Kim Sawyer: This is Kim Sawyer conducting an oral history interview with Mr. Phil Dorsey on April 30th, 2001. It’s 2:45 in the afternoon. We are in the Special Collections Library at Texas Tech. Mr. Dorsey if you could, please begin and tell me where you were born, where you grew up?

Phil Dorsey: Okay, I was born [in Newark, Ohio] (audio not retrievable) and [my dad] was transferred a good bit in [his] jobs so if I take you through all of the schools I went to this will take a while. At any rate, moved to Kansas City, Kansas, went to first grade there and went to, primarily Catholic schools all of my life, up to when I came into the Army, but went from [Kansas City to] second grade in Long Beach, Michigan City, Indiana, third and fourth grade in Chicago Heights, Illinois, fifth and sixth grade in Des Moines, Iowa and seventh and eighth grade in Lima, Ohio and then back to Des Moines, Iowa for the remainder of growing up, so I went to high school in Des Moines, Iowa, Dowling High School, a Catholic high school. Then from there went to the University of Notre Dame for undergraduate and I [graduated] in 1963 and that’s as far as the growing up part I guess.

KS: Now, you were in ROTC, is that correct at the University of Notre Dame, what made you decide to join that program?

PD: That’s a long story too. No one in my family had ever been in the military except for maybe some [briefly in] World War II, someone in there maybe had gotten out
but none of my [immediate] family. So when I went to Notre Dame, at that time in 1959 you had the choice of either taking gym or ROTC and if you took ROTC they gave you money each month, and so it was strictly a decision to have some spending money for cigarettes and beer at the time. My decision as to which branch of the military, coming from the Midwest, I always in growing up saw the movies and I thought the Navy was kind of nice, the white uniform and all that. So I registered for my [regular] classes and I waited in this long line to get in up the front of the line, it was the longest line [for Navy ROTC]. You had the Navy, the Air Force and then the Army [represented] and so then I got up to the very front of the line, it was my turn and the [Navy person who] was signing people up didn’t have a white uniform, he had the Navy blue, dark blue and I’m allergic to wool. So I said, “You don’t have the white uniform on.” He said, “I’m wearing our dark Navy shirt.” I said, “Do you mind if I touch that?” He said, “No.” So I touched [the shirt] and I said, “Well that’s wool isn’t it?” He said, “Yes.” I said, “Well I don’t [like wool shirts],” so I looked in the next line. I had already waited all this time and now the Air Force line by that time had gotten very long. I looked over in the Army line, there was about three people in it so I went in the Army [ROTC] and I ended up spending a thirty year career in the Army, so that was my decision process to get in the military.

KS: Now you mentioned maybe some distant relatives had been in World War II, do you remember hearing any stories growing up?

PD: I really don’t remember much about that at all. I think one of my aunts, one of her, like a boyfriend was killed in the war maybe. Other than that I really don’t know anything about that. The only thing I can remember is what I was told, my mother had said that when my grandfather was rocking [in a chair]. I was born in July of 1963 [means 1941] so when Pearl Harbor came in December of 1941, I was born in July of ’41 so when December of ’41 came, my grandfather said, “I always remember I was rocking you when it was announced over the radio,” and so I remember that. I remember some discussion when growing up about Korea because Korea would have – I don’t [really] remember anything about of course [about] the Second World War. Korea, I just remember discussions of family members about that time frame, about it was considered not a war but it was considered a conflict. I remember discussion on what is a war, in
fact it wasn’t even conflict, what did they [end up officially calling] Korea [a war or
conflict]?  
KS: I always thought it was a conflict, but I’m not sure either.  
PD: I think it was Korean conflict.  
KS: But it wasn’t officially declared a war.  
PD: But it wasn’t a war, a lot of people died but it wasn’t a war. So I never
thought much about that. I got into ROTC and I didn’t mind ROTC, it was kind of fun.
KS: Was this something you would do every day just like a class, or what did the
training involve?  
PD: Usually there was like, you’d have ROTC class maybe three times a week
and there would be a drill, I don’t remember [exactly] how often you would have drill
where they would march around. So I was in ROTC all four years, but I had made a
decision to change [academic] majors and had to switch [classes] around. At that time
you had to go summer camp for six weeks, so normally people would do that between
their junior and senior year of college. With my changing [courses] around, I needed to
take some summer classes at Drake University in Des Moines so I did those there so I
couldn’t go with the normal group [between my junior and senior year] so I ended up
going to the ROTC summer camp at Fort Riley, Kentucky after I graduated from college.
KS: What year did you graduate?  
KS: When did you start active duty, or when did you make that decision that this
was something you were going to pursue?  
PD: Well, I had a two-year commitment for ROTC because they didn’t have
ROTC scholarships at the time but by taking thirty dollars a month or whatever it was
then you had a two-year commitment. At that time, they had a six month or a two year
commitment [program] and I can’t remember where it fit in, what type of commission
you were getting but at any rate, at one point I was at Notre Dame I was in pre-
professional so anyone who was in that, they branched [or assigned] you to the Medical
Service Corp administration. When I decided, when I switched majors and I really didn’t
know what I wanted to do in life, but I ended up getting a commission in the Medical
Service Corps, branch Medical Service Corps and I tried to get it changed because I
didn’t necessarily want to do that. I wanted to go into artillery or do something like that. At that time I don’t remember knowing anything about Vietnam in that time frame, 1962. When I graduated from college [and then] went to ROTC summer camp and then in July [1963] finished ROTC summer camp. Then my dad had his own business so I had a date to go on active duty of January of 1964 so that period of July of ’63 to January of ’64 I was working with [my dad. It was] November [1963] when Kennedy was assassinated so Vietnam was not really on the scope, at least on my scope.

KS: You never thought you would be there when you made the commitment to the Army, did you think you would be sent to Vietnam?
PD: I never had, you know how kids in college don’t think ahead. I certainly didn’t.

KS: What about what do you recall about the Bay of Pigs for instance, some of the other things that were happening just prior to this time?
PD: I don’t remember a whole lot about that. I know there were things in the news about Kennedy once he became president, about the Bay of Pigs and there seemed to be a lot of misinformation. I wasn’t paying that much attention at that age anyway, of to what was really going on, just the word was out that it didn’t work, whatever it was. But there just didn’t seem to be a lot of good information about that, nor was I, at the time I guess particularly interested. It seemed to be something that was way far away about Cuba.

