Laura Calkins: This is Dr. Laura Calkins at the Vietnam Archive at Texas Tech University, initiating an oral history interview with Colonel Ralph Thompson of the U.S. Army and the U.S. Air Force. Today is the 13th of February 2006. I am in Lubbock on the campus of Texas Tech University in the Special Collections Building and the Colonel is speaking to me by telephone from North Carolina. Good morning, sir.

Ralph Thompson: Good morning. How are you doing?

LC: Very well, thank you. And sir, I’m very grateful to you for spending some time with the Oral History Project. It’s an honor to include you.

RT: Oh, it’s okay.

LC: First of all, sir, would you mind giving some basic biographical data? Where you born, sir, and when?

RT: In Amite, Louisiana on 24 August 1916.

LC: And I see that you still have your Louisiana accent with you.

RT: (Laughs) I guess.

LC: I’m glad to hear that. Tell me a little bit about your family, if you would, sir.

RT: Well, my wife and I have been married fifty-two years. You’re talking about my immediate family?

LC: Well, your family growing up.

RT: Oh, growing up.
LC: Tell me about your parents.

RT: Well, my father was a cattle—horse and cattle trader and he ran a store also. That was it. My mother died when I was twelve years old and I left home a little later.

LC: Now, you had a number of brothers and sisters?

RT: I had one sister.

LC: Okay, one sister. And where did you fit in the group? Were you oldest, youngest?

RT: I was the oldest, yeah.

LC: Okay. And where is Amite, Louisiana?

RT: Where is Amite, Louisiana? It’s sixty-nine miles north of New Orleans. There’s New Orleans and then you go up Ponchatoula, across the lake, you know, and then there’s Hammond and some other little towns and then Amite.

LC: I see. Now it’s just a tiny little town, or it was then?

RT: Yeah, it’s still not very big.

LC: Sir, let me ask about your schooling. Where did you go to school?

RT: Well, I went to school in Amite in that grammar school and high school. I did not graduate.

LC: What year did you leave then, after the age of twelve?

RT: Yeah, I left there when I was about thirteen or fourteen. About fourteen, I think.

LC: And where did you go?

RT: Well, I got a job on a ship.

LC: Really?

RT: Yeah.

LC: Tell me about that.

RT: (Laughs) I walked in to the shipping office in New Orleans and asked for a job and got it. That was it. The only thing is it was on a coal-burning ship. When I got into the Suez Canal, I already had my bags packed and when we got close to the side, I just stepped over.

LC: You did?

RT: Yup.
LC: About what year was this?
RT: Pardon?
LC: What year do you think this was?
RT: Oh, that would have been...I’m trying to think. It would have been about 1932 or 1933.
LC: And what happened when you got off the ship?
RT: Well, I had to disappear for a little bit and then I went to the consulate and told them I had missed my ship. They thought that was funny, that I had missed it with packed bags.
LC: A little suspicious. (Laughs) First of all, had this been your plan all along once you knew you were going to go that far over to the Suez Canal?
RT: No, I didn’t know where I was going.
LC: Okay. So did you just want off the ship?
RT: Pardon? Hell, I wanted off that ship. It was a coal burner and nasty and dirty.
LC: Okay. It was pretty miserable.
RT: Yeah, it was bad.
LC: What were you supposed to be doing on the ship? What was your job?
RT: I was what they called a ‘wiper.’ I’d just wipe up the oil and grease and stuff in the engine room.
LC: Okay, so pretty hard, miserable work it sounds like.
RT: Oh yeah.
LC: I might have gotten off the ship, too. (Laughs) So you went into the U.S. Consulate. What happened then?
RT: Well, like I said, they laughed when I said I’d missed my ship. They said, ‘With packed bags?’ I said, ‘Yeah.’ Well, anyway, they got me transportation back to the States on another ship.
LC: Did you have to pay for it or how did that work out?
RT: Oh, no, I worked my way back.
LC: I see. What kind of ship was this?
RT: It was an oil burner, much cleaner.
LC: And did you have a similar type job?
RT: Yeah, I was a wiper.
LC: And did you stay with that kind of work for a while?
RT: Well, I would have stayed with it permanently probably but I got caught in the strike on the west coast in 1934. I believe it was ’34.
LC: Now, when you say you got caught in the strike, does that mean that the strike shut down the ships?
RT: Well, when the ships pulled in to dock, everybody walked off except the ship’s officers and another stupid kid and me.
LC: And why did you two not go?
RT: Well, because nobody told us there was a strike and we were not members of the seamen’s union so we didn’t know very much about the whole thing, you know? The only thing is people on the ground were the strikers and said we had better get off, that they’d kill us if we didn’t.
LC: Really?
RT: So the captain finally said, ‘These boys better leave. They can always get a job after the strike is over.’ But when we went ashore, they dumped our stuff all out on the street and beat us up pretty well.
LC: They were thinking that you were basically breaking the strike by staying on the ship?
RT: Well, I don’t know what they thought but they were a pretty rough crowd. I don’t know what they thought.
LC: And did you get hurt seriously?
RT: Yeah, I was in the hospital for about ten days.
LC: Oh boy. What about the other young man?
RT: He got away. He managed to get up and run and I made the mistake of trying to gather up my clothes which they had scattered out on the street.
LC: What happened to you when you were released from the hospital?
RT: Well, while I was in the hospital this sergeant, which I didn’t know was a sergeant at the time, kept passing by my door because he was visiting his father-in-law in a room up the way. So one day he stopped in and I told him I’d be looking for a job that
didn’t have anything to do with unions. I said, ‘I expect the Army doesn’t have unions,’
and he said, ‘No, that’s right but they have a three-year waiting period.’ Anyway, in the
general discussion it came out that I could ride a horse pretty well so he wanted to know
if I’d show him. So I said, ‘As soon as I get out of here I’d be glad to.’ So I
demonstrated I could ride a horse and he enlisted me.

LC: He did?
RT: He didn’t. The colonel that ran the base there at the Presidio did, so they
enlisted me there.

LC: Now, they took you on right away on the basis of what? They thought you
might go into the cavalry or something?
RT: Yes.

LC: And did this suit you okay? Did this sound like a pretty good option?
RT: Sounded like a good deal to me. There were no unions involved.

LC: (Laughs) Yes, sir. Yes, sir. Well, tell me about your initial experiences.

Were you sworn in?
RT: Oh yeah.

LC: Where did that happen, at the Presidio?
RT: At the Presidio.

LC: And did you go for a period of training somewhere?
RT: No, that didn’t come about until later. In those days, every outfit trained its
own people as they received them.

LC: And this would be about 1937, I think, according to the notes that you sent in.
RT: Yes.

LC: Okay. So did you stay there at the Presidio or in Bay area?
RT: Only for a short while and went to the gulf somewhere. I’m trying to
remember. I’ve forgotten where I went now. I think Barksdale Field, Louisiana.

LC: And what happened there? What sort of jobs or training were you given?
RT: Well, when I first got there I was assigned ward duty and I was a ward man
on one of the hospital wards. Then I went down to the School of Aviation Medicine to
learn to be a flight surgeon’s assistant.
LC: Now at this point you had been thinking that you were going to be in the cavalry?
RT: Oh yeah.
LC: Were you amenable to this change of direction toward the medical field?
RT: Oh yeah. Actually, I was assigned to the cavalry but they detailed me into the medical field. And finally I became permanent and so I didn’t mind. I liked it.
LC: Okay. How did things go with your first few days on the hospital ward? Do you remember, did anybody take you under wing and help you learn?
RT: Oh yeah. Several of the guys there did. They were friendly and everything worked out fine. I kind of just naturally fell into it.
LC: Now, Ralph, at some point were you also given weapons training so that you would also have facility with that?
RT: Oh yeah. Well, during those days, every unit trained its own people. I guess I had been there maybe two weeks when we had weapons training and we went out on the range and learned how to handle a pistol and a rifle.
LC: Had you had any experience with firearms before?
RT: Oh yeah. As a kid I always had a .22 rifle from the time I can remember.
LC: Yes, sir. So this was kind of not a big challenge for you.
RT: No, it wasn’t a big challenge at all. I was a good shot.
LC: Now what else where they training you in in terms of the medical field?
RT: Well, like I said, I worked a lot on the ward there and I worked in the emergency room and then they sent me to the School of Aviation Medicine to learn to be an assistant to the flight surgeon.
LC: Now where was that school held?
RT: In San Antonio, Texas, at Randolph Air Force Base.
LC: And if you would, sir, I think it might be interesting for people to know something about the curriculum that was assigned to you such that you would be prepared to assist a flight surgeon.
RT: Well, the flight surgeon was a physician and we were his assistants, which meant that we did—for instance, one of the tests that was very important there in those
days was one that they taught us to perform. I’ve forgotten the name of it, even, but we
did that and then we typed up the forms and all that sort of stuff.

LC: So you had some administrative work and training.
RT: Some, some. I wasn’t a very good typist but I did it.

LC: (Laughs) Yes, sir. What about things like blood draws and so on? Would
you do that?
RT: Pardon?
LC: Would you do blood drawing and all that kind of stuff?
RT: Oh yeah, we had to learn to do that, yes.

LC: Now when you finished your training in San Antonio, where were you
posted?
RT: Barksdale Air Force Base in Louisiana.
LC: Okay, so you went back to Barksdale. And with what unit, sir?
RT: I was with the medical unit there at the hospital.
LC: Okay. Do you remember, did it have a hospital designation? Did it have a
unit number?
RT: No, it was just a station hospital at Barksdale Air Force Base and I was
attached to the 13th Attack Squadron for flight duty.
LC: Now, can you tell me, for example, if you were there and in that posting
when you heard about Pearl Harbor? Or where were you?
RT: Let me think. Where was I? For some reason I was being assigned to the
west coast. I’ve forgotten was the reason was and Pearl Harbor came on about the time I
reported for duty on the west coast.
LC: And what base did you report to?
RT: Well, I reported to Ft. Ord and they didn’t have any idea why I was there and
neither did I so we were sort of lost.
LC: (Laughs) Did you find somewhere to be besides Ft. Ord or did you make your
place there?
RT: Well, no, they kept me there and what I did for the next couple of months
was train troops since I had had weapons training and was a good shot and stuff like that.
So they put me in charge of teaching a lot of these people to handle a rifle.
LC: So your duty right at the outset of the war was rifle training for Army enlisted men?

RT: Yeah, at Ft. Ord.

LC: Wow. That’s quite something. So in a very short period you had quite a range of experiences (Laughs).

RT: (Laughs) Yeah, I did.

LC: Well, sir, if you can remember, what was the mood, what do you remember feeling about the war, either in the Pacific or the war that was already developing in Europe? What were your feelings about it and what was the mood?

RT: Well, I would have preferred to go to Europe and I volunteered for Europe but unfortunately I was on the west coast and they wanted people in the Pacific so I was sent out to the Pacific.

LC: Did you feel that—I mean, what was the sense, if you can recall, of patriotic feeling? Did you feel that the Japanese—

RT: Well, I think I was like most people, very angry because of their sneaking attack.

LC: Sure. You said that you had volunteered for Europe. Were you concerned about the situation over there, too?

