Stephen Maxner: This is Steve Maxner, conducting an interview with Mr. Jack Albertson on the 22nd of May, year 2000, at 9:30 a.m. central standard time. Colonel Albertson is in West Virginia and I am in Lubbock, Texas. Sir, would you begin please by giving a brief biographical sketch of yourself?

Jack Albertson: Good morning, Steve; Jack Albertson at this end. I was born on the 18th of January, 1933 in New Haven, Connecticut and went through local schools and graduated from Hillhouse High School in 1950, attended music school, and ultimately ended up at the University of Connecticut graduating in 1954. I’d taken ROTC at the University of Connecticut, and so I entered the Army in August of 1954 to meet the four year obligation that you had for being an ROTC student.

SM: Now your music experience, that was piano, is that correct?

JA: Piano, correct.

SM: And for a time you spent…you were a concert pianist?

JA: I was a concert pianist for two years, that is correct.

SM: Did that experience…how was that important for you as a developing individual and as a future medical service person and the Army; did it have any kind of effect on you?

JA: It had a tremendous effect. Number one, music is highly disciplined and so is any military force, so in order to be successful as a musician, you have to learn self
discipline and you have to learn to keep to a rigid schedule and this is what I learned right after I joined the Army, that it’s basically the same. The other thing is that there is a tremendous amount of mathematics in music. You don’t realize it, but with the overtones and the pitches and all that good stuff you’re dealing with a tremendous amount of mathematics and that was what my key interest was in college, so when I went into the Army I basically ended up as an engineer, statistician if you will, in the Medical Service Corps.

SM: And how long had you been playing piano?

JA: Since I was three. We were in New Haven, Connecticut. My father was a graduate student at Yale; that’s why I was born in New Haven, Connecticut, but my mother was keenly interested in searching out all the different kinds of things that young kids can do and as it turned out, the neurophysiologist and the psychiatrist at Yale University School of Medicine were studying young kids to see if there was any correlation between what they could do at a young age and what they might do five years from then. So, what basically happened was my mother took me down to the medical school as I had been banging away on the piano and everything else and they decided to see if I could be trained to play the piano and I took to it like a fish takes to water and by the time I was four, I was playing the piano extremely well. I was only four years old; I wasn’t even in school yet.

SM: Okay. Now your experiences at University of Connecticut, what was your major there?

JA: My major was, well, I had a double major; I was a major in bacteriology. They didn’t have microbiology back in those days. There wasn’t much knowledge on virology back in those days, so I was a bacteriology major and I was also a chemistry major.

SM: Okay, now the advent of antibiotics, penicillin and then the other antibiotics in the 1950s, did that have an effect on you choosing that, the publicity behind antibiotics and bacteriology, or was it just something you just were drawn to, interested in?

JA: Well, believe it or not, the big push back in those days wasn’t really for a bacteriologist to study antibiotics as much as it was for bacteriologists to go into the beer industry or into the distilling industry or into the wine industry for that matter, so I have
never turned down beer. Consequently, even back in college I was very interested. You
have to remember, we could drink at eighteen back in those days.

SM: Yes sir. Let’s see, also, in your decision to go into ROTC, is that because
the college was one of the land grant schools? So was it compulsory or was it voluntary?

JA: You’re right on the money. The first two years were absolutely required.
Everyone had to take the first two years of ROTC and most people didn’t continue. But,
they knew full well that when they graduated from college they were still going to have
to meet a two year minimum of selective service. They were going to be drafted, if you
will. So, a good number of us took advanced ROTC as it was called. That was your
junior year and senior year, and that carried with it, since we were paid each month, that
carried with it I think it was a six year obligation; two years on active duty and four years
in the reserves, and after completing four years of ROTC or two years of advanced
ROTC, you were commissioned as a second lieutenant in the reserves, and so I had to
serve two years. But, I liked the Army after I got in and when I went they called it a
competitive tour, and ultimately I went regular Army; I as integrated into the regular
Army.

SM: What did your parents think about you going into the regular Army? Now,
your father was a physicist?

JA: Theoretical physicist and he had worked on the Manhattan Project during the
war along with 12 or 13 thousand of his closest friends, but so governmental service to
government and all that sort of good stuff was keenly developed with him. He didn’t
have any problems. He was also a mathematician. He had a lot of training in
mathematics. Now my mother, on the other hand, was an accountant and equally trained
in mathematics. She was also a violinist, a concert violinist. She played with the New
Haven Symphony Orchestra and the Hartford Symphony Orchestra and a couple of other
symphony orchestras, but she was rigidly geared to staying in Connecticut. She did not
want to leave the state of Connecticut at all. So consequently when I then became serious
about entering into the military, she was somewhat distraught over the fact that I wasn’t
just going to disappear for two years, but I might disappear for 30 years.

SM: What about the prospect of war? The Korean War had just ended when you
finished your…
JA: Neither one of them had any problems with that. They both had…my mother finally reconciled herself to the fact that I was going to be serving the country, and if you’re a soldier that’s basically what happens; if there’s a hot spot someplace, you can be expected to be deployed to that area.

SM: So when you went into the Army in 1954, did you have a choice of branches or did the Army say, ‘Well, given your degrees, you’re going Medical Service Corps?’

JA: Oh no, on the contrary. Medical Service Corps didn’t start until 1948 and so it was a brand new corps. The Army, at that time, wanted to make me an engineer officer, don’t ask me why, but that’s what they thought I would best be, and then finally they said, ‘No, but there’s a new corps called the Medical Service Corps that’s just starting up and maybe we should check him out in the Medical Service Corps.’ This is my junior year, and this was important because the summer between your junior year and your senior year in ROTC, in all universities, is usually spent at a summer camp some place, and that summer camp is usually specific to the branch you’re going into. If you go to Benning, you’re going to be an infantry officer. If you go to Ft. Knox, you’re going to be an armor officer. If you go to Ft. Belvoir, it used to be, you would become an engineer officer. If you went to Ft. Lee, you became a quartermaster officer and so on and so forth. The Medical Service Corps basic course, the medical field service school, had just moved from Carlisle Barracks, Pennsylvania to Ft. Sam Houston, Texas which is in San Antonio, and so the decision was made, ‘Okay, Jack Albertson, you’re a bacteriology major, they need bacteriologists in the Medical Service Corps, not so much chemists, and so you’re off.’ So they sent me to Ft. Sam Houston, Texas my junior year. Actually, we didn’t spend a lot of time at Ft. Sam Houston, Texas. We spent more time at a place out in the desert called Camp Bullis. But, what are you going to do with a bunch of college kids, and there really were a sizeable number of us. I think there were about 300 of us, and we all became Medical Service Corps officers. Now, back in those days the Medical Service Corps, for the most part, everybody was an administrator. You became a supply officer or you became a hospital administrator or you became a registrar or you became a records specialist or all those different kinds of things that the medical department has to be keenly aware of because all of the other people, for the most part, were nurses. All the other sub specialties were being handled by the nurses and most of
the laboratory work was being handled, at that time, by civilians. So what they wanted to do was build up the laboratory side of things and have the laboratory also be deployable. So, you might have lieutenants and captains who were clinical chemists and clinical bacteriologists and knew something about tropical medicine and could help the physicians out in treating patients. So, this was kind of a major change that took place in the orientation of the Medical Service Corps just about the time I was going into summer camp. So, when I graduated, I was geared to becoming what they called an allied science officer. These are all physiologists and biochemists and the microbiologists and the pharmacologists and all these kinds of people, but in order to be a Regular Army you had to spend two years or more with the troops as they put it, so I…that explains why I was an allied science Medical Service Corps officer. Since I wasn’t going to be a reserve officer and go back to some civilian hospital, I was going to stay on for the long haul. They wanted me to be trained to gain some credibility with the troops so I went to Ft. Benning to jump school and from Ft. Benning to quickie ranger school. I didn’t go through the long course. The long ranger school I think is three months long. I went to one that was only about a month and a half long. Then I went to Ft. Bragg to go to special forces school and all of this is preparatory to me gyroscoping for the 11th Airborne Division. Are you familiar with the term gyroscope?

SM: Uh-huh.

JA: Okay. This is when you…one unit replaces another unit, exactly, in place. We replaced the 24th Infantry Division in Germany; we being the 11th Airborne Division. So, I finished up my summer camp, went back to the University of Connecticut, graduated, came in as a Medical Service Corps officer in August of 1954 after having attended a few reserve meetings during the month of July and was assigned to the 11th Airborne Division at Ft. Campbell, Kentucky and they immediately sent me off to Ft. Benning to go through all of these various schools and I think it certainly didn’t hurt me at all; it made me very useful, as a matter of fact. Now something else we haven’t covered, just to bore you for a couple of minutes; early on in my life, when I was about 12, I joined the Boy Scouts of America and being a compulsive-obsessive, I guess, I went from the Boy Scouts to what they call the Explorer Scouts. I think they still have these today. The Explorer troop that I joined was an air scout troop and the scout master, his
name was Ralph Deluca, had been a B-17 pilot during the Second World War so he would want us to stand around with binoculars and identify airplanes. He wanted us to learn to fly. So, when I was 14, I soloed believe it or not in a fixed wing airplane. I learned to fly an airplane before I learned to drive a car. Isn’t that ridiculous?

SM: What kind of aircraft was it?

JA: It was a Cessna. I have a picture of it someplace in my album, but it was the direct linear antecedent to the 150. I think what it was, is a 147 I think, something like that. Anyway, extremely good aircraft, but he brought us all up, taught us all of the stuff that was supposed to be on it, and almost everybody…I think he had a turn out rate of something like 95% of his kids soloed, and back in those days you had to be 16 to get a fixed wing license; you had to be 18 to get a helicopter license. So after we got our minimums in and all that sort of good stuff he taught us how to fly helicopters. So when I was a freshman in college, I could fly both fixed wing aircraft and helicopters. Now obviously, when I joined the Army, a lot of this was pretty neat, too, so they considered making me a helicopter pilot for a while. I’m sure you’re aware that most of what they call dust off pilots are Medical Service Corps and most of them are commissioned. There are a few warrant officers, but most of them are commissioned, and they fly just like they do in civilian life; they fly emergency craft back and forth. This became very popular in Korea. I’m sure everybody’s seen MASH, right?

SM: Yep.