KS: You mentioned Kennedy’s assassination, what were your thoughts on that at the time, when that happened?
PD: I thought it was very unfortunate because he seemed to me somebody who was really getting our country going in the right direction and as far as going after, challenging people to go to the moon and all of that. So I thought he was like a breath of fresh air for the country. Not that there was anything wrong with those that were before him, those people were kind of at the end of their careers whereas he was really just starting out, just a hope, so that I guess was just kind of a surprise, the Bay of Pigs one, whether he got very good advice, whatever and then the assassination and then all that was going on about that time with the assassinations. I’ll always remember I had tickets to the Notre Dame- Iowa football game and it was the Saturday after he died and so they
cancelled the football game, so that was kind of a big deal for anybody to [actually]
cancel a football game. [I had never experienced that.]

KS: So you started active duty in January of 1964, and where were you first
stationed or your training?

PD: Well in the Army Medical Department, the home of their training is Fort
Sam Houston, Texas and so as someone who had graduated from ROTC would go there
for the Officer Basic course. It was about a four-week course for the Administrative
Medical Service Corps. The physicians had a separate course that they went to and the
Army Nurse Corps and the other officers. And the way the enlisted Medics [Training]
worked is they would go to basic training somewhere else and then their second eight
weeks of basic training they would come to Fort Sam Houston so the basic training, they
called it [to receive] Advanced Individual Training after the basic training. That would
be it. And then all of [enlisted] Military Occupational Specialty producing courses were
in San Antonio. So like if an enlisted man was being trained for anything specific, to be
an X-ray tech or to be whatever, those kinds of courses would be down there too.

KS: Could you describe your typical day during this training?

PD: It was very much a gentleman’s course. We did some; there was classroom
[and physical training] and then a couple of [field] exercises. They had a Camp Bullis
where they did some of the field training and so there were some exercises during Camp
Bullis. It was nowhere near as intense as the ROTC summer camp that was at Fort Riley
because the one at Fort Riley is a basic ROTC summer camp for any officer, whether
they are going to be an Infantry Officer or a Medical Service Corps [Office]. It didn’t
matter what [branch] you were going to be, [in ROTC summer camp] you all did the
same thing. The arms training for weapons, for rifle or whether it was crawling under the
[barbed] wire while machine guns shoot over you, high enough that you don’t get hit but
just to give you the [environment effect] but they did that same drill in the officer basic
course where they had the machine gun fire over you.

KS: Was it live fire?

PD: Yes, and I always remember the song they [played over the loudspeakers
during that exercise] and it was Connie Francis, “It will be a Blue Winter Without You”.
So, anyway, that’s the [Basic Officer Training]. It wasn’t really physically demanding at
all as compared to, [certain units in] the active military [which] became more physically
demanding later as far as running and those kinds of things that you had to do. Back in
those days it was not as physical, more physically fit oriented I suppose I suppose it
[became more fitness oriented] as the years went on.

KS: What kind of courses would you take as far as the classroom instruction
during this time?

PD: A lot of them were like the history of the Army Medical Department, the
history of what happened in the different world wars and medical evacuation and the
principles what the doctrine was at that time. If you would have, if there was For
example, if an infantry division was in a certain area, normally they’re would be two
evacuation hospitals and a surgical hospital and what all those things are and then the
[instructors] would explain to you what they were and what those units would normally
do. So it was pretty much a classroom sort of thing.

KS: At this time was there more talk about Vietnam?

PD: By this time its January and February, March [1964] and there was some but
it was still, I guess it was talk of something that was going on very far away at that time
and still the idea, of whatever I would remember. At that time I think it was more like, it
was something that I never thought that I would ever be part of. It was just something
that was out there, some people were going and not very many at that time. I don’t
remember the numbers of the buildup but there were advisors that were over there and
that sort of thing. I didn’t think at that time that I would necessarily be involved and
particularly once I got into the medical side. What happened is, I was trying to get out of
being in the Army Medical Department, then I went to Fort Riley and saw what they did
and it was kind of fun. I had no idea that I was going to stay in the Army, [rather thought
I’d] be out in two years, see that was another reason. Two years and out. So then I went
out to Fort Ord, California, which was [my] first assignment.

KS: What did you do at Fort Ord?

PD: Fort Ord, my first assignment was to the base hospital, it was a U.S. Army
Hospital, Fort Ord, California and [I was] an administrator of their outpatient clinic
service. At one point, I ended up spending two years there, in that job out there, of
course after spending the two months and as I was getting around to, as part of that job
out there I still was going through the part of life where you don’t know what want to do and [even though] my dad had a business back in the Midwest that I could have gone back to and been part of but I [wasn’t sure I] really particularly wanted to do that. My wife and I got married [in August 1964]; she was from Des Moines, Iowa. In fact we sat down together [in 1963] and got out the Rand McNally [Atlas] when I had to put choices in on where to [request to be assigned] go, we’d never, I had moved around [a lot but] she had been in Des Moines her whole life, so we decided, “let’s go see an ocean.” So I put, there was one in, I forget the name, Fort McArthur in Los Angeles, there was Presidio, San Francisco and Fort Ord so I put those as my three choices and so I got Fort Ord and so we got married in August of ’64. She is a nurse so she started getting, and of course [as a lieutenant I] didn’t make any money at that time so she got a job with a doctor in Carmel right on the beach there in the doctor’s office. We [really] enjoyed it down there. Monterey, California is a beautiful place and one of the things that we would be hearing more and more about Vietnam, a little bit of buildup and what’s going to happen. One kind of interesting thing that I was involved in is in [our hospital at Fort Ord], we had the responsibility to go around and do ROTC physicals. Those are to be done during the sophomore and junior year, to go from junior to senior ROTC and so we took a, I was in charge of the group and we had a physician, an optometrist and some enlisted men, we had our own X-ray man and we went down in the Pomona, a couple of comm. colleges in Los Angeles and then we drove up back though Santa Barbara, UC Santa Barbara and all of the really nice places, Santa Clara. The only place [where] we ran into any problems was Berkeley and so that’s about 1965. So there we are all in uniform with our vehicles on the [University of California campus in] Berkeley. Nobody really bothered us, there were some demonstrations against ROTC, but nobody physically bothered us. We weren’t much older than most of the students, in fact many of the students were older, all the graduate students.

KS: Were these primarily students as far as you could tell in the demonstrations?