RT: Yeah, you know, a young guy like me, I knew there was a war going on over there and I figured if there was something to see I want to see it.

LC: You wanted to get into it.

RT: Yeah. But unfortunately I was on the west coast so I went to the Pacific.

LC: How long did you spend at Ft. Ord doing the training duty for other folks?

RT: Oh, let’s see. I think about two weeks, maybe.

LC: And then what happened after that?

RT: Well, then we moved up to Camp Stoneman which is a little north of there and my job was, as I was told by the sergeant in charge of things was to take this bunch of men out and take twenty pounds off each one of them. So we ran out across the sand dunes up there.

LC: So you were trying to get them into shape?

RT: Yes.
LC: You must have been in good shape at that point.
RT: I was in good shape. I was a young, slim, skinny kid.
LC: What as your rank?
RT: Pardon?
LC: What was your rank at this time?
RT: At that time, let’s see…I think I had just made sergeant.
LC: So you were put in charge of this group.
RT: Yeah, I had a group I had to take twenty pounds off of (Laughs).
LC: And did you do it?
RT: Pretty much so, yeah.
LC: And you did it by making them run?
RT: Yeah, running across those sand hills.
LC: Boy, I bet they loved you (Laughs).
RT: Yeah, they did (Laughs).
LC: I’ll bet.
RT: They used to express it every now and then.
LC: Oh, I’m sure.
RT: So you know, we had little arguments.
LC: Undoubtedly and I think, unavoidably. Did you have a sense that you liked
being a little more in charge and that you could be in command, you could do that?
RT: Oh yeah, I liked it pretty much. I’d rather be telling people what to do rather
than have them telling me what to do.
LC: (Laughs) Yes, sir. Well, since you rose to the rank of colonel, I think you did
get your chance to tell people what do to (Laughs). Sir, how long did you stay up and
Camp Stoneman?
RT: As I remember, about ten days or two weeks. And then they woke me up one
morning about two o’clock or something like that and said, ‘Get your men ready and go
down to the railhead and there’s a train there. They’ll show you where to board.’ So I
took my people down there and we boarded the train. We wound around through
California, God knows where, until about ten o’clock that night we pulled up beside a
ship on the dock and got out and ran up the gangplank.
LC: Is that right? Do you know the name of the ship?

RT: Yeah, the *NV Noordam. Nordic Vessel Noordam.* It was a Dutch ship.

LC: Do you know how to spell that for us?

RT: N-o-o-r-d-a-m.

LC: And it was a Dutch ship?

RT: Dutch ship, and the captain was named Dulkan.

LC: Now did they have quarters for your guys? Was it a troop transport or what was it?

RT: Actually it had been a liner and they had converted it to troop transport so they crowded two hundred people into a cabin that normally held two or three people (Laughs).

LC: Oh boy. Yikes.

RT: You know, the bunks were six high.

LC: I’m sure. Did you stay with your unit or did you have separate accommodations?

RT: No, I was with my unit. We got overseas and I’m trying to remember. Not too long after we got out of the harbor there and out of the ocean, I think we were jumped by some submarines. I don’t know that because I didn’t see any but they said that was it because we broke off from the convoy and took off on our own. The ship I was on was fast, the *Noordam* was real fast so we took off and kept going until we landed in New Zealand.

LC: Where did you come in at New Zealand?

RT: Auckland.

LC: You must have been pretty glad to see Auckland.

RT: Oh, I was.

LC: Yes, sir. Not only is it beautiful but it would have been a huge relief, I’m sure. Was that crossing a tough one for you guys?

RT: Well, the ship was crowded, you know, and I think at that point I was only a buck sergeant. No, I wasn’t. By then I was a master sergeant.

LC: Oh really? Okay.
RT: You know, it was just crowded. We had certain little chores to do. Every
now and then my unit, I was in charge of the bays where seventy-five to a hundred people
were bunked where two or three used to be. Anyway, we had our little chores on the
ship. We had gunnery duty every now and then and deck sweeping and stuff like that.

LC: Now, when you got to New Zealand, what did you find out was the plan?
Were you going to stay there for a while or what?
RT: Well, actually, I was supposed to be the chief clerk in the theater surgeon’s
office. We were in Auckland but I didn’t see anybody in the office for the first couple of
weeks so I just did routine duty around the camp.

LC: Now, the camp, was it set up outside of the city?
RT: It’s just outside of Auckland, yeah. Well, actually, it was in a park. I’ve
forgotten the name of the park but there was a park in Auckland. It had been taken over
and there were all these little huts had been built. They had eight men to a hut and all
eight couldn’t stand up at the same time. They had to stand up in shifts (Laughs).

LC: (Laughs) Yes, sir. Were you excited to think that you might be seeing some
action?
RT: I don’t know whether I was excited or not. I was looking forward to seeing
some but unfortunately at that point I was captive by…one of the officers I had known
before had been selected to be the theater surgeon and he called me in. I was assigned to
his outfit.

LC: Now what did the theater surgeon’s office, what was specific about its
mission? Can you tell that?
RT: Well it placed into position all the medical units in the theater and supervised
all of the hospitals that were set up and running and things like that.

LC: For the entire Pacific theater?
RT: No, just for the South Pacific Theater. The Western Pacific and the
Southwestern Pacific was another theater.

LC: And was it the case that this meant you would stay in Auckland?
RT: No. We were in Auckland for perhaps two or three months and we moved up
to Noumea in New Caledonia.

LC: Now tell me a little bit about Noumea. It’s not a very big island is it?
RT: New Caledonia? No, it’s not very big and at that point there was—the northernmost part of the island is where the only airfield at that time was and it was a place called Plane de Guaiac. There was one road that came down the island and down to Noumea. At Noumea they had nickel docks there where the metal nickel, they got it somewhere. I don’t know where.

LC: They were mining it.

RT: Yeah, it was processed there and shipped out. And like I said, there was one road down there and it became pretty crowded after several hundred thousand troops were poured in on the island. The only real city was Noumea and it was kind of overrun because this was a French Island.

LC: Yes. Could you get any sense of the sort of French colonial presence there at all?

RT: Oh yeah. You know, they were there. They were not exactly friendly towards us.

LC: Is that right?

RT: They were out getting everything they could from us.

LC: Now, Colonel, when you say they weren’t too friendly, do you remember any incidents?

RT: No, there was no real incident, it’s just that there was only one city there, Noumea, and it was limited what you could get there. And what you got you paid plenty for and that was about it.

LC: I’m sure that’s right. What was the climate like?

RT: It was usually warm. It never did get cold. It might have gotten down to maybe sixty degrees or something like that. Maybe fifty-five was the lowest it got.

LC: Would you say if there hadn’t been a war on and if it had been just a sleepy kind of French colonial island, would it have been a pleasant place to visit?

RT: No, I don’t think so because there was a lot of mosquitoes there and a lot of the guys got malaria pretty soon. I didn’t, but a lot did. But we all got dengue fever. At that point people thought they could only have dengue fever one time, but after the theater surgeon had it for the fifth time, he agreed that you could have it more than once.

LC: (Laughs) He came around.
RT: He came around, yeah.

LC: Colonel, can you tell me what dengue fever does to a person?

RT: Well, it’s one of those fevers where you run a pretty high fever for a short period of time and then when you get over it, you feel pretty good.

LC: So it’s a short, sharp shock?

RT: Short-term malady and you get over it and you feel all right. It’s kind of like being seasick.

LC: You can get through it. Do you have any lasting effects?

RT: Not that I know of, no.

LC: But pretty much everybody got this?

RT: Pretty much everybody got it, yeah.

LC: Now you said that a lot of the other fellows got malaria at this time. What were the drugs that they were giving for that?

RT: Well, adabrin had just come out, so they were giving adabrin, mostly as a preventive and also as a cure. So everybody turned kind of yellow (Laughs).

LC: (Laughs) Yes, sir. And how do you think you avoided coming down with it?

RT: Well, I think because I was born and as a kid in Louisiana, my mother used to give us quinine at certain parts of the year. You know, tonic? So I think I had built up some immunity to it. I don’t know. I never got it.

LC: Now where were you housed? Were you actually in Noumea?

RT: No, about maybe two miles to the south of Noumea.

LC: And what did you accommodations look like there? Were they temporary?

RT: Tents, yeah.

LC: That’s what I thought.

RT: Eight man tents.

LC: That’s pretty hard going. What did you do, for example, for water supply?

Do you remember?

RT: They got some of the natives there to construct a pipeline of bamboo from springs up in the hills over the city down to the collection point down at our camp.

LC: No kidding? Wow. Did it hold up? Did that system hold up?

RT: Oh yeah.
LC: Okay. How long were you there?
RT: Well, let’s see. We were there… I guess I was there almost a year, I think.
LC: And your work was primarily what?
RT: Well, I was sort of at that point the chief clerk in the theater surgeon’s office.
LC: And so what would a typical day look like for you there? Do you remember?
RT: Yeah, I went to work, usually pretty early in the morning—around six or something like that—shuffling big shipments of medical supplies and units and things all over the place. It was mostly office work at that point.
LC: Okay, yeah, a lot of paperwork. And you were keeping track of, for example, would you keep track of personnel as well as supplies?
RT: Oh yeah, personnel, trying to get the right medical teams into certain positions because we had to provide the tactical units like the surgeons attached to the tactic units as well as to the hospitals, you know. So they were setting up hospitals all over the place and then trying to keep people—for instance, a battalion surgeon had one doctor usually, or two, and a dental surgeon, things like that. Things in each unit and hospitals at the same time and trying to keep them all pretty well balanced.
LC: And this was all in support of the Army’s personnel in the Pacific.
RT: Yes.
LC: Can you tell me where primarily Army units were stationed such that you had to support them? Was it in New Guinea and in the Philippines?
RT: No, we had them—well; I was east of the Philippines, back towards the States. About halfway between us and the Philippines was a line which was the Southwest Pacific which was MacArthur’s territory. That was our boss, our big boss and the other was a general by the name of…it’s on the tip of my tongue.
LC: That’s okay.
RT: Anyway, he didn’t make it out of the war. He was lost at sea. Anyway, he was a full general. I can’t think of his name at the moment.
LC: That’s okay. That’s okay. And would your support extend all the way back to units in Australia and New Zealand and the U.S. units there?
RT: Not Australia. That was MacArthur’s territory. Our territory mostly was New Caledonia north up to… I can’t think of it. I’m trying to think of the real names of
the places; around up the Guadalcanal anyway, all the islands and the units and people on
them.

LC: And you had a lot. Things were moving very quickly I would think.
RT: Oh yeah.

LC: And I’m not sure exactly of the dates that you would have been on New
Caledonia. Would it be in ‘43 and ‘44, something like that?

RT: It would have been ’43, I believe.

LC: ’43? So there was a great deal of movement in this whole ‘island-hopping’
campaign, as they call it.

RT: Yeah and somewhere along the way that I was commissioned, I got what they
called an overseas or battlefield type commission. So I was commissioned as second
lieutenant.

LC: Was that a proud moment? Was it a big deal to you to make that grade or
were you just busy about your business?

RT: Well, it meant there wasn’t many people telling what to do (Laughs).

LC: (Laughs) Yes, sir. Did you feel like you were part of the war?

