Steve Maxner: This is Steve Maxner conducting an oral history interview with Dr. James Higbee in Galveston, Texas on the 12th of May, year 2000, at approximately 2:30 in the afternoon. Dr. Higbee, would you please begin by giving a brief biographical sketch of yourself?

James Higbee: I was born and raised in [Ohamber], California. I went to [Ohamber] High School, and then I went on to UCLA. I studied pre-med but I never went to medical school. I went to work, when I graduated from UCLA I went to a one-year residency in public health/microbiology. After that residency I became a biologist at the State Department of Public Health in Berkeley, California. While I was in that position I received a draft notice and I knew I was going to get drafted because my number was coming up so I applied for the Naval Officers Training Program which was called the 120 day wonder program. During the process of evaluation of the Department of the Navy I got a draft notice. The draft board refused to accept my challenge to that which was not a refusal but an ask for a delay; that was denied. I went into the service in September of 1961, basic training at Fort Ord, California. Three weeks into basic training I received a letter from the Department of Naval Operations telling me congratulations, I’d been accepted in the officer’s training program. The Army refused to allow me to be discharged from the Army and into that program. Upon graduation from basic training I was assigned to the Army Environmental Hiding Agency at Edgewood.
Arsenal, Maryland, into the Army research program looking for the over wintering of western equine encephalitis. During that time I continued to pursue the prospect of becoming an officer and it was by chance of my meeting in Washington, D.C. at the surgeon general’s office, a particular officer that was in charge of that group and managed to convince them that I was worth commissioning. His name was Don Hunter who is living, but not doing well. I was commissioned, almost the day of when I was first drafted, as a second lieutenant. From there I went to the officer’s basic class in Fort Sam Houston, Texas and from there I went to the Walter Reed Institute of Research at Fort Deitrich, Maryland and from there I was head of the bacteriology laboratory but our mission was basically defensive development of biological warfare weapons, organisms. I also worked with human volunteers here. Some of the conscientious objectors were human volunteers in the voluntary program. I worked with a variety of different organisms probably which aren’t important in this tape, but some of them were Anthrax, Valley Fever, [Cue] Fever, botulism, [?], to name a few. After my tour of duty I got out of the military in 1965. I went to graduate school at the University of Utah as the assistant director of the DOD contract in the epizoology lab. This contract was part of the Army’s [Dougway] Utah’s biological warfare program and another highly classified, I’m not certain its been released, I’m going to say what it was, it was another what we’d call a wildlife contract that had a lot to do with testing in the Pacific on live animals aboard ship. During that time I was a member of a general hospital reserve unit. 1967, prematurely, actually I was on a straight Ph.D. program, I got recalled and my major professor elected to allow me to take a master’s degree in [peretology] and which I might add was very kind of him. I was recalled to Germany, but Germany became Fort Polk, Louisiana and that was in first of June of 1967 that I reported to Fort Polk, Louisiana as a laboratory officer even though that was not my specialty which was microbiology, my specialty. I received orders in May of 1968 with assignment to Fort George G. Mead to be the camp commander of the 1st Med Lab Mobile. It was a D-4 unit. I had no idea what a mobile lab was, nor what a D-4 unit lab was. D-4 unit lab was a lab that was being deployed to Vietnam, a unit being deployed; it didn’t have to be a lab. I was the commander of one at that point. This was a pretty new adventure for me. They asked me to do all these things and I’d never even heard of some of the acronyms
that they used, but after about a month I was assigned another captain who was a biochemist. I was a captain at that time, and gradually I received a compliment of 8 enlisted men. We took an old strap unit, which is Army’s acronym for an old unit that’s been put in a crate, if you will. Since second world war, and we unpacked that unit and put it in the upper story of a troop barracks and it was like living in the dark ages with the equipment that was in there. But, from June to August, through August, we upgraded that unit to the potential that we thought we needed to be deployed, trying to get the most current stuff, which didn’t allow much training for our enlisted men in particular and we nailed every nail and put every item and every vehicle on railroad flats to be shipped to Vietnam. That’s a lot of work. The shipment went to Danang, South Vietnam. As a unit, we deployed the following month in September, landed at Cam Ron Bay, in blinding rain mortars and rockets and it was quite an entrance. We got there in the middle of the evening and had to ship out the next day at 3 o’clock on a C-130 for Danang. We arrived in Danang to hopefully meet up with our equipment and to meet the commander of the 9th Med Lab who was down there on R&R I think. He was in trunks when he met me, which led me to believe that we went for a bad tour. We stayed there a couple of days. I had a friend who I’d met at Fort Polk who was the dust off pilot, I’ll tell you about that later, but which became a Godsend to us. We flew up, the 3 officers flew up to…oh, I’m sorry, before we left we picked up the third officer, a captain Doug Balentine who was a neuro-pathologist, and I relinquished my command ship and he took over. The 3 of us then flew to Phu Bai to try and find a sight and Phu Bai was an absolute mess then. The Marines had left, the 1st cav had left, and they’d left a mess and there was a little provisional hospital there. The 101st was just moving in and core, this was an I (the letter) corps area or I (the number 1) corps perhaps as you’ve heard and it was tremendous troop build up there; a lot of reservists and we were part of that. Having a lot of reservists there made it very difficult for us because they were no more used to being in the field than we were and so we finally found an old bombed out hanger that was on this compound and we took one side of it which had office-like rooms with big teak doors on them. We had no place to sleep except outdoors under the stars. We had no shower facilities, no toilet facilities, except that were in this little provisional hospital. They had a small mess facility that one Sargent was the cook and he cooked to order.
The thing I have to say about a mobile lab, we have all the requirements that any unit that has 100 or 1000 men in it; supply, motor pool, you do it all with very few men and so we proceeded to try to refurbish this building and actually were operational as far as doing tests within 3 days. We were not a very refinished or refurbished unit, but we were doing tests in 3 days. They didn’t have any lab support at all. After we got out building to where we could at least keep the rain out and close the doors to try and keep some of the heat out, we had no air conditioning and in the corps area, at that time, was a 22nd surgical hospital called a MASH, this little provisional hospital, 101st airborne division, all the subordinated medical units. The trick is they had small little medical clinics and a mobile surgical hospital in Quang Tri, which is up near the border of the DMZ, and so we immediately jumped into a huge support operation area. We became the blood depot for all these units, and the blood…you probably heard earlier the blood depot came, the blood, came from Vietnam. It was one of the hot spots of the war, this area was. We were right near the ancient city of Hue, which took terrible casualties and war destruction. They closed the medical school there, they closed the pharmacy school, they had a 1500 hospital that had 8 doctors and 8 nurses, and so we, in our outreach to the civilian community which you don’t read much about, provided medical care for them on sight. We used to go up there a couple of times a week. This was in conjunction with the Navy. The Navy had tried to help them and so we were helping the Navy. Needless to say, I did a lot of work with the pediatrics arena and it was probably one of the best training experiences I’ve ever had in my life. I saw all the diseases we don’t see in the US for real. But, we had to drive to Hue everyday. It was a very dangerous route because the Ho Chi Minh trail, we drove on Highway 1, and had lots of casualties on that highway from mines and things so it was a risk. We were putting ourselves at risk going up there. Phu Bai was co-located with, well, the corps area was all within the wire, but outside the wire was a refugee camp, a South Vietnamese military training facility, and MACV headquarters for I Corps. So, we had a lot of targets available and so we, I think we had 365 days of incoming. We never took any casualties on our base, but there were a lot of direct hits within the corps area, and I’ve said this before and I’ll say it again that the general built himself a handball court right next to the PX over in the general’s corps area. The PX took a direct hit with a mortar, but spared the handball court. We got a hit
on our station which was the pin pointing of flashes from weapons and they’d send TAC air. They called it research and radio station was the name of the outfit and they could send TAC air in to try and neutralize those sights because they could pin point us pretty well. We were not mobile, we were in place. I was there during Hamburger Hill, I was there during the fighting and all the activity in the A Shau Valley by the 101st trying to help Hue, the division was, and I saw more death and dying than I want to see the rest of my life. I’ve become quite emotional over hearing a guy like Meeks speak this morning. I did a lot of triage because there was not enough people to do it in the hospital and I also ran the VD clinic. Venereal disease was on a rampage, especially the resistance, Syphilis, or resisting Gonorrhea that was floating around, and that was another experience. There was a lot of funny details about that, but I won’t bore you with those. I think the education of seeing what war was all about and being able to see medical service at work was a real learning experience. In Vietnam we probably saved a lot of lives that could have never been saved in Korea. The helicopter was absolutely vital to our survival. We owned the air, but we could actually bypass the whole Army medical system for taking patients through the process because we jumped them from combat casualties in the field right back to a hospital or a surgical hospital and that’s not the way its designed. Its supposed to go to an A station and its supposed to be a process that you follow. Well, it didn’t work because of the helicopter and the evac hospital was full all the time as was the surgical hospital. We never had empty beds. We also took care of north Vietnamese or rice paddy daddies or whatever you want to call them because they were with…their lives that probably should be worth saving but more than that they were people who knew information. I also was involved with the intelligence, the G-2 of the 101st airborne. We had an incident up there that was a real eye opener. We had…back up; one of the groups that I took care of from the laboratory aspect was the combined action, the Marine combined action groups, and these were small little units of men who lived out in the field like a bunch of animals and they caught all the diseases out there and when they’d come see us they were quite sick and frequently they never got beyond me because most of them were sick with parasitic diseases and we could identify them and then get some treatment. At this time I did not have my doctoral degree and we basically practiced medicine without a license in Vietnam, but that’s…you do what you have to do,
so that part was, even though those numbers were small, was a very rewarding experience
to do that. At the same time we were operational we were trying to get our men trained
because most of these men had not worked...had had to carry their load as individuals in
a laboratory before. They were one of several in a section where they were...now they
were maybe one in a section and we had some real heroes in our young enlisted men;
really very good people. Our commander, Doug Balentine at that time was, as I said, a
neuro-pathologist. He was not boarded in clinical pathology. Setting up a pathology lab
was just incredible when you think about it, and he actually did pathology there. We
taught and trained him enough that he was able, when he got out of the service, to take
his clinical boards and pass them. We were in a very high malaria area. We did
something like 34 or 35,000 slides a month of mostly vivax mixed in with [?]; many
mixed infections. We saw two other species of malaria, which most people never see;
malaria e and o-valley. The highest incidence was in Marines because they didn’t take
their pills, their [chlorophen] pills or their [dapson ?]. We took two different pills to
counteract malaria. The bad thing about it is that it gave you diarrhea as if everything
else didn’t over there. The 101st division had an outbreak of shigellosis which is an enteric
disease in one of the brigades and I learned about through their division surgeon and we
received a shipment of like five igloo ice chests of individual fecal samples, stools, and
most of them were positive which rendered this brigade pretty much combat ineffective
and shigellosis was a disease where treatment sometimes is faster but time, sometimes, is
just as good. They treated them anyway because they were kind of desperate.
Hamburger Hill was another issue. They brought in casualties to this hospital by the
Chinook load and we had so many casualties at this hospital that they couldn’t even get
them in the triage area. They’d be outside and many of them were fragmentation wounds
and fragmentation wounds are sometimes a small hole but do terrific internal damage so
many people just die without ever anybody even saying, “How are you doing?” That
went on for several days and that was, I mean, we had many days we actually got no
sleep at all during that time, I mean not just lab, but lab is very tightly hooked to hospital.
We couldn’t get enough blood. We actually started drawing our own people to supply
blood and that’s risky because you’re already at risk and so all these guys that decided to
give blood were heroes in my book. Many of our people, our blood bank people, never
had drawn blood bank before and drawing blood from a person’s arm for a blood bag is a
different game than drawing blood for a chemical test or something; big needles, totally
different, but we got through that and not a lot of time for leisure. We had a church at the
corps headquarters, a small church, and there were 4 chaplains there. I sang in a small 12
man choir while we weren’t being inundated and through all the services and became
very good friends with 4 chaplains, all of different faiths, but all with a common goal.
That was probably one of my strengths to keep from going insane from all this and I’ve
often wondered what the guy out in the field with the rifle felt like. We had a sector of
responsibility and we got attacked several times and we had a little sector. We were
sitting there with a gun waiting for somebody to show up that you can’t see, but I was not
out in the bush everyday putting my life on the line waiting for somebody to shoot at me,
and I often wonder how these guys did as well as they did who are not medics. All of our
medics were armed, all of them. All my men had M-16s, the new version. I had an M-
16, a .45, and a shot gun. I shot the plachet rounds. I never used a shot gun, I never used
a pistol, but I did use the M-16. I don’t know what I hit, but I did use it. That went on
every month, so following Vietnam I went back to the States back to Fort Sam Houston
and I was scheduled to go to the advanced course, and the advanced course is where you
learn how to put your nylons on straight, no seam. I went through that. At the same time
I applied for return to graduate school to finish up my Ph.D. and they told me there were
no openings. I happened to have an advisor in the headquarters of the old medical field
service school which is now called something else and the Army put him through school
and we were going through for interviews in what we were going to do after this class
and I told him my story and he said, “Have you been accepted?” and I said, “Well, I
haven’t really talked to them since I’ve been gone,” and he said, “Call them on the phone
and get a verbal acceptance and I’ll see if I can help you.” I got orders before I got a
verbal acceptance to go to graduate school. They give you 17 months and I was active
duty, I was still captain. The last day I finished I was then majoring in virology,
microbiology…well, virology and immunology and environmental engineering. The day
I finished all of my exams I was riding home on my motorcycle and got hit by a car and it
messed me up pretty badly. I broke my ankle and leg and all that stuff, and I was afraid
that I was going to not be able to finish my work, but the Army gave me an extension of
6 months so I actually graduated in 1972 with a Ph.D. I was assigned back to the Fort Sam, to the reference lab at Fort Sam Houston, and during my time there I got angry at the Army’s teaching mediocrity. I was the executive director of the school of medical technology which actually awarded a degree to an enlisted man who had to have all the credits up to his senior, his or her senior year, and then came to our school where they finished up the final senior year [?] laboratory work and then they got the degree from whatever school they came from. I had been in tune with McDonald/Douglas who had some fancy new medical equipment in the microbiology field and we were the test site, first in the military, one of the first in the US for this new analyzer that actually analyzed microbes. When I left the military I was so mad I resigned my commission. I was a major at that time. I resigned my commission and went to work as their scientific director in St. Louis. That was an emotional decision that was ill taken. I really admit that. To make a long story short, I decided that I’d given up 15 years, I think it was 15 years at that point, which was a lot to give up for a bad emotional decision. So, I tried to come back in to the Air Force because I knew people at the aerospace labs. They do the oral epidemiology work for the Air Force, and they actually had a billet for me but they wouldn’t take me because I was a field grade officer, so I came back to the Army and I thought I still had a lot of friends in the right places, and it’s not easy to come back into the military as a field grade officer. So, I came back in and was eventually assigned out to [Madding] Army medical center as associate chief of the clinical investigation department which is research, and there I worked on a various number of things and eventually retired in 1987 as a lieutenant colonel. I was in the zone for consideration for colonel at that time, but I was tired of the green.