PD: Not [all were students] out there, it was a mix, well I think [a lot were] probably graduate students. We didn’t think all that much about it, I mean everybody does whatever they want to do, it was their right, but that was the only real demonstration that we ran into and it wasn’t anything that disrupted what we did. The school officials
didn’t let anything get out of hand. There were no confrontations, so that’s how we dealt
with that part. Then I was reaching the point where [since] there was no freeze [to hold
people on active duty] of any kind, you could get out. My two years were coming up and
it would have been January of ’66 and I still didn’t know what I wanted to do for sure, so
you could extend, so I extended for I think a couple of months. I still wasn’t sure and so
the next step you could take would be to go indefinite, as an indefinite status. I was a
reserve officer on active duty, which you could go indefinite. By that time there was the
buildup, January of ’66 and there were units starting to fill up in the States. It was pretty
much known [at] that [time] if you were [on active duty] at that point then you probably
were going to go [to Vietnam]. Now what that really meant by going was, going with a
medical unit was certainly a lot [less dangerous] than a lot of people that you probably
have interviewed or some of the others. So I put the indefinite, I talked to my wife and
she said do whatever you want to do and so I put the indefinite papers in and then got
orders to join the 71st Evacuation Hospital and they were at Fort Campbell, Kentucky. So
we drove back. The [Army] wouldn’t pay her way [to Fort Campbell] there so our plan
was to, she was going to stay in Des Moines, Iowa where her family was while I went to
the unit that we knew was going to go Vietnam. So we decided, [since the Army] didn’t
know for sure when [the unit] was going to leave, the unit, so we went down together and
got an apartment in Clarksville, Tennessee off the military base where several other
families were at that time. So I joined the unit there, I guess would have been about,
maybe June of 1966, and it was supposed to go any time and [the date] kept getting
slipped, the movement date of the unit. Then once we started getting our [movement
date], the [Army] started sending us the professional cadre, the physicians, nurses and all
that, starting joining our unit and that’s when we knew it was for sure going to happen.
So part of what our [mission at Fort Campbell] was to train to get ready to go, again
classroom training [and weapons training] for some of the people. Some of the
[physicians] were just coming, at that time they had – [through] what they called Berry
Plan. Physicians [under the Berry Plan] had gotten their school financed through the
Army or through whatever but they had no reason to ever have been [never dreamed they
would be] in the military, want to go in the military so they were called the Berry
planners, and a lot of them did just fine. A lot of them thought they were put upon to
have to actually go somewhere and pay back [time for the] money that had been given to
them at that time. [Most did just fine]. I guess my whole thought at that time was that
just as far as our country [and me were] concerned at that time, other than that maybe
some groups, was that we the country was in it to, basically to, there was Korea, Korea
happened and then [was] not let something like Korea or the spread of Communism
happen. And that was obviously [my rationale]. the thought and I guess I was of the
Midwestern work ethic [since] like I went into ROTC and I took what was good and so
this was my turn to go. I wouldn’t have had to gone indefinite, I could have gone back
to, I guess I could have gotten called up in the reserves later on, but at this [time] I
decided to go. Do you want me to just keep rambling?

KS: You’re fine.

PD: So the story goes that we’re getting ready to go and it was to be a unit
movement so the entire unit would go and the way they did that for the evacuation, and
mine was the 71st Evacuation hospital, it’s a 400 bed hospital and we had a lot of field
equipment, tents and all this stuff and these different sets, they call them sets, kits and
outfits, so surgical equipment and all the stuff that you need to operate under tents in a
field environment. So we have all our equipment and then we have the people and so
we’re getting ready to go. An advanced party, a certain number of people, would fly
over and then they would be there when the main party arrived. Then the main party was
to go by ship. I was part of the main party so the people were at the advanced party just
waited back at the States and then they flew over, directly to Vietnam. They were there
when we got there. But for the advanced party [The main party] flew in a couple of
planes, several planes, I guess, commercial rental and we went from Nashville and flew
out to Seattle-Tacoma. There and then we got on buses and went over to Bremerton
Navy Yards. We then loaded on the, [troop ship] called the William O. Darby, like
Darby’s Rangers. It’s the U.S. Navy ship William O. Darby, [on which] our main body
loaded. We shortly thereafter [sailed] off. I had never been on a ship in my life and so we
got out to sea and the trip took about, I guess maybe about eighteen days or so. The only
stop along the way was as I remember [in Okinawa]. The memories of that trip were a
lot; the enlisted personnel had to stay in the lower belly of the ship and they had pretty
much of the [worst part], as far as the bunks were really just like you see, just the
hammock kind of a bunk, so that was a difficult place to be, hot and as far as the officers, it really wasn’t that bad. There were like three of us in like a little cabin room, and the way they had it set up. It was still, it wasn’t the most pleasant thing in the world but it wasn’t by any means the worst either. The food was pretty good. It was the kind of thing that they would make the sound of the bells [for meals to tell] when you to go to eat and you would hear the bells and [almost] you would start to salivate. After [eighteen] days on a ship, there is only so much you can do. We did stop in Okinawa and so we stopped in Okinawa and everybody got off the ship and we had a few hours in Okinawa and then loaded people back on the ship. A lot of people had too much to drink when they got off the ship so the next day was really rough for a lot of people.

KS: I was going to ask you if anyone got seasick, or where there any problems with people who weren’t used to being on ships?

PD: Yes, there sure was. There was some [took] like Dramamine [as a preventative measure] or whatever back then, there was some medication. One other thing I don’t remember about the trip over besides [the boredom], a lot of people playing cards was the famous, I don’t know if you remember this, the Notre Dame-Michigan State football game, when they were the two best teams in 1964 and it was a ten-ten tie. We were listening to it [on the radio] on the top [deck] of the ship and it was about three in the morning. I remember that as one of the highlights. One of the [other] things that I think is interesting, we had quite a few conscientious objectors that were part of the unit, because with conscientious objectors of course they didn’t want to carry a weapon so the likely place to put them is in a medical unit and so we had quite a few that were registered and had all the paperwork filled out right, so we got to Vietnam, and I guess the good part about going by ship is all of this counted as your overseas tour.

KS: The day you left port?

PD: Yes, as soon as you left port the clock started ticking for your year’s tour. We got into, we went into the Qui Nhon harbor and they really, it’s a loosely termed harbor. There wasn’t like any place to land the ship or anything, there was land and it had the water, at that time. They built it up later more, but at the time we landed in it would have been November of ’66, I know I got promoted to Captain the day we left from the States. So we came up to Qui Nhon and the water was too rough to land and we
just sort of sat in Qui Nhon harbor there for about three days. A lot of little local Vietnamese boats would be coming up to us and there were quite a few of the conscientious objectors that decided that they would be better off with a weapon so they changed their category and asked for a weapon to be assigned to them. Because everybody, officers had .45s and the enlisted men had M-16s.