JA: Yeah, that was what they basically did. It was supposed to be a mobile hospital, but they found that it was easy to keep the hospital in one spot and bring the patients to the hospital which they could do very quickly with helicopters but they couldn’t do so much with ambulances, and especially in Korea which had a tremendous number of hills. Well Vietnam basically, in the north of course we had the highlands, but in the south we had all the mush down there and the Delta, so here again it was easy to transport the patients by helicopter and so they had a lot of helicopters over there, most of them were Hueys, and these were all piloted by Medical Service Corps officers. So, that’s what they wanted to know, ‘How would you like to become a pilot?’ and I said, ‘No, I’m not into that.’

SM: So, but you did get checked out on aircraft in the Army?
JA: Absolutely.
SM: But since you’re…
JA: I had to become a pilot.
SM: Right.
JA: You have to go through Rucker.
SM: Oh, you did have to go through Rucker?
JA: Yeah. I didn’t, but in order to be considered a qualified pilot, you have to go through Ft. Rucker and then they give you the wings. But, that doesn’t mean that you cannot be qualified to fly by not being a pilot, you know what I’m saying?
SM: Okay.
JA: So in other words, when I got to Vietnam in 1964, one of the things they wanted me to do was be the back up pilot. This is so that we could load everybody into a Huey and go around and survey troops, okay? Well in order to do this with about nine guys, you have to have…everybody has to be cross trained. The only guy, the guy that was our positioning guy and the guy that was our navigator and the guy that was our radio guy was also our pilot and I was the bacteriologist surveying the troops looking for some exotic disease or something but I was also the back up in the event that somebody took a shot at the pilot. Now was I a real pilot? No, but the Army recognized that I knew how to fly, so they had that listed down in their, you know, all these little things like qualifications and all that sort of good stuff. You know what I’m talking about. Didn’t you go to jump school?
SM: Yes, I did.
JA: Yeah, so some place…your primary MOS wasn’t a parachutist?
SM: No.
JA: You were, what, a 1542 or whatever it is?
SM: The 71 Delta.
JA: Yeah, but you also had a 736 or 536 or something like that?
SM: Right, jump qualified.
JA: Jump qualified, yeah. Well this is the same thing here. I’m airplane qualified, but I’m not a pilot.
SM: Okay. Now that transition you talked about just a moment ago with regard to the Medical Service Corps changing its philosophy, realizing that the lab facilities that were a part of I guess peace time operations, they were necessary in war and so they started to transition from civilians to military personnel to conduct those kinds of operations. Was that part of the lessons learned from the Korean war, the necessity for that in…

JA: Actually, yeah, and even before. Let’s go back just briefly and review the history of the Medical Service Corps. Prior to 1948 we had two separate corps in the Army; we had the Sanitary Corps which wore a gold caduceus with a black S on it, okay? The Sanitary Corps was composed of all quote-quote the scientists. These were bacteriologists, they were preventive medicine guys who weren’t physicians but were preventative medicine officers. There were tropical disease guys, parasitologists, bacteriologists, all these kinds of guys, and they went through World War II in very large laboratories, akin to the 9th Medical Laboratory that we had in Vietnam or the 10th medical laboratory that we haven’t stationed in Germany today. These people, for the most part, are ancillary scientists and they were called allied science people. At the end…well, also, prior in World War II we had all our medical administrative people and they were in the Medical Administrative Corps, okay? The Medical Administrative Corps wore a silver caduceus. It was the only corps in the Army medical service that wore a silver caduceus and these were the guys that were medical records specialists, who were medical supplies specialists, this kind of stuff. Now in the beginning of the war and early on in the war, the Army medical department or the Army medical services as it was in those days was very, very specific in that they felt physicians should be in charge of everything. They had physicians in charge of medical supply. All of the field work that was being done was being done by physicians but as the number of casualties began to mount, it became more important for physicians to treat people on wards and so by necessity they had to start turning a gooder portion of this over to people who were trained in the medical field, but weren’t necessarily physicians and so the Medical Administrative Corps and the Sanitary Corps became very important by the end of the war. Back from June of ’44 they were doing yeoman’s work throughout the Army, Army
medical service. Then Korea came along and Korea, for the most part, have you ever
heard the term evacuation policy?

SM: Uh-huh.

JA: Okay. What they did in Korea, they basically said right away, if somebody
got hit on one of the hills and they took him to a mobile Army surgical hospital and they
said, ‘Okay, you have to make the decision right now, is this patient going to go back to
duty in two weeks? Yes or no?’ and if the answer is yes, they’d put him on the ward and
they’d treat him. If the answer was no, they’d say, ‘Okay, he’s going back to the States,’
and they’d get him out of country. So there wasn’t much in the way needed for clinical
chemistry or even for clinical microbiology back in those days. What was needed was
the administration of keeping track of where all the patients were, what unit they came
from, were they going to go back to limited duty or not, and all this other good stuff. So
by the time the ‘50s came around, there was a tremendous need, needed but already
recognized that the medical administrative people were extremely important, but they
weren’t too necessary, at least as far as the strategy or even the tactics in Korea were
concerned. But, in the meanwhile, a few years earlier, they had combined, in their
infinite wisdom, the Medical Service Corps, the Medical Administrative Corps, and the
Sanitary Corps. Since there was this tremendous need and this tremendous thrust, they
decided that what they were going to do was form the Medical Service Corps with a
silver caduceus and there were a number of people that strongly objected to that. They
thought that the Medical Service Corps should have a gold caduceus with a black M on it,
but the physicians all objected and said, ‘Most of these people are administrators,’ and
indeed they were correct. Most of them at that time were administrators, and so you
ended up with a Medical Service Corps Medical Service Corps being formed around
1948, with the silver caduceus with a black MS on it, okay? About the same time, we
had the dieticians and the dieticians, the occupational therapists, the physical therapists,
several of these people who were not nurses formed the Women’s Specialist Corps which
had a WS. Now this is kind of a joke, but it was not uncommon back in those days, guys
would go to the store and buy brass and if they happened to look at it upside down it
looked like an MS. So you would see women running around with MS on when they
should have had WS and you’d see guys running around with WS and they should have
had MS. So, actually most of us really…we knew that it was wrong, but we weren’t
smart enough to laugh. There’s got to be a lot of fun with this kind of thing. Of course,
subsequently what happened, the WS was eliminated and today we have the Women’s
Specialist Corps, it was no longer called the Women’s Specialist Corps because of the
integration of male physical therapists and occupational therapists and dieticians into this
corps as well. They have the gold caduceus with the black S. That’s the specialist’s
corps now, and the Medical Service Corps is the only corps in the Army medical service
or the whole Army Medical Department that has the silver caduceus. So after Korea we
then began to realize that we need people who have some knowledge of virology, have
mobility required of an armed force, and have the training either of jumping out of
airplanes and doing a whole bunch of these things, and these are jobs that civilians can’t
do. Let me give you an example; 1958 we had a bunch of Marines that went to Lebanon.
They had a little insurrection there, okay, and what happened was they said, they being
the commanding general of the troops that were there, ‘I need to know if my guys are in
good shape; some of them are getting sick.’ Well, what do you do in a situation like this?
He has no choice, he’s a Marine commander. He goes to the surgeon of the Army in
Europe, goes to the surgeon and he says, ‘Hey, I’ve got this problem. Can you help me
out?’ In the meanwhile, we were already noticing that there were a bunch of kids coming
into various hospitals with a Shigella infection and we said, because I just happened to be
working in the lab at that time in that area, and we said, ‘Gee, this is kind of unusual; kids
don’t get Shigella,’ and it turned out, it didn’t take us very long to figure out, that every
single one of the kids, their father’s had been in Lebanon and had just come back, so we
immediately put the squash on it. Nobody comes back from Lebanon until we rub a swab
up their butts to find out if they’re carrying Shigella, okay? Well, where do you do this?
You can’t let them come to Bremahaben because you’re injecting a whole bunch of stuff,
so you have to do this in Lebanon. So, they scooped a whole bunch of us up; not a whole
bunch, about four of us, and they put us in an airplane and they flew us to Beirut, and so
we ended up in Beirut and there we were checking these guys out. We found that about
6% of them were carrying Shigella. But, you’ve got to have this kind of a force. You
couldn’t do this with civilians, and so this was one of the first examples of how you need
to have a capable military trained force that knows something about science. We had, oh,
10 or 12 other examples. We had a case of what they thought was pinta. That’s a spirochetal disease.

SM: Could you spell that real quick?
JA: Say again? P-I-N-T-A.
JA: P, P; poppa?
SM: Oh, poppa, got you.
JA: India, November, tango, alpha.
SM: Uh-huh.

JA: And this was taking place in Egypt. Well, there is a, at that time, was a NAMRU, a Naval Medical Research Unit, in Egypt. So, they put me in charge of going down to do the investigation and I said, ‘Well why should I go? There’s already a medical unit there,’ and they said, ‘Well, get everything squared away with the medical unit,’ so I did. I went down and I met a guy who’d just gotten promoted, a lieutenant commander. His name was Arm, A-R-M, first name Herb, Herbert Arm, who now happens to be the president of our local retired officers association chapter up here, the same chapter I’m in, so we haven’t seen each other since Egypt many, many years ago. But, they had already investigated this and they said, ‘It was the Army here and you guys…’ you know, Army, Navy, game all over again, ‘…and you guys don’t need to be here. We’ve got everything under control,’ and so they did, but they hadn't checked on some other problems. They hadn't really gotten into the virology of travel so we went through and found that what had happened here was we were getting a case, some cases of Riff Valley Fever which is…the Riff Valley is further south in Africa, but yet these people had gone from the southern part of Africa to the northern part of Africa and carried the disease with them, and sure enough the Navy and the Army got along a lot better after that. But, here’s another example; you just can’t grab some civilians out of the United States and move them halfway across the world. It just doesn't work.

SM: Right.
JA: And, it doesn’t work even if you call these people weekend warriors. It doesn't work for reservists either. You’ve got to have people who are on active duty who may not be as highly trained as some college professor, but that college professor is not
nearly as highly trained in jumping out of airplanes or flying helicopters or maybe the
mathematics and statistics and surveying. This is what I’m basically saying, and this is
what the Army learned as a lesson and is beginning to unlearn right now unfortunately
but that’s another story, we can talk about that at another time. I perceive right now
there’s too much, entirely too much dependence on reservists, and I don’t think that’s
right. But on the other hand, you can’t take a very, very small active duty force and
expect these guys every week to be in another country.

SM: Well that’s an interesting point because of course the period that we’re
talking about, the 1950s, the beginnings of the cold war, after the Second World War,
American commitments were increasing…

JA: Absolutely.