RT: Oh yeah.

LC: I would have thought so. I mean, your position was not one of—

RT: Oh, I wasn’t in a combat unit.

LC: Right. You weren’t meeting the Japanese but you were—

RT: I was backing up to people who were.

LC: Yes, and making sure that those guys that needed help got it.

RT: Right.

LC: How big an operation—I mean, this had to be an absolutely enormous effort.

RT: Oh, it was.

LC: I mean, I can’t even imagine organizing this.

RT: Well, of course we had units on all the islands up to and including
Guadalcanal and so we had to keep people up there and some of them were getting killed.
Some of our people were getting killed right along with the rest of them so we had to
keep constant replacement things going and at the same time set up support hospitals in
the safe areas.
LC: Yes. And it just seems like it must have been an enormous undertaking.
RT: Well, it was.
LC: And you saw a lot of paperwork then, I’m sure.
RT: Oh my god, yes.
LC: (Laughs) What, if anything, Colonel, do you remember as being problematic? Were there certain shortages of certain things or was it transportation that was a problem? Where was the rub? In a big operation like this, what were the things that—
RT: Well, you knew what you were supposed to get but you had to settle with what you actually got. And sometimes there was quite a considerable bit of difference there. For instance, in my own case, I didn’t have an officer’s uniform of any kind. I needed officer’s work clothes and uniform type clothes and it got within three days of me and was sunk.
LC: Is that right?
RT: Yeah. So a lot of things were that way. Supplies went down with ships and things of that nature.
LC: Now what were you making do with? Just fatigues or what did you have to wear?
RT: What do you mean, personal stuff?
LC: Yeah, to wear.
RT: I had the same stuff that I had as an enlisted man after I was commissioned because I couldn’t get anything else.
LC: Yes, sir. So did you have bars? Did you have lieutenants’ bars at all?
RT: Oh yeah, somebody finally gave me lieutenant bars, yeah.
LC: Somebody came through with that.
RT: Yeah, and one of the big deals as far as I was concerned, there was a Navy warehouse on the island there that carried marine-type shoes. These were out of buck high-top shoes and I have very narrow feet so they had narrow and so I was happy about that.
LC: You got a pair of shoes that fit?
RT: I did, yeah.
LC: Wow. Seriously, I can’t think of anything that for the guys would have been more important. Because, you know, when you have a bad pair of shoes it can ruin your whole day, really (Laughs).

RT: (Laughs) Yeah, it ruins everything.

LC: (Laughs) Yes, sir. How was the health of the guys that were there at Noumea generally? Did you have to have a hospital there to manage people who were sick?

RT: Oh yeah. We had—I’m trying to think—I think we had three hospitals on the island. And of course a lot of the people that were in those hospitals were shipped down from combat areas so they came from combat areas as well as those that were generated. And as I said, there was one road from Noumea up to Plane de Guaiac, the northern piece of the island. That road put a lot of truck drivers in graves. Some made it through the hospitals because it was a very dangerous road up through the mountains.

LC: Was it very narrow and just cut on the sides?

RT: It was narrow and winding and just a poor road. Finally after a year or so they had it pretty well widened. But funny things would happen. They seem funny now but they weren’t funny at the time. I was taking a convoy up that road one time and had to stop because a British unit—actually, they were Australians—had decided to have tea right in the middle of the road. So I got out and asked them to please move and let us by and they said, ‘After we have our tea.’ And I said, ‘Okay, sit there, damn it, and I’ll run right over you.’ So they finally moved.

LC: Yeah, you had a little culture clash there.

RT: Yeah, a little bit.

LC: Did they move?

RT: Oh yeah. They weren’t very quick about it but they moved.

LC: Yes, sir, I can well imagine. Now, would that kind of thing happen on a regular basis, where you were detailed to or had to take care of a convoy or a group of trucks?

RT: Every now and then something like that would happen, yeah. We were trying to get people into the hospital. For instance, it was set up about fifty or sixty miles up the road, I’d have to take them up there and God knows how long it would take because it depended on what kind of convoy you got behind.
LC: Yeah, with one road and no alternatives—
RT: It got sort of crowded.
LC: Yes sir. In the hospitals on the island, can you say or estimate how many or what percentage of the beds would be taken up by combat casualties and what percentage by illnesses like malaria?
RT: I would say about fifty-fifty because a lot of them would be malaria. What they’d do is they’d give the troops in the heavy malaria zones…oh, what was the stuff—adabrin. And then when they’d pull them out of the area they’d take them off the adabrin so these people would drop like flies. They were walking along and all of the sudden were down because the malaria hit them. So there was a lot of malaria in the hospitals.
LC: Were there nurses on the island?
RT: Oh yes.
LC: Were they a source of particular interest or did you ever meet any of those gals?
RT: Well, of course we had the chief nurse of the theater was in the same office I was in.
LC: Do you remember her?
RT: Oh yeah. I’m trying to think of her name. As a matter of fact, after the war, she and the theater surgeon were married. I can’t remember her name. I can’t even remember it. The theater surgeon was Earl Maxwell and she became Mrs. Maxwell after the war.
LC: I see. Now she would have been doing administrative work.
RT: Oh yeah, and being sure that right nurses were in the right places.
LC: Sure. And again, another huge element. But the nurses, were their personnel issues handled completely separately from the doctors’ and dentists’ and others?
RT: The personnel?
LC: Yeah.
RT: Yeah, well each of us looked after a certain portion. For instance, the chief nurse looked after all the nurses to be sure all the nurses were in the right unit and all that sort of stuff. I worried about the Medical Service Corps people and the vets and things like that.
LC: You were also concerned with the vets?
RT: Well, I dealt with the veterinarians and the dentists and the physicians.
LC: Wow. Well, do you remember your time at Noumea as a very good time or was it—
RT: Well, it was a hard working time and sometimes very frustrating.
LC: Yes, I’m sure that’s true.
RT: But other than that, it was a good assignment.
LC: Now where did you move after your year or so there expired?
RT: Well, let’s see. I went to Okinawa, I believe. Yeah.
LC: And do you have a sense of when that would have been? I mean, obviously after we had taken Okinawa, after the United States had taken it and of course that was a horrible battle. Did you find out much about the events?
RT: Yeah, I saw a lot of the battle.
LC: Did you really?
RT: Yeah.
LC: What can you tell me about that, Colonel?
RT: It was rough because they were using these kamikazes, these Japanese pilots that had sworn to die for their country, I guess, because their job was to fly right into whatever they were aiming at—ships or whatever.
LC: Yes, sir. Were you out on a ship or were you on the ground?
RT: No, I was on shore. I was up on a cliff that was about a hundred feet above the water and so I could look all out across the area.
LC: And was your task there similar to what you had been doing in Noumea?
RT: Same thing, yeah.
LC: Was it actually that the theater office had been moved up there?
RT: Part of it.
LC: And how did they make the distinction of what would move forward to Okinawa, do you know?
RT: Well, there wasn’t too much moved up there because that was all a combat area there and the main body of the headquarters stayed behind. They were a support unit for those of us who were in the combat area.
LC: How many of the guys moved up there to Okinawa?
RT: About half the office, I would say, maybe a dozen of us.
LC: Okay. Can you tell me more about what you saw while you were there?
RT: Well, I saw a lot of these kamikazes flying into ships and airplanes.
LC: That had to be a pretty terrible thing.
RT: Oh yeah. And they’d miss a lot of them of course and they’d just hit the ocean, plus the fact that gunmen brought down some of them.
LC: Yes, sir. That really sticks with you.
RT: Oh yeah.
LC: Well, those of us who have only seen film of it, it’s still pretty terrifying. But I can’t imagine actually having been right there. That’s pretty stern stuff, really.
RT: Well, it is exciting (Laughs).
LC: Yes, sir (Laughs). You wouldn’t doze off; I’m sure that’s true. What were you meant to accomplish while you were there on Okinawa? Were you actually trying to move assets around on the island?
RT: Oh yeah. I was trying to get support units, you know, medical units, into the island and to take care of the troops that were actually handling the combat.
LC: And did you have a field hospital set up there?
RT: Yeah, we had several of them.
LC: Really, more than one? How many, do you remember?
RT: I don’t remember how many but you know, as we would push further up the island they’d put another medical unit up there because of the combat casualties were pretty heavy.
LC: Yes, sir. Where there battalion aid stations?
RT: Oh yeah.
LC: And then also a more fully developed hospital compound?
RT: Oh yeah, and then further back, the big general-type hospital.
LC: I see. Wow. Well, how long did you stay on Okinawa? Did you stay there after the battle was over?
RT: Maybe six months.
LC: So you were there well after the battle.
RT: Oh yeah.

LC: And did the other folks from Noumea move up to be with you?
RT: No, no, I went back and joined them after a while.
LC: Okay. And where were you when the war ended?
RT: I’m trying to remember. I know I was on my way back to the States but I believe I was still at sea.
LC: What ship were you on? Do you remember?
RT: See, I don’t remember because it was one of the smaller ships. It wasn’t a small ship but it was not like the big ship I went over on. It was a common breaker-type ship.
LC: Where did you come in?
RT: We came into Wilmington, California.
LC: And by the time you got there, the war was—V-J Day had occurred?
RT: Oh yeah.
LC: If I can ask you, sir, what did you think about the use of the atomic bomb?
RT: Oh, I was happy (Laughs). If it had been me, I would have used it earlier if possible.
LC: Is that right?
RT: Yeah, I hated the Japanese because of the way they had started the thing and the number of people that were killed by them. So I had no use for them at all and I might add, I still don’t.
LC: Had your feelings about them, the Japanese, had information come to your attention or scuttlebutt come to you ears about, for example, treatment of POWs or anything like that?
RT: Oh yeah.
LC: What kinds of things did you hear that kind of fueled that feeling? Do you remember?
RT: Well, I saw some people who had been rescued and they were walking skeletons.
LC: Where was this?
RT: I’m trying to remember where it was I saw them. I think it was in Okinawa. They brought them in from somewhere that they had been captured and oh, I tell you, several of them were on ships that were sunk and they managed to get off alive and were rescued by our people. They were walking skeletons, you know.

LC: Yeah. It would kind of make you sick, probably.

RT: Oh yeah.

LC: Were you thinking that you would stay with the military after the war was over or did you have other plans?

RT: No, I didn’t have any other plans. I liked the military so I planned on staying with them. I didn’t know that I’d get a regular commission but after I got back from overseas I was almost immediately sent to the Command and Staff School up at Leavenworth and as I remember there was a thousand of us in there and it was big class at Command and Staff School. They weeded them out pretty fast so I was lucky enough to get through. I’m not that great a student but one of the main problems that we worked on was one actual problem that I had worked on out in the Pacific and so I lucked out.

LC: Like which problems?

RT: Oh, it was a problem of had the invasion of Japan come about, which I might add I’m glad didn’t because there would have been thousands of us killed trying to storm their island. But anyway, it was a matter of how many people could be moved in there in a certain period of time and what you do with all the stuff. One of the things that I could remember is just the rope drop area from the gliders being towed in was tremendous. I don’t remember how big an area it took but a great big one. Anyway, things like that.

LC: Sir, I’m sure that being sent to Command and Staff School was a big deal.

