ’63 - but we were there before we were officially there, so it was quite a long time.

CC: See that’s a long time and they never, they just tried to do the least amount possible and if we do something like that it’s not going to work.

KS: Did you have these feelings when you were in Vietnam or did you develop this after?

CC: I think you saw it afterwards. You know, after the fact, hindsight is better that foresight.

KS: You mentioned you flew on the Air America aircraft, how aware were you of what Air America’s role was in Vietnam during that time?

CC: I knew that Air America -- see when I was stationed in Taiwan at T’ai Nan Air Station that was their big - this was in ’63 to ’65, they had their big repair depot there - Air America’s repair depot was there in T’ai Nan, Taiwan and of course Air America was a branch off of the old Chinese airline called Civil Air Transport and when we were in Cambodia the American Embassy plane was maintained and chartered from Air
America so we knew - I knew an Air America pilot, I knew that they were flying all into
everything into southeast Asia I didn’t know all the details of it but when I got onto the
Air America plane I knew that it wasn’t just local sort of thing. It was a quite an
operation.

KS: How long were your shifts at the hospital?
CC: Usually we were just there from early in the morning till the evening. Then
we would go home and eat supper. We would have lunch there at the hospital and then
we would eat breakfast early in the morning and we would eat lunch at the hospital and
then we would eat supper in the evening and had some Vietnamese there that would
cook, they were good cooks.

KS: Did they cook Vietnamese food or American food?
CC: They tried to cook American food but it wasn’t - it was all right. They were
a lot better at Vietnamese food. A lot of people would eat Vietnamese food. It’s good
food. It’s a lot of vegetables, noodles, and rice; a lot like Chinese food. Can’t tell - a lot
of Vietnamese food or Chinese - to me at least seemed like they were in the same
category.

KS: Did you have a favorite dish that you liked?
CC: I liked what they call Soup Chin Wai, it was noodles and vegetables, little
chunks of meat. They called it Soup Chin Wai, Chinese soup. They always have it in
French. They’d always have to say something in French.

KS: Would you work - did you have weekends off or did you have so many days
on, so many days off or -?
CC: We just pretty much worked everyday.

KS: Is there anything else that you wanted to add about your time?
CC: I can’t think of anything else right now. I’m sure there is a lot more to it.

KS: You went back to the states after this?
CC: Oh yes. I went back to Wolfforth Hall in San Antonio and I finished my
residency in 19 - July of 1970. Then from there I was assigned to 11th Unit (?) Hospital.
Utapao, U-t-a-p-a-o, Thailand. It was down on the gulf of Siam near a place called
Sattahiu, right down on the gulf of Siam. It was a base for the B52’s, there were some
B52’s stationed in Guam. I think some up in Okinawa, Guam and Utapao and the base
had B52’s and KC1. It was the aerial tankers; they had the B52’s and the aerial tankers. The job, of course, of the B52’s, they bombed up on the border between north and south Vietnam and they were - I guess they probably bombed some in the panhandle of Laos. Later on I think they bombed around Hanoi, when Nixon was president. When I was there mostly it was near the border or in Laos or in South Vietnam depending on where there was troop concentrations. The job with the aerial tankers was the KC135’s. That is what they are KC135’s was to refuel and they would go from Utapao up into eastern Thailand and they’d flew at night usually and they would fly in a kind of over a period of miles, they wouldn’t fly over into Laos or anyplace but they would stay in Thailand and they make this circle and then the F4C’s that was mainly the things at that time in the 70’s that were being refueled, would come. They would make a raid over into Laos and Vietnam then they would come back and refuel. That was the job of the aerial tankers, is to refuel. They called it Chariot Anchor; it was a route they flew up in Laos. There were different anchors at different places around but the one I recall more than the others was what called Chariot anchor, that was up over in Eastern Thailand and the main job was just to refuel. Because would go over and raid and if they need more refuel and come back and get some and hook up with the tankers. I had a chance to see that because I was a flight surgeon. While I was at San Antonio I’d gone through flight surgery school, a primary course so that when I went over to Thailand I had my flight surgery training so I worked during the day in the hospital and this was a hospital that was made - put together as trailers - in fact all the barracks and most of the buildings, they were sub permanent buildings at Utapao, but most of them were temporary and they were Modular trailer type and the hospital we had the modular type hospital that was just constructed on cement piers - it was really like a flat roof and it really was like living in trailers.