SM: …we were responding a lot more, and so there was just like at the turn of
the century when we were deploying different places like Panama and whatnot and there
was a need to investigate diseases like Yellow Fever, there is again a need to start
mobilizing enough resources to handle these types of situations.

JA: And in order to do that; let me give you an example, another example, pretty
forward story; I won’t bore you with too much of this stuff.

SM: That’s why we’re here, so you’re not boring us. Give us all you can!

JA: Well, this has nothing to do with Vietnam.

SM: That’s alright.

JA: In 1966, they had some problems in Zaire. There were some people dying in
Zaire, okay; specifically in eastern Zaire, and the people in Zaire went to the state
department and the state department and ultimately, I don’t know what chain they use,
but ultimately the word got to us that…us, now us was the Walter Reed Army Institute of
Research, okay?

SM: Uh-huh.

JA: The word got there that the people in Zaire needed some help with at virus
infection and we had a couple of us who were at the Walter Reed Army Institute of
Research which is also called WRAIR, W-R-A-I-R, WRAIR people said, ‘Why don’t we
go over and check this out?’ and we had a physician by the name of Russell, Phil Russell,
Phillip K. Russell, R-U-S-S-E-L-L, ultimately became a major general but at that time he
was a major, and so was I, and we piled onto an airplane under the auspices of the World Health Organization and went to eastern Zaire because we thought this was an example of a disease called dengue, D-E-N-G-U-E, and dengue, about 10% of the people who have dengue...dengue is like having a cold, Steve. You feel like heck for a couple of days. Actually you feel like your bones are breaking; that’s why they call it break bone fever. But, after about two or three days you recover and you’re as good as new. About 10% of the people, their blood vessels break down. It’s called hemorrhagic fever, and so this is what we thought. Since some of these people had hemorrhagic fever, that’s what they thought it was, and so Phil and I went over to eastern Zaire and we married up with a French team that was there and a couple of Germans that were there and we had...now this is 1966. In 1966 we had a program going at Ft. Detrick that was called the bio labs. Do you remember President Nixon I think stopped this program in 1972? But up until this time we had an organization that was up there that was developing biological warfare agents, okay, and they became very interested in this and wanted us to check it out for them, which we did. They also gave us a whole bunch of techniques in case it was a real bad thing; what we should do; protective clothing and all this good stuff and we got a whole bunch of inoculations – Yellow Fever and cholera, and I don’t know – you name it, we got them. Anyway, we got to eastern Zaire expecting to see nothing more than a simple little outbreak with a few people getting sick and all this other good stuff. Well, we got to a river in eastern Zaire called the Ebola River and we ran into a tremendous outbreak; people were dying, and this made us very, very nervous. We ultimately got some samples and were able to...Phil, who was a pretty good virologist, was able to isolate this and I know how to turn the knobs on an E scope, electron microscope, and so we ultimately figured out we had a new virus on our hands and we turned it over to the civilian community at NIH and the CDC, the Communicable Diseases Center in Atlanta, Georgia or now called the Center for Disease Control in Atlanta, Georgia, and they did the rest. But here’s an example of where you really need a strike force. If you want the Army or if you want the United States to be able to go over and say, ‘What is this?’ you can’t use civilians for this. It doesn’t work. You’ve got to be able to grab two military guys who at least have some concept of what they’re doing, both in laboratory as well as
as soldiers, and this doesn’t work too well, in my opinion, with reserve types. So anyway, that was another war story. Now I’ll cut out the war stories.

SM: Well I’ve got some questions about this one.

JA: Yeah?

SM: What kind of protective equipment and gear did you have with you?

JA: Are you familiar with the letter P? P as in poppa? It stands for protective? They have P I, II, III, and IV facilities. They’re indicated with roman numerals, okay, and in a PIV facility which is where you’re dealing with real bad guys or with guys that you don’t know anything about like West Nile when it first came up, these guys are in areas that have…where the air’s circulated and run through multiple filters, they’re in space suits where the air that they’re breathing comes from cords that they have attached around the room; you must have seen pictures of these things? We weren’t quite as advanced back in those days; not only that, we didn’t have the facility, but we did have protective suits that we wore and in Africa and Zaire, these things get very hot, but unfortunately that was it. They hadn’t…we hadn’t gotten together with NASA. NASA has learned a lot and we have learned a lot from NASA to use these kinds of space suits in the P 4 facilities now. But that’s what we did. We went up for a briefing, and they gave us these suits that we put on. Actually, the people that were in country, the French and the Germans had something similar to this. We weren’t just running around with rolled up sleeves and surgical masks on, okay? I mean, it was a little more than that, but we didn’t know what we were dealing with and actually even after we got back to the States we still didn’t know. Now we need the civilians and that’s why we went to the CDC and National Institutes of Health and they had some people who could help us identify these things. But, correcting and looking at the patients initially, I don’t think this was the job for a civilian. That’s a personal opinion, very personal opinion, but it’s nevertheless what I perceive. You can’t just scoop up a bunch of academic types and transport them into an area like that; they wouldn’t know what to do. They might know what to do from a scientific standpoint, but they wouldn’t know what to do from any other standpoint. In 1969 it was the same thing; right before President Nixon’s interdiction along the Ho Chi Minh trail and through Cambodia, we…and the Southeast Asia Treaty Organization had fallen apart by this time, and so all that was left was
Thailand. There wasn’t any organization left because there wasn’t anybody left. So, we…President Nixon, prior to moving troops into along the Ho Chi Minh trail in 1969 needed to know where the forting sights were for his APCs, the armored personnel carriers, needed to know where, oh, what kind of poisonous plants, poisonous snakes, are there any viral diseases, are there any parasitic diseases and all this good stuff. Well, we hadn’t been in Cambodia so how you going to get this? You’ve got to put a team together that’s going to get this kind of medical intelligence, as well as geological intelligence, and so that’s what they did. They put a team together. Now, we didn’t have anybody that was really highly trained on hydraulics or the fluorates of the Mekong river and the geography of that particular area or hydrology. We didn’t have anybody. There wasn’t anybody in the Army that did this, but there are in other agencies, so we went to another agency and wanted to make sure that we weren’t getting just a hydrologist; we wanted to make sure we were getting somebody who knew hydrology, but could do something, maybe two other things, as well, again because we were jumping people into Cambodia to gather this information who had to stay away from any kind of encounters, but had to know where they were. That meant they had to be able to use the primitive GPS’s that we had in those days. They’re really refined now, you can push a button in your automobile; the OnStar button, right?

SM: Right.

JA: GPS, Global Positioning System. I have to guard against using too many of these acronyms, but at any rate, we had people that could do this. They knew how to use the GPS. We had guys that if we happened to commandeera helicopter, we could fly it out. We had guys who were navigational experts because once we got in country, we had to find out way to a rendezvous point, and this requires GPS, it requires absolute knowledge of the map, and the map may not be very accurate; not only that, they were looking for us, but we had the information and we had to be able to transmit this information. In the event that we didn’t get out, the information was more important than we were at that point. So, you have to have this kind of an attitude. I don’t think a civilian would have this kind of an attitude. It may not be the best attitude, you know what I’m saying? It might be kind of a crazy attitude, but at least it’s an attitude that almost everybody has in common when you’re in a situation like that, and you wouldn’t
find this to be true of your weekend warrior. I hate to be so cruel, but nevertheless I think they’re critical, they’re essential, but say…I’ve often said I have a very good friend who is a full professor of microbiology at the dental school and he was a reserve officer and he was a full colonel in the Medical Service Corps but in the reserves and I used to say, ‘You are a super microbiologist who happens to be also a weekend or a part time soldier,’ and I said, ‘But in my case, I’m a full time soldier who happens to be a part time microbiologist,’ so we still kid about that. He doesn’t obviously agree with that, but that’s alright. It gives us something to have a beer over and to chat about.

SM: Quick question back about your experience with Ebola back in Zaire.

JA: Bad.

SM: Yes, but obviously although you all suspected or expected Dengue, you encounter something new. But the protocols for protecting you and your…the other gentleman that went with you, they were already in place with regard to protective suits and things like that or things had already been worked out with NASA to help create these types of suits and air circulating systems and filters. What had prompted that?

JA: Oh, there was another disease that had been identified a few years earlier called Lassa Fever, L-A-S-S-A.

SM: Yes, okay.

JA: And their point was, ‘What do you think it is?’ and I said, ‘I don’t know. Ask Dr. Russell, he’s the sharpie,’ and he said, ‘I think it sounds an awful lot like Dengue to me,’ and he says, ‘What we may have is a hemorrhagic fever that’s a little bit more than normal. I don’t know why that is, but maybe we should look into that,’ and so I went with Phil and we went to Zaire and we did all this kind of stuff and the interesting thing about this is before we left they said, ‘Well, listen guys, it could be something like Lassa Fever.’ People die from Lassa Fever. ‘It could be Yellow Fever.’ People die from Yellow Fever! ‘Well, we got our vaccination.’ ‘Yeah, but you don’t have a vaccination against Lassa Fever!’ ‘Yeah, you’re right. Okay.’ So that’s why we suited up and that’s why we did that. We were very, very thankful that we did, but you know how it is when you’ve got a bunch of troops out there in the field; if it starts to get hot, what do they do?

SM: Oh yeah.

JA: You’ve been through that, haven’t you, Steve?
SM: Uh-huh, uh-huh.

JA: I mean, there’s a… the discipline is really good. The only discipline that I probably would maintain in an environment like that would be malaria discipline. I would continue to take my chloroquine and my primoquin or whatever they were giving me; mefloquine I think is what they’re giving now, but the average troop doesn’t know that. He’s going to go, ‘Oh well, what the heck. The chloroquine gives me diarrhea; I’m not going to take it anymore,’ and before you know it, he’s got malaria. So, we were sufficiently professionally trained that we said, ‘Yeah, these guys could be right. Maybe we should stick to this,’ and then when we got out of sight, I mean these were people that were dying. They were dying in like 24 hours and we had no idea what it was; none, zero, zip. Well, as it turned out, it was a new disease.

SM: Yes.

JA: But, we had no idea what it was.

SM: In this particular strain, is it blood borne? It’s not pneumatic?

JA: It’s passed by coughing; being in close proximity.

SM: Oh it is? So it is pneumatic?

JA: Oh yeah.

SM: Oh wow, okay. Okay, which is why it spread so easily and killed so easily?