KS: Was this based on the contact they had with the Vietnamese population?
PD: Just being on the ship and watching all of these people coming up to them and feeling like they probably needed to have some protection. The way that the ship, it was kind of like what you see in a movie, it was a ship that was just like this and they brought up a, it was almost like a flat loading platform that came up to the ship with tugboats and they put it next to the ship, these are all Navy people doing this and then they had Jacob’s ladder, where they throw it out the side of the ship and you climb down the ladder onto the platform, because we had nurses that had never done anything like that before. They’d get quite a few people on that and then you’d go over to the side and they had, from the old John Wayne movies, those loading craft that you then climb into that and you’d go in and so you were in that, you really couldn’t see out of that. On the one I was on, you land on the beach and the gate falls down and so we had no idea what’s going to be there. We had heard briefings about different things on as far as the security and some of the problems there and so we come off, the particular one I was on, that sort of fanned out with security people with weapons and the first thing I saw was a group of about three Vietnamese ladies wanted to sell all of us lemonade. It was the most bizarre, that’s how we went into Vietnam. It’s like you hear [a lot of things beforehand] and then you get there and it’s totally different. There was nothing going on where we were, so we met with the advanced party and then what we did at that time was flew up to Pleiku which is up farther [north and landed] in Pleiku and then once we got to Pleiku there was a certain area designated for us and so we just went in and the advanced party had set up some of the living quarters for us so the unit just moved in and we had all of our equipment, we had all of our physicians, all of our nurses ready to go.

KS: Was this standard for an entire unit to move over at the same time?
PD: In those days, the problem with that [concept] of course is then at the end of the year [stay] they’d all be going home [at the same time. There was a program to reduce
the rotational hump] so they had a program of breaking up that rotation home. They
would reassign [some people] to different units and then bring other people in so you
wouldn’t have that, that problem with DEROS (date eligible for return from overseas).
But what happened there, and we were in Pleiku and the only thing I would note in Pleiku
at that time was the Air Force had a good-sized land runway and that’s of course what we
landed on. Then as far as the Vietnamese, that was what they called II Corps
headquarters, [Army of the Republic of Vietnam] (ARVN) headquarters so there was the
ARVN headquarters and the [American] advisors that were with them and then at the
time the 4th Infantry Division was there but they were farther outside of town and they
were having some problems [with Vietcong activity]. I remember it was Camp Holloway
was one of their main bases. So [the 71st Evacuation hospital arrives and] we get there
and nobody ever told us anything about what’s likely to happen. The first night, all these
parachute flares start falling and we don’t know if we should be [concerned], are we
being attacked or do we turn the lights off in the unit? We had electricity from the
generators and so nobody said you should turn the lights off or anything, just a bizarre
experience. It was just, I guess people felt that we were pretty secure where we were and
they didn’t need to tell us anything I guess.

KS: What did the parachutes end up being?

PD: They were flares, parachute flares. The [units] just shoot them up and then a
little parachute flare comes down slowly, so keeps it up in the air longer [to provide
light]. It’s sort of like the same color of light that’s in some of the parking lots, the sort
of yellow color, that’s what kind of light it would give off. You could hear like a rocket
[sound, you] could hear rumblings in the outside and then of course what we didn’t know
was it Vietnamese artillery that was like on one side of us that was shooting and we
didn’t know that it was in fact shooting out, but it sounded like it was pretty close. It was
hard for anybody to tell whether that was something headed our way or going another
way. They had a big, what they called this, I don’t even remember what it stands for
now, a TROPO tower, it was communications, it was T-R-O-P-O, some communications
[equipment], but it was like a big disk and so it was like we had all these targets here, the
ARVN headquarters, the disk and then the hospital. Also, at the same time there was a
smaller hospital, the 18th Surgical Hospital had already been there, was there and was
operating in Pleiku. Of course, they knew as soon as we got up and running that they
were history, they had to go somewhere else so they weren’t real receptive to us being
there. It worked out over time. What the policy we soon found out was, after having
gotten [to Vietnam was the Evacuation Hospitals would not be allowed to operate in
tents. Therefore we could not operate until the construction was completed]. The site
where our hospital was being constructed, it was being constructed, by, it was a contract
firm, Ringling Johnson or something like that, and it was being constructed over a couple
of miles at least from where our site was.

KS: Where you were living?

PD: [We lived in tents in this temporary] bivouac site, yes. Again the policy I
guess, we didn’t know any of this when we actually left the States, a decision had been
made somewhere along the line that no hospital of that size will operate under tentage, in
other words it would have to be a real structure. So what that meant was that we couldn’t
operate the hospital [immediately] so here we are sitting there. We had all our people
and all of our equipment and so what happened is we had to break up the unit and we got
orders [to transfer] so many nurses, send them this way, so many physicians, so we’d
scattered the professional complement so that left a cadre of administrative [personnel
our job was] kind of housekeeping to keep the [operation] going and to watch the
construction site. It was that way for almost six months. So we rushed to get over [to
Vietnam] and then sat there six months. The professional complement left, [so their time
wasn’t wasted] they weren’t wasted in any way. They had jobs, they went on ahead and
went but it just gave you the whole perception of did anyone really know what they were
doing. That’s a pretty major thing [to have people moved to a combat zone and sit for six
months].

KS: What did you personally do during this time, during that six-month period?

PD: Well, were responsible for making sure that nobody [who remained in the
bivouac site] killed themselves that were there, or killed each other [and always provided
oversight], the ones that were left and then working with the construction company and
watching what they did. We didn’t have [authority over the construction] much to say
but we would just keep [an eye on it] that and so it was kind of an existence. We got to
know some of the people at the surgical hospital and spend some time with them, In fact
one of the, they had a [ground] ambulance; there was an ambulance company there that
provided support to that geographic area. The ambulance company would pick up, if
there were casualties at a battalion aid station [and bring them to the hospital].

   KS: A ground ambulance?

   PD: Right. If there was, for example at a battalion aid station that the 4th Infantry
Division, some of the [ground] ambulances might be part of an ambulance medical
company that would then bring them over to the surgical hospital or eventually they
brought them to us, once we got operational. One of the individuals from [that
ambulance company], I still have met and kept in contact and [he got out of the Army and
has been the chief executive officer at the Georgetown, Texas hospital for many years] of
the hospital in next town up from Round Rock, up I-35.

   KS: Georgetown?