SM: Let me take a step back with you real quick and talk to you about your initial training to be a neurologist back at UCLA. How far did you…

JH: It was microbiology.

SM: I’m sorry, microbiology. You wanted to be a…

JH: No, just was entering. My aptitude was in science. My grades at UCLA were…of course grades aren’t the only thing. I never even applied to medical school even though I had thoughts about it. But, I did get a 4.0 in graduate school, so it was kind of a personal thing.
SM: The training that you received as a microbiologist, did that help you when you went into I guess it was environmental hygiene in the Army?

JH: Well, yes. That’s why they sent me there because they had a virology department. I went in the virology division of the Army hygiene agency.

SM: Okay, that’s where the virology came in. Working in hygiene, that was primarily with animals or humans both?

JH: It was…we didn’t work with any humans. What we did was we were catching and trapping about every mammal and insect owned to man and examining it to see if we could find this western equine encephalitis virus, because at that time nobody knew where this virus over wintered. Later it was discovered that it over wintered in the garder snake, the garder snake and we were looking at black snakes but we didn’t have any…hadn’t caught any garder snakes. I was bleeding every bird, turtles, snakes, possums, God we’ve bled everything known to man looking for this virus and it happened to turn out to be a garder snake and it was discovered by Dr. Gebhart at the University of Utah; I guess one of his graduate students, anyway.

SM: What else did you do during…this was you enlisted at this point in the Army?

JH: Yes.

SM: And was there anything else you were working on in particular?

JH: Yes, we were working on the other big thing we had in the division was the effect of pesticides on the…the Army was developing Deet which was an insect repellent and I worked as a technician. We did spray testing in New Jersey and Delaware with [?] mallards out in the field and fish, and I don’t know if you’ve ever seen that. My wife has been there, but the marsh area has little pot holes of water that are brackish and fish live in those things and we would actually go to these pot holes and catch all the fish, count the number, and then we would put these oil [?] cards out and you could calculate how much of the spray was landing per square meter or square whatever and then we would take these animals and with the mallard, we didn’t kill a mallard, we’d take blood from them and the fish are a little harder to keep alive. I know we tested them to see if the organo-phosphates that we were using were lowering their [cholinesterase] to see if it had an effect on their system and that got a lot of press, that particular. We also did a lot
of repellants where we were testing to see how well they repelled horseflies and deer flies
which were very prevalent and mosquitoes in that area. For instance, we used to wear
hats that looked like graduation hats and had placards of these different repellants and
one guy would walk along and a guy behind him would walk along and be taking notes
and swishing a net catching the things that were trying or not trying to land, and then
counting them and that’s how we found out certain things attract and certain things don’t
attract.

SM: Now the Deet tests, did they anything to you while you were there?
JH: The what?
SM: The tests for the pesticides…
JH: They found that…
SM: …as far as the experiment…
JH: …organo phosphates are truly dangerous in the environment. They have a
great effect on anything they hit and Organo phosphates, you know, malathyon, diasonin,
seven, things like that, are still common today.
SM: Deet as well.
JH: Well Deet is a [?], you rub it on your skin, diethyl toluamide. Its not terribly
toxic to the environment, it just happens to be a very good. The Army still uses it.
SM: Yes. So, from that point you received your commission, went into OBC at
Fort Sam Houston, Texas. Was that good training there?
JH: Yeah, it was kind of fun. You know, the classes that…we were all young
officers in our career except for a couple of old guys who I know them; I’d stayed close
to for a lot of years. We were all lieutenants except two and when I got finished there I
was shipped to Fort Deitrich.
SM: And that’s when you worked at Walter Reed Medical Center?
JH: Yeah, well actually it was called the United States Army Medical; USAM
was the acronym.
SM: Okay, USAM, yeah. It was there that you went to the bacteriology lab, is
that right?
JH: Yeah.
SM: What kind of work was that?
JH: Well, it was like I said earlier, I was working with anthrax. We were working with human volunteers and animals. One of the things that we were looking at was the effect of the toxin, the anthrax toxin, on animals; how fast it kills. Anthrax produces what we call a collagenase enzyme which destroys collagen which just holds your cells together and so we had a time trial study after injecting rats and guinea pigs and we were...it was a 24 hour a day study, and as soon as an animal was moribund we had to autopsy them and record the findings and save the tissues and whatnot. At that same time, Watson and Crick came out with their unstranding of the DNA molecule if you go back far enough and they actually came to Fort Deitrich to discuss their discovery, so I actually had a chance to meet Watson and Crick. At that time Fort Deitrich had 3,200 scientists and in terms of importance I was a nobody at that time. Anthrax, all these things we were working with either were or potential biological warfare. I worked a little bit with deliver units in that the stopper is how do you get these things in an aerosol form without destroying the organism? You can’t just have a bomb explode. It’ll kill the organisms, so they had all kinds of ingenious little things that were devised. One they had was called a bull puck; it would explode and the microorganism would be inside things that looked like spears which shoot all those out and each one of those had little timed fuse and it had a minor explosion. It would rip it open and aerosol the organisms out of it. There were others.

SM: Did it have a certain spray pattern?

JH: Yeah, like an artillery shell almost.

SM: And as far as, you said defensive biological warfare? Is that correct?

JH: Yeah, we were working on...and many of the immunization products came out of that work.

SM: Including anthrax?

JH: I was immunized against anthrax, so it was already there, but I think it was a national drug company that they contracted. They were trying to improve the vaccines and I talked to a few people here that had been at Fort Deitrich who got Venezuelan Equine Encephalitis immunization and became quite ill. I did, I thought I was going to die I got so sick from it. I actually got the virus. It was not, the virus was not killed like it was supposed to be. It was, I mean, we were learning about things and they were
immunizing us with live virus and I also aerosolized myself with 10 X concentrated [?] which is the food poisoning toxin that was also a potential weapon and I was hospitalized for 2 weeks, and I hoped I would die!

SM: So would they just treat you with…
JH: They didn’t do anything for me. They gave me aspirin and drew blood. They wanted to see the course of the disease.

SM: But it’s treatable with antibiotics, isn’t it?
JH: Well, it’s not the organism that they’re treating. They have to neutralize the toxin. There are things they can do and they did nothing for me. They thought I wasn’t going to die so they wanted to see what the disease would do.