JA: Well, it’s also spread by mice.

SM: Mice?

JA: Yeah. It’s a lot like what they called a Hantavirus [Narrator says Hanta Virus is named after the Hantaan River in Korea]. We had one, oh, Korean Hemorrhagic Fever is a hantavirus. We have two different kinds of [hantaviruses] that occur; one in Europe; we have a renal shut down, and then another one in the United States which doesn’t so much effect the kidneys as it effects the…it’s a hemorrhagic pulmonary syndrome. In fact, they had an outbreak of this not too long ago called Four Corners Disease. There’s only one part of the United States where four states come together; Utah, Colorado, Arizona, and New Mexico and they had a breakout, an outbreak, down there of Sin Nombre Virus, S-I-N-N-O-M-B-R-E I think is the spelling of that. I’m not a virologist. Some virologists will jump on me and say, ‘No! No! No!’ But that was another example of where it takes some people with a certain amount of math training.
The thing is, we’ve gotten spoiled; we’ve got little laptop computers now that can do all
of the statistics and junk for you and I think that’s my way, but you have to remember,
Steve, back in 1966 we didn’t have this and so when we were trying to see what kind of
meningococcus we had among our recruits in the United States, there’s four types, A, B,
C, and D. Well, A, B, and C are the most common. We had to be able to say,
‘Statistically, we think it’s such-and-such and so-and-so, and that’s the one that we
should start looking into for a vaccine,’ and that’s what I did in the Army all those years,
I made vaccines. But, the thing is, we didn’t have all of these side track or [Sitac or
Spinac?] of these other programs where you can now punch the data in and it’ll crunch all
the numbers for you. Back in those days, we didn’t even have hand calculators for the
most part back in those days; we had pencils and slide rules and these kinds of things.
Anyway, we got it done, but it was not quite as simple as it is today, and I think this is
marvelous the way we have rushed the tendency now on statisticians, provided other
people that are crunching the numbers know what they’re doing. You have to make sure
you put the right number in the correct column, okay. But, I think it’ll work out in the
long run. We still have a need for this. We used surveys for identification of people
coming down with spinal meningitis in recruit camps back in the ‘60s. We had the need
for…the Army had to develop its own Adenovirus vaccine. Adenovirus infection is
nothing more than a cold. It’s a very mild infection but it makes you feel like heck for a
couple of days. So it isn’t a potential biological warfare agent, but it’s extremely
important in training camps because if you have a soldier…where spinal meningitis can
be serious, Adenovirus doesn’t do anything but knock a whole platoon out; very
contagious, and so now you’ve got a platoon that’s in their fourth week of training or
sixth week of training and everybody gets sick. This throws everything into a turmoil
because now this group is now taking the space of the group that’s coming in along
behind them and it can lead to all kinds of problems, so what we needed to do was survey
a whole bunch of troops at basic training centers, number one to identify that it’s
Adenovirus and we did that very, very quickly. The virologists did that. Then they said,
‘What kind?’ and that’s where I got involved a little bit in the number crunching and then
we finally said, ‘Okay, it’s Adenovirus 3, 4, and 7.’ Those were the three types
that…there are like 21 different types of Adenovirus but these three seemed to be the
most and so we basically said, ‘Okay, we’re going to have to make a polyvalent…’
	polyvalent means we were going to use 3, 4, and 7 in the same one, okay, provided we
didn’t have any interference. The interference is why you take…when you get polio
shots you get number 1 and then you wait and then you get number 2 and then you wait
and then you get number 3 and then you wait; well, then you hopefully get…you’re all
done, and the reason for that is these viruses are so closely related that if one gets inside
of a cell, it may prevent the second one from getting in, so we started off with just type 4
and we pilot produced a type 4 Adenovirus vaccine at the Walter Reed Army Institute of
Research and we tried it, it worked, and we started giving it to troops and then we came
along with a type 3 after that and then a type 7 and then we mixed all three of them
together and they all worked and so the incidence of the Adenovirus went down, and then
after I got through doing that a couple of other guys came in behind me. I was using a
heat-killed virus. They came in after me and they were using an attenuated virus; that
means a virus that produces an infection but to a much less extent. Like getting a flu
shot; you feel terrible for about six hours and then you’re okay. But they’re to be
congratulated. This was some of the fun that I had, at least, in the military. This is
why…I don’t know if you talk to any of the guys out there, but if you talk to any of the
guys that were microbiologists…oh, I’m trying to think of who is a microbiologist out
there, these guys would always say, ‘What’s Jack Albertson up to now?’ because I was
always doing some other crazy thing. I’m really not a microbiologist. I have a prefix in
that field, but I’m…I’d say I’m not a clinical microbiologist. I know how to make
vaccines, I know how to crunch numbers, I can do surveys, I can do a whole bunch of
things in the microbiological arena except that I'm not very good at clinically diagnosing
a viral infection or anything like that. If a patient comes in I turn that over to somebody
who knows a lot more about it than I do. Where are we?

SM: Earlier you mentioned the evacuation policy, and I was wondering if, just to
touch on this briefly, this seems like an early part of triage and what became triage;
making the assessment and determining who needs help first, who can be helped where,
and determining where you’re going to send them. But, that wasn’t, when that
evacuation policy was instituted, they didn’t yet establish triage, did they?
JA: Yeah, they had that. Let’s compare those stories; let’s suppose you go into a
civilian hospital, a real civilian hospital, and let’s suppose you’ve been in an automobile
accident. The first thing that happens is you come in the ER, the emergency room, and
the emergency room people have to make a decision right on the spot; they have to
decide whether you’re dying or not. They have to, and that decision is not too hard to
make, but nevertheless, that’s one of the first decisions that they have to make. Are you
dying or are you not dying? Then they have to decide, and if you’ve been in an
automobile accident, chances are you’re going to have a surgical problem as opposed…in
other words, you’re going to have a trauma injury as opposed to being bit by some bug,
okay? In other words, we don’t need an epidemiologist, we don’t need a microbiologist,
we need somebody to look at you and figure out are you going to die, are you not going
to die? No, he’s not going to die. Is he missing any limbs? No. Has he got internal
damage? Yes, okay, and immediately they start doing a whole bunch of things; they start
to give you fluids and I’m sure you’ve seen this, and so they go through this kind of
business and then they finally have to decide does he need surgery or not and the question
then is yes, he does and if you go up and have some surgery then how long are you going
to remain in the hospital and sometimes the answer to that is, ‘I don’t know.’ In the
military environment, you can’t say, ‘I don’t know,’ so when the physician on the spot
sees this person and this person is not going to die, the question is how serious is this
injury? Can I send them back up on the line within whatever the evacuation policy is,
let’s say it’s 30 days, can I send him back to duty in 30 days or not? That’s almost an
impossible decision to make, but you’d be surprised when you get some military
surgeons, I’m talking about guys who are majors and lieutenant colonels, these guys can
look at a patient and I’d say about 90% of the time they can say the correct answer, ‘Yes,
this guy’s got a shrapnel wound in the right leg. We can put him back to limited duty in
30 days,’ which means you don’t need a new replacement. Now, you may need a
replacement for him up on the line, but this guy can now go to helping in the hospital; he
might be able to type. You always have a need for these kinds of people. Nobody wants
to do this in a combat zone except people that are recovering from injuries. Everybody
wants to be out going, ‘Bang bang!’ That’s what you do in war; you shoot at the bad
guys. So, the evacuation policy is nothing more than saying, ‘Is the guy going to be able
to go back to some form of duty,’ and that’s usually specified; sometimes it’s full duty.

In other words, is this guy going to be able to go back to full duty in 30 days? If the
answer’s yes, fine. Keep him in the hospital until whenever it is and then send him back.
But, if the answer is no, you’ve got to get him out of country.

SM: Now your service with the 11th Airborne Division, what exactly was your
position, what was your primary duty, that kind of stuff?

JA: Well, when I first got there I was a second lieutenant. You know what
second lieutenants know; nothing. But, the commanding general of the 11th Airborne
Division was a tiger; his name was Wayne C. Smith. He was a two star general and he
bit nails at that first thing in the morning I think; extremely tough guy, and he said, ‘I
don’t care whether a second lieutenant is a West Point graduate. I don’t care whether the
second lieutenant was a master sergeant for 15 years before he got a battlefield
commission in Korea, every second lieutenant is going to go through a 15 point training
program,’ and that was it. ‘If you don’t want to do it, get out of my division.’ It was as
simple as that. So, every second lieutenant went to jump school, every second lieutenant
went to jump master school, to ranger school, to special forces school, to you had to do a
20 mile hike with a full pack. They put cinderblocks in a pack and they put it on your
back along with a carbine. As officers you’re supposed to have .45s? Not second
lieutenants; second lieutenants get carbines, it’s heavier. But, this is what we had to do.
We had to pass a PT test. We had to crawl 50 yards, I’m sure you went through all of
this, with guys firing real ammunition over your heads. This wasn’t fake stuff. There
were 15 things that we had to do and it was called the second lieutenant, or actually it
was called a lieutenant’s training requirement. All lieutenants had to do this. Almost
everybody that came into the division was a second lieutenant, so I was assigned to a
medical battalion when I first got there, but it was one of these things where you’re
assigned and then go off and complete these 15 points. So I was there for perhaps three
months and I think I met one other officer in the battalion because I was at Ft. Benning, I
was at Ft. Bragg. The 11th Airborne Division was at Ft. Campbell and we were getting
ready to go overseas and the commanding general wanted to make sure that at least all of
his lieutenants knew what was going on. So about three months, four months later…oh,

it was more than that, maybe six months later, I came back to the division, to the
battalion, and I was made the executive officer of Ambulance Company and that was
probably in the early part of ’55, mid ’55 maybe. Then I had an extremely unique
experience; they tapped me to go to Germany as part of the advanced party, and so I was
still second lieutenant, I went to Germany and met with our counterparts in the 24th
infantry division to make sure that Operation Gyroscope would go smoothly. Basically
what we were doing was we were replacing people one for one and so the 24th infantry
division was coming back to Ft. Campbell; in fact it was going to be incorporated into
what was going to be formed back in those days as the 101st, but the 24th was coming
back to Ft. Campbell but we were going to Augsberg and Munich, Germany but mostly
in Bavaria, in the southern part of Germany and we were replacing all these people and
so I went over there and was absolutely dazzled with how absolutely marvelously the 24th
Infantry Division had done. They knew, for instance, how many people, how many
members of a family. We only had one child at that time and they had me assigned to
quarters, they had my name on the door, and they did this for everybody; not only
lieutenants. They did this for all the way down to sergeants or anybody that had an
accompaniment, and then they had barracks for the GIs. It was Joes as they call them
now. They were extremely well done. This is my first experience in dealing with the
real Army. You’ve got to remember I had been in school up until this point; I was in
Army schools, but nevertheless school, and so now all of a sudden I’m dealing with real
guys, with real soldiers, and so I learned a lot from that experience and then came back
and went back to being executive officer, now for real, of the ambulance company and it
was about a month after I did that I was tapped to become the executive officer of a
medical company and I went to that job, but the officer who had been in charge was
being reassigned. I went from the executive officer of Ambulance Company the day
before Christmas 1955 I became…I was executive officer for one day and then I became
the company commander; 193 screaming Indians, and I thoroughly enjoyed that. I had
a…I was blessed with having an absolutely superb 1st sergeant whom I listened to and he
used to say, ‘You may command this company, lieutenant, but I run it!’ That was his
favorite expression. We’d disagree on some things every now and then and most of the
time I’d say, ‘Well Sergeant, First Sergeant, I think I’m going to go with the way you
want to do it,’ and he was never wrong and I always got the credit, but there were many,
many times, Steve, when it was the first sergeant who was telling me what to do, but that
may be true throughout the Army.