KS: How large was this hospital?

CC: It was probably about thirty beds. It wasn’t a big hospital. We did have the different specialist, we had dermatologist, we had internal medicine, general surgery, primary care, of course a big part of it was the flight surgery because, Utapao - one of the flight surgeons was the flight surgeon that took care of the SR71, they call it the Black Birds, but they were those intelligence gathering planes, supersonic and they flew - they had to have space - the pilots had the use of space type suit to fly, they were the one’s
who photographed Vietnam and all of that - photographic flights. But they were up so
high that no one could hit them with a standard type rocket or anything like that -- SR71.
But anyway those were really we had the B52’s, KC 135’s and the SR71’s and the SR71
really wasn’t stationed there. It would come out of Guam or Okinawa, make the run
down and then land and then go back the other way so it wasn’t there all the time, but it
was there some of the time. It was a good size operation. There was - I don’t know the
numbers of the aircraft or anything but it was a good size operation. But as far as we
were concerned in the hospital it was, like I say when you were in the Air Force number
one, the men or the troops that you are taking care of are selected out from being healthy.
They were in the best shape and the best - it is a select population so you are not going to
have any medical problems with a group like that. Of course, the area of Utapao, we had
a plastic surgeon who was our commander -- Dr. Richard’s and he was the one that lead
us out a lot of times on the - we went out on the MEDCAP program -- that’s where we
were at the MEDCAP programs. With the Thai doctors and to the Thai villagers in that
rail of province, Utapao was close to the province called Rao and we would go out to the
small villages there, usually it would be on one afternoon a week or so and then we
always had a Thai doctor with us too. The doctor that was with us was named Dr. Tom
Eoi and then he was from Roan the provincial capital in that part of Thailand and so they
would find a village that we’d go to and then we’d go out and we had our dental officers
and if there was one that had a dental problem, they would look at that and then we
would look at the children and of course Dr. Richards was interested in children that had
those cleft lips. If we were going through a group of people out in the village and if we
found someone that had a child that had a clef lip or something like that, or something
that could be corrected surgically, then make their appearance better, if the parents
wanted it done, then we’d set that up and bring them in and he would do that surgery for
them. He did a nice job because the kids looked real good once they got that operation
done. It was kind of a surgery of course that you could see the results pretty quickly so
that helped.

KS: How many of those did he do?
CC: I would say the year that he was there he probably did - we didn’t do them every week but I would say probably - I don’t remember exactly. We did them but we weren’t doing them everyday. There was just not that many of them.

KS: Did you ever have any of the parents refuse treatment or surgery for their children?

CC: We would just always give them an appointment and if they showed up and wanted it done we would do it, if they didn’t then that was their business.

KS: What other kinds of things did you see on your MEDCAP missions? What kinds of different things?

CC: We would see the routine sort of things, like malaria, a lot of people had malaria in Southeast Asia, you are always going to have some people treated for malaria and then any sort of bacterial infection. We had a lot of bronchitis and that sort of things. Same things as colds, same things that we have here, just a lot more - only have the addition there of some of the tropical diseases that are there.

KS: What were your duties as a flight surgeon?