SM: You became a volunteer?
JH: Yeah, without a signed contract.
SM: What do you think of that?
JH: I’m pretty patriotic. I felt that if it wasn’t going to kill me, I can help my country out and do that. But the thing is that they usually started with the junior officers and worked up so that the junior officers got the highest doses of things. This was not from that program. This was from my own mishandling of this product while I was working with it.

SM: Now that brings up an interesting question about biological warfare and defensive or offensive; by being exposed to that infection, this is called a staff infection, it’s not going to kill you but its going to effectively, if that were to be employed as a weapon, its going to take you out of combat and since you’re alive, since you’re living, tie up a lot of resources?
JH: It’s a debilitating…
SM: It’s a debilitating biological weapon. Was that part of the philosophy in looking at some of these things, that they would be…these weren’t killing agents, but these were debilitating agents?
JH: Well the first and foremost thing about chemical and biological warfare is the psychological option, and the threat is a psychological thing. One of the things that probably has been discussed [?] is if you eliminate chemical warfare and biological warfare, it doesn’t leave you much but atomic weapons if other things don’t work and
that’s a heck of an option to be left with. So, I’ve always been of firm belief that if you can…if you have the threat, there probably is enough psychological impression there that would keep people from being tested, you know, us using it in other words. I hope we’d never have to. I think that would be a tragedy if we use that. We know it works because we’ve tested it many times in the grids out at the desert at Dougway, Utah. Its been tested so we know that the weapons, I mean the agents, work. I don’t know if they ever tested live weapons. They probably did out to sea on the ships, but I think more good came out of the defensive side in our group that what we would ever have done the offensive side.

SM: So from the defensive standpoint, you would watch how the various diseases would work in the human body or in animals and devise strategies for coping with it, curing it, and whatnot?

JH: Yeah, we test live people and live animals to see…watch the cause of the disease, and at the same time you’re making immunization products, and then you immunize these people and animals and then you test them; not the same ones, but others, and then you test them against…you challenge immunization and that’s the way it works. Unfortunately, with this type of program in the military you have to test it against humans. Animals and humans aren’t the same.

SM: So you can only go so far with animals and then you have to go with humans?

JH: And we didn’t, that I remember, we did not inject any anthrax to any humans. That’s a very dangerous disease, but we did do [?], [?] fever, and a few others, and we had some really sick people but they all survived. Its very closely, in fact I met a man on the airplane, a 7th day Adventist, who knew about this program and knew the chaplains in Washington who oversaw this program. It was a truly voluntary program. They were conscientious objectors. They volunteered to be a human test victim in order to serve their Army time and before they ever went on a project they were counseled and had another opportunity to decline or accept. They were told everything up front, what the dangers were, what it was going to be for, and if they refused the threat was, “We’re going to ship you out to an infantry outfit.” That really never happened, but some did
refuse and they did not get shipped to an infantry outfit. That would have been coercion and the government probably would have had some lawsuits.

SM: Did you get to know many of the volunteers?

JH: Oh, very well. They were basically our enlisted men; very fine people, and not all of them volunteered. I had a couple that didn’t, refused, and it was not, “Okay, you bum, get out of here,” it wasn’t that kind. It was their choice.

SM: With regard to development of immunizations and other ways of coping with these potential biological weapons, did the Army plan, or while you were there, did they actually work in concert with pharmaceutical companies or other institutions?

JH: Yes. University of Maryland was a big one. I suspect John Hopkins was because we had a lot of ties with John Hopkins, and I know there were others around the country because we had other…the University of Utah was, Oakridge, I don’t know whom they were. Oakridge was a production facility. We used to get paint cans full of a mix [?] that looked like almost like cottage cheese and it was like 10 to the 12 concentration per milliliter of organisms. That’s the kind of stuff they packed munitions with. We used to get that as pure samples to work with to test and see if they were viable and they would do all the things that we had tested the other organisms with. In other words, if it’s the same bug doing the same thing we expected it to do it in the same time.

SM: What kind of precautions would you have to take when handling that type of material?

JH: Well we were all immunized for most of them. For a couple we had, we weren’t immunized yet because we didn’t know anything about them and we weren’t testing them but we had them, Bolivian hemorrhagic fever was one of them and that killed our animal handler.

SM: What kind of fever?

JH: Bolivian…

SM: Bolivian?

JH: …hemorrhagic fever. Hemorrhagic fevers were our bad actors; really bad actors. There were some people who died.

SM: How did he get exposed to that?
JH: In an animal facility it would be very easy because they’re handling urine and feces and not wearing...not taking the precautions that they should take probably caused it. In some cases, it could be a bite because we used a lot of monkeys and sometimes a bite, non hemorrhagic fever because of a bite from an animal can transmit, you know, the saliva and stuff can transmit an organism. A lot of work was done on monkeys, a lot of work. A lot of these diseases were done in monkeys before they were ever done in humans. Monkeys are...monkeys and pigs, we used monkeys, pigs, beagles, you know, monkeys and pigs are pretty close to human responses believe it or not and the anatomy of a pig, I mean, we used pig heart valves in humans so that’s about the closest we could get to humans. I also worked with tetanus which is another bad actor. The thing that made this so unique is that we didn’t, but the bio labs which was the greater part of Fort Deitrich and had all these different scientists in there would take these microorganisms and they’d genetically alter them so that they didn’t, if you got one of these samples in the laboratory it wouldn’t do what you expected it to do. It would be very hard to identify, and by producing, you know, microbes don’t read the textbooks. If it says its supposed to ferment this sugar or supposed to present this particular color on a particular substrate, what they would do is they’d work with these organisms so they wouldn’t do that so if you were a microbiologists and [?] or anything like that and you’re looking for a color change on a substrate and have it, you wouldn’t be suspicious and it makes it...that was another part; making it hard for the enemy to identify.

SM: Deception; microbiological deception?

JH: And when I was at Edgewood Arsenal, that was where the chemical agents were, whenever they filled munitions they would use...all they had there were simple animals. They had birds and goats actually in the room where they’re doing this along with the humans and they were not covered or protected and they were the ones that would tell you if something’s gone haywire.

SM: Did that happen often?

JH: No. They were pretty careful. They were called binary agents. It takes a combination of 2 to make the product. The one, the old one, [Seran of Serin] is the one that Japan made the news and it takes 2 agents. That’s where it gets its name before it becomes a really poisonous agent, so ammunition is designed so that, you know, like an
atomic bomb is designed where you bring 2 things together which creates a critical mass. With binary agents, you bring 2 agents together but you come up with an extremely dangerous poison.

SM: Did you work much with the chemical warfare guys?

JH: I didn’t have anything to do with the chemical warfare. I just know that because they were at Edgewood and everybody there was briefed on knowing that when the red lights were on in a certain area, you don’t go in there. It’s dangerous.

SM: And you did help with questions about weapons development to make sure that the agents would survive if they were deployed?

JH: I didn’t work with weapons delivery. What we were doing was looking at some of these things and trying to analyze if we thought a microbe could sustain some kind of a negative force like an explosion. Some of our microorganisms were very tough, particularly if they had what we called spores, like anthrax and tetanus and things like this. They are very tough; they can withstand drying, they can sit for long periods of time at room temperature, and they survive so they can take a hard environment, and they are very hard to kill without a high temperature, pressure, or long time exposure to Clorox or something like that. There are certain reasons they have certain kinds of organisms. I hadn’t been in that game for a long time and a lot of people don’t like me to talk about it but it was a reality. Historically it was a big reality.

SM: Was there…do you understand…you talk about the genetic manipulation of some of these bugs to make them harder for the enemy to spot. Were there also attempts to make some of these bugs stronger as far as to withstand the delivery?

JH: Yeah, they make them more invasive by manipulation. You know, the AIDS virus is a pretty good example. We didn’t really know about that then, but it changes its own genetic makeup. That’s what makes it very hard to take any one part and do something with it. They’ve closed in on some things, but they’re not there yet. Is it cold in here to you?

SM: I’m comfortable, but I have a long sleeved shirt. Let us take a break.

JH: Most of the weapons work was done at…the development was done at [Deseret] test center. When I was at the University of Utah I was assigned to […] test center which used to be a very active R&D post but all the work was basically done out
of [Dougway], Utah, and when I was at the epizoology lab, [Dougway], Utah and our laboratory were like one group. They were headed up by the same commander but we were separated by…it was about 90 miles out there to [Dougway] from Salt Lake City. They did lots of field sampling of the flora and fauna in the Great Salt Lake Basin to be sure that we were not getting into the wildlife and plant life and we did all the animal work at the epizoology lab. We tested thousands of animal tissues; wild rodents and coyotes and anything you could trap just to be sure that it was not getting into the wildlife. You probably remember the great sheep kill or had read or heard about that in Utah. The first one was a weather condition that cropped up all of a sudden. It was a freak weather condition while they were testing with nerve agents and it carried a cloud over some sheep flocks. I think there were 5 or 6,000 sheep killed and the Army denied that they did anything wrong which was a total mistake, even though they provided veterinary care for all the ranchers around Dougway, Utah, year long, no matter what. They got free veterinary care which is a pretty good deal, so eventually they paid off the ranchers. They admitted, but it happened again and this time it wasn’t a nerve agent. It was [?] which is called loco weed and when the basin gets very dry and there’s not much for the sheep to feed on they will eat this [?] and it causes the same effect as the nerve agent; it ties up the calcium and they start bleeding, that’s part of the coagulation, and they start bleeding from the nose and mouth and the Army said, “We didn’t do anything,” and the sheep are herding like, “Yeah, right.” That’s what happened when you don’t tell the truth. It was not a microbial agent that did that.

SM: It was this weed?

JH: Yeah.

SM: So anything else from your work in defensive biological warfare?

JH: No, that’s kind of the history.

SM: What about this…you say you worked at the epizoology lab? This was the Salt Lake Basin stuff that you were just talking about?

JH: Yeah.

SM: Anything else from that as far as…

JH: Well when I went back, this was when I was working on…I had started out working on a straight doctoral degree and I got recalled and I went back and a lot of
things had changed. They had student demonstrations, they got a couple of radical
professors in there, and when I went back I was the only graduate student working on
what I considered an infectious disease such as a virus and I was a little bit nervous about
- had a beautiful lab; had a beautiful lab and a beautiful animal room, it was an isolated
area that was safe - concerned that a couple of professors might make it really difficult
for me, but they never did. I wasn’t very bragging about any of the things I was doing so
it turned out okay. Besides, I was working and demonstrating transmission of two viral
agents in a vector that had never been done before in this particular vector. That’s what I
was working on, which was a mosquito but it was a particular species of mosquito that
nobody ever demonstrated that they could transmit a disease. That’s a tree hole
mosquito. They live in tree rot cavities in trees. Its not the rain, its sap water from the
tree that forms a little puddle for them to lay eggs in and hatch and fly around and they
are capable of transmitting disease and I was able to demonstrate that.