SM: Yes. Now, as a company commander what were some of the most
important lessons you took away with from that first experience as a real troop
commander?

JA: Oh, there were a number.

SM: Especially those that helped you in Vietnam.

JA: Number one was listening to your subordinates; especially those that are
experienced and know what they’re doing like my first sergeant and people like this.
You have to remember when I got to the 9th Medical Lab in Vietnam and even some of
the other things in Vietnam, not everybody was an officer. I had PFCs in Vietnam with
PhDs in Organic Chemistry for instance. These guys weren’t dummies by any means;
they may not be very good soldiers, and that’s fine. There’s nothing wrong with that, but
if it was a technical question, sometimes you were perfectly at ease talking to a PFC that
may know more about that particular subject than you did. On the other hand, there were
many, many times when you’d end up talking about a tactical situation and you were
talking to a sergeant who had more stripes on his sleeve than you could ever imagine,
including hash marks, and you’d say to yourself, ‘Well, this guy’s been around the horn a
few times,’ and so you’d learn to listen to him, too. Now when you’re a lieutenant, you
almost feel like you have to. If you’re not careful and you get up to be a lieutenant
colonel or a colonel, you might think, ‘Well, I know more than everybody else does,’ and
that isn’t always true, so this hangs over. That was one of the things that I learned. The
second thing is, or another thing is you’re given, sometimes, really difficult jobs or jobs
that are distasteful. Let me give you a couple of examples. When I was in Munich,
Germany, I was the company commander, and company commanders and executive
officers had to pull what they called security detail. What security was, you basically
took a two and ½ ton truck downtown and you policed up all the guys that you could find
who were drunk and obnoxious that belonged to you and you threw them in the back of a
deuce and a half and you took them back to the barracks, and there was no punishment
involved or anything like this at all. Now, where most of these guys hung out was on a
street called Goethe Strasse Goethe like the poet and Stresse. That’s where all the
prostitutes were in Munich, and so I had to go down there and look for all my guys.

Well, the thing is, this meant you had to be able to recognize your guys and sometimes
when guys are in civilian clothes or in a mixture of civilian clothes and unit military
clothes and are totally smashed out of their minds, they may not recognize you and you
certainly may not recognize them but it didn’t make any difference; they’re your
responsibility. So, this becomes a new trend, ‘Gee, I’m a lieutenant and all these guys are
angels that work for me.’ Well, that didn’t work out at all, and I was describing this to
my wife one night and she decided that she was going to accompany me and she did.

This was a night that I had security detail and we used to run around with an MP and
we’d spot some guy who was totally smashed and in the gutter and we’d throw him in the
back of a deuce and a half and my wife had never seen anything like this before. She
only went that one night. But, the experience here is that you’ve got to give the guys a
chance to relax. As long as they’re not harming anybody or themselves, I don’t think that
punishment is necessarily indicated and I always kept that in the back of my head all the
way through even into Vietnam. Were some of the guys that belonged to me in Vietnam
smoking grass? Of course they were. This was the ‘60s and early ‘70s. Women were
running around with flowers in their hair and everybody was in love with one another and
everybody was smoking a little grass. I had a tendency to turn my head the other way
and whether this was right or wrong, I don’t care. I was looking from the standpoint that
I didn’t want people abusing alcohol and I didn’t care whether they were smoking grass
but I didn’t want them abusing grass, either, and this was something that was instilled in
me in Germany because this was pretty much the policy of the regimental commander
where I was in a medical company in a regiment. The regimental commander had this as
a philosophy; he says, ‘If the guys aren’t killing themselves or each other or a German,
then don’t lean on them too much. They’re out there relaxing. They have a hard job to
do,’ and all this other good stuff, and I never gave an article 15 to anybody. An article
15, that’s non judicial punishment and that’s the form of military kind of punishment and
usually you can restrict somebody to the barracks for two weeks or give them an hour or
two of extra duty each day. That’s under the various articles of the Uniform Code of
Military Justice and this just happens to be article 15, plus the company commander slaps
somebody on the back of a wrist. I never gave an article 15 or slapped anybody. I’d
throw them in the back of a deuce and a half. I might tell their platoon sergeant to make sure their shoes were shined the next day just to rub it in a little bit, but I never gave anybody any kind of punishment for that kind of behavior. You also had to...another very...type of job; occasionally you’d get jobs that were very distasteful. Let me give you another example; well, I’ll give you two. One I had was in I think it was probably about 1956. The 11th Airborne Division decided there was going to be a war on homosexuality so they had identified about 18 people, like 12 men and six women, something like that. I can get the real numbers for you by going through a journal but I don’t have them in front of me right now, but let’s say there were about 18 people who were accused of being homosexual, men and women, and they appointed me, as a lieutenant, to investigate this under the provisions of an Army regulation that says, back in those days, you can’t be homosexual on active duty or in the Army at all, and I had assisting me a first lieutenant who got promoted to captain who was an occupational therapist at the hospital and her name was Hettie Ricker, and she, the way we had this set up, we had a German, we had a male German recorder, or actually they were called reporters but they sat there and typed, and we had a female German reporter and when I had the job of interviewing the men with the male reporter, behind the glass plate was the German recorder and...a two way mirror, basically, and then Hettie Ricker, and then just the opposite when she was talking to the women, and this is really disgusting, at least it was for me, and some of these guys said yes, they were and so we had to go through the paperwork on this and some of the guys said that they weren’t and then we had to interview, oh gosh, I don’t know how many people. I think maybe over 100 people we talked to that they had encounters with and it got to be very disgusting, but nevertheless, I clicked my heels and so did Hettie Ricker and we saluted the full colonel that gave us this job and we went and did what we were supposed to do. When I got to Vietnam the last time, there were three things that were handed down to me as the exec and then subsequently as the commander, but as the executive officer one of the things is they reorganized the structure of the facility at Long Binh. They created within the structure of Long Binh little things called compounds. So, one of the compounds was compound 8 and I became the compound commander for compound 8. Now in compound 8 I had my whole laboratory, an officer’s club, a Marine military police battalion, the ammunition
depot, and the ammunition dump and two motor pools and all the quarters for all of the
nurses. All of the nurses on the post of Long Bin worked at one of two, either one of two
hospitals; the 91st or the 32nd Evac and they were all located in my compound, so I was
the compound commander. Now I could have said, ‘Hey, I’m a medic!’ you know.
Don’t give us this stuff; what do we know about this? But I learned a long time ago that
you click your heels and say, ‘Yes sir!’ and go off and do this. Well you read my chapter
so you know about my experience with…I made, without thinking, it’s called foot in
mouth disease, without thinking one day I said something about the smell of marijuana’s
pretty bad and why don’t the women start using incense or something and oh God,
they…whew! As you saw from my article, from my chapter, that I got into all kinds of
trouble over that. I had to say, ‘Incense would be good,’ but I had to delete any reference
to marijuana. The second thing that we had as a responsibility was we were given part of
the defense of Long Bin in the event that the NVA, that’s the North Vietnamese Army,
came down, and started to bite on us, some area. But, in our specific area we had two
armored personnel carriers and I had to put people up on the line. Now they couldn’t
wear their red crosses while they were doing this, so the question is, ‘Is this a violation of
the Geneva Convention?’ If you really read the tenets of the Geneva Convention it talks
about people who weren’t patients. It doesn’t encompass all medics so I had a couple of
guys who were conscientious objectors, I had about four of them, and I said, ‘Okay, I’m
not going to require you guys to go up on line because that indeed would be a violation of
your religious beliefs,’ but a whole bunch of other guys I sent up on the line, and the
question is you can kick and scream and yell and fume and fuss and do all this other stuff,
but sometimes it’s easier to ride with the punches, okay? The third thing, and I don’t
want to bore you too much with this, but when we started the drug abuse program the
laboratory was the critical place. We were the…I was the director of the laboratory
support piece of the drug abuse counteroffensive in Vietnam. It was headed up by a
major general by the name of James Ursano, U-R-S-A-N-O, a wild Italian, and the
laboratory was necessary. If we confirmed that you had morphine in your urine, then that
meant that you had to go to Cam Ranh Bay, 6th convalescent center to undergo some kind
of treatment and you weren’t going back to the States right away. You use the term
morphine, heroin is actually dimorphine; it’s a morphine molecule with two acetyl groups
on it and all that happens when it goes through the liver, the liver removes the two acetyl
groups and so you’re left with morphine and morphine is what is put out in the urine.
Believe it or not, during the Civil War they had a problem with what they called
‘Soldier’s Disease.’ Have you ever heard about that?
SM: Uh-huh.
JA: Where the soldiers took morphine? Well, we had the same thing under
another name in Vietnam. Basically what gives you the high from heroin is morphine.
It’s not…the two acetyl groups don’t do anything but make it more soluble and easier to
use, and the Germans actually thought that by adding acetyl groups to it when they
invented heroin, they were looking for a substitute for morphine. They thought it would
work; of course it didn’t. But at any rate, since we were doing all of that, the
commanding general of…well, the deputy commander [Commanding General] was a
gentleman by the name of Wickham, real nice guy; ROTC graduate, believe it or not,
four stars, ROTC guy. He said, ‘I think the 9th Medical Laboratory should have an IG
inspection.’ Well give me a break, this is a combat zone. How many units do you know
have IG inspections in a combat zone? But, I could see the reality behind this and I could
see the rationale. His rationale was these guys have got to be squeaky clean if they’re
pointing a finger and saying, ‘So-and-so is a drug addict.’ We’ve got to make sure that
number 1, all the Ts are crossed and all the Is are dotted. We don’t want any mistakes at
all. We want to make sure that this is going. These are the three things that I had in
Vietnam. There are more, but I’m using these just as examples. It’s the same as having
the investigation into homosexuality back when I was in the 11th Airborne Division. In
other words, there are times when you click your heels and you do as you’re told rather
than giving anybody any kind of grief. I could have said, ‘I’m a Medical Service Corps
officer. I don’t do investigations,’ you know, that kind of stuff. There was another
example in…oh, a few years in between there was a young physician at Ft. Bragg by the
name of Jeffrey MacDonald who was accused of killing his wife and his two daughters.
This was an extremely unusual case in that MacDonald was a type O and his wife was a
type AB and one of the girls, Karen was her name, the other girl was an A and she was a
B, and so we fell into this very unique situation where the two kids had blood types that
were not only different from each other, but also different from their parents, and on the
basis of this we could pretty much tell where everybody was. So, I was at Walter Reed Army Institute of Research at the time and we were called in to do some very, very specialized work on blood, immunohematology, it’s the study of blood groups and I was called in as part of a team to do what was called back in those days, an Article 32 investigation, and the Article 32 investigation, based on the information that we had, we could not pinpoint Jeffrey MacDonald as being the perpetrator of the crime. In other words, we basically sent a lot of data and a lot of information and you could…you might be able to say, ‘Yeah, he could have done it,’ but it wasn’t a question of did he do it, and basically what you have to do is when you have data like this you go before a grand jury and grand juries don’t try people, they try evidence, and what we had in this particular case was the same mechanism in the Army. It’s called an Article 32 investigation and again it’s the Uniform Code of Military Justice and earlier we were talking about Article 15 and now I’m talking about Article 32 which is an investigation of something, and we concluded that there wasn’t any evidence there to show this. They got another crew in and I think they ended up with three different crews and there were snide remarks being thrown around that the MPs had screwed everything up and you had military guys do this and they didn’t know what they were doing and all this other good stuff, so you know, we had a curtain of silence put around us. I'm not sure if it still exists. Maybe you shouldn’t use any of this. But, nevertheless, we fell into that unique position where we were being criticized and again, you have to just bite your tongue, bite your gums, and say, ‘Okay, let them do whatever they want.’ Well, to finish that story up, her father whose name was Casab ultimately decided that he was going to, since there was no action being taken by anybody, either the military authorities or the civilian authorities, on the trial side, he decided that he would sue MacDonald for violating his daughter’s civil right. That became a tort action. I forget where they tried it, but in the federal court, the results of a criminal act and a tort act are the same with regard to capital offenses. So, MacDonald was found guilty in this tort action and the result of a tort action in this particular case is that he had to go to jail. He couldn’t be put to death, I forget, but anyway he went to jail and he’s gone through multiple appeals and all this other good stuff, but anyway I’m getting off the subject. But, if you’re interested in this there are two excellent books I would recommend. One is called *Fatal Vision* and the other’s called *Fatal Judgment* and
both authors come, two different authors, they both come to totally different conclusions.