RT: For me it was a big deal, yeah, because I hadn’t even finished high school at that point.

LC: Yes, sir. It must have also meant for you that you were not going to be demobilized without—

RT: Well, as I said, I think a thousand of us reported into the Command and Staff School and by about the fifth or sixth day it was down to halfway. So I figured by then I’m fairly safe. But it sort of shook me up because I think at that point I was still a captain.
LC: You were a captain at this point?
RT: I think I was a captain at that point. And there was a colonel sitting on each side of me and they disappeared and one in front of me disappeared. I kept seeing all this rank go and they were being washed out and I’m still there so I figured, ‘Well, maybe I’m not as bad as I thought.’

LC: (Laughs) Yes, sir. Now was it your sense that their billets essentially were being cut with the downsizing?
RT: Yeah, they were being cut out of this class. Anyway, about two-thirds of the way through this class, through the course, they distributed applications for integration into the regular army to certain people. And I kept seeing these people get these things and other people disappeared and I’m still there and hadn’t disappeared but I hadn’t gotten anything either. And one day I got this application for appointment in the regular army. So I filled it out and met the board. It was kind of funny because the board I met consisted of a lieutenant general at the head of the board [who sat at the head] and there was a bunch of tables set up in a U-shape. He sat behind the table at one end and then down each side was a major general on each side and two major generals on each side and a couple of brigadiers and colonels and on down the line. Those of us who had been invited to appear before this board sat in the open end of this U-shaped bunch of tables. They would ask questions which we would answer them anyway but they always ask me—the general who was running the thing would say, ‘Tell me again, how did you get a commission?’ I’d tell him, ‘Well, I’m not really sure how I got it,’ but I told him as well as I could what had happened. So finally they turned me loose. I got out of there and luckily I guess they approved me because I got a regular commission.

LC: Now did you stay at your same rank?
RT: Yeah, I think by then I might have been a major at that point.

LC: No kidding? When you finished with the Command and Staff School assignment, where did they send you to use your newfound knowledge and your high rank?
RT: Let me think. Where did I go? I think I went to Wright Patterson Air Force Base to headquarters at Air Material Command. And then…let’s see…oh yeah, we were called SCARWAR personnel. That’s Special Category Army with Air Force as s
personnel identification. I’m trying to think. It had been a year or after the Air Force
was formed, it got its own personnel, you know? And so at that point I was in the Air
Force surgeon general’s office the day it opened.

LC: In 1947 or ’48?
RT: ’48, I believe.
LC: And what was your position there?
RT: Well, I was still a captain and I was in charge of the medical personnel
assignments and career control, medical career control division and the director of the
staff that got education.

LC: I’m making very quick notes so that I can keep up. Where were you actually
assigned to work? Were you in Washington or where were you?
RT: This was in Washington, yeah. We were initially in the Pentagon and then
we moved up to what they call the claims building up close to Walter Reed, up in that
area.
LC: Okay, in northern Washington, D.C. Sir, somewhere in here, did you get
married?
LC: Now did you meet her in Washington or was it a little later?
RT: Yes, I met her there in Washington. She was visiting her sister and brother-
in-law.
LC: And this is your wife who’s there with you.
RT: No, not now.
LC: Oh, okay. What happened?
RT: We were divorced. I know why. I was away a lot.
LC: Oh, I see. Yes, sir. And your wife who’s there whom I have spoken to, you
met her later on?
RT: Oh yeah, I met her in 1950.
LC: Okay. So you had this very short marriage, which didn’t work out and were
you anxious to get out of the Washington area or did you like it there?
RT: Well, I’ll tell you, I got into trouble there because I was anxious to get out of
there and when I got the chance to go overseas I went to Europe. The deputy director of
the director that I was assigned to took it as a personal affront because I wouldn’t move
his [him and his] boss. The general and this colonel were moving down to Randolph to
the School of Aviation Medicine and they invited me to go along with them and I
explained to them that I would rather go overseas if I could and of course the general
said, ‘Fine, sure. I don’t blame you.’ But the other guy took it as an affront and gave me
a hard time. Anyway, I went overseas.

LC: Now where did you go? Germany or where?
RT: Germany, yeah.
LC: How long were you there?
RT: Well, let’s see. Four years at that point. I came to the States and was back in
the States for a year and went back for four more years.

LC: Now, over there what were your assignments?
RT: Let’s see. When I first got over there I was assigned to the headquarters. I’m
trying to think…usually it was a theater and I was assigned to the headquarters that was
to become the headquarters of the Air Force over there. So my office was in the 12th Air
Force Surgeon’s Office, which was in Wiesbaden at the time, and then we moved down
to Rammstein.

LC: Do you know what year that move took place or roughly when?
RT: It must have been…gee, I don’t remember.
LC: Was it quite a big deal to make that move from Wiesbaden? I mean, did you
have to organize a lot of things previous to making that move?
RT: Yeah, it took a lot of organization. As a matter of fact, though, they built that
headquarters down there where we moved to Rammstein and they built that thing in
about three months, that whole headquarters.

LC: Is that right?
RT: Yeah.
LC: Now when they decide to do something, they get it done.
RT: Oh yeah, it was finished in a hurry.
LC: (Laughs) Yes, sir. Were you comfortable in Germany?
RT: Oh yeah.
LC: How much did you see in terms of residual damage from the war?
RT: Well, there wasn’t too much in the Wiesbaden area and around there but when you got down to the Rammstein area, that was in the French section and things were still torn up and there was still mounds of stuff in the roads that you had to detour around and all that stuff. They hadn’t cleaned it. The French had no elements to clean up anything.

LC: You mean like piles of rubble and so on?
RT: Rubble.
LC: And so the roads, you’d just drive around it?
RT: You’d just go around it as best you could, yeah.
LC: Now, were you forming some kind of impression of the French administratively from this experience?
RT: I had formed the opinion during my initial exposure to them. I decided I didn’t want to have much to do with them.
LC: And why was that?
RT: I just didn’t like the way they did things.
LC: Or didn’t do things, it sounds like.
RT: Or didn’t do things. They didn’t allow things to be done.
LC: Yes, sir. Were there Allied personnel, non-American personnel, with you at any of these stations, either Wiesbaden or Rammstein?
RT: Yeah, well, we had...I’m trying to think...we had an outfit called—it was a German outfit called the Labor Service Unit. It was set up by us, by the American forces as a...they were supposed to help us with all things. They provided transportation and things of this nature. So we seemed to all get along pretty well except when we got tangled up with the French.
LC: Is that right?
RT: Yeah, you get tangled up with them and things became complicated. They couldn’t say anything in ten words if they could possibly fit a thousand into it.
LC: (Laughs) Yes, sir. How did you find the Germans and what was their relationship like with the Americans?
RT: Well, we got along pretty well.
RT: For example, I used to drive from Rammstein up to Wiesbaden where my wife was. I had married this German girl and I used to haul these guys up there with me on the weekends. You know, on Friday and then I’d pick them up and bring them back down when I went back on Monday. So we got along fine.

LC: So how did you meet your wife?

RT: I was walking in the park one day in Wiesbaden and I passed this young lady and I said, ‘Hello,’ and she spoke perfect English. I thought she was an American kid and you know, I just said, ‘How are you doing? What does your father do?’ and all this sort of thing and I found out she was German.

LC: Her English is perfect. I can’t hear any accent at all.

RT: Yeah.

LC: But she grew up in Germany?

RT: Oh yeah, she’s German. But she had an English teacher who was an English lady so she taught her pretty well.

LC: She sure did. Now, did you meet her family and so on as time went on?

RT: Oh yeah.

LC: What was their experience during the war? Can you tell me anything about that?

RT: Well, her father was a German officer and he had been captured by the—I guess he had been captured initially by us, by the Americans and was in prison in France. They released him and I think the Russians grabbed off a whole train full of released German officers and took them into Russia and kept them another three or four years.

LC: So he was not released until well after the end of the war, then?

RT: Yeah, at least four years after.

LC: No kidding?

RT: Yeah.

LC: That’s awful. Where was he kept in Russia? Do you know, in the Soviet Union?

RT: I have no idea. I don’t know where.

LC: Was he able to or willing to talk to you about it at all?
RT: Oh yeah, but I’ve forgotten where he said he was. He didn’t like to talk
about it.

LC: I understand that. I’m sure you did to. Those were very difficult times. Now
let’s see. You said you had been married, what? Fifty-two years now?

RT: Yes.

LC: So that’s quite something and congratulations on that.

RT: Thank you.

LC: It seems that your time in Germany—which I think you said you spent
something like eight years there and this would be throughout the 1950s mostly—went
very well.

RT: Oh yeah.

LC: Now were you promoted in rank while you were over there?

RT: Oh yeah. I told you when I initially went over, the general and this colonel
had moved down to Randolph where the general became the commandant down at the
School at Aviation Medicine. He approved of me going over there and everything so I
got along fine with him. But his deputy, his colonel, took it as a personal affront and he
wrote the only bad ER I ever received. So that gives you an idea how I was at a loss.

LC: And he just couldn’t get over it apparently.

RT: No.

LC: Did he eventually kind of get out of the way, retiring or something?

RT: Well, eventually they caught up with him and he was using drugs and he was
kicked out of the service. But in the mean time he did a lot of harm for me, to me.

LC: In terms of that personnel report and also probably talking?

RT: Yeah, as a matter of fact, I didn’t know about it because I was overseas and
he was back in the States and the surgeon general of the Air Force at the time was a man
named Dan Ogle and I had known him for years and so as the surgeon general, he came
over to inspect one time and he called me and said, ‘Tommy, come here. I want to show
you something.’ So I went into his office and he laid this inspection report out and he
said, ‘Now I want you to get busy and get this thing out of your file.’ So I had a lousy
report there for several years.

LC: Now how do you go about getting something like that buried?
RT: Well, I had to get a lot of witnesses to give me certificates, you know, statements and I had to write a letter about what had happened. Finally they threw the report out.

LC: So you had to get people to sign affidavits and so on?

RT: Oh yeah. But in the meantime it had cost me two, three, or four years of promotion service.

LC: Yes. Now, this was Dan Hogle?

RT: Ogle. O-g-l-e.

LC: O-g-l-e. Now where did you know him from?

RT: (Laughs) I don’t know. I think I knew General Ogle almost from the time I came into the service. I had met him somewhere and we were talking. I think we were on an airplane together or something, sitting side-by-side and I was talking to him. And also, he was a personal friend of the doctor who had gotten me into the medical service.

LC: So he was in the background kind of as a—I don’t want to say mentor because it’s maybe not that close, but he was on your side, it sounds like.

RT: Oh yeah.

LC: Now, did he call you ‘Tommy?’

RT: Yeah.

LC: Does everybody call you Tommy?

RT: Most people did, yeah.

LC: (Laughs) Who gave you that? Did they just start calling you that because of your last name?

RT: Because of my last name, I guess.

LC: Sure, sure. And had they called you that during World War II?

RT: Oh yeah.

LC: Okay, it just kind of stuck. After your time at Rammstein, what was your next assignment? Did you come back to the States?

RT: Yeah, I came back to the States for a year as I remember and then went right back over.