   PD: Georgetown, yes. Ken Poteet is the guy’s name, and he was the ambulance
company commander and so, we got to know some people that you would then be
working with [for years] so it was worthwhile from that aspect. But it was one of those
that we really didn’t need to be there. We could have come in later and it was, what
happened during that time was there was then a policy came out that anyone who was a
reserve officer as compared to regular Army, there’s a regular Army commission and
reserve. Once you had one of those you were in until you decided to get out, whereas
reserve officer you had a commitment of a certain amount. I had gone indefinite so that
means you can stay pretty much as long as you want to, but there was a policy that came
out [stated] that anyone who was a reserve officer could go home [without completing a
twelve month tour], but you had to make your decision within a certain amount of time.
Here I am, I get over there, [and find out I] don’t need to be there and have the
opportunity to go home. I haven’t done any of the reason that I came over to be there in
the first place so I really had to wrestle with that [decision]. My final decision was I’m
not going to go home and not [finish] whatever it is that I came over [Vietnam] to do.
You had to initiate the paperwork to leave and a couple of our, like our personnel officer
and some of the other people left. They were on the next plane out of here, back to the
States and never [to be heard from again] reported anything else. That’s just an example
of the strangeness of, it was like things would just happen, bizarre things, almost like no
one, people would change policies or they weren’t like what was really happening. Of course where we were was in the Central Highlands up in Pleiku. There was the town of Pleiku but there wasn’t much else, versus the big cities [in Vietnam]. I had no experience of anything, I never was in any of the big cities or anything, so my experience is pretty much confined to Pleiku and then going through Cam Ranh Bay on the way to going R & R in Hawaii and coming back [to the States at the end of the tour] so that’s kind of my experience over there. One incident while the hospital was being built, one of our responsibilities is we had an officer of the day in the hospital and so we would rotate, there were about eight of us, [at that time our work week was] it was pretty much a six day a week operation and you could kind of relax on Sundays. Well, whoever the duty officer was had to make rounds and you’d have a duty NCO with you and you’d have to make rounds of the grounds. One of our jobs was to go over, I think it was once before and once after midnight and check this new hospital site. Normally, the two of you [officer and NCO] would go because it was not a traveled road and all that you would go on and go over and you wouldn’t be around anybody else. I’ll always remember the one night something was going on and so the duty NCO was busy doing something and so I said, “Nothing ever happens,” I’ll said, “I’ll go, you don’t need to go on along with me,” and we had a big quarter ton vehicle, a Jeep, and so I got in the Jeep, took off, drove over there and [to the new hospital site] buzzed around and there’s nothing going on so on my way back, the transmission just goes out and [the jeep] stops. So, there I am, it was probably four in the morning and I’m on the road. I could see the unit where I wanted to go and I knew where the road was but I couldn’t walk across the ground and so I thought okay [I needed to stay on the road]. So I had a weapon with me, a .45 [caliber pistol] and so I got out of the car, or the Jeep and so I started walking back. I could see a figure coming towards me and the person was walking on that [opposite] side of the road [towards me] and I was walking on this side and it was a moonlit night. It was a fairly bright night and so the person kept moving and I kept moving, so I had my hand on the .45 [person and realized the person] was a Montagnard and of course he couldn’t speak English and I couldn’t speak whatever his [language] was and we just passed each other. I never knew if that was the time, something was going to happen or not. I finally walked back [to the hospital]. It was about maybe a mile and a half back to the unit and we went
[back] out and we drug the Jeep back in and I learned that I should never go alone any more. So that was kind of what we did for the six month period, the group that I was with. Maybe it’s not that long, maybe it was five months, it seemed like a long time.

The next step was they opened the hospital and it was released to us to move the equipment in so they were all Quonset huts, mostly Quonset huts, the living areas and then the hospital [wards] were rectangular [wooden] buildings. [Soon] we started getting our nurses and our physicians back and it really became a hospital at that time. We started getting casualties in, it became much more of an operating concern. I do remember as far as one of the questions in there was a survey it was about drugs and I never saw much over there. In our own unit, as the officer of the day, you had to go around, and I remember in one area where the duty NCO and I had found some [marijuana], Kent cigarettes for some reason were very popular to put the marijuana in the Kent and I don’t know if that’s still true or if Kents even exist any more but at that time I smoked Kents and I’ll always remember I came back and I had the marijuana Kents with me and I was just, what you would do is you would save up stuff and you’d report it to the MPs and they’d come over the next day and just take it away, do whatever they did with it. So, I always remember I was in just filling out a report of tour of duty and I was having a cigarette and I reached to get my next one and I was trying to figure out which pack of Kents is [was mine and which were the confiscated ones], but I had set them over there far enough to the side but that was really the only. I mean there was some use of marijuana but there was really nothing [else. Alcohol was another story]. I never saw anything among the officers. Once they got the hospital built there, they had a built a covered kind of a gymnasium [building]. It wasn’t fancy; it just had like cement in it. They built us an officers’ club and the Air Force came over and helped us build a basketball court. It was all on clay, it wasn’t anything, but once we had that, we had all the essentials in life. One of the other incidents I mentioned of the one officer that was able to go home, one of, I remember names of all these people. I don’t know that I should necessarily put names in there.

KS: It’s up to you. It’s fine if you do, or if you’d rather not.

PD: As far as for their confidentiality, but there was I mentioned too that our personnel officer went home. Well he was replaced with a guy who was really a nice guy;
he was a little high strung and that. [One day] I was in my office and one of the NCOs that worked, this was after our hospital was up and running [to me] and they said, “Would you come with us Captain, so and so is in his hooch and he has a weapon.” So, I went up with them and I knocked on the door and made sure he knew who I was and “I’m coming in.” It was a Quonset hut with like about eight people could sleep, there wasn’t like rooms or anything and then you had your bunk and you had the mosquito netting over it. So, he was sitting there and he had a .45 [caliber pistol] right next to him and I just said hello and I walked over towards him and I was able to get close enough and sort of pat him on the head and was able to, as I came to him, was able to move the weapon with my left hand and then just sit down next to him. The only thing he really said is he felt that he didn’t share with his wife that [fact that] he volunteered [to come to Vietnam]. But anyway, the long and short of that was, [the NCOs informed our] he was done at that point, so what they did is they just reported, or we got the physicians involved and they reported him [for medical evacuation]. The next thing we knew, helicopter came and took him and he was gone, I’m sure out of country. So, that kind of thing happened, I’m not sure but at least in that kind of mood. We were by no means under any fire or any pressure like that. But still you had people that do that. The only time that our unit, while I was there actually took fire was that we were rocketed. We received rockets in the compound on one occasion and there was some damage down at the far end where some of our supplies were located in a supply area, but nobody was injured. Later, after I left, I left in November of ’67 and the Tet Offensive was shortly after that and there was a lot more action in the central Highlands. So ours was the experience of going from not being operational [as a hospital] at all to having a real operating hospital and so from that aspect I think it was worth staying there. One of the clubs, this is an experience I had, I’ve got to write, I was due to leave [country] in about two to three weeks and [was in one of the officer’s clubs with] one of the Medevac pilots. They were some really brave guys. They’re the ones that really were going in and getting the people who were injured out and at that time and afterward they were like every year or so were being reassigned to Vietnam. That’s a group of people that I’m sure they had a lot of stories. I know they did, but the one I’ll tell you is anecdotal. I went over to, it was a dust off party and one of the pilots that used to deliver to us, invited me over there
so, I got a ride over there [in an ambulance], so I was there with him, drinking beer and
he was drinking beer and it got late in the evening. He said, “Do you need a ride home?”
I said, “Sure,” and so we got up and we were walking [out in] the parking lot and we get
to the point where I don’t see any more vehicles. I said, “Where are we going?” He said,
“We’re flying back.” So I had not enough sense, so I rode with him. We jumped in [the
helicopter] and he’s flying back and he’d had more liquor than me. The guys that were
the Medevac pilots, they were courageous people, also probably in some cases didn’t do
the right thing. Neither he nor I did that night. [We made it through]. Overall I would
say that the experience in Vietnam was [probably like other wars]. There are probably a
lot of people that being a long way from their family probably got into sexual
relationships there, just because they were there and that certainly was true [at the 71st
Evacuation Hospital]. In the group I was in. You never knew what you would see next,
to include the Air Force. In general I don’t think it was anything that you wouldn’t
expect in any place that far away. Overall, I know that my experience certainly wasn’t as
dangerous as most people that went. I did the very I guess. As a married person met my
wife in Hawaii and we had a seven day R & R in Hawaii and went and I think both going
on R & R and then when I left country we flew back and so I think in both cases I flew
out of Cam Ranh Bay so I got to see that area, that 6th Convalescent Center Hospital area.
And the beach and that’s really one of the prettiest parts of Vietnam I think Cam Ranh
Bay. The one thing I forgot that I put in the survey there, as a hospital unit, a lot of
medical units did civic action projects, MEDCAP, Medical Civic Action Project, well our
hospital commander had some strange ideas about things we ought to do. He thought that
we ought to take a lot of our vehicles and collect garbage in the city, Pleiku city, anyway,
that was one of his ideas. One of the, I got involved in that [garbage pick up] and he gave
that project to me. I had to arrange, we had pick up times [for city garbage] at various
places and that we would go by and get the garbage, put them in our deuce and half
trucks and drive them to the dump or whatever. There would be people picking over [the
garbage] and all of that. We were just moving garbage from one place to another, so we
had that. We had some of [our medical] people taking care of the area kids and
conducting clinics, so the physicians and nurses were doing some of that out there too.
The garbage collection of Pleiku city was my project.
KS: Could you describe Pleiku city?