One says, ‘Yeah, MacDonald was as guilty as heck,’ and the other guy says, ‘No, he was railroaded by his father-in-law.’ It’s been a long time since I thought about that but at any rate, if you ever want to check into that you can. But, the issue here is not only do you click your heels and salute, but sometimes people are going to throw stones at you and in that particular case you click your heels and bite your lip and don’t say anything, and this is what happened in Vietnam with regard to the drug program. Are you an expert in drug detection? No. But, this is the first large scale mass screening of people suspected of using heroin. Are we using a good technology? Hell, we were using free radical assay technique which is a fairly simple procedure. Does it pick up other stuff? Of course it does. It picks up dextromethorphan and other things that are common ingredients in cough medicine but nevertheless, we could confirm using Thin Layer Chromatography, Gas-Liquid Chromatography. ‘These people, this indeed is morphine; absolutely this is morphine!’ and we had GIs that were trained specifically and we had a chain of custody on each urine sample. We had witnesses that this guys’ peeing in a bottle, ‘Yeah, it really was him and I saw him pee in that bottle and that bottle turned out to have morphine in it,’ and all this other good stuff. Well, the media went bananas and what you have to do is just bite your lip and say, ‘Thank you very much,’ and leave, and we had them all. We had…oh, Morley Safer was with CBS at that time, Malcolm Brown was with ABC, we had Francis Fitzgerald, we had the Baltimore Sun, the New York Times, the Boston Globe, Christian Science Monitor; all of these people said, ‘Why?’ What are you worrying about this for?’ and to make matters worse I had some of my GIs at the lab had some problems with this. They felt guilty about checking their fellow soldiers, even if they didn’t know these people. You have to remember every urine was assigned a number and all our guys got in the lab were numbers. We never saw a name. We didn’t see a name until it turned out to be positive and then here again we would report a number back to a very specific area called the drug operations center and we never did find out who those people were. They kept us totally separate. Well, we get the media people and I’m sure the media people were trying to magnify this, you know, ‘Oh, this is a real serious problem,’ and it was for those 6% that we found that were positive which gradually went down, but as soon as these guys started to find out that
they were going to be tested they said, ‘Oh, wow, gosh, we can’t get back to the world,’
which is what they called the United States, ‘We can’t go back to the United States unless
we have a negative urine,’ so they’d stop and most of these guys were snorting it or
smoking it rather than mainlining it and injecting it because it was about 95% pure for
which they were paying five bucks. When they came back to the United States they were
paying 50 bucks for five percent. So, we had to stop it and we did, but that didn’t mean a
lot of guys didn’t get upset over this. This bothered a bunch of people.

SM: What do you think were the motivating factors for soldiers to use heroin?

JA: Well, personal opinion again; let’s go back to the ‘60s. The kids in the ‘60s
were different. It doesn’t mean they were bad, they’re just different like the kids today.
Kids today are not bad; I know, I teach a whole bunch of them. They’re just different.
You can’t put all of your values on the current generation. The kids have to develop their
own set of values and their own responsibilities, but in Vietnam most of these kids were
draftees. They were coming out of…most of them were born in 1950 or while the
Korean War was going on. They were absolutely opposed to the war, they were opposed
to being drafted, they were opposed to everything, but what are you going to do when
you get drafted? You want to run away? Well, most guys are going to say, ‘No, it isn’t
that serious, man. I’m going to go over there, shoot the bad guys,’ so we had a whole
bunch of guys who came to ‘Nam but when they came to Vietnam they brought with
them the culture that they had here in the United States. They smoked grass. In fact,
when I first got to Vietnam, this was a long time ago – my second trip to Vietnam was in
1965 – and in 1965 I was talking to a young PFC who had a Ph.D. in virology I think and
they had an outbreak of plague in Saigon and they also had an outbreak of tuberculosis
and I was over looking at the latter disease, the TB side of it, and I was out drinking beer
or a glass of French wine or something with this PFC one night and he said to me without
batting an eyelash, he just looked at me and he said, ‘Well,’ he said, ‘Looks like we’re
both juicers,’ and I’d never heard this expression before and I said, ‘What on earth is a
juicer?’ and he said, ‘Well, guys, old guys like you,’ now you have to remember at this
time I was probably 40, but this guy was probably 30. I was an old guy. He said, ‘Old
guys like you like to drink beer and wine and alcohol in various forms, and so you are
called juicers,’ and I said, ‘Oh, well what are guys that don't drink alcohol called?’ and
he says, ‘Well most of those guys smoke pot, or grass or Mary Jane,’ he must have had 50 different words that were all related to marijuana, ‘And they’re called pot heads or they’re called space cadets,’ and I said, ‘No kidding? Yeah.’ He said, ‘Next time you hear somebody and they’ll say so and so is an SC,’ and I said, ‘That stands for space cadet?’ ‘Right on,’ he said. Then he said, ‘And that guys over there is a J, that means he’s a juicer.’ So I said, ‘Oh, okay. So I’m a juicer, that means you’re a juicer?’ and he said, ‘Yep, I'm a juicer, too.’ And I said, ‘But you’re a lot younger than I am,’ and he says, ‘Yeah, I know, but I try to pretend that I'm older.’ The point was that we had all these kids coming to ‘Nam. Some kids liked beer, some kids didn’t do anything at all, and other kids were smoking grass and the commanding general of USARV, US Army in Vietnam at that time was a guy by the name of Westmoreland and Westmoreland was death on people that smoked grass. For some reason, Westmoreland thought that that was awful. Now, he had people on his staff who were abusing alcohol. They took no action, okay. But people that just recreationally used grass, he’d go after them. I think what happened, and I…if you don’t know, marijuana smells terrible. If you’ve ever been around anyone who has smoked a cigarette, you know, a cigarette has a very characteristic smell and even the clothing of a person afterwards will have cigarette smoke on it. Well marijuana’s even worse; it’s about 10 times worse. So, marijuana stinks and not only does is stink but people that are wearing jungle fatigues along with their sweat and everything, it doesn't take very long for them to have this odor around them and you can tell if somebody’s been smoking pot or not. So, Westmoreland started to crack down and he really leaned on the world and it went all the way down to the platoon leaders. I mean it was down the Marine chain, even out to the Navy guys; I mean, he was leaning on everybody, and so what happened in this particular case, I think, is the average guy said, ‘Well, I don’t like alcohol.’ They didn’t want to become a juicer, so they switched from grass to heroin. Heroin doesn't smell; not only that, but the heroin that was available in Vietnam at that time was about 95 % pure which meant that these guys weren’t sticking needles in their arm, they were smoking it. Well, since it didn’t smell, the only smell that you got residually was the smell of tobacco. So, we ended up with guys who were smoking heroin. We had no experience at all with this, zero. When I got into country and heard that guys were smoking heroin, I was just like everybody
else was; I thought you took a needle and you put it in your arm and you shot up that way. No, that’s what you do when you only have 5%, but when you have 95% of pure heroin you can sniff it, you can snort it, you can smoke it. So, what happened was I think General Westmoreland, in his haste to cut out marijuana, forced a whole bunch of these guys over into using heroin recreationally. We had no experience with people using heroin recreationally. We just thought everybody was an addict. About 50% of the people that I interviewed over there that had been on heroin needed some help getting off of the heroin with either amphetamines or barbiturates or something like that, and that’s why I added amphetamines and barbs to the program shortly after I got in country, but it doesn’t make any difference. These guys, about 50% of them, were able to stop; no addiction, no nothing. It was even harder to stop smoking cigarettes I think than it was for some of these guys to get off of heroin over there. They continued to smoke because they were addicted to the nicotine, but they weren’t addicted, necessarily, to the heroin. Oh well. So, an awful lot to answer a very simple question. I apologize.

