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This Transcript is a continuation of the previous file.

NOTE: Any text included in brackets [] is information that was added by the narrator after reviewing the original transcript. Therefore, this information is not included in the audio version of the interview.

1 SM: Now you had mentioned the Ia Drang Valley in that article. I was curious,
2 were you there during the battle for the Ia Drang, and did they come in, casualties come
3 in to the [8th Field Hospital](#) during that campaign?

4 MM: You see, yes, but I can't...you see, it's very hard because what you need,
5 what you'd like to have if you could, is not only perfect recall but have the military
6 historians, artists, photographers, and historians, giving you this information right as
7 things are going on. From 1965 to 1966, we would have many times where we would
8 have large numbers of patients coming in. At one point, large numbers of Marines came
9 in after the...and this may correlate with some of your other oral histories, when they
10 landed in Da Nang way North of us, their medical support was extremely limited. They
11 had some Naval surgeons with them who visited with us and borrowed some of our
12 supplies and stayed overnight at some of our facilities just to rest up and then go back up
13 to Da Nang. So, I wouldn't know, and maybe only in retrospect, by going back and then
14 finding out where they were from, do you understand what I mean?

15 SM: Oh, yes sir.

16 MM: If a huge number were to come in from the Valley, at the time all we knew
17 were they were coming in and we had to get ready for that. The historical aspect of that I
18 didn't know at the time, and the same with the Korean troops. I didn't know the battles.
19 Many of the patients that we had from all over, whether they were Australia or other

1 allied forces, it didn't always have the luxury of time to understand exactly all the
2 implications of where they were and what they were doing. So, I know I mention that
3 because I was able to find that out. What I'm saying also is that there are a lot of this
4 chronology from the medical perspective has been put together very well by the Army
5 Medical Department and many people that have written on it. Military Medicine, that
6 journal that you cited the quotation, has abundant articles that have been written over the
7 1960s, '70s, and subsequent to that, which makes much better record of many things than
8 I was able to do. One of the doctors we had there on the medical side, and I work
9 very...we had really good teamwork because if they weren't busy and we needed help in
10 the mass casualty area at night or day when 30 or 40 or more people would be coming in,
11 everyone rolled up their sleeves and did what had to be done to participate in the
12 teamwork and help run the post op awards. One of the doctors, Dr. Hanslett wrote an
13 article on some of the medical aspects like typhus, typhus fever, and that was written up
14 in Military Medicine. I ran across that not too long ago. So, that's sort of the way we
15 were running, not knowing always exactly what was happening. By the way, there was
16 one other group of patients, both outpatient who'd come in for immunizations and we had
17 a little humor out of all of that because they were a wonderful bunch of people, but we
18 never knew what they were doing. We never knew what their mission was. But, they
19 were pilots from I believe Taiwan and again, in Vietnam history, someone will have more
20 detail about what they were doing but we weren't sure, we ever knew the right name
21 because they were really not supposed to be known as to who they were. But, they threw
22 a wonderful party for the hospital in appreciation for all that we were doing for them,
23 both treating a wound or getting them immunizations, checking blood pressure, whatever
24 it be, and they had a compound in [Nha Trang](#), meaning a nice villa with a big wall around
25 it and it's plenty of security and they hosted a typical Chinese dinner for us. If you
26 remember seeing Nixon when he went to China, when they would be toasting he would
27 put this little glass up to his lips and I never knew whether he was drinking the whole
28 thing or just letting it touch his lips and then putting it down. But, these pilots and folks
29 made it very difficult for us because they could tell that we weren't drinking the white
30 wine, rice wine, whatever that potent stuff was. But, we had a lot of laughs and had a

1 wonderful time with that group of people. We were appreciated and that appreciation
2 was shown to us by this group of allied support that were operational in the theater.

3 SM: You had mentioned in the questionnaire too that you provided some
4 assistance and support to Australian and to other forces?