CC: As a flight surgeon my duties primarily were that of a general surgeon and we operated and did appendectomies and whatever we needed to do general surgery wise and as a flight surgeon, I would never - it would be just to be familiar with what was going on in the air force and I would never - they way that I would work it is that I would work during the day in hospital but in the evening that’s when I would go with flight crews as the flight surgeon as an observer, what they call an observer and so if I went with the B52 crews who would always go and I would always go in the evening because I worked during the day, we would go over to the operations for the 304th and I go over there in the evening and they would assign me a crew a B52 crew to go with and so I would go with them, they would go into for the briefing. Of course they’d get the briefing, where someone would get up and tell them what the weather is going to be like and then they would tell them what the target was going be and where it would be and I didn’t understand exactly, I knew it was over there but I didn’t know exactly where it was but it was all set up, it was just -- it just ran like clockwork. It’s amazing how well they had that set up to work - all the logistics of keeping that thing going around the clock like it was, day and night for that many years was amazing. And the crews that came in would
come in for ninety days or so. Their families would be in the states and then they would rotate over from one of the - like Abilene, Dyess AFB, it was a SAC base, so there would be some crews from Abilene or some crews from Ninoch, North Dakota but they just rotated crews over and they would stay about three months and then rotate back and that’s what happened and that is what kept that going because they didn’t keep people over there for that long period of time. The same way with the tech recruits. They rotated a lot like that too. So they were there for a certain period of time and they knew how long they were going to be there and they were back home. So that is pretty much the way that worked. The only people that were stationed there really for that year which was the standard assignment would be the support people, like your logistics people, supply, hospital, base commander. They were always assigned a year, where the crews would come over what they call TE fly and fly the [?] in. But when we would go over, like I would do at night and so when we would go over in the B52 you had the pilot, co-pilot and then you had the electronic warfare officer back in the back and I believe there was another one, but you had the crew and they were in seats that could be, that you could eject but if you were what they call the IP, Instructor pilot’s that didn’t have an injection system so that’s the seat that you sat in - the B52’s were high up enough that we never had any problems with that sort of thing. The only thing that you could tell with the B52 when you are going on a mission would be when you are flying along they would come and start on their run with the bomber and then the only thing is that when the bomb is released the aircraft would go up sort of like an elevator and you would get that feeling. In other words when the bombs were away that lightened up the aircraft and you kind of went like that and that is the way you knew the bombs were gone. But I flew with those and then I really liked to go with the refueling crews better because I would go back with the boom operator, the enlisted men who operated the refuel the fighter aircraft they would come up underneath the KC 135 and then the boom operator would lower the boom - it’s where the gas ran and then it would hook up with the fighter aircraft would just ease up underneath and hook up and then they’d both fly at the same rate and then the fighter aircraft would be refueled. But if you were back there looking down at the F4C, it was a big aircraft. You really got an appreciation just how big the weapons carrier of that aircraft was. That was amazing. But that is pretty much what I did as far as flight
surgery concerned it’s mainly observation, you know what the crew goes through and
know what you are trying the ideas to support the pilots and that sort of thing so that - but
I spent most of time really just doing general surgery, where you cut and that sort of
thing. Like I say, you are dealing with a healthy part of so we didn’t have that much
surgery. We had a few appendectomies and maybe a bowel obstruction or two or
something like that, we didn’t have a lot.

KS: As a flight surgeon would you evaluate pilots for fatigue or those types of
things?

CC: The thing about it is, we had a flight surgery section, another group of flight
surgeons and they would do that. They are more general practitioners and so they would
see the pilots and if a pilot was sick, he came to the flight surgeon they would put him
what they call [?], that means they would just release him from duty for a temporary time
and then once he got over it, then they would send him back to fly and that is the main
thing is that if someone is sick you don’t want them in the aircraft - you don’t want to
ever take any chances of having problems because its not worth it.

KS: So that was standard practice was to have a flight surgeon on board as an
observer on all missions.

CC: Not all missions, just some of the missions. As a flight surgeons you just
have to call over and ask if you could get a flight and then they’d usually, the people who
schedule the scheduling, would help you. So it was just observation mainly, but you did
learn what went on with the flight crew and you did learn about the operations and, of
course, the purpose of the hospital in the medical group is to support operations, that is
the main work of the military unit is the operations.

KS: At Utapao, did you ever treat any Laotian casualties or the Royal Thai Army
or anything like that?

CC: No we didn’t because the Thai there, they had good medical facilities. The
Tai’s were - they took care of their own things. They were good doctors and had good
medicine. We saw some of the villagers in the civic action which was a - you may help
some but it was a gesture, civic action is really a way to show that you want to help, but
you know that you probably get more out of it than they do, so to speak, because it makes
you feel good as a medical personnel to do something like that and it gives you a chance,
too, to see what village life is like in Asia and you would never get that chance otherwise. You know what the people were like and I think if you know what the village life is in Asia, then you can appreciate the culture a lot more because it tells you more really about the culture. It’s not like the things in the city or anything like that but if you see the village life that’s the real life in Asia.