SM: No, no, very interesting stuff and it ties in with a number of different aspects of the war; the counter culture and everything else.

JA: Yeah, and it was interesting to watch a lot of these guys when they were off duty. We had a requirement that you had to wear your uniform down town and we’re Americans, we’ve got round eyes so it isn’t too terribly difficult to spot an American when he’s in civilian clothes in downtown Saigon or something like that, but during Tet we had the tendency to hunker down because the Vietnamese kind of go bananas during Tet and even the good guys will tend to go a little bananas, but we had to go out to see province chiefs and do various things like this and but almost to the person, the GI’s brought their culture with them to Vietnam and so you didn’t see any active movements against the war, but it was there. The undercurrent, the counterculture was certainly there, and the guys that you could usually discuss this with were the guys that were juicers, or the younger guys who might have a beer or two or three or four or five because I’m sure you recognize that alcohol is a great social lubricant. If you go out with somebody, you go to a cocktail party and you have a couple of drinks, you tend to loosen up a little bit and you talk to people. But, it’s just the opposite with marijuana. Marijuana makes you very introspective, and so people that have…people that are, for instance, on marijuana
have a tendency to sit down and look into themselves. For instance, black lights and
iridescent posters were very common in Vietnam among the guys who smoked a lot of
pot because they wanted to think in great thoughts and all this other good stuff. So
marijuana has a tendency to be, at least in my experience, has almost the exact opposite
than alcohol does and I don’t care. As long as somebody could show up for duty and do
their job. I’ll tell you one thing, I had considerably less abuse of marijuana on a
percentage basis than I did alcohol. I had some guys who found out that they could buy
Cutty Sark scotch over there for like a buck and a half a bottle and would drink vastly too
much, at least in my opinion, would drink vastly too much scotch. But, you never saw
this. I’m sure some of these guys got stoned on marijuana, but they were in great shape
the next day where as some of these guys who were drinking Cutty Sark and stuff like
this ultimately started to have to need something at lunchtime and later on in the
afternoon. I never saw that with the marijuana smokers, and I knew who they were. Was
I going to turn them in? Nah. Why? What’s the purpose?

SM: What would happen to the people who were found positive in this…?

JA: Oh, they went up to a detoxification center up in Cam Ranh which was about
half way up the coast in Vietnam. There’s a small inlet that’s called Cam Ranh Bay and
at the end of that bay is a little bay is a little town called Cam Ranh and we had in Cam
Ranh a medical unit called the 6th Convalescence Center. A convalescence center, again,
we were talking about evacuation policies earlier, if the physician makes the decision
during the triage policy that a guy can be returned to duty within the evacuation policy as
it’s established…if he can’t, he gets shipped out. They get put on a Nightingale or one of
those airplanes that takes them back to the United States to a big hospital. But, let’s
suppose he could go but he can’t go back to duty right now. In order to do that he has to
go to a place that isn’t a hospital and recuperate, and those were called convalescence
centers and they had established one, the 6th Convalescence Center was up in Cam Ranh
Bay and they had established that for just this purpose. Well, what they did was they had
another convalescence center that was in Saigon and they had another one that was
further up country. They basically took the 6th Convalescence Center and turned it into a
detoxification center, a detox. So, somebody that ended up being positive went to a detox
center and the same rules that would occur right now; you go to this and you have so
many weeks to get two negatives. Morphine’s put out pretty quickly in the urine, so
these guys might be there for four or five days and end up with probably a negative urine
and then another four to five days after that, another 10 days after that they were tested
again. They needed two negatives before they could come back to the United States.
Several people might end up being...about a month after I got into country I started
testing for amphetamines and barbiturates because I was convinced that even though they
might be negative for heroin, they might be positive for amphetamines and barbiturates,
addicted to either of those two substances or they were on heroin and now they’ve gotten
off because of the dependency of the amphetamines and the barbiturates. They’re called
speed and barbs respectively in ‘Nam back in those days, and so this is what we would
do. We’d send the guys up there to the 6th Convalescence Center. Initially they needed
to have two negatives for heroin in their urine and then subsequently they have to...they
also were tested for amphetamines and phenobarbs or barbiturates in addition to the
initial screening for heroin, or for morphine.

SM: Well, on that side of it, the amphetamines in particular, was there any
consideration given that some units, for instance, LRRPs, Special Forces maybe, even
some standard infantry units that engaged in a significant amount of night patrolling that
there might be a judicious use for amphetamines in a combat environment where you
need to be pretty alert at times where you’re used to being asleep?

JA: Yeah, not barbs, but amphetamines?

SM: Yeah, the amphetamines though?

JA: The use of amphetamines was advocated prior to the beginning of the drug
abuse program, especially for long range patrols and some of these other Psy Ops
operations and some other things where people had to work very long hours; sometimes
22 to 24 hours in a clip and then they’d take a break. We found that a good number of
these people, well, this is an aside, we found that a good number of these people were
also taking barbs because what was happening, they were wide awake. They’d come
back from popping a speed pill, okay, and in order to be able to sleep, they had to take
some barbs and this was maybe not necessarily endorsed and strongly recommended by
their unit commanders, but it was happening and when we started testing people for
heroin we found a sizeable number of people, almost specifically in certain kinds of units,
that would be high on both amphetamines and barbs and so the word got around very, very quickly that you can’t come back to the States if you’re positive on any of this stuff, so everybody cut this out. I don’t have any idea what kind of efficiency this or inefficiency this has created in some of those units. That would be an interesting thing to follow up on because taking amphetamines was not against the law. You could get these things on the black market. You could get them on the black market more easily than you could through the hospital pharmacies.

SM: Did you have any interactions…

JA: I mean, you could get barbs from a hospital pharmacy. All you have to do is go in and say, ‘Look, I’m having a terribly difficult time sleeping.’ You know what I’m saying? Most physicians, actually, most pharmacists would say, ‘Well try some of these to see if they work,’ and they’ll give you a 30 day supply. They didn’t know if they were ever going to see you again. Well, you take one and maybe it didn’t work. What did you do with the rest of it? You sold it on the black market. Oh well. Those are just some of the kinds of things that happened. That would be an interesting thing to follow up on. We didn’t get a chance to talk too much about Ranchhand. Maybe we can do that at another time.

SM: Yeah, we’re close to noon; it’s a little after noon now. Did you want to go ahead and stop?

JA: Well, yeah. One of the things though we do, you might want to put down for a future discussion, we had…by the time 1971-’72 rolled around, there had been a lot of talk about the potential hazards to using the defoliants, and the defoliants that were being used at that moment in time were trichloroacetic acid, and they subsequently found out that it wasn’t the defoliants that were the problem; it was a product, a byproduct in the manufacture called dioxin and that’s what the bad thing was. But, they didn’t know that too specifically when I was there in ’71 and ’72 but they did know that the defoliants were not the greatest things in the world and maybe we should cut them out and all this other good stuff. At one of the press briefings that I was at over there, and my relationship with the press was not very good, but it had begun to improve. Out of the blue, some reporter asked me if we were going to start testing and studying napalm and the byproducts of napalm and I said, ‘Why?’ and he said, ‘Well it’s possible that we’re all
going to come down with cancer and we’re all going to go blind,’ and all this other…I mean, he must have rattled off a litany of about 10 things and I said, ‘Well where did you get this from?’ and he went, ‘Well I don’t mean this is bad for the people but it’s probably bad for the environment,’ so I think I used the word eco-babble and that did not go over very well with my superiors or with the press or with anything else and about a week and a half later I was at a staff meeting in General Wickham’s office and at these staff meetings I was a lieutenant colonel and I sat in the extreme outer ring of the know nothings and do nothings and say nothings and all the generals and the colonels were all seated around a table and we went in case somebody had a very specific question and they could point and then one of the guys would turn around and say, ‘Could you address that?’ and of course if you couldn’t, that was the end of your career. But, I can remember going to one of these meetings and it was being held by General Wickham because we only saw General Abrams maybe once or twice the whole time we were there. He was more concerned with dealing with Washington and the joint chiefs and those kinds of things; he was at a very high level. But, General Wickham, who was a four star general, said something about he had heard that one…oh, he pointed at Dick Ross; Colonel Ross was the head of the brigade, he was the brigade commander, medical brigade commander, my boss from an organizational standpoint, and General Wickham said, ‘I understand, Colonel Ross, that I’ve heard through the grapevine that one of your subordinate commanders has been very disruptive to the press corps,’ or something like that and a whole bunch of people turned around and looked at me and Colonel Ross, bless his heart, said…oh, General Wickham went on and said, ‘I believe his name is Jack Albertson,’ and Colonel Ross said, ‘Well, that’s Jack Albertson,’ pointing at me. He says, ‘That’s Jack Albertson. He’s crazy enough to believe that he really is Jack Albertson,’ or something, words to that effect. That’s when you want to become a doppelganger, you know, ‘Oh, it’s not me. It’s some person that looks like me.’ I mean, I shrunk down into my chair as far as I could go and everybody was still looking at me. It wasn’t always a piece of cake over there, Steve. I wasn’t always on top of the world. There were times when I suffered from foot in mouth disease quite regularly. At any rate.
SM: Well, one quick question to follow up on the napalm question; are there any residual byproducts left after you’ve dropped napalm? I thought that it all burnt up!

JA: It’s almost totally consumed.

SM: Yeah, the fire is so hot.