LC: Okay, so you were back and forth to Germany quite a bit. Colonel, when did it happen that you went back out to the Pacific?
RT: I’m trying to think. It wasn’t until Vietnam.

LC: And until the U.S. was already actually in Vietnam, so the middle ‘60s?

RT: Yeah.

LC: Okay. Just before that, where were you coming from? Do you remember your assignment before that?

RT: Yeah, I was assigned—my assignment headquarters was in Hawaii. I ran the Aero-Medical Evacuation Service in the Pacific.

LC: Starting from what date? Do you remember?

RT: Oh geez. I don’t really remember.

LC: Well, let me ask you this before we get started on that. Let me ask you what was the origin—if you can tell me a little bit about this—of airborne medical evacuations? Had those been happening in—

RT: Well, actually, that had been happening in a very unorganized way before the war started. You know, we’d take a patient up; let’s say from Barksdale where I was up to maybe Hot Springs where the Army/Navy general hospital was. We’d take them maybe up to Walter Reed. You know, we’d fly them up and sometimes I’d go along. I had to attend to things like that. So it had been done on a very informal basis, I guess ever since I had been in the Air Corps.

LC: I understand. Sure. But kind of, as you say, just one patient at a time on an ad hoc basis.

RT: Yeah, usually.

LC: No system for it.

RT: No system at that point, no. The first system that really came about was during the war when they had a squadron as I recall in each theater. I know there was one out there in the Pacific. I had nothing to do with it at the time but I know they were transporting patients from one island to another. For instance, they brought them out of Guadalcanal.

LC: And did they bring them, for example, from Guadalcanal down to New Caledonia?

RT: Oh yeah, to New Caledonia.

LC: And this was on a more or less regular basis?
RT: Oh yeah.

LC: Okay. With dedicated aircraft?

RT: Yeah.

LC: And dedicated on-board crews?

RT: Oh yeah. I didn’t have anything to do with it at that point.

LC: Right, understood. Yes, sir. I’m just trying to get a sense of when this idea began to gel.

RT: It began to—as soon as they were in combat, I know they did it earlier in Europe. They moved patients around in Europe and brought them back to England by air for a long time. And out in the Pacific, they brought them out of Guadalcanal and took them down to New Caledonia and down to New Zealand and places we had bigger and better hospitals.

LC: Yes. Now, are the U.S. installations, the Air Force installations in Germany, at Wiesbaden and Rammstein, did they also have—even though we weren’t necessarily in a shooting war at that time—did they also have air strips there where they would take in patients?

RT: Oh yes.

LC: But was it considered medical evacuation really or was it—

RT: Oh yeah.

LC: It was. So this system was something that continued to develop.

RT: It developed during the war, yeah, into formal organization.

LC: And by the time you came to Hawaii—

RT: By the time I came to Hawaii I was running the thing [evacuation] out in the Pacific.

LC: For essentially all of the Pacific commands?

RT: Yeah. For instance, every patient that came out of the Pacific from the time I got out there, which was after the war and during the Vietnam thing mostly, came back through my outfit. I ran that many. We used 141 airplanes and before that, C-97s. We brought them back to the States over several different routes.
LC: Well, sir, let’s take a break there. Now, Colonel, let me ask you, were you aware and paying much attention to the buildup in Vietnam? Did you know that there was going to be a conflict there of major proportions?

RT: Well, I’d begun to suspect that there would be, yeah, and by that time I had become very interested in the movement of patients by air so I kind of saw a little of it during the main war and then between wars we moved patients a little bit but by the time Vietnam came along, I was convinced that we needed some organized way to get them back to the States. They had a within-theater air evac unit that operated from Japan down to different places and could bring them out of Vietnam into Japan but then there had to be a better way of getting them back to the States than just by luck. So I set about trying to organize the system to get them back to the States. So I brought…all the patients that got back to the United States from the Vietnamese thing and all that area got back through my outfit.

LC: Now, you were running all of this from Hawaii. From what base, sir, where were you based?

RT: Hickam.

LC: And what were your accommodations like? At this point, you’re pretty far up the food chain.

RT: Yeah.

LC: So were you a colonel yet or lieutenant colonel?

RT: I was, when I started, a lieutenant colonel and right after we got started I made colonel. Of course I had three units in Vietnam that I set up to move patients directly back to the States as well as units down in Japan and I had to go Okinawa, too. So I had thought about this a lot. I had decided kind of early in the game, after World War II that I wanted to be in the evacuation business.

LC: That you wanted to specialize there?

RT: I wanted to specialize in moving patients by air. So by the time Vietnam came along, I had a pretty good outfit set up. So I had three units in Vietnam. I had one at Cam Ranh Bay, one at Tan Son Nhut, and one at Da Nang.

LC: Now, did you ever go and actually put your boots on the ground over there to visit those units?
RT: Oh, absolutely.
LC: I thought probably.
RT: As a matter of fact, I got shot down over there in Vietnam and that’s what’s my problem now. I got heavily dosed with Agent Orange.
LC: Tell me about the shoot down if you will, sir. What happened? Where were you?
RT: Well, as a matter of fact, I was hitchhiking from one place in Vietnam to another. I was going up to visit some of the hospitals so I was hitchhiking with a friend of mine who was a helicopter pilot. And we got diverted to pick up a crew that had been shot down and we got right down over that crew and they did the same thing to us. They shot our rotor off and we fell almost right in on top of the people we had been sent out to get. And so they sent another airplane and another chopper out to get the two crew who were down there now and they got shot down, too. So now we’ve got three crews down there and in the meantime, they sprayed us heavily because the outfit called the Ranch Hands, the ones who did the spraying against the leaves and certain stuff, you know, didn’t know we were down there. So they drenched us real good.
LC: Do you remember it falling on you?
RT: Oh yeah. It was just like rain.
LC: Where was the shoot down? Where did this happen, sir, and do you know when? What year?
RT: The year? Oh, jeez. My memory sometimes is kind of bad.
LC: That’s okay. Do you know where it happened? Where you up north?
RT: I was flying from one position in Vietnam to another and I’m trying to think of where. I was going up to the 7th Evacuation Hospital or I had been at the 7th and was going up to another one when we got diverted over to pick up a crew that had been shot down and we got shot down.
LC: Now when you were shot down—I mean, I know this is probably very difficult but it might be interesting to people listening to know what you went through in terms of the aircraft going down. How did it behave and what did you do so that you weren’t—
RT: (Laughs) Well, it happened so fast, you really couldn’t tell what happened except we were right over the treetops. Just almost at treetop level when they knocked our rotor off, shot the rotor off. So we just went ka-plunk, right down.

LC: Straight down?

RT: Yeah. And we almost fell right on the outfit that we were going in there to get. The same thing happened to the next airplane [coptor].

LC: Were you much hurt in this?

RT: No, I was just shook up a little bit. We only fell from just right over the top of the trees down through the trees which somewhat broke the fall and we hit the ground with sort of a thud and that was it. We were kind of shook up a little, rolled out of the airplane and began to think about how to get out when they sent another airplane in to get us and they did the same with them.

LC: How did you avoid being hit by that plane? Did it come down in a slightly different position than where you were?

RT: Maybe twenty-five, thirty feet away.

LC: No kidding? What about the guys in that aircraft? Were they hurt?

RT: No, they were like us, just shook up and annoyed more than anything.

LC: (Laughs) Yes, sir, I’m sure they were. I believe it. I bet you all were. Now, on the ground, there are however many of you there were, ten or twelve or maybe more?

RT: Well, let’s see there were…yeah, there was about fourteen of us.

LC: And what did you guys do to sort of protect yourselves while you were there?

RT: Well there wasn’t much we could do about that because the spraying outfit, which they call the Ranch Hands, they didn’t know we were down there. So they came in to spray all this foliage and they got us. It was just like being out in the rain because they sprayed real heavy. In the meantime, they sent a bigger chopper in to get us. And first off, before they could do that they had to get what the call a gunship, which is a C-47 with a 75 millimeter gun mounted in it, they had it orbited up there trying to keep the bad guys away from us.

LC: Okay, yes. This had to be a little nerve-wracking.

RT: A little bit.
LC: When the rescue aircraft was able to get down to the ground, were there any
injured men there with you?
RT: Oh yeah. The first chopper that went in, there was one guy killed and I think
they had one with one broken leg and a broken arm.
LC: And you got him onto the aircraft first, I’m sure.
RT: Oh yeah.
LC: Were you all able to get on to the single chopper that landed to get you out of
there?
RT: Yea, because they sent a pretty good sized one in, yeah.
LC: Okay, I see. Do you remember where they took you?
RT: I’m trying to think.
LC: The hell out of there, for one thing (laughs).
RT: We got out of there, yeah, that was the main thing. I think we went right to
Da Nang from there. I’m not sure. No, no, no, we went to one of the stations on the
coast and I’ve forgotten which one.
LC: Okay. And of course, the wounded guy with the broken limbs.
RT: Oh, yeah, we took him off first and they had sent an ambulance and they
stuck him in the ambulance. They took him off to the hospital.
LC: Did you have to go through any kind of debriefing or anything because you
had been on the ground?
RT: Oh yeah, everyone wanted to know how it happened and we told them as best
we could how it happened.
LC: Sure. Were you able to continue the tour that you were on or did this kind
of...
RT: No, I continued to tour. I went on up, as a matter of fact, and found out a
bunch of patients were coming. We had wondered where the patients were going to be.
When you’re moving a bunch of patients, it’s well to know where they come from and
where you’re going to take them and their stops en route.
LC: Yes, you need a plan. Yes, sir.
RT: So I wanted to know where they were coming from so we would know, were they coming from a big unit or small unit or is there going to be a lot of them or a few or what? So that’s what I had been doing. I was able to continue doing that.

LC: Was it useful to you, as the sort of senior commander of the evac operation on the back end to see what was happening on the ground in the front end? Was it useful to you in making decisions and allocating resources and so on?

RT: Well, yeah, that was one of the reasons I spent so much time up there is because it was very difficult to get accurate information. You know, with all this anti equipment and all this stuff that we have, it was very difficult, if you were on one side of the hill and the outfit is on the other side, it’s very difficult to talk to them over phone lines. So the only way you could be sure was to see how big a unit’s up there and what they’re exposed to.

LC: What kind of fire they were taking and therefore what kind of casualties they were likely to have?

RT: That’s right, to know roughly how many you could expect over a period of time and what type they would be.

LC: Yes, sir. How long did you actually spend in Vietnam itself?

RT: Well, let’s see. I spent—

LC: Did you go a couple of different times or just once?

RT: Oh, I would spend about half of each month up there.

LC: Is that right? And then back to Hawaii? Okay, wow. For how long, sir?

How long did this go on?

RT: Well, let’s see. I was there two or three years.

LC: So you were back and forth a lot.

RT: Oh yeah.

LC: You put in a lot of airtime.

RT: Oh you’d better believe it.

LC: Oh my goodness.

RT: I think by the time I retired I had twenty-three thousand hours in the air. Of course, a lot of that goes back to the old prop days.
LC: Yes, sir, when they took more hours to cross the same distance. But when you would fly into and out of Vietnam, would you mostly come in and out of Da Nang or where would you—

RT: Well, sometimes I’d go into Da Nang, sometimes I’d go into Cam Ranh Bay, sometimes into…oh where was it?