SM: You did that by showing they could transmit a specific virus?
JH: Yeah, I did it in the laboratory and I did it using wild rodents in the
laboratory with the white footed deer mouse and the montane vole that looks like a
mouse with long hair.

SM: You mentioned something about tests in the Pacific. Were those similar to
the tests that were done at Bikini Atoll and other places as far as animals testing the
effects of atomic blasts and something like that?
JH: I guess you could like it to that because they were on old ships and they
actually aerosolized them on the ships.

SM: To see what the effects of these various agents would be on animals in that
environment because…
JH: Well it was a pretty safe area to do it, too, because if anything hits the water
its going to be so dissipated and salinated to start with and probably not going to create
any big deal.

SM: Was it done in the same areas as these atomic blasts tests were done?
JH: I don’t know that. It was a highly classified project and what little I knew
was from the testing end from the most part. I knew where the samples came from, I
knew what we were testing for, and part of security is if its really highly classified most
people don’t know the entire process; one group does this, one group does that, and I was not part…even though I was assistant director of the department, and also an assistant professor - I didn’t even have my Ph.D. yet - I was not party to the whole program. I knew people who were, listened to some presentations, but you still didn’t connect the pieces. Lines weren’t connected.

SM: So this was…your limited experience in those tests was to test the tissues that came from those animals?

JH: Yeah, it was mostly serum and we were looking for [?]; what kind of [?] did these animals build from being exposed.

SM: Now you mentioned briefly that you worked in parasatology. How long did that last?

JH: Well, that was in Vietnam. When I went through my residency at Public Health Department I spent some time in parasatology.

SM: No, I’m sorry, before you got recalled at Fort Polk you said something…

JH: Oh, I was looking at an organism in wildlife that highly resembles an organism that is very dangerous to humans and its called Desert Fever, commonly called [?]. Its very prevalent in the southwest areas of the US and in nature, there is one that is similar called Emanzia and it has 2 forms, [?] has two forms; it has what we call a [?] or mat phase. It grows in soil and it has another form when it grows in your body. We call it diphasic fungi. I was sort of fascinated by fungus because I had a very good course in college and I had a very good short training course in it that kind of got my interest in it, so I was pretty good at it as well as the amoebas and all the other stuff. That’s what allowed us, in Vietnam, for me to get a guy who was really interested. I was trained pretty fast how to read slides. In Vietnam it wasn’t hard to find positives. In fact, we always said that every Vietnamese has at least 3 or 4 parasitic diseases at the same time which seemingly don’t effect them. It did the GI because he’d never had them before. It made them very sick.

SM: Its because they had probably had them from birth.

JH: They had been exposed to it since birth, yeah. Malaria does effect them but these other ones, unless it gets into where they get ulceration or something like that which is pretty serious…you have to remember that Vietnam was like the US was 50 years ago.
They were very backward country and you couldn’t tell living in Saigon so much but you
got out away from the city and they were pretty rural. You heard it mentioned, they used
to bathe in the water, the animals drank the water, the animals defecated in the water, the
humans defecated in the water, and they used the same water to irrigate their crops with,
and the intermediate hosts for parasites were in the water, so it was a marvelous cycle
you read about in the textbooks.

SM: So you got to, let’s see here, you got to Fort Polk and then you were
assigned to the D-4 unit lab deployable to Vietnam, got that ready from June to August of
’68?

JH: No, I got there…yeah, I went over in September…

SM: You went to Vietnam in November…

JH: And came back in October ’69.

SM: Right, but you got assigned to that lab which you helped prepare for
deployment in June ’68, got it prepared through August, it got sent over, you met it over.

What was Vietnam like? What was your first impression? You got to Vietnam…

JH: I got off the plane with 3 officers and 8 enlisted men. We didn’t have a
sargent yet. No sooner…at Cam Ron Bay…had no sooner stepped off the plane and the
rain and here comes the rockets and the mortars and they said, “Head for the bunkers
along the side of the strip.” We still had our khakis on and dress shoes. We jumped in
the bunkers and they were half full of water and there are a billion mosquito larvae in
there with us and I thought, “Oh my! What an introduction,” and we were shuttled off
later. Our weapons were still in the cargo hole. We didn’t even have any weapons.

They shuttled us into some temporary quarters which were little wooden things all
screened in and metal roofs. Even at night it was very warm. I don’t know, I got to bed
about 10, they woke us up at 3 to take off for Danang the following day to meet up with
our unit, with our stuff. Our Jeep had already been stolen but we did get it back. We had
two deuce and a halves, two ¾, and a Jeep and a water buffalo and two generators which
were about enough to do a…it was very, very woefully under powered generators. We
later got big stuff. You learn how to get stuff in combat. We befriended the CBs. I
found a way to treat their what they call emerging foot; its from having your feet too wet
all the time. It was a terribly debilitating disease for anybody who did that but
particularly the CBs who were always working in muck and they were treating it for a
bacterial invasion which was true, it was a bacterial invasion, but it wasn’t going away
and I just happened to look at it one day, I took a sample from this guy and looked at it
and thought I saw a fungus in there so I treated him with - we carried stuff in the lab that
we could treat people with – treated him with topical antibiotic and antifungal and it went
away. So, my lab was a hero. I got initiated into the chief’s club, the CB and Navy chief
club which is quite an honor, really. The way they do that, they invite you over to this
plush little club out in the middle of – you can’t believe it – out in the middle of a free
fire zone and they say, “Captain, can we take your hat?” “Yes, fine,” and they cut it into
shreds and tack it up on the wall. You’ve been initiated! That was…and we got, when I
left, we had a flushed toilet which discharged out into a field, we had a shower because
the shower we used to have was a wing tank with some pipe and beer cans as sprinkler
heads and it was right on the highway. I mean, if we took a shower, there’s the road right
there. For a toilet we had what they called a piss tube. Have you heard that one before?

SM: Uh-huh.

JH: And burnouts; you know, the enclosures with the cans underneath that they
used to burn out. The CBs also got me a 100 kW generator and hooked it up, so that was
really something special because the hospital had power, but we got the short end of the
stick because we got sort of the power that was available to us and we had some pretty
sophisticated equipment; we had air conditioning. This is where my dust off pilot was
telling you about. He flew up, CBs told him to go down to Danang, “Go see chief so-
and-so and Naval CB area. He will give you six air conditioners if you can get them back
up here,” so I got this friend of mine who was a dust off pilot and he flew me back up
with those air conditioners. The CBs came in and hooked them up, got me a generator.
We finally had air conditioning.

SM: Was that the story that you wanted to relate when you said earlier that you
had mentioned the dust off pilot but you’d talk about him later?

JH: Yes, that’s the story. Ken and I became friends at Fort Polk because he lived
across the street from me as well and he was just a neat guy.

SM: You had also mentioned that you were the blood depot.
JH: Yeah, the blood used to come up from the 9th med lab who got their blood from the group in Japan, and when I was at Fort Polk I was responsible for the whole blood program. We used to bleed troops. There was a lot of troops at Fort Polk then. There was like 40 or 50,000 troops and we’d ship the blood [?] to Delaware to be shipped over to Japan and then over to Vietnam. Most of these units don’t have any capability to keep a blood bank because you have to have certain temperatures, certain kinds of things. The surge units had small capacity and they sometimes required a lot of blood. They couldn’t keep all the blood on hand so we had 2 very large blood bank refrigerators that we kept well stocked as soon as we got the blood and then it went from our place, and the A stations at the division used to keep some blood. Sometimes they could help by storing a transfusion right at the front. The helicopters kind of stopped some of that, but they still did some. I don’t know if you’ve ever seen blood box; they’re bright red, they have to use wet ice, and they have bags in there and the helicopter would pick them up and take them out and bring back the empty ones.

SM: The blood that went over from the United States from you said Fort Polk, you were in charge of the program?

JH: While I was there I was in charge of the program that drew the blood.

SM: Right, drew blood to send over to Vietnam. Do you know how that was eventually shipped as far as from the US to Vietnam? Was it by air?

JH: It was by military air.

SM: Yeah, by military air. What was the shelf life?

JH: Shelf life on blood normally is 30 days. That’s about what it was, so we’d draw the blood, we would test it the same day, and prepare it to go the next. It would go right to Delaware and they would take, I mean, by the time it got to Japan it wasn’t very old.

SM: What would you test it for?

JH: We were testing, looking at the [?] so that we didn’t, I mean, O blood is the universal donor. For multiple fragmentation and trauma injuries, you don’t have time to do blood type. Its preferable because even though O blood is considered the universal donor, there’s still the glucons in there that can screw up a guy’s blood type and so any time we could even possibly do the simple type, we would. There’s danger in that
because there are other things in there that are highly capable of causing a transfusion
reaction, but I mean gosh, when you’ve got a guy that’s got multiple traumatic injuries
and he’s got blood running every vein he’s got and its going to take 60 or 70 units to save
him, you’re not really worried about transfusion reaction. Now some people in the States
would go, “[makes gasping noise].” If they do, they’ve never been there.

SM: Well lets talk about being there, especially you mentioned your experiences
working during the Hamburger Hill and the 101st activities in the A Shau Valley and
working in triage in particular, and what was the hardest part of working triage?