JA: I didn’t know, and fortunately I had a young lieutenant colonel sitting next to me by the name of Brendan Joyce who said, ‘Jack, maybe we ought to check that out?’ and I said, ‘How are you going to do that?’ and he said, ‘I’ll go get some napalm.’ You put it in a calorimeter or something in the laboratory. That’s what he did. He duplicated the dropping of napalm and the explosion that took place and everything else and found out that he got pretty much carbon dioxide and water. He got some other things that were strange things that were in there too, but none of these things he really felt were hazardous but we need to report this and I said, ‘Well, go ahead and report it to Colonel Ross and maybe to the general or Asano and on up to General Wickham,’ but I said, ‘I’d keep it the heck out of the hands of the press because they’re not going to believe us and they’re going to think it’s a cover up and before you know it…I’m being a little hard on the press and the reason for that is I didn’t get along with them very well over there. Number one, I don’t think we should have had any press people in country at all, but that’s neither here nor there, and then the second thing is everything has to be dramatic. They’ve got to make this great story up I guess to satisfy viewers. After the first week or two of going bang, bang at one another, what was there to do in Vietnam? That’s why I’m sure they capitalized on the defoliant situation, the drug abuse program, all these other things were news; something different coming out of Vietnam. Most of the people were opposed to that war. I think I included that in there. I came back from Vietnam, well, I don’t have the preceding chapter in there but when I was at the pentagon, like in the preceding chapter I talk about being at the pentagon and I know two people that had two uniforms destroyed that guys used to throw balloons filled with red food coloring at you. Well if you get red food coloring on a uniform, that’s it. You have to throw it away. Well, most of us don’t make enough money to buy a uniform every week. Sometimes it would ruin your trousers as well and we had people that were constantly…they had a right to demonstrate. The Supreme Court has ruled that they could peacefully demonstrate in the concourse of the pentagon and that’s where they
were and we had people outside of the parking lot, but when I came back from Vietnam
there was nobody; no big crowd, no confetti or any of this other stuff. In fact, there was a
hurricane named Agnes going on about that same time and a whole bunch of people were
interviewing. The plane I got off of came from San Francisco but there was a flight from
Florida that got in at the same time and the NBC affiliate in Washington, WRCTV had a
young woman reporter that was there - she was ultimately replaced by another young
woman, this is an aside, by the name of Katie Couric. Katie Couric went on to bigger
and better things on the Today Show and NBC in New York – but at any rate the woman
that was there, I forget what her name was, Sullivan I think, she…I got off the plane and I
was on my way down to get luggage and she says to me, ‘Well what’s it like in Florida?’
and I say, ‘I don’t have any idea.’ I said, ‘I didn’t come from Florida.’ ‘Oh,’ she says,
‘You're not on flight number such-and-such and so-and-so from Florida?’ and I said, ‘No,
I’m flight number such-and-such and so-and-so from San Francisco. I’m coming back
from Vietnam.’ Well, she wanted to interview me. She did, and I learned about how to
look at the TV camera, you know, when the red light is on, that one’s on, which way to
look. She gave me a whole bunch of questions that she was going to ask, gave me a few
moments to get my thoughts together and everything else, and I never did see it but I
really didn’t look, but I’m sure that ended up on the cutting room floor, but what was
really nice about that, after we finished the interview and she had…she was a white,
Caucasian woman reporter and both of her camera men were black, they were both black
guys and they were really an absolutely superb group of people. They were just one of
these groups of people that you say, ‘Gee, there are nice people in the media too.’ At any
rate, they gave me a ride home. They asked me where I lived and I said, ‘Well, I live in
Springfield,’ and they said, ‘Well how are you going to get home? Is somebody meeting
you?’ and I said, ‘No, I was going to catch a cab.’ ‘Oh! Well, we’ll take you home.’ So
I finished up the interview and I ended up piling into one of these typical vans with the
thing on the top, the TV antenna on the top and they let me sit up in the front and the two
black guys jumped in the back. I thought that was really nice. I said, ‘Well maybe it
isn’t so bad after all.’ So I got back to the United States and at least for that brief
moment in time I had a pleasant taste and that was good because we had heard so much
about the opposition and all this other good stuff and I preached this to the kids. You
know, I teach some of the high school kids and some of the other kids, but I tell them that
don’t ever be disappointed that you’re a teenager. My experience was back in those days,
the teenagers accomplished two major things; they dethroned the President of the United
States, Lyndon Johnson; he chose not to run again. The second thing is they changed
national policy. The teenagers were the ones that largely did this; through their protests
and all the rest of this good stuff so don’t ever feel that Martin Luther King was a great
guy and therefore you put him on a separate pedestal than you should. Always remember
that back in the ‘60s, the teenagers of the United States were the ones that many didn’t
always do the best…it wasn’t always the best way to go, but they made their voice felt as
a group and we all said, ‘Well I don’t like these guys, but nevertheless we agreed with
them. They didn’t want to go to war. They didn’t want to get their heads shot off for a
war that they couldn't see any purpose in. I think they might have felt differently in
World War II, but nevertheless you can’t really argue with them. That’s what I tell the
kids all the time; don’t ever feel this way. ‘I’m only a teenager and nobody listens to
me,’ Hearken back and ask your parents and it’s getting now to the point where I have to
say, ‘Go back and ask your grandparents,’ but, well, let me bore you with one other quick
story. I was talking to a group of 10th graders or 11th graders I guess, and I happened to
use the term…no, it was 8th graders, it was 8th graders, and we were talking about
Vietnam but how we backed into it I don’t remember. But, at any rate, I made the
comment to them something about the era, the ‘60s, this was the era of love and flowers
and I talked about the girls having flowers in their hair and how the girls would always
try to sell you flowers at railway stations, at airports, because they were following some
religious cult or something and they were all in love, and ‘Be happy, don't make war,
make love,’ and so I called it the era of love and war, the 1960’s and one of the kids
looked at me with kind of a puzzled look and I said, ‘Go home and ask your mother,’ and
they said they would. So, a week later I was back at the same school talking to the same
group of kids and the same young lady raised her hand, and she said, ‘Remember last
week when we were talking about Vietnam?’ and I said, ‘Oh yeah,’ and she said, ‘Well I
went back and asked my mother,’ and I said, ‘Well, what did she say?’ ‘My mother said
to remind you that she was born in 1962.’ So, I have revised my script. I now say, ‘Go
home and ask your grandparents.’ I thought that was interesting. I know Dave Dunlap
who is the president of a local college that we have up here and periodically I give some
lectures up here. I usually fill in for Joe Snyder who teaches in the physics department
[meant to say Dave Dunlop], and he got everybody on the faculty, to include the guys
like me as substitutes and adjuncts and all these guys, and he said, this was back last
September, he says, ‘I want to remind everybody that the entering freshman class this
year was born in 1982,’ and everybody sort of looked at him. He said some other things.
‘Televisions have always been in color. Jay Leno has always been the host of the
Tonight Show,’ and he went through this whole litany of things, ‘There have always been
portable telephones. There have always been VCRs. Digital has been around forever.
Slide rules no sense to them at all. If you use the word ‘you sound like a broken record,’
they won’t have no idea what you’re talking about; they don’t know what records are.
They don’t even know what tapes are for the most part; CDs are in and here.’ So I can
remember him going through all of this and the rest of us just looking at each other and
saying, ‘Oh my goodness!’ So, you’ve got a tough job. You’re getting older and so is
the War and thank goodness for Texas Tech. I think you guys are doing yeoman work
down there and at least trying to preserve what happened at some of these places and I
think it’s important. We can’t let the War disappear. But, the thing is, the kids coming
along today may not have the same kind of intensity that the kids had back in the ‘60s
and that’s what I think needs to be equally preserved. Not only the guys, the old guys
like me, the juicers, that went to Vietnam, but what about the young kids that didn’t want
to go, but went anyway? Or what about…I can remember talking…well, you’ll have to
read that chapter, but I make a very specific point of discussing the two different types of
nurses that we had. We had a whole bunch of young girls, I mean really young kids, 21-
22 years old who had gone from high school to nursing school and some nurses, some of
the schools were only three years. At the end of three years if they volunteered to go to
Vietnam they could get their bachelor’s degree after they finished in Vietnam because
they were going to get a lot more experience in Vietnam than they’d ever get in the
hospital, and so you had these young girls who were 20-21 years old who were worked
all the time. They worked 16 hour days and they never lost their enthusiasm. They were
going to raise all kinds of hell and then go back to some small town in Iowa and marry
Ralph, their long time sweetheart, you know? But these girls were unbelievably
enthusiastic. They just had to be trained what to do, and that’s where the second kind of
nurse comes in; the old timers. These nurses had hearts of stainless steel and latex skin,
know what I mean? But, if it hadn’t been for those old style nurses who brought reality
to the futility of war as I like to say, they trained a whole Army of young nurses who
went back to the States to emergency rooms and basically said, ‘Oh, we only have two
gunshot wounds tonight? Oh, piece of cake.’ Can you imagine this? ‘There are no cases
of malaria? Oh, what do we have, a kid over there with a runny nose?’ These
unbelievable the amount of training that these kids got on the job in Vietnam and so they
went back to their respective colleges and then they got their bachelor’s degrees and then
probably were bored for the rest of their lives. The one thing that you found after you left
‘Nam, if you were going to stay in the service, you were never going to have another
experience like Vietnam unless you went back to Vietnam. I was fortunate to having
been there four times and four completely separate individual experiences and nothing
could ever compare to that back in the United States. A lot of the stuff we did was busy
work, but at any rate.

SM: Well, we’ll have to talk about a couple of those other experiences later?
JA: Well I’ve a note here to give you some information on those. Yeah, let me
go through and dig those out. The chapter on Vietnam I sort of finalized before I went
down there because John Heggers wanted a copy of it and I gave it to him and so
Fleischer wanted a copy and I didn’t realize that they were going to give me back that
copy so they gave it back to me so I said, ‘Oh, okay, well thank you very much,’ and then
you popped up and I said, ‘Well, I’ll give it to you!’ That was…most of the other
chapters are not quite as polished. Well, I’m not sure how polished it is but I’m not sure
if the other chapters are quite as good as that, so what I’ll do is I’ll make a point of
working on those. But in the meanwhile, I’ll send you a picture of the…of me, the 9th
Medical Lab, and I copied; I didn’t copy, I cut out of the book section of the Washington
Post…

SM: Oh right, that list.
JA: That list…
SM: The 20 best books on Vietnam?
JA: And it’s by David Chanoff, C-H-A-N-O-F-F.
SM: Yeah, he’s written on the Vietnam War.

JA: Okay, well he has a list here that’s called, ‘An expert picks books on Vietnam’ so I’ll send that down to you too, okay?

SM: Great, okay. Let me go ahead and end this. This ends the first interview with Jack Albertson.