LC: Tan Son Nhut?

RT: Pardon?

LC: Tan Son Nhut?

RT: Yeah, Tan Son Nhut.

LC: Now, did you get into Saigon much?

RT: Oh yeah. I got into Saigon quite often. There’s a good restaurant down there.

LC: Oh yeah? You had a favorite?

RT: It was a French restaurant and it was really good.

LC: Quite good?

RT: Oh yeah.

LC: What was the protocol for you in terms of your own personal security, moving around in Saigon? Did you carry a sidearm?

RT: I sure did.

LC: And what were you—what did you expect? Were you kind of on alert while you were there?

RT: (Laughs) I’ll tell you what happened. My deputy and I went in there together because when we first got involved in this thing, we wanted to know who we needed to see, what we needed to see and so we went together which is not a good idea. But we had to do it because we didn’t have much time. So we were billeted in a place called the Brink Hotel. I think we were on the fifth floor or something like that. I think we had checked into our room around eleven o’clock at night or something like that and about an hour later, as I recall, something hit the hotel and we didn’t have any wall over looking the street. We couldn’t just look out of our room right down on the street. So then we had a problem of getting out of there. So we went down two flights of steps and that
discontinued so then we had to crawl through windows and work our way down to the
ground. So our reception into there at the time was rather rigid, you know?

LC: Did anyone die in that attack, sir? Do you know?
RT: As far as I know, nobody died. Scared, but not died.

LC: (Laughs) Yes, sir. That must have been quite a wake-up call for what you
were dealing with.

RT: It was (Laughs). Like I said, my deputy was not a hero. He’s not that kind
that could be shot at and laugh about it (Laughs). He didn’t much appreciate it.

LC: No, sir (Laughs). I can actually believe that. About what time—do you
roughly know when that was? In other words, was it before the U.S. had committed
troops in a big way or was it a little bit later, as the buildup was occurring?

RT: It was a little later, after the buildup had occurred.

LC: Okay. I see. What was your sense, generally, of the conflict itself and did
you have thoughts on whether this was a winnable war?

RT: I’ll tell you frankly, my question to myself is, ‘What the hell are we doing
here?’ That’s the way I felt about the whole thing, but since we’re here, we’ve got to do
what we’re expected to do.

LC: Of course, sure.

RT: So that was my attitude towards your whole thing.

LC: But it did kind of worry you a bit, the set-up?

RT: Well, it bothered me because you couldn’t get any reliable information and I
found out rather early in the game, if we’re going to bring any patients out of there
directly back to the States, then I’m going have to get up there and find out where theses
patients are coming from because the information you can get through channels just isn’t
reliable. They’d tell me there’d be fifty patients and we’d sent enough transportation in
to get fifty patients but it would be two hundred and fifty. Things like that. So I figured,
‘I’ve got to get on the ground up there and see what’s going on.’

LC: Now was it something that you found you could, being on the ground, get
good information about or was it that it was unpredictable?

RT: Well, and up to a point, it’s unpredictable but the only way you could get
anything close to accuracy was to be up there and see it for yourself because the
information just wasn’t reliable. It was like the body count over there. Some outfits gave
good body counts and others padded them, you know, some missed them, and things like
that.

LC: And that would really tend to mess up your planning.
RT: Oh yeah.

LC: A lot of wasted space or not enough space. Wow. When you were back in
Hawaii, did you ever feel anxious or like you didn’t want to go back? Especially after
that shoot down incident maybe you didn’t—you know what I’m saying?
RT: (Laughs) Yeah. Well, when I would leave Hawaii, I’d just hope that things
had improved enough where I was going; it wasn’t going to happen again. But it didn’t
improve. But I didn’t improve.

LC: It didn’t, really, did it?
RT: No.

LC: Did you have a feeling that as things kind of ground on that it wasn’t going
anywhere, that the conflict was—
RT: Yeah, I always wondered, ‘What are we doing here?’
LC: Did you ever get a good answer to that, sir?
RT: No.

LC: Even now, do you feel like you—
RT: I still don’t know why we were there.
LC: No kidding? Well, that says a lot about our—
RT: Well, things just…things just happened and seemed to develop and it seemed
to me there was no planning. It was just happening and that’s it.
LC: And now react. Well, that’s tough when you were in the business that you
were in. Let me ask about the patient transport system, if you don’t mind, sir.
RT: Sure.
LC: I think this is real interesting. You were particularly keen on making good
arrangements, such that combat injury personnel could get back to the U.S. What
hospitals were the primary recipients of direct casualties from Vietnam in the U.S.?
Which hospitals?
RT: Well, the ones that we brought back from Vietnam, we brought back over several routes, first off. One route of course was the Northern route which is up through Alaska, through Anchorage and on down and we dropped off a lot of those patients at Great Lakes Naval Hospital. We brought some on down to the Washington area and as far down as Maxwell Air Force Base in Alabama. That’s where the mission terminated.

LC: I see, yes.

RT: All right. Then other missions we’d bring back other routes. Some would come right back through Guam and Hawaii and up that area and some would come straight across. So we had several different routes and what we tried to do is load the patients on the aircraft that was going into the area that they needed to be sent to. See, there’s a medical regulating office, which says, ‘This patient goes to this hospital, this patient goes to that hospital and so forth.’ So we had to put them on the route that took them into the hospitals where they were supposed to go.

LC: And some other office would make the decision about what hospital they would be taken to?

RT: Yeah, that was what they called a medical regulating office.

LC: Where were they located? Was that actually in Vietnam on the ground?

RT: No, it was in Japan.

LC: Okay. And they would make those decisions?

RT: They made the decision of which hospital a patient went to and we took them to the areas they were supposed to go to.

LC: Okay. When they would come back by—let’s say the aircraft were coming back by Guam and Hawaii and maybe then to the west coast—what hospitals would be the ones receiving the patients put on those aircraft?

RT: Well, generally speaking, those that went to Great Lakes, they were put on the aircraft that went back through Alaska and down that way. Those that went to Walter Reed and on down as far as Maxwell Air Force Base, they were put on that aircraft. And others that were going, let’s say to a hospital in California, they would come straight across, either through Guam and Hawaii and then on in either directly into Washington and down the coast.
LC: Okay, and what about young men who might be being sent to hospitals in Texas, for example?
RT: Texas?
LC: Yeah.
RT: They usually came back the southern route through California. They’d go through Hawaii and then California.
LC: I see. I mean, this sounds like, again, a major organizational effort to make sure that the right person got on the right aircraft. So you had to have good people working for you.
RT: Oh yeah, I had to have officers at each place and their job was to be sure that the right patient got on the right airplane, you know?
LC: Did you have, that you know of, Colonel, standout people under you?
RT: Oh yeah.
LC: And if so, do you remember any of their names?
RT: Oh yeah, let’s see if I can remember. I had a warrant officer [Paul Avery] who was with me the whole way over there. I’d move him into all the key positions. I can’t even remember his name.
LC: That’s okay. We’ll give you another chance later on. But you had good people working under you, it sounds like. Because this couldn’t—
RT: If I didn’t, I got rid of them.
LC: Yeah, I would say—
RT: We couldn’t tolerate any mistakes.
LC: No, sir, you’re dealing with very, very delicate situations here, I’m sure.
RT: Absolutely.
LC: Did you yourself see many casualties going on to aircraft? Did you actually try to get out that far?
RT: Oh yeah.
LC: Can you tell me about that experience of seeing those young men?
RT: Well, I’ll tell you, it’s bad because you’d see a guy—well; let me give you one of the most graphic ones.
LC: Okay.
RT: Going out was a young guy on the airplanes that I was deadheading out on
and they sat in the seat right next to me and I think this was on a Tuesday perhaps. On
Thursday I got on an airplane to come back and this time I was going through Alaska and
on down the east coast, dropping off patients, and this kid was on there, minus a leg and
an arm; the same one that had gone out with me two or three days before. That wakes
you up.

LC: Yes, sir. That’s pretty sad.

RT: Well, that’s about the most extreme one I can think of. The reason I
remember that one so well is because we were sitting in seats side by side going out and I
was talking to him and all and then coming back, the same kid…

LC: What was his, if you remember talking to him, what was his demeanor going
out to Vietnam? I mean, how did a young guy…?

RT: Oh he was looking forward to it.

LC: Was he?

RT: Yeah. He was one of these star-eyed…he really wanted to get out there and
see what was going on and be a part of it.

LC: Yes, sir. And probably give the enemy hell.

RT: Yeah.

LC: Well, that’s tough but it shows that you were actually in the thick of it. You
didn’t stay in Hawaii the whole time.

RT: Talk about the thick of it, I was sitting in my unit—at Da Nang, for example,
I had a trailer that was surrounded by a wall. It was two walls actually. One was right
next to the trailer, all the way around it and then the next wall was about three feet out
from that and between those two walls was filled with sand. I was sitting in there one
evening when a shell fell right in on top of us.

LC: Did it go off?

RT: Oh yes. Nobody was hurt. You wouldn’t believe it. We were sitting there
and this thing blew out the whole thing and none of us were hurt.

LC: None of you?

RT: None of us.

LC: That’s just unbelievable.
RT: I mean, we were shook up but the thing is, this trailer had one—the office was in the front and the guys who ran the office lived in the back of this trailer. It hit in the back and fortunately there was nobody in the back. We were all up front. It blew the back out and we were up there with no problem.

LC: But it would have been a completely different story if you had been in the back.

RT: Oh yeah, or if the shell had landed up front. Everything worked out in our favor, you know?

LC: I can’t help but think that… I don’t know. Maybe you have very good luck or something.

RT: I must have.

LC: Because I haven’t talked to very many people who were shot down and got out of it essentially the same day, not to mention the other two aircraft beyond your own that were also shot down the same place.

RT: Yeah (Laughs).

LC: It’s just unbelievable. And then you’re taking rocket fire. While we’re on that subject, did you have an impression—we talked about the Japanese—did you have an impression of the Vietnamese that the United States was fighting against? Did you have a sense of the enemy, like who the enemy was?

RT: Well, you know, in Saigon, everything seemed to be sort of normal. When there wasn’t any attacks right close by, business went on as usual and you could buy more GI equipment on the street than you could from a military warehouse.

LC: (Laughs) Yes, sir, I’ve heard that. Yes, sir.

RT: Things seemed to be fine and dandy. And then on the other hand, when things went awry, everything went wrong. For example, my man into August was the warrant officer I was telling you about. He lived on what they call Tin Pea Alley and he lived about—well, down at the end of Tin Pea Alley was the 17th Field Hospital and he and I were walking down there which would bring us right by where he lived. We were walking down towards the hospital when all of the sudden a bunch of the black guys—the guys in the little black uniforms or pajamas—were behind us, shooting at us. There was a dog ahead of us and the dog apparently recognized the shots. Maybe he had been
shot at before but I saw him go under the fence and there was a hole there you’d swear a
good-sized cat couldn’t get through and both of us went through it. It tells you how you
adapt to things.

LC: Did you get out of there?

RT: Yeah, we got out and went around the other way and came out down at the
hospital where we alerted everybody and we got into position to defend the hospital and
nothing happened.