5 MM: That's correct.

6 SM: That were operating in that theater?

7 MM: Yes, but it was a small number but they were there. If we have a moment
8 here, it's something I was able to follow up on, all the experiences that we're going
9 through right now in trying to give a perspective of being in the war zone at the time, and
10 to try and conduct certain research at the same time to do all the other work we had to do,
11 there are moments that still stand out and what happened to me, a lot of what I'm talking
12 about right now may be different than some other historians and people that you're able
13 to communicate with. This is important I think for history and that is many of these
14 experiences that I'm reflecting on now I kind of dropped after I got out of the Army and
15 out of the regular Army and resigned after my tour of duty after leaving Vietnam and it
16 was sort of buried for a while, but much of what I'm talking about right now is almost a
17 third phase long after having left because all of what I'm talking about now, the
18 experiences of dealing with mass casualties, how to deal and work with the civilian
19 community, how to coordinate with logistics, how to coordinate with the nurses, how to
20 coordinate with the Red Cross, how to do so many things, when I decided 17 years later
21 in 1983 after doing no military, no nothing, just day to day civilian work at the Aetna
22 Life and Casualty Insurance Company and I decided to get my commission back and
23 rejoined as a reservist and then ultimately retired, a tremendous amount of experience of
24 everything I've just talked about - and there's tons of other stuff to talk about - I used and
25 reflected on and tried to pass on to the troops that I had to work with in the reserve from
26 basically 1984 through 1995, and the lectures, the conferences, the mass casualty
27 experiences, the training, all of that I was still drawing on that one year from what
28 happened before and some of what happened after, but it's never left me, and here I am,
29 what are we, 35-36 years later and I'm still trying to make something of it all and still use
30 some of this information. So, it was not like it stopped and never came back. I've been
31 able to use much of what we talked about again and again and again. One example that

1 I'm not sure if you touched on it, but when we're talking about [landmines](#), many of the
2 patients both in the provincial hospital, the [ARVN military hospital](#), and many other
3 settings that I was in and had chances to visit amputations and injuries from landmines
4 has never left us. I had done an exhibit at our hospital and Oscar Hampton, a consultant
5 to the Surgeon General, who was General Heaton at the time, Lieutenant General Heaton.
6 I believe that's the correct sequence there of who's who. [I set up an exhibit of](#)
7 [photographs of the landmine injuries](#) that we had at the [8th Field Hospital](#) so that when
8 Dr. Hampton visited us as a consultant he could just see an isolated group of cases related
9 just to what the impact of landmines happened to be. Well, of course being the collector
10 that you've heard me talk of being a collector, those slides, 35 millimeter slides, and the
11 brief case histories became a paper that I gave on several occasions to the Army Medical
12 Department and reserve unit that I was associated with because many of those people had
13 no concept of the nature of the landmine injury, to see it photographically, see the x-rays,
14 and so forth. So, I think this may be different from some of the other experiences of folks
15 that you've talked about, and might be of interest.

16 SM: Yes, sir. You mentioned in the questionnaire I believe that one of your
17 earliest experiences, one of the first casualties that you remember, is an officer that had a
18 landmine wound.

19 MM: Yes.

20 SM: A lower extremity wound?

21 MM: How I got started with that and developed a whole paper on landmine
22 injuries, but that's become such a global issue. That's become and has been for many
23 years Nobel Peace Prize winners for the fight against landmines, again, has stirred up
24 former orthopedic surgeon at the [8th Field Hospital](#), namely myself, to look at what was
25 going on. We saw it in Afghanistan, we saw it in Africa and Angola and the kids that are
26 still getting maimed in Cambodia and Vietnam. There were some people from
27 Manchester, Connecticut a few years ago that went over to help try to sort out the
28 landmine fields so that the Vietnamese population wouldn't be walking into the
29 landmine. So, none of this has left me. I'm still somehow trying to at least do something
30 with that whole experience. Can I mention something to you here?

31 SM: Yes sir, absolutely.

1 MM: Through the Reserve Officer's Association, the acronym there is ROA, a
2 nationwide organization of officers and there are many other military organizations, as
3 you know. You've visited with people from the Vietnam Veteran's Association and
4 Veterans of Foreign Wars and whatever. But, I was asked here by the professor of
5 history at Trinity College back in 1998 to give a lecture on the Vietnam experience to a
6 history class at Trinity College and here I am again back in 1998 trying to recount what
7 all this meant. It seemed to me at the time when I did that, I talked about it yesterday, the
8 intricacies of the experiences with Franciscan monks at a [leprosarium](#) to be working with
9 people in the military hospital, the Vietnamese military hospital, [an orphanage](#), the types
10 of wounds and injuries to the civilian and military population, and the class was so
11 responsive to this kind of information and the paper that I put together, at that time, made
12 me think about an awful lot and then I started to dig into the resources from the Vietnam
13 Center and the Indochina Chronology and various websites because I, again, hadn't
14 looked at some of the other facets of all of this. But, what I wanted to touch on, if you
15 thought there'd be some interest to it, it turns out that to be back at Trinity when here I
16 was in 1998, in 1970 I had for the first time, I don't know what I was doing at Trinity, I
17 ran into some students and I signed a petition to Thomas Dodd, United States Senate, and
18 I had a copy of it here. Can I read that to you?