JH: There’s something about seeing people dying and in real pain is just
something that, you know, I guess emergency medicine people deal with that, but I don’t
think emergency medicine people in the States have ever dealt with quite the same things
I saw. I know they’ve dealt some, I’m not taking anything away from them, but
traumatic extremity injuries from mines and fragmentation are awful. The one that I had
the most nightmare about was that I remember this guy coming in and he was on a
gurney when I walked in. He was sitting against the wall and he had his flak jacket kind
of pulled high up on his chest and I thought he was cold so I walked over to him and I
pulled up the flak jacket and he didn’t have any head. All there were were fragments of
his neck and I wasn’t really prepared for that. One of his buddies told me that he had
gotten a direct hit with a B-40 rocket from a Vietnamese. I saw lots of wounds that were
a lot worse than that, but that one I couldn’t get rid of that in my mind. I kept dreaming
about it. Many times you’ll be talking to somebody and you’d say, “Where are you hit?”
and you’d look at this little tiny hole here and then pretty soon he’d say, “I’m having a
hard time breathing,” and as soon as they say that you know there’s internal injuries and
sometimes you get a tube in them. I mean, I’ve seen them just take a blade and stick a
tube in without anything and the blood would just gush out of the chest because they
can’t breathe with all the blood in the chest and I’ve seen them, I’ve talked to them, and
while we’re talking they just were gone; just like that. I don’t know that anybody ever
gets used to it. I certainly didn’t, and it kind of does something to you. I became angry
at the Vietnamese. I had very little respect for the Vietnamese and I’m not sure that’s the
way I should be, but as an American seeing mostly American wounded, you kind of
become like you get very callused towards them. That’s where you get gook and slopes
and slants and you know McCain said that and got severely criticized and I thought that was wrong because he’s lucky that’s all he said, frankly as a former POW. I think that was a real negative thing for me to get that way, but I mean I really gave a flip about it. These ladies that worked at the 9th, you know, they’re Vietnamese, and I don’t have any ill feelings toward those people. They were not fighting us, those people weren’t, but it was hard to tell the good people from the bad people. They all looked the same. Probably some of the worst scenes were the victims of the saber charges where they, you know, all of our artillery bases were coordinated so that they could overlap and the sappers or the rice paddy daddies or even the north Vietnamese were very good at getting through wire. I don’t know how they get through razor wire like they do, I mean, its incredible. The men used to sleep in their tracks at night and they’d come in and throw these satchel charges in the track and everybody in there would get flamed and they’d bring them in and they’d have moss, I mean skin, hanging from them that looked like you’re in the rain forest, moss, and these people are one big burn and most of these people don’t live when they’re that badly burned. When I was at Brook Army Medical Center I used to work with the burn unit. We did all the antibiotic work for the burn unit and I been up in the burn wards when they are [debreeding] people and its terrible thing to be burned; wow, its unbelievable. I know a person who lost 60 pounds of flesh from a phosphorous grenade that he was getting ready to throw and it got hit by a sniper’s bullet and exploded in his face and blew him half apart. He’s still alive; he’s a preacher. He’s on television sometimes. He’s an ugly looking cuss with all the injuries. He’s got fake ears and fake hair and half of his fingers are missing. He plays the piano beautifully. His face is all…he’s got fake lips. I mean, he’s just a mess. One side of his face was gone. Phosphorous is a terrible thing. Burns are real bad, and the bad thing about burns is they are…and the pain only gets worse, it doesn’t get better. But, they weren’t nearly as abundant as the traumatic amputations and things like that. You know, one of the mines they used over there, we call it the ball buster, it’s a bouncing Betty. You step on it and it bounces up about crotch high. Its demoralizing to the GI’s to say the least. You said you were in the military?

SM: Yeah. [turns recording off]. The triage system, as you understood it, what was the purpose behind it and what were you trying to accomplish when you triaged?
JH: Well its…let me back on up. When I first saw MASH, I was highly in [?] because I thought it was really bad mouthing surgical hospitals. Then I figured out it was satire, and satire has a lot of good and its very humorous, and now I’m a MASH fan. But triage is about like you see on MASH; the idea is to quickly assess the patients condition and get them in line of who’s a priority, get them to surgery immediately those that need surgery because it’s a life saving process. Those that aren’t so bad have to wait. They can get fluids, they can get pain medication, they can be cared for, but they go last. As an example, I had my ankle fractured. One of my men hit me with an axe and fractured my left ankle. He didn’t do it on purpose. We were trying to move a stump and everybody’s chopping this way and he says, “Let me chop,” and he’s left handed, glanced off the root, went through my boot, hit my ankle, cracked my ankle and shaved the bone down, and I was bleeding pretty good and they carried me over to the triage area and of course I had 3 surgeons standing around me fussing around with this ankle saying, “Oh,” took my boot, “You’re going to be hobbling around, Jim. We’ll take care of this,” and all of a sudden these casualties start coming in and all these guys are coming in behind me and they’re hovering over this ankle and I’m saying, “Hey guys, there’s where you need to be. I’ll be fine. Just let me be and when you’re done you can come take care of me,” and so I laid there and I wasn’t in any particular pain at that point. Pain came later. I was kind of embarrassed about the whole thing. I remember Doug Balentine put a tourniquet around my knee, above my knee. I said, “What are you doing that for?” He said, “Because you’re bleeding badly. It’ll cut some vessels out.” I said, “Man, it can’t be very big right there!” That was not long after we’d set up shop. We were trying to get things out of the way so I walked around the first 5 weeks with a cast on and in Vietnam that is not fun. I finally cut it off myself because it stunk; I mean bad.

SM: The triage that you did do, in terms of prioritizing to save lives, one of the things that I’ve talked… I spoke with a nurse not too long ago who worked in a medical, one of the emergency hospitals and she did triage as well and one of the problems that she said she had with it was the military system of triage is not the same as the civilian system of triage.

JH: No, it’s not.

SM: Describe for me what you think the biggest differences are.
JH: The civilian triage is much more involved. They take a pretty quick history, they ask about a lot, “Are you reaction to this? Are you allergic to…” and they take pulse and blood pressure and things right away in part of this process. When you have a traumatic injury come in in combat, you may not even get to that. If a guy’s got a sucking chest wound, you don’t take his pulse. You give him the transfusion and get him in to get it closed up. You may not even have time to put him in X-ray because you’ve got to look and see if you could see fragments. We had a guy come in one time and is lieutenant had his finger in the guy’s jugular vein because it was severed from a piece of shrapnel. That’s kind of a priority and so the difference is the time issue. If you have multiple shrapnel wounds, the question is, “Has it hit any vital organs?” and you quickly can tell by just talking to the patient, you know, “How do you feel? Where do you hurt? Can you breath alright?” The breathing’s a big…that’s a big one. You look at the color, and what I would do, I wasn’t making these decisions necessarily, I would say, “You better look at this guy. This one I think is okay but let’s check him a little further.” The doctors and the nurses were making the decisions on the final decision. I was just helping kind of screen out front. But, you learn a lot just from experience what to ask and how to ask and I’m not saying they don’t do blood pressures or check pulse or anything, certainly they do, but its very different. The emergency rooms do it the right way, the way they were trained. The reason they have to do that is how do you separate the bona fide from the person who has a sore throat or has a headache or something like that? Well, that’s not the problem, not during combat. Now we had, I mean, they had sick call in Vietnam. That’s another issue; I’m not talking about that. People have had the same problems that they do all the time; people get headaches, people get sore throats, people get colds.

SM: We’re talking about people who had been evacuated into the hospital…

JH: Yeah, if you were…if you got evacuated to a hospital, you usually were a little more than an average person who was having a headache. If you have a foot blown off or a hand blown off you got this terrific threat of hemorrhage. You’re not worried about taking his pulse, you’re worried about stopping the flow of blood.

SM: Another difference…
JH: You know, stop the blood, protect the wound, treat for shock, the three things they…that’s basically what it is.

SM: Its just what they also emphasize…

JH: I mean, they teach that in the field and it’s a little more advanced in triage areas but that’s sort of what its about. You’re limited with the space you have, you’re limited with what tools you have at hand, lots of hanging units in the triage. The triage area can be called an ER. We didn’t call it an ER, we called it triage and sometimes they’d say, “Hey, we’re going to need a lot of blood here,” and I’d get the field phone and I’d call the lab and I’d say, “We need 15 units over here stat!” and somebody’d run it over on foot, not vehicle, by foot. I was sort of not running the lab, I was adding a hand, a body, to help the hospital and I mean the lab kind of runs itself. You don’t need an officer standing over somebody and saying, “Don’t do that, do this, do that.” They always would call us if they had a question about a malarial smear or a parasite or, “What is this bug,” and “Does this test look…” you know, that kind of stuff, and if you were instituting new stuff. Now all of the officers did lab work. We were not office people ever, not in combat. If we weren’t reading slides, I mean, we just all participated.

SM: One of the points that this nurse made as far as with her experience with triage and I guess maybe it was even some of the training she’d received is that one of the ethical dimensions of triage for the military or for civilians vs. the military, as you pointed out, saving lives is the emphasis mostly for the civilian side. One of the problems she had with, or one of the experiences she had with the military side of triage was the priority was not always necessarily saving a life, but was prioritizing to make sure that the life could be saved so that the soldier could be sent back into combat; that there was a degree of…its not necessarily the same focus as far as the prioritizing. Even the prioritizing was somewhat different.

JH: I think the last final triage decision would be, “Will this person survive no matter what you do?” That’s a tough one. That’s one that’s made. Whereas this person has a chance, even though they’re severely injured, this one’s more severely injured but won’t make it period. Yes, that’s not a decision I made. That is a decision usually one of our physicians made. You have to remember that not all of our physicians were trained to emergency medicine docs, either. They learned the hard way, too, and many of the
nurses were probably better at it than some of the docs, so they…its not a decision I
made. I would treat them equally. I mean, if a guy’s got his head blown off, he’s not
going to be saved or these massive hemorrhages from everywhere; the chances of saving
somebody like that are not zero, and if you get them in, you try. One of the things I
noticed that any time a soldier got hit with an M-16 in the chest and not quite as much,
like an enemy soldier, or our soldiers got hit with an AK-47 in the chest, the chances of
survival are not good because what they cause are thoracic concussions and they rupture
everything, and we had one of Mike DeBakey’s understudies as one of our surgeons who
was good. The unfortunate thing was he was drunk all the time he wasn’t doing
something. He couldn’t stand the…it wasn’t the pressure of surgery, he couldn’t stand
the pressure of being in combat. But, there was a new product out that was developed by
someone in Japan that was a foam that they would, you know, when you rupture all the
vessels along the spine there’s not a lot of chance you’re surviving so what this stuff did
was you sprayed it along the spine and it formed something for the blood to coagulate
against and you could stop the bleeding pretty quickly and very often that’s how they
stabilized them. But, usually upper chest wounds did not survive. There was a very low
incidence of survival. It doesn't mean they died in the emergency room, they just didn’t
make it and the M-16 has a lot more foot pounds than the AK-47 does so the enemy, and
we did have some Americans get hit with M-16s because they were captured weapons.
You could tell the difference because you had a hole this big and out the back you had a
hole this big. That’s how much power they have. Sometimes, you know, I wasn’t the
one that cut off the clothes or anything like that. I was just talking and saying and
looking and saying, “You know, this one doesn’t sound very good. This one may be
okay, he’s got ankle or leg injuries, he’s got shrapnel in the lower leg, doesn’t seem to be
any bad blood flow,” things like that. I’m not an expert on it. I never claimed to be and
I’m not today.

SM: Well you seem to have a unique experience that many in the med lab
probably didn’t have in that you went to the evac hospital and participated.

JH: Well that’s the difference between the mobile labs and the…especially in the
area I was. I don’t know about Na Trang which was another mobile lab and then there’s
another one somewhere and I’m not sure where it was. There were 3 mobile labs in
Vietnam. Incidentally, the 9th med lab was an outgrowth of the original 1st med lab mobile; not the one I commanded, but the earlier edition. I learned that today from Jack Albertson who knows everybody and everything.

SM: The VD clinic…

JH: Yeah.