LC: Did you have a sense of how many gunmen there were?

RT: I don’t think there were more than three or four.

LC: Really? Were they shooting directly at you?

RT: Oh yeah.

LC: Down that alley?

RT: That alley—on one side was houses, brick houses, and on the other side was
a brick wall. That’s where the hole was that we went under. Bullets were ricocheting off
that thing like nobody’s business. It was like hailstones.

LC: Gracious. This is yet further evidence for the fact that you’ve been very,
very, lucky, sir.

RT: I’ve been really lucky, I’ll tell you.

LC: I mean, to not take a bullet there, that just sounds like an absolute setup for
two dead Americans.

RT: (Laughs) It would have been if that hole hadn’t been there. We wouldn’t
have been able to get out of there because of the high fence and then on the other side
was houses which were locked up and you couldn’t get in.

LC: Right, right. Walls you couldn’t get through.

RT: Yeah.

LC: Well, it’s a darn good thing you watched that dog.

RT: (Laughs) Yeah, I saw that dog go under that fence and I figured I could get
under there, too, you know? So we did.

LC: (Laughs) Yes, sir. Were you thinking, as the war went on, that the United
States was making progress and actually building up the South Vietnamese army, our
allies?
RT: No, I really couldn’t see any sense of the whole thing. To me it just seemed so ridiculous. I kept asking myself, ‘What in the world are we doing here?’

LC: Did you have an opinion about President Johnson’s management of the war?

RT: I sometimes wondered if anybody was managing it.

LC: Anybody at all?

RT: Anybody at all. ‘Is this something that’s just happening with no direction or is the direction really this bad?’

LC: Well, I can imagine thinking that after having been in World War II where it was very clear what the objectives were and this was a different kind of conflict.

RT: Yeah, well, you know during World War II, even when fighting in heavy jungle or cities or whatever, you could every now and then see the enemy. In this thing, you never saw the enemy. You didn’t know if you did. He might be standing next to you.

LC: That had to be very frustrating, not to mention frightening, I would think. If you had your wits about you it would be a little frightening.

RT: Like I said, it was so silly. During periods of relative normalcy in Saigon, for instance, everything went on as usual. You could buy more stuff off the street that you could get from military warehouses, you could get good food and everything was fine. But when things went to pot, it really went to pot.

LC: Did you feel like the work that you were doing was making an important difference, at least for the men?

RT: Well, I figured it was for the people we were moving out because they would have died otherwise.

LC: Well, sure. But speaking of the kind of disorganization or apparent disorganization of the war, at least you got your part right. Was that kind of how you felt?

RT: Yeah. I felt good. I felt like we were doing our part and doing it well because we got all the patients out of there that we could get to or that got to us and we got them to their destinations and that’s about all I could expect.

LC: And that’s quite a lot. It really is. Colonel, who did you report to for most of this time?
RT: There were two people I reported to. One of them—actually, it was more than that. My real boss was...I’m trying to think what his name was. Anyway, I can’t remember.

LC: That’s okay.

RT: The guy that I was directly responsible to was the commander of a unit in Hawaii but he was not a medical man. The doctor I was responsible to was the Mac surgeon and he was back at Scott Air Force Base. But I never saw him. Every now and then I talked to him on the telephone maybe once a month or something like that.

LC: Right. But you didn’t require a lot of oversight from his point of view.

RT: No, there wasn’t much he could do because he was back there and the action was at the area.

LC: Were you authorized to go in and out of Vietnam just as many times as you felt you needed to?

RT: Absolutely.

LC: Okay. And do you have a sense of how many times you were in and out of the country?

RT: Oh my god. I would say two or three times every month over a period of two or three years.

LC: What was the least secure of the areas? Was it Saigon or was it Cam Ranh Bay area? Where did you think was least secure for U.S. personnel? Not combat personnel but folks like you who were in support jobs.

RT: I would say somewhere around Da Nang and in that area.

LC: Okay. Actually, that doesn’t surprise me at all. It was very tough up there. RT: Yeah. And odd things would happen. For instance, there was a path from the flight line down to my—I told you about this trail that was lit up with this sand wall around it. Well, there was this path from the flight line down to there and this path was as bare as your floor—nothing. But on each side of this path, and this path was only about a foot and a half wide and it was bare dirt, and on each side were reeds and grass and stuff that was shoulder high or even higher. So you go down through there. One day I was going down through there and I thought I saw a stick sticking up right in the middle of the path maybe six or eight yards in front of me. It was a snake.
LC: It was a snake?
RT: Oh yeah. It was a cobra. Hello?
LC: Yeah, I’m listening to you (Laughs).
RT: It was a cobra. I walked down there thinking this was a stick in there. It was a darn cobra. I got down there and he’d flattened his head out and I blew it off.
LC: You got your gun out?
RT: Oh yeah (Laughs).
LC: Good for you (Laughs). I’m just deathly afraid of snakes so that’s why I went all quiet, trying to imagine that. So you blew his head off?
RT: Blew his head off, yeah.
LC: Oh god. Colonel, let me ask you what impression you formed, if any, of the South Vietnamese government and the military structure that we were trying to support there in Vietnam.
RT: Well, I don’t think we knew what military structure we were trying to support. It seemed like there was no real distinction between those we were trying to help and those we were trying to harm. You couldn’t tell them apart and it seemed to me everything was just that way.
LC: And it felt that way the whole time you were there?
RT: Absolutely.
LC: Do you remember much about the TET Offensive?
RT: Oh yeah.
LC: Were you in country?
RT: I was in country for two of them.
LC: Okay. Which ones? The ones in 1968, the big ones that were recorded?
RT: Yeah, yeah, yeah, I was there. As a matter of fact, my man that was stationed there ran my unit in Saigon at that time and I had been to the French restaurant down there, downtown, and we were being hauled back out to where he lived on one of these bicycles with a sort of a chair in front, you know?
LC: Yes, I do.
RT: You’ve seen those things, probably.
LC: Yes, sir, absolutely.
RT: Anyway, we were taggling down the street there and all of the sudden all hell broke loose. You never knew what was going to happen.

LC: Were you caught up in the—

RT: Right in front of the embassy, the bad guys had decided to attack them just as we passed in front of it.

LC: What happened? What did you see?

RT: We told this guy that was pedaling that thing to really put on the heat. He went down as far as he could and then we jumped out and cut across country.

LC: Now again, you had your side arm with you?

RT: Oh yeah.

LC: Were you ready to use it?

RT: I was ready to use it and fortunately, that time I didn’t have to. We outran it.

LC: Wow. How long did you stay in Hawaii? How long was this appointment, this assignment? About three years?

RT: No, it was longer than that. I think it was about four [three] years.

LC: When did it end? Do you know roughly? I know you indicated to us that your retirement came in 1973, I think, so did you have another assignment after your time in Hawaii?

RT: Yeah, I did. I was assigned to headquarters.

LC: To headquarters where?

RT: MATS.

LC: Okay. So that would be in Washington.

RT: No, this was at Scott Air Force Base. Gee, I don’t know.

LC: Do you remember much about the work that you did there?

RT: Yeah. I was supposed to be the guy planning all of what the guy who took my place was supposed to be doing.

LC: And that work continued while you were assigned at Scott?

RT: Yeah.

LC: Did you take an active role in overseeing what he was doing?

RT: Oh yeah, I had to make two or three trips out there again just to be sure everything was going the way it was supposed to.
LC: And how you had set it up, essentially.
RT: Yeah, because this is something that had not been set up before. See, I
became interested in moving patients by air after seeing them moved in large numbers
during the war.
LC: Sure, during World War II.
RT: During World War II. And I talked to people who had participated in that in
Europe and of course I could see about where I was but I wasn’t involved in it directly.
That’s what I decided I wanted to do so then I began to plan how to get into it and how to
get it to run to impress people to make them believe this is the way to do things. So it
just kind of sprang from there.
LC: Yes. And the system that you set up sounds like it was one of—you know, it
was extremely effective for those young men who needed it.
RT: It was and at first it was rather complicated because I had to convince people
that I needed to have airplanes run certain directions, certain routes, and the people who
were running the airplanes and responsible for that didn’t necessarily want to do that. For
instance, they had boxes that wanted to go south and I had patients that wanted to go east.
Something had to give, you know?
LC: And how would you make it—how did you win the argument?
RT: Well, I’d just go to the boss and work my way up the line until I got to the
real top man and tell him, ‘This is what’s happening. These are your people that are
getting shot up out there. Do you want them moved or do you want these damn boxes
moved?’
LC: Yes, sir. Well, I’m very grateful that you are the one who prevailed.
RT: Well, some of them didn’t like me because of that but others did. And finally
I had a pretty good reputation.
LC: Yes. Well sir, how did you decide to retire? Can you talk to me about your
decision to retire?
RT: Well, you know, you have to retire at a certain point and I was held over
three years beyond my mandatory retirement date because the surgeon and the surgeon
general convinced whoever decides these things at Air Force headquarters that they
needed me for three more years. So I was held three years beyond my normal retirement date.

LC: Now where you upset about that or was it fine with you?
RT: Oh it was fine with me. I liked what I was doing.

LC: Yes, sir. And so your retirement almost coincided with the end of the war in some ways.
RT: Yes.

LC: Can you tell me how you felt about the United States’ peace agreements that were signed at Paris with North Vietnam and the end of the war, how things developed? Did you support what the United States had done, what President Nixon decided to do?
RT: Well, a lot of the stuff that apparently was decided to be done, I couldn’t see much point in it, you know? I couldn’t help but wonder, ‘What the heck are we doing here in the first place?’ Beyond that, yeah, we did all that could be done. Since we were involved, you have to either fish or cut bait. So I figured, ‘Since we’re here, we’ve got to do the best we can.’

LC: And did you think that it was time to get out when we did?
RT: Oh yeah.
LC: Or past time, even?
RT: I feel the same way about that; I felt the same way about that as I feel about what’s going on right now.

LC: In Iraq?
RT: In Iraq. I think we have no business being there, we should leave and drop a big bomb as we leave.

LC: And just get rid of the whole problem?
RT: Just get rid of the whole problem. The whole thing isn’t worth a dime. It isn’t worth one American life, let alone the number that had been taken care of so far.

LC: And Colonel, does it seem like the same kind of conflict where there’s no win?
RT: Absolutely. It seems like there’s no end to it and we could be there forever and things are happening right now like they happened a hundred years ago.

LC: Like what?
RT: And like they’ll happen a hundred years from now.
LC: I see. No change.
RT: No change.
LC: That has to be a little frustrating for you as a military man, to feel that same kind of discouraging feeling about the prospects of this conflict.
RT: Well, look, the whole place, as far as I’m concerned right now, everything in the Middle East isn’t worth one American life.
LC: Because it’s just such a mess?
RT: It’s such a mess. It has been for hundreds and hundreds of years and will be for the next hundreds and hundreds of years in spite of all our efforts. And we’re losing people where we having no business even being [there].
LC: Understood. And did you not support—were you against this from the beginning, at the time that President Bush decided to place a lot of American troops in Iraq? Did you think, ‘Oh, this isn’t such a good idea?’
RT: I thought that’s a lousy idea.
LC: What about the war in Afghanistan? Was that a different—
RT: It’s the same thing.
LC: Really?
RT: They’ve been doing things their way for hundreds of years, they’re going to be doing things their way for the next hundred years and what we’re going to do, what we are doing is losing a lot of good American lives in a situation that we can have no influence on whatever.
LC: It’ll be the same when we leave as when we got there?
RT: It will be just like it was before.
LC: Sir, let me ask you a little bit, if I can, and this of course, just as everything is, up to you to say, but I know that you have suffered from the effects of that dousing of Agent Orange that you took and I wonder, are you working with the Veterans Administration Hospital?
RT: I’m a patient with them.
LC: Yes, I just wondered if that’s where your care was being given.
RT: Yeah. That’s where I get my medical care.
LC: Okay. I wanted to check on that and just to ask you whether you think the VA hospitals are being appropriately funded? Do you have enough support?