19 SM: Sure, go ahead.

20 MM: It says, "I'm sending you this letter to voice my strong disapproval of the
21 Southeast Asian Conflict which has been extended into Cambodia. Although you are
22 probably busy with your campaign plans, I hope your efforts in Washington will be
23 devoted to ending the American presence in Southeast Asia," and part of all this
24 transition, trying to paint the scenario of what was happening to somebody who had
25 probably one of the most meaningful professional experiences during 1965 and 1966 and
26 finish up a short few months and year after that and then getting out altogether, but
27 watching the development of things after that. Here I was in 1998 back at Trinity talking
28 about all this and at the time I drafted a letter to Nixon which would have been about
29 May 1970 and in that letter, which the way I have it and the way I think I see it here, I
30 never sent it. I wrote it, and then I don't know why I didn't send it. I should have, but I
31 didn't. I wrote and I said, "Mr. President, I just signed Trinity College student's petition

1 to Senator Dodd asking for action to get the US out of Cambodia and Vietnam,” and I
2 said, “I’d never written or signed such a paper, or believe that I could ever do that,” and I
3 mentioned that I’d always been a member of the silent conservative majority, but that as
4 an American and a veteran and a father of two boys and a girl, that here I was writing
5 this, and I’d never written to a president before. I said that, “The issues today are too
6 overwhelming to be sidetracked by my usual wishful thinking,” and I said, “Mr.
7 President, you learn to accept defeat in politics,” this was 1970, “But nonetheless became
8 our country’s leader.” And I went on and I said two paragraphs later that, “I can no
9 longer condone the loss of one more American life because of this conflict.” I had a lot
10 of concern about my own sons, if they were ever called on to serve. Of course they were
11 a little bit young at the time, but I asked for action now to put an end, as Commander in
12 Chief, to this entrapment that we were in, what I called the ‘Jungle Quicksand.’ I’d seen
13 so many perspectives of this that I even had a pin tacked on to some of this memorabilia
14 that I support the Vietnam veterans against the war, one of these big pins that you stick
15 on your jacket or wherever. I didn’t wear it anywhere; I just had it and sentimentally felt
16 at the time that things had gone too far. I’d been up and down, both on the professional
17 end, a huge gap, concern about what we were doing, and then had a whole resurgence of
18 the professional use of a lot of the data and experience in training future reservists who
19 then went off to the Gulf War in 1990 and ’91. Those kind of folks were looking for
20 experience, like I talked with you about before, the experience of World War II and
21 Korea that was passed on to me, and I felt an obligation or at least a sense of wanting to
22 continue to do that.

23 SM: While you were in Vietnam, you mentioned that when you first got there it
24 was kind of laid back, and then of course as the American military presence increased,
25 the tempo of your operations increased in support of that.

26 MM: Oh, sure.

27 SM: As that happened, did you begin to question at all at that time?

28 MM: No.

29 SM: You didn’t start to question it until afterwards, after you got back from the
30 war?

1 MM: Oh yeah, and maybe up into 1970. I got out of active duty in June of 1967
2 and resigned and went into civilian career. But, no, that wasn't my thought at the time. It
3 was to do the work that was to be done, the surgery, the civilian relationship. One
4 thought also, you asked yesterday a very good question about preparation. I had asked
5 about taking a course at Fort Belvoir or if the Army had a course in Civil Affairs, which
6 has gotten a lot more attention in the last number of years, Civil Affairs Teams, and I was
7 told that I didn't really need it. I was going over as a doctor and doing my work as an
8 orthopedist, so I never did get that assignment. But, I had requested some background
9 and experience in civil affairs, and I think it would have been helpful, but maybe from
10 my own way of doing business, maybe I was a one-person trying to do a civil affairs team
11 of my own.