KS: Now were these MEDCAP missions primarily volunteer missions?
CC: Yes. If people in the hospitals that wanted to go then they could go on and it’s all volunteer and then we were just some volunteered and some didn’t but I always liked to go out.

KS: Was your wife in the states at this point or was she in Thailand?
CC: She was in the States for a while but after I got over to the Utapao -- she couldn’t go over as sponsored by the military or anything so what I did was to put what we had in storage, put our furniture in storage and everything and she came over just as a civilian and they lived in Patthaya, which was up the coast from Utapao. It was about an hour’s drive and they lived there. My wife and my two children lived there. I got to see them - not every weekend but I would go when I wasn’t on call, I would go up to Patthaya and they liked it too because, Patthaya is right on the ocean, they could go into the ocean, this is where the kids went to school and it gave - lucky for us because it gave my children a chance to see their Thai grandmother and their Thai family and they had never had that opportunity otherwise, they had always been in the states. It worked out real well as far as our family is concerned because that was the year that my daughter and son got to really see their Thai aunts and grandmother.

KS: Did you find that your situation was a little unusual compared to your colleagues?
CC: Oh yes. I was lucky, I was the lucky one. My colleagues had to be over there a year but usually during that year I think they had one leave or something where they could go back home, I think there was a provision that they could go back for a week or so. They had a week’s leave somewhere; they could either go to Hong Kong or somewhere. A lot of people who had family would meet their wife in Hawaii or something like that and be there a week or so.
KS: While you were in Thailand were there ever any American causality that had been evacuated from Vietnam and sent that hospital or that was not?

CC: The evacuation route was, like I mentioned either some went through Clark field and then back to state side. The burns I know went through Camp Zama, Japan Army and then back to San Antonio and then the military usually sent theirs back to like Fitzsimons and out in San Francisco - Letterman’s Army Hospital - Fitzsimons Letterman Army Hospital. So the Army would send theirs and if the Air Force if they had wounded people they would come back to the Travis Air Base or Wolfforth Hall or Keister depending how close to the - they would try to get the guy as close to his home as possible. In other words, the wounded, they would try to hospital that would take of them, they try to get them as close as possible to their home. After our assignment in Thailand, which was in ’70 – ’71, I was fortunate enough to get a fellowship in surgery at Johns Hopkins’s Hospital in Baltimore. One of my staff men at Wolfforth Hall, David Skinner was a professor of surgery at Johns Hopkins at that time and when David Skinner, I think it was probably ’65-68, when he was at Wolfforth Hall in the military, we worked under him. He was our staff man and he was doing research at the time in what is called gastro esophageal reflux, where acid in the stomach comes into the esophagus and then can burn the esophagus and cause it to stricture or if it does it over a long period of time it can predispose to a development of some cancers. So that’s what he was interested in, the esophagus. He had trained in Boston and he had also done some training in England under a Mr. Belcey who had a esophageal operation named after him. So when he - David Skinner was at Wolfforth Hall, we did - he did quite a lot of esophageal surgery for what we call gastro esophageal reflux and at Johns Hopkins where he was a professor he had a research lab and that was my function to work for him and I was being paid by the Air Force but I was under his direction and worked in the research lab under him and the type of research we were doing we were measuring pressures inside the esophagus, outside the esophagus at the point where the esophagus goes from the chest into the abdomen. Inside the abdomen you have positive pressure but inside the chest you have negative pressure and there is a esophageal sphincter or a mechanism to keep the acid down into the stomach from getting up in the esophagus and by measuring these pressures on monkeys were trying to see what enters in to keeping this acid below...
diaphragm and out of the esophagus and the studies did show that the pressures created inside the abdominal cavity - the positive pressure is what kept the esophagus, if that positive pressure was there it kept the acid in the stomach and didn’t go into the esophagus but if that positive pressure was not there then you’d have reflux so then that determined what surgery could be done, what is called a Nissen Fundoplication, which is only you take part of the stomach and wrap it around the esophagus below the diaphragm. What that does then, that creates an increased intra abdominal pressure to keep acid from coming up into the esophagus. So what the study with monkeys showed is that it’s that pressure below the diaphragm, that positive pressure that enters into this, preventing reflux, so that when the operation is constructed where you wrap part of the stomach around the lower esophagus, then that acts as a valve and so that positive pressure in the abdomen keeps you from reflux and that’s even today, that’s the standard operation, is what is called a Nissen Fundoplication. Nissen, who I believe was Scandinavian, he did the operation but there were other operations and Dr. Skinner went from doing what was called a Belsey operation to this Nissen operation because he felt like the studies that we did there showed that it’s this positive pressure below the diaphragm that keeps you from having acid that comes up. Now, fortunately, at this time there are medications that we can take and control it medically. There are some cases still where the medications don’t control the reflux and that then would be the indication of surgery. But before we had these medications then surgery was indicated because we didn’t have the medications to control the acid that keep it out of the esophagus, now a lot of the problems of today we are doing less esophageal surgery, we are still doing some when the medicine fails but medicine is a lot better that it was.