SM: …and there was a comment made yesterday and someone said something about Virginia venereal…

JH: That was Jerry Jacobs, the comedian.

SM: What was all that talk about and as far as the VD clinic that you had holdings with?

JH: Well first of all I saw every venereal disease known to man. That in itself was an interesting thing. Our lab used to do all the analysis of the VD and we, some of these guys were cocky guys; I don’t mean that as it sounds, and so I had a 100 cc syringe about that big. I don’t know if you have ever seen it, its about that big around, its about that big, and I had a blood drawing needle and its about that long. It’s a size 13, and they’d come in and particularly the blacks, some of the blacks are well endowed; not all blacks are well endowed, some of the blacks are, and some of the whites are. I’d say, “Drop your drawers!” I’d pick up this needle and syringe and they’d say, “What are you going to do with that?” and I said, “I’m going to take blood from you.” “Where?” “In the dorsal vein of your penis.” And they would go, “[makes noise].” If it was a foot long, you couldn’t find it. That quieted them down; they got real quiet after that. Actually, all I was going to do was take a sample of the drip they had. If it was syphilis or venereal warts or something like that, you take a sample. In microbiology they have a thing called a loop. I don’t know if you’ve ever seen one, but it’s a platinum wire that has a loop on the end and you use it to pick things off of plates, you use it to streak plates, and its designed so it holds a small amount of fluid in that loop. For syphilis you have to prepare a slide, it was a cover slip, and you have a little bit of saline in there, and then you go get a sample of the lesion with this loop but you heat it red hot first which is…but it cools just like that but these guys don’t know that and I say, “Okay, strip it back. Let me see the lesion. Okay,” and I take this, heat it up red hot, and I’d start to get it and they
would...I wish I’d had a tape recorder that time. It never burned anybody, and we would
[makes noise] and then we’d look [?]. I made some humble people humbler; I mean
cocky people humble. I used to have pictures of all of these diseases. I’ve said this
before and, “What? Have you got pornographic pictures?” and I’d say, “No, they were
pictures of the lesions themselves,” and I’ve lost them somewhere along the line, but I’d
ask them, I’d say, “Do you mind if I photograph the lesion?” and most of them would
say, “No.” They knew I wasn’t photographing them to show to the ladies outside the
wire. Like I heard a joke about the word okie in Vietnamese means long…short…I
mean, my wife remembers, the word okie means short. Are we recording this?

SM: We are.

JH: Jack Albertson was telling me about this guy, his nickname was Okie. He
was talking about this Okie who these Vietnamese women, they were laughing, they were
giggling about and they told him. That’s how the word came. Anyway, that was my VD
clinic. It was pretty popular, and we also cultured and we also dispensed tetracycline.
We particularly didn’t give shots of penicillin. We sent them over to the tent.

SM: What about the...I take it when you said resistant strains of gonorrhea I take
it your talking about antibiotic resistant strains of gonorrhea. Was that something new in
Vietnam?

JH: Yeah, it was coming from Korea and the problem is that if you sent a troop
out in the field, you give them tetracycline. If they’re going to stay inside, you can give
them a shot or you can treat them, either one, or both; give them a shot of penicillin and
then give him tetracycline to take back. But, the 5 international units of penicillin
resistant strain was a serious threat because you could treat them, but it wouldn’t kill the
organism, and so they might not...it would suppress it, and gonorrhea can produce
horrible side effects as does syphilis, and with women they don’t get the same kind of
symptoms that men do. Its very hard to detect in women. With men, its pretty easy; you
get a drip in 5 or 6 days, its very obvious, go in and look at it, its very characteristic on a
microscope. But, a lot of these guys were really afraid about taking something home, you
know, “I have a wife at home,” and especially the officers. They were the biggest cry
babies I’d ever seen. I used to lecture them, you know, “You should have thought about
that before you dipped your wick!” and I was not a pleasant person because I thought,
basically, we had a real immoral group over there. I mean, how can you say you love
your wife and you’re out messing around? I think we all border on the edge of animals
sometime, but there is a line you have to draw. I’m not saying all men did that, but quite
a few, and a lot of men were single. Probably the preponderance of people were single,
so that’s the choice they make. I was talking about married men.

SM: Yes sir.

JH: I used to love the officers when they’d whine, “It’ll be in my medical record,
what if I carry it home?” I said, “I guess it’ll be in your medical record because I want to
protect you. If you have no audit trail on your records and you come down with
something, you’re in worse trouble,” so they didn’t like that, but they take it with them;
they could have thrown it in the trash can and probably did, but that’s their problem.

SM: Any other examples of the antibiotic resistance strains of bugs that you came
across?

JH: Well, we used to use the old standard discs on plates. There’s lots of
resistance out there, but not nearly like it was in the States, and you’re in a different
environment. I used to have terrible hay fever, and in Vietnam I hadn’t never had one
day of hay fever; not one day until I got back on the plane to come home and it started.
You’re in a different environment, and besides, the chances of us finding it out except
when we did an antibiotic sensitivity plate, you know, that’s not an absolute. It’s an
indicator that…we probably never saw these guys again. It’s hard to follow up on that.

SM: In the context of, you know, today one of the problems is there’s a lot of
treatable microbes out there that are becoming resistant to commonly used antibiotics and
probably the theory is that, well, its because of overuse of antibiotics and whatnot, but I
was curious; I hadn’t heard of a resistance strand of gonorrhea going back that early, to
the ‘60s, and so I was curious if there were other diseases that were showing similar signs
of resistance to antibiotics?

JH: The only organism I can think of off hand that was resistant, that probably
was [staphlocauccas] and we used to have…its gotten more resistant. Now we have
[staphlocauccas] that’s resistant to erythromycin which has always been the bullet and we
just have…there’s a new drug out that is supposed to be used on those people. I think
antibiotics have been overused and I think the other problem that goes with it is that
people don’t take the full amount of antibiotics. They take them for 2 or 3 days and they feel good and they quit, and they don’t understand the microbe and they think that frequently, in an effort to save money, the wrong antibiotic is used because the good ones are expensive. My wife is a good example; she’s had chronic sinus infections for a long time, and they always want to give her ampicillin which is a normal drug of choice, but it does nothing for her. She’s got it written up many times. She tells them, “Don’t give me ampicillin, it doesn’t work,” and it doesn’t; it doesn’t work at all. Give me a cephlosporin, that’ll work. Cephlosporins are expensive. Ampicillin’s cheap. That’s the difference. I don’t know how to…there’s more trend now to…there’s two schools of thought; they say if you run microbial tests, that’s expensive. Treat them with a big bang, and you never see them again. Well, that’s not necessarily true, either. It costs more money to have a person come back in and see a provider than it does to treat somebody with an [?] of artillery, like a high powered drug. Ideally, you would like to run a microbe tests a couple of days and get a result. Well, that’s where a lot of this new high tech equipment’s coming in, and rapid diagnosis; that was sort of one of my interests, rapid diagnosis of infectious diseases. Its not only from the patient’s side, its from the side of treating with the target antibiotic. The thing about antibiotics, if you treat with the wrong antibiotic it not only may not kill the bug you’re after, it can kill a lot of bugs which we call normal flora and the fauna and the mouth and the women in the vaginal area and then you really create a problem. Certain antibiotics are real bad about that, so you maybe stop one and you create another one. Yeasts, for instance, are a real problem in women because they’re not sensitive to anything we know as antibiotics. They’re sensitive to some of the things we use, but they’re not truly antibiotics. Fungi are not sensitive to antibiotics; you’ve got to use ampiteracin or some of these other things. Ampiteracin’s a heavy hitter, and there are some lesser things that are effective against the fungi. In combat, that’s a tough call because believe it or not, most of these guys in these units wanted to get back to their unit. They did not want to be separated from their unit. [?], and I commend them for that, and so you tried your best to not only treat them the very best you could but to send stuff with them so they could follow up. Well, sometimes it wasn’t easy for them to keep taking medication. I mean, I saw guys come in with staff infections or strep infections of the wrists and the skin and all, you know, the
flesh eating bacteria you hear about? Well, it’s a strep. It isn’t always a strep. His whole wrist bone was exposed. He had it all wrapped up and he took it off and I said, “My Lord, how long has this been like this?” “Oh, quite a while, but I didn’t want to leave my unit.” I’m going [makes noise]. I sent him over to see one of the docs because there’s no way he could go back to his unit that way. He needed to be hospitalized so they can treat that thing and pack it. That’s what you’re confronted with in combat. You’re not going to confronted with that here. I mean, he said he felt fine, but the danger he had was losing his hand, forgetting it’s a [?] infection. So, they do things a little differently.

SM: Did you ever see other instances of that kind of a strep infection with the flesh eating bacteria?

JH: Well, the infection I said I found in the leg was a strep with the fungus. We were pretty capable, our lab. We had access to about anything we needed to do…I mean, microbiology is what’s programmed in your mind using charts and texts, pamphlets, color changes and substrates; its all designed to help you make a decision. The other thing we had a fair amount of, and not in troop but in…some in troops, but was plague, and in Vietnamese was leprosy. I worked with the lepers. That’s another thing. They can be treated, but they, the Vietnamese culture, and I’m not sure this is true and its not true in all cultures, but they don’t like to take anything and they don’t like to have you take a sample, period. The lepers, on the other hand, are very willing to let you do anything. You could leave your Nikon camera on the hood of your Jeep and they’d never touch it. They were totally honest. You could carry a Nikon camera on your shoulder, down the street somewhere, its gone and you don’t even know it. That’s a true story, they’d take it right off your shoulder and not even know it. So, the lepers, I saw everything from beginning leprosy to total erosion of feet and hands. A big problem with the feet is that it works on the nerve trunks and so they don’t know what’s going on their feet and the rats come in at night and chew their toes off, or they’ll be walking, still walking on their foot but they’re walking on the side of the foot or their ankle because they have no pain and I saw a few, you know, you always picture lepers as having these grotesque growths? I saw very few of that. It was mostly limbs that were disabled and all that business. We used to go to the leprosy colony, and they’re outcasts; I mean, their
families are allowed to, if they want to take care of them, live outside the
leprosy...because people in the leprosy camp don’t take care of them. They just are there
because they’re outcasts, and they’re very appreciative of anything we do. You know
these, I call them coolie hats, they’d probably be mad if they caught me, you know the
Vietnamese hat, the cone hat?

SM: Yeah, conical hats?

JH: They take a day, over a day to make. They used to sell them for 50 cents.
They’d give them to us. That was their appreciation, and 50 cents was a lot of money in
those days. I wanted to be involved. I did not want to be a desk top jockey. I wanted to
help, I wanted to learn, I wanted to see and do things I had never done before. If I’ve got
to be there, I might as well get active, and I’m a richer person because I got involved.