12 SM: Well, you mentioned your work at the Provincial Hospital or Clinic. Was
13 that something that you did on your own, or was that something that the Army sort of
14 supported and endorsed? How did that work?

15 MM: I would say that dating back to when Major Walton was there, he had been
16 a senior resident over me during my training and then went on to a tour over there, and
17 knowing what he did and what he established, and then whoever followed him, I don't
18 have the names, but that had been set up but not as regular a basis. There could have
19 been any excuse not to run the clinic, being tired from being up all night before, or
20 whatever. So, no, we just went on and did that on a regular basis. One of the patients, by
21 the way, that might be of some interest to future readers, one of the patients at our
22 hospital was Barry Saddler, and we had him as a patient in July of 1965. Again, he was
23 with the 5th Special Forces. Do you recall that name?

24 SM: Yeah, he wrote The Green Berets.

25 MM: Yes, and what I did for the...by the way, there's a website I just tried for
26 the heck of it yesterday, and there is a website, www.barrysaddler.com and whoever
27 developed this page has photographs of him and talks about his black belt and being a
28 soldier and a singer, and shows him with a guitar. So, it might be interesting to look that
29 up. The reason I mention it is that he came in with a wound of his knee and an infected
30 knee, and we found out subsequently from him or whatever that in some maneuver that
31 he had been out on with his team, he got stuck in the knee with one of these sharp

1 bamboo...they're called punji stick type of items that can cause quite a mess. In his
2 instance, we were able to get it under control. But, what I did for the class at Trinity was
3 I started my talk with a...I played the recording with the "Song of the Green Beret" with
4 Barry Saddler singing it. I had a tape recording of that. The other one is the "Salute to
5 Nurses," which is a very stirring one for me because I had an awful lot of good work with
6 the nurses that I had at the time that I was there. I played both songs to start off my talk.
7 So, that was kind of one of the interesting sidelights. He was sitting up in bed with his
8 knee wrapped in dressings and whatever we were doing for the therapy at that time and
9 he was strumming away on his guitar. Unfortunately, I don't know what he was singing
10 or what he was playing that may have been the groundwork for what came in the future,
11 but that was imprinted in my mind for all these years. I found my little scribbled note. I
12 couldn't keep copies of all my typed reports, but I always scribbled a form or a note of
13 the date, and like it said, "24 year old Specialist 5th Class, Spec 5, authrotomy," meaning
14 surgery of the knee, "22 June, Saddler," and that's all I kept. Then, I had the pathology
15 report about the infected tissue. How I happened to keep that, I cannot possibly recall,
16 but I found it in my folder because I didn't know he was going to become as popular a
17 figure as he ultimately did. How did you happen to remember those early cases that I
18 spoke about? I had mentioned that in the questionnaire?

19 SM: In the questionnaire, yes sir. You mentioned it in the questionnaire.

20 MM: I had another one, and what's very hard in trying to keep up with...in
21 working in a theater of operations like that, policies are set where you have a certain
22 amount of time you can be with a patient. If they don't get well and go back to duty in
23 the area, called an evacuation policy that people have to be out by a certain number of
24 days. You can't clutter up and keep a hospital filled with everybody that you'd like to
25 keep forever until they're well. We were able to get him...I believe we were able to get
26 him back to duty, and I don't have his military records, so I don't know what happened,
27 but one other case that was very early on in the treatments that we were doing, and I
28 found a copy of that where he had a sergeant from the 101st Airborne and I have a
29 photograph that he sent me of when General Waters, General Waters, Jr. who was the
30 Commander in Chief of the Army in the Pacific at the time, he was giving a Purple Heart
31 to this particular sergeant from C Company, and it says here, "237th Infantry, 101st