PD: At the time it was, well it seemed dirty. It was dirty, but not dirty like a big city. It was more [small city dirty with dirt roads], there were some parts of it that were like schools and there were some homes that were very nice and then there was a lot of poverty too, so it was kind of a mixture and it had several ornate things in it so I don’t think it was as pretty probably as some of the other cities that there are or that there were, but they still some of the houses had courtyards and there were, I would say the courtyards in the schools, fountains with courtyards in the schools were probably the prettiest things. One of the things that always struck me about Vietnam was the number of, and I put that in the report, the number of [civilian] males who didn’t seem to be fighting. They were on bicycles or in their flip-flop shoes and while we had Americans [there fighting], that always just didn’t seem [right] like they would be right there next to us and I’m sure a lot of them were and I didn’t see Maybe a lot of these people weren’t medically capable of being out there [and fighting] but just the perception I had was [there were a lot of males], just kind of hanging around. It really came home to me again, [when] I had a tour much later in 1978, 79 in Korea. The Koreans are tough. The soldiers [were always] running up and down. The Korean males versus the male Vietnamese that I saw were just like night and day. Again, maybe I didn’t see [a large sample], I’m sure there were courageous [South] Vietnamese males too, but they weren’t in the group I saw. The ones I saw were always out riding their bikes and [hanging around]. There were just some bizarre things that stick in my mind about Vietnam. [As the hospital security officer] I would go to different briefings that would be held at the [joint U.S./Army of the Republic of Vietnam] headquarters in Pleiku there, the military headquarters and I would go to some of the security briefings representing the hospital and they would be talking about different threats in different parts of the area surrounding Pleiku and around Da Lat and so on. They would always be giving all of these body counts, tremendous numbers of casualties that we had inflicted on the [Vietcong and North Vietnamese regular Army soldiers]. We’re back in the ’66, ’67 time frame and it seemed to me at that point, eventually the [enemy were] going to run out of people unless these numbers are not right [that we are being told].

KS: Did you get a sense that they might be inflated at that time?
PD: It seemed strange. It didn't seem right. It didn’t connect. You’re always hearing very positive things and how we went in and totally annihilated the group of enemy soldiers or whatever it was. There was never any discussion of a My Lai or any incident like that, there was never any scuttlebutt or even about anything like that. [I am now aware of anything like My Lai occurring] So anything like that that happened, didn't happen, at least in the area where I was, or no one knew about anything like that. I think for the most part the people were there, the Americans that were there felt that they were doing their job, but they were mostly all ready to go home, no one wanted to stay. Some people wanted to stay but you always wondered why they wanted to stay. Was there some other reason? I wrote down on there, my favorite song with people was “We Want to Get Out of This Place” and people counted so many days until their DEROS [Date Eligible for Returning from Overseas]. They also did that in Korea too when I was there, so I don’t think that’s anything different than Vietnam. The other thing that to me just seemed awfully strange about Vietnam was that it was a like a one year [at a time] war. You had a one-year tour [and went home] and yet people were dying, as compared to the other wars [where] you’re in until it’s over. Also you are not constrained about, you can’t go any further than this line. I’m [know] in the Korean War there were some constraints like that too, but not to the extent of what it seemed like Vietnam. It was like the American soldiers weren’t able to do what needed to be done. Some of those things come out over the past weekend, it was really interesting thinking about it the interview here is that there’s an article in the Dallas Morning News that was about, I think it was Friday. It was on the editorial page and it was [about an] individual that was talking about it had said that really some people say that it was the first war that America ever lost. He said [there actually were] two wars, [the] first the Vietnamese War and the second political one. He said the first one with American soldiers in it, American won, the second one when the American soldier was not there and it was just the Vietnamese soldiers and the support was not there, that one [America] lost. That was the political one. That’s true in some respects and a lot of people after the fact should never have ever been there in the first place. I think for the time I went, and the reasons that were given at that time were good reasons, at some point as that [war] drug on and on and on, you wonder why are you still there, what are you accomplishing and I reached the
point where I felt that we either ought to go. The biggest lesson learned in that [war] was
to me, is what we did in Desert Storm, is the whole nation is behind it. We [should]
either go locked arm in arm or we don’t go [to war]. But in [Vietnam it seems we] just
sort of stumbled into it and I don’t know whether we thought we could go in for a little
while and then get out. I don’t know. Again my experience [led me to question] who
really was running the [actual fighting] between the civilian leadership and the military
leadership. I think that was one of the, to me, in my perception, the disparity between
military and civilian leadership and then maybe not having the military leadership that
will stand up and say, we’re not going to do this any more, thinking more about their own
careers than about [the soldiers], which isn’t true today I don’t think, so that to me is
probably the best lesson [of Vietnam], it’s a tough way to learn that lesson with all the
people dying, but America learned not to go into something unless they’re prepared to
win and pay the price. That’s my story.