RT: Well, I think they’re being adequately funded. I’m not saying that they’re being adequately run. I think there’s a lot of inefficiency.

LC: Well, coming from you that’s—you know what you’re talking about so that’s serious criticism. What could they do better?

RT: Well, for one thing, they could get organized. They are to a certain extent doing that but it takes them too long to do things. Also, for instance, right here at the veterans’ hospital right here there are about twenty-four or twenty-five people who go there every day, spend the day there, and go home. They don’t do any work because they disagree with something. I don’t know what happened but they had some squabble among themselves and these people just show up and don’t do anything all day long and then go home.

LC: These are employees?

RT: These are employees, yeah. So I think that they are inefficiently run.

LC: Yeah, well there is something wrong there, that’s for sure.

RT: They’ve improved, I have to say that, over the time. They’ve improved in the last year or so.

LC: Is that right?

RT: Mmm hmm.

LC: In what ways? What have you seen that’s different?

RT: Well, they seem to have more physicians and in spite of the fact that they still have trouble getting physicians or getting adequate physicians. They get a lot of guys that just couldn’t make it on their own practice so they get a lot of ineffective personnel but with what they get, they seem to be doing better than they used to.

LC: Now, sir, you have several problems that are linked to Agent Orange, including, if I’m right, you have been diagnosed with diabetes. Is that right?

RT: Pardon?

LC: You have diabetes, is that right?

RT: Yes, I claim that stuff gave me diabetes.

LC: Yes, now is that Type II diabetes?
RT: Yes.

LC: Do you get everything that you need from and through the VA hospital to manage that?

RT: Well, I’m not sure. I think I get the latest stuff that the government has approved and advised. However, I’m not so sure that I get the results of the latest research.

LC: Why do you think that?

RT: I don’t know. I just think that they respond too slowly.

LC: I see. In terms of acting on it at the patient level?

RT: Yeah. That’s what I think. I think it just takes too long to get from the planning level, the purchasing level, down to the dispensing level.

LC: Down to the patient. Well, have you been able to take advantage of any training—you, your wife—that will help you negotiate now as I guess you explained to me that you are losing your sight or have lost your sight?

RT: Well, my wife is a big help to me because she has to take me everywhere I go and she has to read everything that I get in print because I can’t read it. I can’t see it. So I have to depend on my wife an awful lot.

LC: Does the VA there offer any kind of assistance to you particularly because you’re now losing your sight?

RT: No, they don’t have anything. As a matter of fact, they’re way behind the curve on that. For example, the pharmacy sends out—god, they dispense enough medication. I take enough pills every day really, to fill up a good sized coffee cup. It seems to me that quantity not quality is the answer for us as far as the VA is concerned.

LC: Do you have a sense that—I mean, how many different physicians do you see with all the things you have going on or is there one person who manages everything?

RT: Well, there’s one that’s supposed to manage everything. That one then farms you out to the different physicians as they see the need.

LC: The different specialists.

RT: Yeah.

LC: Do you think that system works fairly well? I mean, that’s sort of an HMO kind of approach.
RT: Well, I think it would work all right if you could be sure that the physician you’re seeing was really a good physician. But they have a lot of people that just couldn’t make it on their own.

LC: Do you feel like the physicians that you’re seeing are up to speed? I mean, can they handle what you’ve got going on?

RT: I’m not sure they’re up to speed, no. I think a lot of them are people that couldn’t make it anywhere else.

LC: Well that’s pretty worrying.

RT: It is, yes.

LC: I don’t like to hear that.

RT: I don’t like to hear it. I don’t even like having to say it but it’s a fact.

LC: Yes, sir. Colonel, if we can, let me turn to the issue of Agent Orange and those kinds of defoliants and so on.

RT: Okay.

LC: I mean, in a way—and I don’t know whether you would accept this. Perhaps it’s not correct. But it’s a kind of, I think, chemical warfare and what turns out to be the case up front, which is all the plants die and therefore you can see the enemy and you deny then the field of fire and so on, has these long term effects that we don’t anticipate. And I’m sure there are Vietnamese of course who are suffering as well.

RT: Oh yeah, sure.

LC: Do you think that you ought to have known what was being done? I mean, I’m sure you didn’t really know what they were using?

RT: I didn’t know what they were using.

LC: And possibly they didn’t know, either.

RT: Well, I think they didn’t.

LC: Yeah. How does it sit with you now?

RT: Well, like I said, I often wondered, ‘What the hell are we doing here?’ and secondly I wondered, ‘Do we know what we’re doing if we can come up with a reason for being here?’ And I’m not for sure we knew what we were doing.

LC: Do you feel like this kind of conflict, like we were in in Vietnam and it seems like we may be in in Iraq, is sort of the future pattern of wars?
RT: I’m afraid it might be. I think big wars, such as World War I and World War II might be a thing of the past. I think it’s going to be the Iraq type thing from now on. I don’t think that they’ll ever be able to get together, big groups of countries, to fight one another, you know? I think it’s going to be this spot stuff around the world in different places from time to time. I hate to see that. I’d rather have a big war and have it fought and over with than to have something going on here for two or three years or ten years and then move over there for another ten years. I think we’re stuck with wars isolated in different parts of the world from now on.

LC: Do you suspect that the U.S. military can adjust adequately to fight these kinds of wars instead of the big frontal assaults or wars?

RT: Well, it seems to me we haven’t adjusted very well to the one we’re involved in right now so I don’t have too much hopes in the future.

LC: Well, coming from you, you’re a long career guy with a lot of experience. That’s really kind of discouraging. What do you think they could do differently? Not get involved in the first place?

RT: That’s the first thing is to try to avoid it by all means. By all means. But if you have to do it, don’t drag it out. Hit hard, hit fast, and get out. I mean, we have the capability, we have the know-how but we don’t use it. You know, we’re piddling around there with this little old country of Iraq when we should have wound them up long ago.

LC: And is that how you felt about Vietnam? Maybe we should have gone into Northern Vietnam and attacked Hanoi or something?

RT: I think we should have attacked them when we had the chance.

LC: Yeah, earlier on in the conflict.

RT: Yeah, but you know, I had some friends who were killed up on a reservoir somewhere during the Vietnam War and I often wondered, were they afraid of the Chinese coming down through there?

LC: In Korea?

RT: Yeah, in Korea. I think we had the capability. We should have let them come down and then nuked the hell out of them.

LC: Just use the atomic weapons against them.
RT: Yeah, sure. I think when you’ve got your back against the wall and somebody’s fighting you, you ought to fight them with everything you have.

LC: Why do you think we don’t—haven’t done that?

RT: I have no idea. I cannot imagine why we haven’t done that.

LC: Your feeling is that that weapon should actually be taken out of the closet and out of the mothballs?

RT: Use it. I mean, if you’re in a corner and somebody is beating the daylights out of you and there’s an ax or hatchet or anything down there and you don’t use it, then you need to get the beating you’re getting.

LC: Do you think the United States is going to be a superpower fifteen years from now like we are now?

RT: I…well, I’m not sure we’re a superpower right now.

LC: Really?

RT: No.

LB: Because?

RT: I think we’re way below our level right at the moment and we’re not getting anywhere fast. I think our thinking has kind of fallen apart. We don’t seem to be able to concentrate our power where it needs to be.

LC: Well, that leads me to another question. Should the United States, do you think, have some kind of service requirement? I mean, right now we’re obviously relying on an all-volunteer force.

RT: Well, yeah, and that all-volunteer force is the lowest economic level in the country. We’re fighting whatever we call this war we’re mixed up in right now; we’re fighting it with the poorest people in the country. You don’t see any millionaire’s sons out there.

LC: And does that feel to you just wrong? Is it wrong?

RT: It seems to me it’s wrong. When your country’s involved in something, it ought to be involved by all the people.

LC: In other words, equally spread the requirement?
RT: That’s right. I mean, just because Joe happens to come from a poor family and Bill comes from a rich one doesn’t mean that Bill ought to be able to sit home and do whatever he wants to do while Joe’s out there getting shot.

LC: What about women in the military? How do you feel about the changes that have taken place?

RT: Well, I have never really approved of women in the military in combat units. I mean, there are plenty of jobs that can be and should be and can better be done by women than by men but I don’t think combat is one of them.

LC: So you would just as soon see women not in combat roles but still part of the support team.

RT: Well, I think they should be a part of the support team and anywhere you have male and females, there’s more likely to go on than combat.

LC: (Laughs) Yes, sir.

RT: You know what I mean?

LC: I think I do, yes, sir (Laughs).

RT: Well, anyway, when that happens then the combat effort is diminished because people just aren’t paying attention to the things they should be paying attention to. They’re paying more attention to one another.

LC: They’re distracted from the mission.

RT: Yes.

LC: Well, Colonel, in winding up, is there anything that I haven’t asked you that you would like to contribute to the oral history record that we’re creating today? Any of your recollections that you would like to contribute that I might not have asked you the right question, something that came to mind?

RT: Well, I can’t think of anything offhand.

LC: Okay.

RT: It seems to me you got a pretty good coverage of it.

LC: Thank you and we’ll go ahead and end the interview here. Thank you, sir.

RT: Okay.

LC: Go ahead, sir. Please describe your children’s careers if you wouldn’t mind.
RT: Okay. Well, we have four children. The oldest boy is about fifty years old. He’s retired from the Army and his wife, by the way, is also retired from the Army. She’s about the same age. Number two boy was a Navy pilot and he now flies for Delta Airlines and the number three boy, he’s one of those beltway bandits in Washington. I don’t know what he does. He does something for the government but I don’t know what it is.

LC: But he served in the military as well?

RT: Pardon?

LC: He served in the military?

RT: Oh yeah, he’s retired from the military.

LC: Which branch was he in?

RT: He was in the Army. And my daughter is the only one still in the military. She’s a lieutenant colonel in the Air Force.

LC: Where is she stationed now?

RT: She’s stationed at Tampa at the Central Command Headquarters.

LC: And what is she doing? What area is she in? What specialty?

RT: She’s a protocol officer. I don’t know what she does, actually.

LC: Protocol officer. And she’s a lieutenant colonel?

RT: A lieutenant colonel, yes.

LC: Well, I congratulate you and your wife on a very fine family, all of whom have served the country. It’s extraordinary.

RT: (Laughs) Yeah.

LC: It’s extraordinary. Congratulations.

RT: We’re proud of them.

LC: I’m sure you must be, sir.