KS: I was just curious, how do you measure the pressure?

CC: The way that we measure the pressure, we have a tube that goes down into the esophagus that measures your intraluminal pressures, one in the stomach, one at that junction, and one up in the esophagus. Well the pressure below is positive in the stomach. There at the EG junction, you want that to be positive but it would be negative up above but we also went in and we put pressure measuring devices up under the diaphragm to measure the pressure inside the abdominal cavity too, to see how these all compared and it seemed like it was that pressure - the pressure that helps is that inside the abdominal
cavity, when you do the wrap you’re increasing that pressure. It is like a valve. In other words, it will go down but it won’t come back up.

KS: This was done on monkeys first?
CC: Monkeys first.

KS: Sedated monkeys?
CC: These were sedated, they were recess monkeys and they were sedated and it was really like an operation, like an anesthesia. But monkeys are - you wouldn’t blame them, they would be difficult to work with because you wouldn’t want anybody doing that to you. We always sedated them and then watched them and we’d come back measure pressures on them over a period of time and then, of course, we could pull the other two down and these tubes inside we could pull them out too later. That’s pretty much the way we did that.

KS: You eventually did this procedure on humans or how did that work?
CC: The procedure was already being done on humans but this just confirmed that this was probably the right operation to do it because by knowing what the pressures were because the esophagus in the monkey is similar to the esophagus in the human so that was the closest to the human that we could get, but by measuring pressures, we had confirmed that by wrapping part of the stomach around the esophagus creating that valve, that increased the pressure below the diaphragm that you got to have a section in the esophagus below the diaphragm and that wrap kept that below the diaphragm and then that was what would permit reflux.

KS: You mentioned that you were still in the Air Force at this point but you were affiliated with John Hopkins and doing a research?
CC: It was a year in a research lab. That is what it was.

KS: Did you have to report any of your research to the Air Force?
CC: The thing about it is we wrote that up and presented the American College of Surgeons. That was a presentation of the American College of Surgeons.

KS: What about after this time?
CC: After that my next assignment was as a general surgeon in Weissbon, Germany at the USAF Hospital. It was a big Air Force hospital. It was an interesting building interesting hospital. At one time it had been a - during World War II it was a
German Military Hospital and the hospital even though it was in Weissbon, Germany but it was about a half a mile, maybe not a mile but about half a mile from a railroad station. That hospital had communications, underground communications with the railroad station because during World War II the German, if the trains came in with wounded they could transport them without taking - that all has been closed off but they did have a tunnel. That is amazing that they had that. But it was an old German hospital and it was - it had all the specialties - just about all the specialties - it was a specialty hospital for the Air Force in Germany.