KS: Got a couple more questions about the evacuation hospital, now did you ever
treat any Vietnamese civilians? I know you mentioned the MEDCAP missions, but did
you actually see patients at the hospital?

PD: Emergencies. A good friend of mine there was an oral surgeon and in fact
when he didn’t have anything to do he took my wisdom teeth out over there. In fact I
always remember the generator went out so he didn’t have any light or anything and just,
we can prop open the windows and he said all I need is the stuff to pull them out with
anyway. He did a lot of work on some children that had cleft palette [problems] and
really some awful looking stuff. He showed me some of the pictures and I said, “Are you
finished with this [with this case in particular?]” because it still] looked so bad, he’s so
proud of it, I said, “Are you finished?” Certainly some emergency [Vietnamese] but
most of what we took care of were the American GI wounded.

KS: Do you recall what kinds of wounds that, were there any types of wounds
that the staff would see more so than the other wounds?

PD: Most of them were from [trauma and] amputations and from small arms fire
or from [mines or] mortars or from, either that kind of trauma; I would say trauma
injuries the most. Then there’s some of the ones from the poisonous, either snake bites or
from a punji stick, that type of injury too, but primarily it would have been caused by
either a mine or a weapon or something like that.

KS: So in the evacuation hospitals, would they be stabilized and then transported
on to other hospitals, is that how the process would work?
PD: Yes, normally and what happened in Vietnam is probably different than what
the Army policy or doctrine had been in the past where you would have a smaller
[medical facility and division level cleaning facilities], like a battalion aid station right up
where the action occurred. Then you’d have a surgical hospital where they could do
immediate surgery and so on. Well, what happened with the helicopter, they were flying
into hot landing zones and they would pick somebody up, they’d leap frog, whoever was
the busiest. So then he would bring. [So the medevac helicopter would evacuate
casualties directly] to the surgical hospital or to the evacuation hospital and in many
cases. Normally, that evacuation hospital would be much farther back in the rear but in
Vietnam everything was kind of jammed together so all of those units were over there so
you didn’t have the [space for] normal spread so you would have some casualties coming
directly from the battlefield where the may have been stabilized already at a battalion aid
station and then come back to the emergency room of the hospital. Then we had the
dysentery and all that kind of stuff that goes along with it and then some malaria too.

KS: How secure was the hospital? Did you ever have any problems?
PD: I think in the time that we were there; I think it was relatively secure. We
had in the time I was there, one rocket attack, Vietcong rocket attack, and I don’t
normally follow the history but there was I think a nurse killed at the hospital, but no one
really injured in the time I was there, so based on that I would say it was safe. That’s not
to say it wasn’t a [potential] target for, if there was some sort of terrorist attack or sapper
[attack] thing. We had a barber at the unit. Eventually over time as it got more stable
you could employ Vietnamese and so we would have, even hooch maids, that they would
do your fatigues. We even reached that point of going from being in a unit where we
[lived on dirt floors to one] didn’t have, we were living on the ground to going to where
we had cement floors in a Quonset hut and somebody making the bed and washing your
fatigues and your stuff. Then we would pay so much to one of the officers who would be
in charge of the fund. Then he would also pay the barber. One day the barber didn’t
show up and we found out that he was a Vietcong, had gotten shot the night before attacking the ARVN headquarters or something. So you just I guess, it’s just an example [that you really never knew who] was the enemy over there.

KS: You mentioned ARVN headquarters; did you have much contact with either ARVN officers or soldiers?
PD: No, I didn’t. I went over there for some of the briefings [which] were held over there so the [ARVN officers] would be there and a couple of the advisors that I had gotten to know, the medical advisor to the II Corps surgeon, he’d have a medical advisor that would be with him.

KS: Did you attend any USO shows?
PD: Yes.
KS: Could you describe the show, who did you see for instance?
PD: Bob Hope.
KS: What was that like?
PD: It was a lot of fun from being just, it was at the time when we had been over there with nothing going on to all of a sudden we took a group from our unit, we took a group of soldiers that were with us and I don’t even remember who was with him, but I think Ann Margaret [was with him or Nancy Sinatra], so that’s about the era that we are talking about and Bob Hope. It was very lively and entertaining. It was great.

KS: What effect did you think it had on the soldiers?
PD: Oh, they loved it. They were from everywhere. It was [held at the Fourth] Infantry Division and so that was worthwhile. We did have In fact, we had from the USO show, we would have, there was I think one [member of the USO show who] came where some of the USO, like the show people came over and stayed at our evac, hospital one time on their way to somewhere else. So saw the show and then saw some of the people but Bob Hope was the big person, but that was just like you see in the movies, where he gets up and tells all these jokes and the girls get up and dance and sang or whatever.

KS: What about, any instances of racial problems, racial tensions, sometimes among any of the hospital staff or maybe any of the soldiers that you treated?
PD: There were some fights, so it’s hard to say what [exactly transpired], at that
time in our particular unit we had some black NCOs and we had white NCOs and they
pretty well kept control of the situation, if there was a situation. We sure had black
soldiers and white soldiers but there was never any like squaring off, not in our unit. Part
of it may be that people were so busy, particularly once we became an operational
hospital people worked long hours, they partied hard but again I don’t think, at least we
never found that it was drugs, a lot of alcohol, a whole lot of alcohol, beer, but not
[drugs] and not racial. [Some of] the racial stuff in [the States] in fact we weren’t ever
aware of what was going on. A lot of that wasn’t in the Stars and Stripes.

KS: Was that primarily how you received news from what was happening back
home?