SM: The work with the lepers, was that part of your outreach program or your
civic action program?

JH: Yes.

SM: Could you describe in a little more detail some of the other aspects of civic
action that your med lab did in terms of, for instance, you mentioned a lot of work with
children and child diseases?

JH: We tested the prostitutes that would show up. They’d line them up and bring
them to the compound and they would let you do anything you wanted but draw blood
and we wanted to draw blood from them and you would think we were going to cut their
leg off. They do not like to have blood drawn. They could be examined by the doctor. I
didn’t examine female patients. They could be examined, but we wanted to test their
blood because that’s really how you determine most women. That’s a good way to test
men except men, they go there far enough it’s a little too late, not for syphilis but it is for
some of the others, and they want their blood drawn. But they’d bring them in so we’d
do that for this colony down there because we knew the men were going to go to it
outside the wire. That was probably, oh, and then the Vietnamese used these little, tiny
gasoline stoves to cook. They’re very primitive; they sleep on the ground, the average
peasant. They use these little tiny stoves that are fueled by gasoline. Well, gasoline as
you know is terribly explosive. They buy gasoline in Coke bottles and they’d explode
and they’d get terrible burns. They’d bring them to the compound and our compound
would treat them. They let their families come. This is very dangerous to do this
because they found out that many of the women and children were nothing but [?] and
they’d have a hand out and in the other hand they’d have a grenade. They used to throw
them in the back of our ambulances and blow up. The ambulance looked like a pregnant
truck after they did that, but anybody in the back, they were dead, so we were pretty
nervous about doing that, but they did. We let the families come. The families, well,
they’re very vocal people about their loved ones, but we used to take care of them. Most
stuff you never read about. Nobody would, you know, the protestors weren’t interested
in that. They don’t care. We did a lot of good for the civilian community. Some of the
stuff we did with people at Hue in the hospital was really pretty bright. There were some
German surgeons there that would donate their time, there was…the French were gone.
The French made a mess out of everything. The Germans eventually left and it was Navy
and Army that were helping out. The nurses and doctors go home at night and leaves the
patients with their families. We would go during the day. Frequently I would go with a
physician. Sometimes we’d take corps men with us.

SM: Along the same lines as that type of activity, of course the CAPS, the
combined action platoon Marines, part of their job was also civic action. Did you
provide support for them? I realize you treated them and helped them overcome some of
their parasitic infections and other problems, but did you provide other assistance to the
CAP marine units in the area in terms of their civic action or was that something they
received?

JH: The other thing we did for them was we always made Kool-Aid up and had it
in the refrigerator just for those CAP unit guys. It was like gold to them. We also
supported [?], not [?], what’s the advisory group in Vietnam called, was it [?]? Yeah,
who had a headquarters outside of the wire and a very heavily fortified compound I might
add and we supplied them with some of the clandestine stuff they were involved in. They
would have somebody that needed special treatment and we would be sure that they got
special treatment for something. We spent time over at their compound because they had
movies all the time and they had a big bar. I didn’t drink at all when I was in Vietnam,
anything that was alcoholic. I drank lots of pop. Beer was 10 cents a can. I do drink
wine, but I didn’t drink anything over there. It was sort of a mutual benefit for both of us
to be close. They knew what was going on, they let us know what was going on.

Sometimes we got advanced notice from them there was going to be a big battle before everybody knew anything about it and that would really help a lot to have an advanced notice, to get everybody on alert, because usually all of a sudden the chopper just like they do in MASH, all of a sudden the choppers come in and you may not have heard anything. In the Missouri, I mean, the New Jersey used to sit off shore and shoot the big guns over our head. The track to howitzers would come in in the middle of the night and you’d think that the world was blowing up when they start firing their guns, and of course whenever they do that they bring reciprocation, so it put you on your toes. The laboratory in a mobile lab was much more involved with total medical care than they are in other locations. I’m not taking anything away from the other locations, I don’t mean to say that, but we were very much involved with the whole program; all the people, not just myself. I guess that’s what made it kind of unique. Frankly, if I hadn’t been at the 9th med lab, we don’t need to print this I hope, I’d have probably been bored to death. That’s how guys got into drinking so much and doing all this dumb stuff; if you’re bored, you do dumb things.

SM: Did your mobile lab handle testing for animals and other things as well, the veterinary services that were provided?

JH: The dogs.

SM: Okay, so worked with dogs.

JH: Yeah, there’s a benefit to that and this guy mentioned it today; the

veterinarians had control of the food and we used to be beneficiaries of some of that. We’d get shrimp and steaks, and things that nobody else could get. That was basically all for the generals. Once in a while they’d serve GI’s steaks in the hospital, but we’d get some of the steaks that the guy was talking about. I once condemned a whole shipment of ham that had been sitting out in the sun for I don’t know how long and the vets brought some in, half a dozen cans in and we opened them up and you go [makes a noise], but we tested them and found quickly that they were loaded with microorganisms and they tossed the whole lot, so we were very close to the vets. That’s not something written down, its just…in fact, we didn’t refuse anybody who needed help, ever. Our job; we were not part of the hospital, we didn’t come under the hospital command, so it
was our job to do what was necessary. We were attached to the hospital for messing, and
if they considered their compound as the place we were in I guess you’d call it billeting
and their building, but really we were there before they were. I wouldn’t want to do it
again, but it was a very enlightening experience.

SM: And also, would you elaborate? You mentioned that you worked with 101st
airborne G2 on intelligence.

JH: Yes.

SM: Could you elaborate on that a little bit?

JH: I met the division surgeon, his name is Powers, Colonel Powers, came to see
me about something, I don’t know what it was, and found out that our lab was fairly
capable and also worked with their sanitarian who was responsible for keeping the troops
clean and one day this Colonel Powers came in and said, “We’re trying to determine
troop concentrations,” so I said, “Okay, so what do you want me to do?” and he said,
“Well, they almost always are camped along water ways, but we’d like to know if you
can check the water and differentiate animal fecal organisms from human fecal
organisms,” and I looked at him like he’d lost his marbles somewhere and I said, “I don’t
think so!” He said, “Well I’d like to see if you could,” so they were bringing…the idea
was to find out where the Vietnamese troops were. That’s how I got introduced to it. It
was kind of a G2 operation, an intelligence operation. Well, that never really panned out.
We couldn’t…we didn’t have the capability to do that because humans and animals
carried some of the same organisms. So, I got a call one day that there had been a special
operation, I don’t even remember where it was now, up near the border somewhere, and
it had to do with chemical agents and they wanted to know if I would be willing to fly out
there in a helicopter over the scene and take a look and see some of the stuff they’re
talking about, so I did which was a highly dangerous, stupid thing for me to do but I did it
anyway, and there was it looked like a couple of squads of Marines, it may have been
more than a couple of squads but that’s all I saw, but there were also men in [?] suits that
were dead and they were Chinese; at least that’s what I was told, they were Chinese.
People don’t run around in [?] suits unless there’s something pretty dangerous out there,
so I didn’t have anything to do with the [?] suits. That was the G2s problem. What they
did was they packed the remaining men who were there, some were sick, to the hospital,
and they particularly asked us to look for nerve agent poisoning, and nerve agent poisoning, if its not organo-phosphate, we can run [?] test and all the ones we had were highly suppressed. They would tell us that they were exposed to something of a nerve agent origin. All the Marines that went back to the hospital died. I don’t remember how many were there, it must have been 13 or 14 of them. I do not know whatever happened to…man, it’s cold in here. I do not know what happened to the system with the Chinese, but there was chat that there was Chinese involved. I’m sorry for doing that. But, my role, our role, was not involved in that. Our role was a testing role. In my opinion, there was a nerve agent used. When I got back to the States I was sitting in class in the advanced course and I got this message that I was wanted immediately in the commander’s office. I thought, “Oh Lord, now what?” The commander does not summon you unless he is going to pin a purple heart on you, and there were these intelligence guys there who made me identify myself. I said, “What’s up?” and they said, and he went through this ritual, “You were such and such and such and such?” “Yes.” “We want to inform you that it’s a highly classified thing and you are not at liberty to discuss that with anybody, period,” and I had to sign a statement to that. So, for years I didn’t say a word to anybody and then all this declassification stuff began to come down. It may be still classified, I don’t know, but certainly the stuff about biological warfare isn’t classified. Maybe some of the tests and stuff are. The Russians knew what we did, for Heaven’s sake, they had all the same things we did; not all. Anyway, little did we realize that was a major thing because that was the first evidence I learned that the Chinese had been involved at all in Vietnam.

SM: Did you remember what month that was? That was ’69?
JH: That was in ’69. I do not remember what month that was. I just don’t know.
That’s a lot of years ago.
SM: So when you came back to the United States, how were you treated?
JH: I was treated fine. You know, military families were not mad at each other.
When I went back to graduate school I was still under…there was a senior guy at graduate school, a lieutenant colonel, I basically reported to him. But, he was just like I was, he was a student, he says, “I don’t care about your hair or anything,” but I was under 6th Army because I was at Utah. Utah was under 6th Army. They kept writing me letters,
“Remember you’re military, you wear civilian clothes, you have to keep your hair cut,” and all this stuff, but there was going to be a student demonstration and the ROTC office called me one day and said, “We could use a little help over here.” Let me tell you, I was ready. It never materialized. There was 4 to 5 people showed up. We outnumbered them by a long ways and I was ready to do battle with these pin heads and there was a guy that was in graduate school in my group who was an anti war protestor and he was a marijuana smoker and I tried to goat him. He would never call me captain, he called me Mister and he would not fall for my little ploys. He eventually burned himself out with so much marijuana that they hospitalized him. I was not treated poorly. I never suffered through that.

SM: What was the most important experience you took away from Vietnam; how did the war most effect you?