KS: This was in 1973 or?
CC: It was 1971; 1970 -71 - ’72 to ’76, four years.
KS: What were you - you were a surgeon here as well?
CC: My duty was a general surgeon, mainly abdominal surgery and we had a thoracic surgeon to that worked with us, but it was a good hospital.
KS: Was your family with you at this point as well?
CC: Yes. My children and my wife were with me and we lived on West Fall Astroza - first we lived in some apartment buildings. They were military housing and then we moved to a duplexes. Once I was promoted I was - when I first went into the military I was a captain and then while I was at Wofforth Hall, I was promoted to Major. Before I left Wofforth Hall, I had been promoted to Lieutenant Colonel. When I was first at Weissbon, I was a Lieutenant colonel and then during my years at Weissbon, was promoted to a full colonel so I guess it was during that promotions came a lot of times promotions in the military come very slowly but for me it came very rapidly because I went in as a captain in ’62 and I was promoted to a major at Wofforth Hall and then by the time I left Wofforth Hall I was a Lieutenant colonel then before I left Weissbon I was a bird colonel or a full colonel so the promotions were real fast in the medical court.
KS: What were your duties as a colonel?
CC: I am still a surgeon, I’m working everyday, so when I was at - I was a staff surgeon at Weissbon and then I think my last two years I was a chief of surgery, general surgery, chief of general surgery, I think the last two years at Weissbon.
KS: While you were in Germany again, how close were you following developments in Vietnam?
CC: We followed them very closely. Of course while we were there I believe, the War was brought to an end in '75. We were there during that period of time and we heard about it and we knew about it and that was just the way it was. I think pretty much everybody by that time had come around and to think well, it’s been long enough.

KS: Germany, you were there treating other Air Force personnel?

CC: Yes. Air Force personnel and we had people from Greece, had some people from Embassy people from Tunisia, we got a lot of people from the American Embassies that came to Weissbon to be treated or operated on and we just had a fairly good selection. The Army had the Lansdo Army hospital so most of the Army troops went there, however we had some troops that came to our hospital in Weissbon, it was an Army group that was close by and they would come and so we had a different variety of troops there in Weissbon. We were only about twenty or thirty miles from Frankfurt; you know Frankfurt is where the big commercial airport is. Frankfurt Flukauffen, so we were real close there. In fact, you could get underneath the Frankfurt Flukauffen, you could get on a train and go back to Weissbon in a short period of time. You had the airport up above and then below you had the train station, it’s amazing. Good public transportation in Germany, good roadways, the Autobahn was good, it was easy to get around.

KS: Did you travel a lot through there?

CC: Oh yes, we traveled a lot. We had a Volkswagen camper and we traveled a lot while we were there, had a good chance to see different parts of Europe. We went mainly to Austria. The children we would take leave and go to Austria in the winter and the children learned how to ski in Austria. Then we also visited Holland. It’s beautiful in May when the garden, tulip gardens are in bloom. Then we had a chance to go to Belgium, Luxemburg. A large military cemetery in Luxemburg where General Patton might have been buried at one time. A beautiful cemetery and then we would go to the Rotterdam and got on the ferry and would go from Rotterdam to - this was a two week leave and then went up to Hull in England and then we went up the East coast to York and then to a place called Cold Stream and then went up to Edinburough and we go to Edinburough in August so we had a chance to go to the military festival up on the castle grounds, they had the pipes and drums and all of that and we went into Scotland, the highlands of Scotland, to Abbey Moore and camped out some and then went up to
Bernice and then on back down the west coast to Lockbolden, down to Liverpool in that area and then on down into Whales. This sort of made a circle all through England. We camped out most of the way, it’s amazing the kids - it was ideal, it was a nice time of year. Kids had a good time; we all had a good time. It was real; we had a lot of advantages by living in Europe those periods of years. Especially as far as our children are concerned because they got a wider view of the world that way to see what it is like to live in Europe.

KS: What were there ages at this point?
CC: They were in grade school. They were in - I guess, third, forth or fifth grade. They were in school, they were in grade school. In fact the kids, one of their favorite teachers, she just retired this past year in Germany in Seymour and when she retired, now she lives in Fort Collins. She was from Hay City, Kansas. But we kept in contact with her all these years. My children had really loved for her as a teacher in grade school. We kept contact all these years. But Europe was a nice place to be at this time. We were just almost get a liberal education just being able to go around at least what where our western culture came from.