PD: *Stars and Stripes,* through letters. People writing to me were not likely to be
talking about riots in Detroit but you some of that and we get some of the things, not like
the news of today, a lot of we got was filtered more through the *Stars and Stripes* and
through the [military] radio [station] because we had radio. It wasn’t until later that some
of the racial things happened. Because after I returned from Vietnam I came back to
Letterman Hospital in San Francisco and Letterman was one of the primary casualty
receiving facilities back in the States, so I got back there I guess in, it would have been,
by the time I took thirty days leave or so, about December [of ‘67] or January of ’69
maybe, ’68. I saw some things [at Letterman] that were, as far as seeing the patients that
were worse there than I did in Vietnam. Particularly one of the, in the hospital there, they
hadn’t built their new high-rise hospital yet, it was the. [There was] long corridors and
soon there were a lot of amputees, but the worst part was the burn ward. That was just
[hard] to go on in there, [were] reasons I had to go [to that ward]. It was there where I
really got a feel for why are we here and if we’re ever, if we’re going to get into
something like [war], we really need to not just let it go on, we need to get in there and
win and end it, or not be there in the first place. There is too many people that were hurt
forever over that. After taking a quick break, there were a couple of other items that I
had remembered that I just wanted to say about some of the, I guess the idiosyncrasies of
that whole experience over there. We were located in Pleiku in the Central Highlands of
Vietnam. Out in West Texas where you have these dirt storms, they would have the same
thing over there they’d come through. In the summertime when it was hot, then of course
we had monsoon season. But in the Highlands it would get actually, it was cold out
there, but in the springtime before the rains came, these dust storms would come through
and of course they had red clay, red dust up there. I can always remember one day I was
inside the tent and of course my position was they call the S-1 or the adjutant responsible
for administration. We had different reports that we had to send in; one of them was
“Vietnam Lessons Learned [Report].” We had to send lessons learned reports in all the
time. I don’t know whoever got them or whoever did anything with them. Vietnam
Lessons Learned Reports and they had to go to; at that time it would have been USARV
[U.S. Army Vietnam] headquarters in Saigon. We were part of what was the 55th Medical
Group. 55th Medical Group was in Qui Nhon and so we may have the sent the reports
through the group down to, I’m sorry it was 44th Medical Brigade [in Saigon]. They were
part of the US Army Vietnam. One day I had gotten a letter back through channels
saying something to the effect, “We have noticed that some of your reports are coming
through with a red tinge on the paper, can you see if you can make them [cleaner]?”
(Laughs) [I couldn’t believe it]. It was just like, “What are we doing here, it’s like it’s a
peace time operation and they were going to start. Anyway, what I did is I wrote back a
letter through that same channel and said we have a lot of environmental challenges up
here such as red clay, dirt blowing around, please visit. I never heard back.

KS: You got no response?

PD: No. Then there was discussion right before I was leaving as they were going
to initiate Inspector General inspections. See in the peacetime there is whole Inspector
General inspection system that each particular installation or each command has an
Inspector General who goes around in different units and looks at what they are doing,
how they are doing it. [So in Vietnam] they were going to start annual Inspector General
inspections. And here we are, it was again, it was just bizarre that you would be going
down this road of an annual tour peace time operation, while a war is going on around
you and we’re bringing patients in. It just seemed like the priorities were scrambled there
somewhere. The only other thought I have is on the award system, the military award
system. It kind of depended on where you were and what the policy at the time was and
what kind of award you would get. For combat or valor, I wouldn't speak of that at all
because none of the people that I was involved with had anything to do with that so I
wouldn’t speak to that. But if you’re talking about administrative kinds of units like if
you were at the 55th Medical Group, the farther away you were from [where actual
patient care] was actually occurring, or if you were down located in say, the 44th Medical
Brigade, it was almost like a packet [of higher level awards] at the end of your tour, the
awards you would get. [In the hospitals] that wasn’t necessarily true. It depended on who
happened to write the best and get something through. It just wasn’t the same, I guess
that’s probably true anywhere, but the whole value of the awards system I think probably
has to be questioned, in my mind, should be. Some people really earn them, some people
didn’t earn them.

KS: Is there anything else you’d like to add about your time in Vietnam?
PD: I don’t think so.
KS: You came back to the States through San Francisco, is that correct?
PD: Yes. No, I flew back to Seattle-Tacoma airport.
KS: Were there any demonstrations taking place at that time, did you see
anything like that?
PD: What I wrote in my questionnaire there. There were a group of us that came
back together that had been over there together. I guess maybe about four of us. We had
some time on our hands when we landed at the Seattle-Tacoma airport and we were in
uniform and we walked into where you would normally would go and that would be the
lounge. A couple of people walked up to us and [asked if they] couldn’t buy a beer.
They bought a beer for us, so at least that early in that part of the country that was our
experience. Again, I think in looking at some of what happened in Vietnam, you have to
look at the time to evaluate anything. When are you looking at versus what was the
environment at that time. I think it must have been at least in Seattle-Tacoma that
somebody who spent a year in Vietnam is worth buying him a beer. I know that wasn’t
the case later.
KS: What about, are you involved in any veteran’s organizations today?
PD: Well, I am in, as far as veteran’s affairs, I do have a disability through the
VA, so I’m part of the VA. It’s not much; it’s just a medical disability, hearing problem.
I’m a member of TROA, the Retired Officers’ Association, so I guess those two. I have
been to a couple of VFW places and that, but it’s an interesting group there. There has
kind of been, I think VFWs, and kind of like they’re searching for [their place], their
World War II group is dying off and the Vietnam era hasn’t joined them. I’ve been in a
couple of places.

KS: Were you well received as a Vietnam vet at the VFW?
PD: Yes.
KS: Sometimes you hear instances where some vets have said they didn’t feel
that welcome.
PD: I’m not sure anybody really knew, just used to go to eat or something like
that, Rockford, Illinois, [and] Fort Myers, Florida [are] a couple of different places.
KS: Now, I know you were in the Army for thirty years, what did you do directly
after your time in Vietnam?
PD: After Vietnam I went to the next assignment was to Letterman General
Hospital in San Francisco and from there went to, I think it was January ’69 back to Fort
Sam Houston, [TX] for the next step in the process for officers [which] would be the
advanced course, officer advanced course which is six months. From January to June
[1969] and from there I went to Walter Reed in Washington DC and was assigned there
in a company command position troop command there. From there went back to San
Antonio in 1971 and that was for the Army- Baylor [University] Masters program in
hospital administration.

KS: Just out of curiosity, during this time period how close did you follow
developments in Vietnam after you had left Vietnam, did you watch the news for
instance?
PD: Oh, I followed things very closely because I was concerned about going
back. Especially as it went on and the casualties kept going on and it just seemed like,
“what are we doing here?” so I kept up real close. The whole issue of the racial incidents
and happening within the military as well as back here in the States. In fact I always
remember while I was at Letterman, I was a duty officer at the hospital the day that
Martin Luther King was assassinated and of course with all going in San Francisco and
the potential for that place to blow on up out there, but I kept a very close eye on that
until we were gone [out of the San Francisco area].
KS: Is there anything else you’d like to add at this point?

PD: No, I just would say I guess overall that I was probably lucky. There was a lot of people that had things worse [in Vietnam]. I still think that we went in for the right reason but I think we didn’t; we didn’t either have the right leadership simply and our military [and civilian] working together or knew when we should get out, or know if we should have been in there in the first place, I don’t know. The reason seemed that it was appropriate [at the time], the lesson learned is a hard lesson to the number of deaths wasn’t worth that [lesson], knowing that you shouldn’t get involved in something you’re not totally committed to, the whole country is not committed to.

KS: Okay, this concludes the interview with Mr. Phil Dorsey, thank you very much.