JH: Well I guess the thing I most took away is that we wounded a million and a half people and lost 58,000 lives for what? We turned around and left it, gave it back to them, and it was a political war. That was a heck of a price to pay to fight a political war. I mean, you go there now and its all under North Vietnam. Saigon’s now Ho Chi Minh City. I guess that’s the bad side. I feel very badly about that that 58,000 paid their lives for us to walk away. We took Hamburger Hill and walked away from it, which is beyond me. The good side is that I saw a lot of good things in people. Everybody over there was at risk and they were all willing to pitch in and help. I had almost no trouble with my unit and I can’t remember…oh yeah, there were some problems. Not with my unit, but drugs were starting to be a problem. The major’s helicopter pilot got stoned one day and took the helicopter off and went on this rampage of buzzing everybody and they hauled him into my lab in handcuffs with the stuff they got out of his pocket and said, “Can you identify this?” Well marijuana’s easy to see in a microscope; its very characteristic, and I don’t know what they did with that guy, but that guy must have lost his senses or something to do some stupid thing like that. To me Vietnam was a real learning experience. I learned more about disease than I ever knew in my life; hands-on actual disease and injuries. You can’t learn that kind of stuff without being involved. When I was at Fort Lewis we used to teach the rangers medical skills; how to suture, we used to do the traumatic injuries on animals using the bolt gun which is basically a painless
procedure for the animals. The Grenada operation, some of the medics that we had
trained were heroes. I mean, decorated highly for some of the work in Grenada. You
know, it takes, and I wasn’t…I say we, my unit, my clinical investigation, it takes…you
take any medical person and thrust them in a combat situation, they’re a fish out of water;
doctors know how to suture, they know how to do belly wounds, I don’t know how many
sucking chest wounds they’ve seen in their life from a missile. We’re all in the same
boat, and you can’t help but learn. If you don’t, there’s something wrong with you and so
it was a very good learning experience that’s happened. I also, for the first time,
witnessed the horrors of war. Its horrible. I’ve been around since the second World War
and that was horrible. I know many men we lost. We dropped more ordinance in
Vietnam than all the wars up to that time, and it was the advent of the helicopter that
probably created a lot more wounded, saved the wounded from being casualties
dramatically. Emotionally, it bothered me for quite a while. I was…even today I’ve
thought about that guy’s head since it came up. When I heard this guy talking I was just
having flashbacks of remembering people like that, but in some ways this is a good
meeting for me. It’s the first time I’ve ever gotten involved with my past, and you’re the
first one I’ve ever talked to about this at one time; ever. You know more stuff than my
wife knows, and she knows very little.

SM: Well thank you. You mentioned drugs, that helicopter pilot; I meant to ask
you about drugs and drug testing in your lab. Were there many drugs used in your unit,
and your lab did do…were they part of that drug testing system…

JH: We did not have a tox lab.

SM: Oh, okay.

JH: We could test for some individual things, but it was a long method. We
couldn’t do diazepine studies. We had a good enough chemist that could…we did a kind
of a gross test to see if people were taking the [chlorophen ?] pill. You test it in urine. It
was called a Wilson-Edson test, enough to find out that Marines were the biggest abusers
of not taking the pill, and they also had the highest malaria incidence including the
general. The general got malaria. But no, we could check a few things and to be honest
with you I don’t even remember what it was. There were some things; we could do
aspirin, we could do [salicilates], we could do….but we couldn’t do the
[benzodiazapines] or anything like that like they do in emergency rooms.

SM: What about drug use?

JH: I knew there was some marijuana. The bad thing was the Vietnamese used to
lace their marijuana with cocaine, and you could buy it on the street pretty cheaply. You
could buy pornographic playing cards and a marijuana joint at the same time. The
pornographic cards were another thing. They were truly pornographic. Around my area,
it was not a big deal. Now, we did…the other thing that came up about that time was
fragging. One of the chaplains got…he didn’t get fragged, he was talking to a 1st sargent
that got fragged and the chaplain got hit in the butt with fragments. He fell over
backwards when he saw this [?] well the sargent was sitting on one side and he was
sitting on the other, he fell over backwards and the reason he got hit in the butt was
because his butt went up in the air when this thing went off. That was becoming a reality.
On my compound, the supply sargent of the 85th evac walked into one of the men’s billets
and opened fire with an M-16. His name was Smith, I’ll never forget this, Smitty they
called him; quiet, unassuming guy, just flipped. I have no idea why he did that. I never
heard why, or if there was any reason. He killed 3 people. Same billets…I had 3 of my
men in there, they weren’t in there at the time. That was kind of close. Drugs were not a
problem. Had one man caught with marijuana going back to the States who had already
been accepted to medical school. His acceptance was cancelled. 2 years later he wrote
me a letter, no, he called me; I don’t know how he found me, and asked me to write him a
letter of recommendation and I said I would because he was a bright kid, and he wrote me
back and said he did get accepted. That’s the only contact I’ve had with any of the
people since I was there. When you leave Vietnam, I’m sure its true of any area, they
have what they call the barrel of no return, no questions asked, throw it in here; weapons
if you don’t have it cleared, ammunition, whatever, and they had this whole list of what
you should not have, and why everybody would try to beat that is beyond me because on
the other side of that they had the dogs, and they don’t miss anything, they really don’t. I
was the commander of troops once as an ad hoc position and we went through the lockers
looking for drugs back in the States and the dogs are unbelievable. They sniffed out bags
when we came in. Even in Vietnam, you’d think why were they interested? Well, the
Army still has standards.

SM: What lessons do you think we should take away from the war?

JH: Well, the US has sort of set itself up as a protector of the world and I
honestly can’t say if that’s right or wrong. I mean, you look at Desert Storm and you
look at Korea, and we both made the same mistake; we didn’t go far enough. Korea, we
tried to… I mean, we never had a 38th parallel. You know [?] and the Gulf War, we could
have gone all the way to Saddam. We could have overrun Baghdad. We should have, I
think; I mean, why push and then quit and then you end up with a problem worse than
you had before. I’ve always been a person of if you’re going to go, go for the goal.
Don’t do a half assed job. Should we be involved in all things? That’s a tough decision.
I think with so many of these little splinter groups out there that are capable of making
bombs, atomic weapons, and capable of causing terrorist acts, I guess somebody has to be
the police. The United Nations, they’ve got themselves in a hole right now and Sri
Leone, did you hear that Somalia we really got… did you hear the guy talk about that?
That was a good example. That was a traceable right to a commander who refused to
give the proper support. That’s terrible. The downing of that aircraft where the Delta
force went in and failed was another example of if you’re going to do it, do it right. I
liken this to being in Vietnam as using a fly swatter, I mean an artillery shell, to bat a fly.
You had the capability to do anything we want to, and I’m not a rifleman, I’m not an
infantryman, I’m just a medic, but historically, you’re a historian, historically I think
you’ll find that we get in more trouble when we don’t do the right things than we do
when we do a half thing. Is that not true, for the most part?

SM: Yeah.

JH: And Truman used to say that history will piece itself. Napoleon did too, I
think. Wasn’t he the other one? And I believe that. Should we abuse atomic bombs? I
don’t know. We saved a lot of lives is all I can say, American lives, but we also killed a
lot. That’s a tough question. I learned that its like football, I played a lot of football; you
can have a good offense, but you better have a good defense, too, and we usually have
both capabilities and we use out defense too much. It gets tiring. I don’t know that there
is a right answer to that. I saw some funny jokes that your colleague…is he your
colleague or is he one of your professors?

SM: Oh, he’s my colleague. He’s my boss technically, but…

JH: I mean there’s a lot of truth in that, some of those things he put on the screen,
and I think that’s what the public sees. Surely we don’t want all hawks in government,
but we don’t want all pacifists either, so there’s got to be a balance. I think its more than
just American lives at stake, too. I remember ’62 very well. My basic class, half of them
went to units down in Florida. We were close. Where’d I go? I went to the Army
hygiene agency. I was a real threat to everybody. You probably get 10 different answers
if you ask 10 different people. I don’t know about our Vietnam veterans. The medics
probably would give you different answers than the infantrymen would, and I’m talking
about not necessarily officers, but the enlisted guys. The guys comment about the Air
Force has it right; they send their officers out on the front line and enlisted men stay
behind. I think that’s pretty funny. The heroes aren’t officers, they’re enlisted men.

NCOs are the real strength of any of our corps. I recognized a long time ago when I was
an enlisted man who were the strength. That made me a better person, a better Army
officer being enlisted for a year. All I know is I don’t want to go to combat again. If I
were called I’d go and my wife knows that and when they had Desert Storm I told her, I
said, “You know, I could go. They could call me. I’m still young enough,” and I’d go if
they call me and she’d probably bolt me to the doorstep. Another reason why I got out
besides I was tired of the green was she was scared to death I was going to be shipped
somewhere because I was the only field experienced commander in the laboratory, active
laboratory group; the only one left. True. I guess history will find out if we did the right
thing or not; so far, its kind of the votes are saying you didn’t do much except kill and
wound and get your people wounded, but I think we saved a lot of Vietnamese. I look at
it from the stand point as we provided a lot of care for Vietnamese. I saw kids, first kid I
saw that came into the pediatric unit was a kid who had [askarid], [askariasis], those are
worms, and this kid regurgitated these round worms that were about this big, a whole
blob of them and it almost made me throw up watching that. I studied that [pursatology]
but I’d never seen anything like that. The next kid I saw was a kid that had scabies,
which is a mite infection. The whole little babies body, it was a little female, up into the
vaginal area, her whole body, a little young baby, probably less than a year, so you give
the medicine to the mom, give her the soap, and she walks out and sells it at the front
door. You go [makes noise]. I saw whooping cough like I’d never seen it before. On
Guam, I was on Guam operation, Operation New Life for the repatriation of the
Vietnamese. That was after Jack Albertson closed down the med lab and everybody was
escaping, that was in ’75, I went to Guam as a commander of the 1st med lab mobile
under a different medical group. We had 2 field hospitals and about 120,000 Vietnamese
there. Sick, oh terribly, horribly sick people and I fought the whole battle again except
nobody was carrying weapons except the MPs. That’s where I saw whooping cough;
first time I’d ever seen whooping cough in a kid. Whooping cough is quite prevalent in
coma. Usually, lab people don’t see, like me, I was a lab director out of the Army and
had 28 labs I was directing as a civilian. You don’t see that, but in Guam I saw this
[paroxysmal] coughing going [makes noise]. You’ve heard people with the [croup]?
Well, it’s must worse than that. We had 70,000 cases of conjunctivitis. TB was an [?]
infection. We had just about everybody. These people were really sick; that wasn’t
combat, nowhere in Vietnam, but saved people. I met Kim, honey, she came through
Guam; Kim that’s here, the one that’s real trim, had the blue dress on. Were you at the
mixer last night? She lives right near us in Parkland. She came through there and I
trained 8 Vietnamese doctors there who have less training than pharmacists in Vietnam.
One of them came to Maddigan under a preventive medicine residency and I was on the
academic committee and he remembered me and so we had a little reunion. Now he’s
probably retired from the US Army, but he’s an MD. He had gone back and got a year’s
extra training and was in a residency, so some good things come out. Teaching and
training is fun; its hard work, but its fun. You’re going to find out one of these days.
You’ll be teaching and training a graduate student, maybe. Right?
SM: Maybe.
JH: Boy, we took a lot more time than an hour, didn’t we?
SM: We sure did.
JH: You knew that?
SM: I did. Would you like to add anything else?
JH: No, I appreciate you listening to me.
SM: My pleasure. I thank you very much.

JH: Huh?

SM: Thank you very much.

JH: It’s my pleasure, and hopefully I didn’t block us out of anything.