KS: Anything else come to mind about your time in Germany?
CC: One time, I, of course, was flight surgeon so one time I got a call from the American Embassy in Angola, down in Angola and there had been a seaman, an American seaman who had sustained some severe burns on the ship ward and was brought into the camp of Angola and of course at that time - I don’t know how much was going on or I don’t remember how much was going on in Angola but it was not a stable situation but anyway they asked for us to go and pick up this seaman. So it was an aircrew C-141 aircrew from Spain came to Weissbon, and picked us up, just a medical group, I was the surgeon. I think we had a couple of corpsman that went with me and then we flew from Weissbon, of course we didn’t fly directly from Weissbon, we had to over to Frankfurt. The Frankfurt airport had a civilian part of the airport and we flew out of the military part of Frankfurt airport and flew down to across Africa to the mid part of the Atlantic to the Essintion Islands. It’s a volcanic island in the middle of the Atlantic. It is under the control of the British and we landed there and refueled. Then we got permission to fly into Angola. We picked up this patient who was a seaman, a burned
seaman and then he was having problems of course with burns but he was also having problems, he was beginning to get some bleeding from his stomach. That was a common occurrence in those days before we had the medications that we have now, which can cut the acid off in the stomach. We didn’t have those kinds of medications, or he didn’t have that at least. So we took him to the flight crew and we took him from Angola then to Johannesburg to the South African military hospital and there he was treated and operated on there. But once I delivered him then we flew back to Germany.

KS: Do you remember the because of his wounds or what exactly happened?
CC: It was a steam burn of some kind. But it was a serious type burn, it was what we call a full thickness burn, where you know you have depth of burn you have a blister or a where you have this redness and you have a blister or then you have a burn that was full thickness and through the whole skin. Of course the big problem with burns are always if— your resuscitation is an important thing at first, but if you are resuscitated and the problems that come up later is infection in the burn wounds and then these burn patients a lot times would have what we call stress ulcers. In other words you are under such a great amount of stress because of your burn wound that your stomach is producing acid more than you’d ordinarily produce and this would because stress ulcers and then you bleed from those ulcers. It may have something to do too with the fact that when you have a severe burn and you get an infection, the infection itself sometimes can interfere with the way your clotting factors work and your platelet’s the factors that have to do with blood clotting and so, as a result, it is easier for you to bleed. What we did with the patient, we just transported him and we saw that he had the fluids and antibiotics and all that.

KS: Did you have to stabilize him?
CC: His vital signs were stable but he was - we were getting blood out of his MG2 so we had to get him a transfusions and then get him down to where he could be operated on.

KS: Did you spend any time in South Africa or did you pretty much turn around and go back?
CC: No. We just turned around. I think we stayed overnight but once we took him
to the military hospital we turned him over to those surgeons then we’d stay over night
and came back after that and because he had to be left there in South Africa.
KS: Anything else about Germany or any other incidents?
CC: Those are the main things that I can think of.
KS: So you were in Germany until 1976?
KS: Where did you go from there?
CC: From there I went to Dallas to Baylor University Medical Center and I took
a year in colon rectal surgery as sub specialty of general surgery. Of course I had taken
my board and I had my board certification in general surgery and then I took this year in
Baylor and got board certification in colon rectal surgery. This was all at Baylor
University Medical Center in Dallas. It was a big hospital and it was a big - the main
reason we did this is because in the Air Force we were trying to get in each of our
medical centers a sub specialist. Say for instance at Wolfforth Hall, you would have a
general surgery but you have the sub specialty of colon rectal surgery. At Wolfforth Hall,
we had a transplant surgeon. At Wolfforth Hall, we always had the plastic surgeons and
those sub specialists at surgery to try to provide a broader care, more specialized care in
the medical centers. So that is the reason that I was sent to Dallas to take that residency
because then I would be assigned to an Air Force medical center in that subspecialty.
KS: Did you have a choice in this particular subspecialty?
CC: Yes. You would tell them what you wanted to do and if they had need for it
and then they would sponsor it. So really the Air Force was very good to me in my
twenty-one years, the time that I had the military, I was in training five years -- seven
years -- twenty-one years, what is that a third? One third of my time in the military I
received the training. So that is really pretty good to be able to get that much education,
still being in the military to. I was lucky.
KS: How long was this - a one-year residency?
CC: One year fellowship or residency and then once I did that I took my boards
and then I was assigned to Rat Patterson Air Force Base - no, it was a USAF Medical
Center - Rat Patterson Air Force Base Ohio, just right near Dayton, Ohio. We were there
four years. When I was there, I was the colon rectal surgery and then I was the chief, before I left I was the chief of surgery - surgical services. So at that point in time, I worked in the subspecialties, we had trained residents at Rat Patterson, we had residents in surgery, we were affiliated with Right State Medical School, our residency in that Wright State residency were affiliated in that gave Air Force residents a broader rotation, it gave them better training in their residency so -- we were there four years at Rapatterson and then that's the year that I decided I - they were going to assign me as a hospital commander so I went to hospital commander school as a short course at Wichita Falls and then I was assigned in ’81 as a hospital commander here at Reese Air Force Base. I was a hospital commander here. I was still able to do some general surgery not the extensive type things that you do at a medical center, but I had a good relationship here with Dr. Kenneth Zoral in the surgery department at Tech at the medical center. He was the chief of surgery at the medical school so if we had any -- in fact our OBGYN service at the Air Force Base was staffed by the staff man here at the medical school that came out to Reese. But at that point in time, after I had served my time here, that is when I decided to retire from the military. I enjoyed being a hospital commander but I enjoyed working with surgery more where I take care of patients.

KS: Was it more administrative duties?

CC: Yes. I wasn’t as good -- I didn’t feel as happy at administration as I did working in surgery, where we were taking care patients. That had always been what I liked best and I could do the administrative type work but somehow I just liked taking care of patients better. So that is how I got to Lubbock and once I got out, there was an opportunity -- they had a surgical partnership formed here in Lubbock back in the ’50’s after the Korean War, by a Dr. Brown and Dr. Rutledge and at that time in ’81, Dr. Brown retired as general surgery practice, so Dr. Rutledge needed someone to work with him and to continue that practice and so that is - when I came to Lubbock I didn’t have to start all over. Like you start to build a practice - the practice was already built up by Dr. Rutledge and I just came in and took Dr. Brown’s place.

KS: This was a general surgery practice?

CC: General surgery practice - but I did general surgery but I had a lot of colon rectal work to. That was - I went in at the first of the year in 1984 and then I closed that
practice in the first of this year and so that was - let’s see how many years was that -
sixteen years.

KS: Is there any thing else that you would like to add about your military career
or anything that we maybe didn’t -

CC: What I’ll say about the military is I really enjoyed the military. I had a
wonderful general training in the military and you would be able to get your training
without starving to death and I felt like that I had some good assignments. I was lucky
and not everybody got those kinds of assignments that I got. So I was real fortunate in
the military and I always loved the military and my wife did too. That’s the important
thing here. Usually if your wife likes something, why you are going to like it. She loved
to - she didn’t mind moving around. We figured in the twenty-one years or so that we
were in the military, we moved our furniture about - it was under twenty times but it was
almost twenty. That was a lot because if you go to one assignment you may have
housing here and have to go to different assignment for housing and something like that.
That is thing we always thought about, would we have been better going into practice and
stay the states and have the children grow up like say I did in my hometown and go all
the way through school there and then would this have an adverse affect by moving
around and that sort of thing. It is hard to know, when I ask my children now, what they
thought about it, they said well, they didn’t mind it. It didn’t seem like it was that much
of a problem. It is a problem sometimes if you get an assignment say when my daughter
was a junior in high school in Ohio and then she had to come to Coronado and have her
senior year and it is like you have to start all over again so that is not a -- if you can avoid
that, that would be something to avoid. It didn’t seem to bother them too bad. I guess
when you are young you can adjust to the situations pretty well.

KS: Is there anything else?

CC: I can’t think of anything.

KS: This concludes today’s interview with Dr. Chambers. Thank you very much.