1 Airborne,” and his accident was another one of these very early on situations for us
2 because it was early in the tour. I don’t have the exact date. But, a grenade explosion
3 had removed his entire leg all the way up to the hip joint so there was no hip joint and no
4 remaining leg. I was able to stay in touch with him over the years and one thing that we
5 did as part of the rehabilitation process, and that is whenever mass casualties came
6 through or individuals, the philosophy that I had and I would maintain if I ever went back
7 and could do it again, and that was any injury and anyone that came through, and some of
8 them were pretty difficult to look at because they were pretty complex injuries, I would
9 say...let’s say this person who had the amputation of the entire leg. I knew that he had
10 that amputation and we would stabilize him and make sure everything was under control
11 and get him into the operating room. I would say to that individual, “Let me see you
12 move your other leg.” I’d pat him on the knee of the remaining leg and say, “Here, lift
13 this up. Tighten your muscles. Move your arm around. Do whatever,” and we did this
14 on everybody that I had anything to do with, no matter what the injury was. The idea was
15 we would treat what had to be treated, but the philosophy was, “You’re going to function
16 and move and get mobilized,” and I was not personally oriented heavily towards heavy
17 doses of medication to have everybody zonked out and non-functional. What I did the
18 next day was we got one of the people from our staff and we got him to stand up on the
19 remaining leg. You know, to an individual who is so badly injured to see the following
20 day that he can stand and move around was pretty rewarding I think to him. He told me
21 over the...I have the last letter from him, one of the last letters because I followed up
22 when I was at West Point and wrote to him, exchanged Christmas greetings, and he was
23 officially retired in November of 1966. He was progressing well. He had extremely
24 positive attitude, and he says he’s quite the topic at the US Veteran’s Administration
25 Hospital in Ann Arbor because of his recovery, and he said, “I walked unaided on my
26 artificial leg for the first time. I wore it,” and he said, “There’s a rehab movie made of
27 me by the VA officials which I think you might be interested in, and I believe I can
28 arrange for a copy to be sent to you.” Unfortunately I never saw that, but he sent me a
29 copy of a photograph of him with his artificial limb and a picture of him in uniform to go
30 along with that. So, one of those serious cases, I believe it was a grenade explosion, not a
31 pure landmine injury. We were able to follow up. You asked about the care and what

1 happened to people, and part of the difficulty as a physician is that we couldn't follow
2 people the way I would like to. But, Walter Reed Army Hospital in Washington was
3 very good and there were times I would get the hospital summaries of somebody who
4 was getting discharged from the service or from the hospital and I would get the
5 summary and it reminded me that, "Oh yes, so and so was at the [8th Field Hospital](#) in
6 August of 1965," and here I would be getting the summary sometime in late '66 or early
7 1967. So, I was fortunate to be able to get a few follow ups like that to show that some of
8 the care that we had been giving was working out okay, and there were many others that
9 never left our hospital and are now commemorated on the Vietnam Wall in Washington,
10 but that's another story.

11 SM: I'm curious; you mention that there was only a certain amount of time when
12 they could stay in your facility, the [8th Field Hospital](#)?

13 MM: Yes.

14 SM: About how long would you say was the longest incidence?

15 MM: I think it was like a 15-day policy, where you had to begin to plan that if
16 they weren't able to leave, go back to duty, or return to their unit, that by the 15th day you
17 had to be ready to have them prepared for evacuation. We had a terrific liaison with the
18 Air Force aero-medical evacuation program through [Clark Air Force Base](#) and they
19 would come into the hospital sometimes with their surgeon and if we were extremely
20 busy they almost were willing to take some handwritten reports instead of typed reports
21 just to make room for us to take on the additional patients. That's how that policy would
22 work.

23 SM: They would go to the Philippines?

24 MM: I'm sorry, say again?

25 SM: They would go to the Philippines?

26 MM: Yes. Most of the ones that I recall were going to the Philippines. I'm not
27 sure if Okinawa was functional. There's a friend of mine who I trained with at Brook
28 Army Hospital eventually was commanding a [KB team](#), orthopedic medical detachment
29 up in Okinawa and some may have gone there. Some may have gone directly back to the
30 United States. I didn't always have that clearly in mind.

1 SM: I was curious, the issue of length of stay in your hospital, how much was
2 that dependent upon say for instance the nature of the wounds? I would imagine with the
3 humidity and the germs and everything else, all the other problems that you might
4 encounter in Vietnam, if you had a compound fracture, it would be very difficult to set
5 that fracture and also keep it open so that the wound aerates and cast it so that the bone
6 heals. So, would those types of factors automatically result in saying, "This guy, there's
7 no way that we can get him fixed up in 15 days and back to duty, so we might as well just
8 ship him now?"

9 MM: Yes. So, the question is...

10 SM: I'm just curious, could you make quick decisions like that about certain
11 types of people? You just knew, after you stabilized them, after you got them fixed up as
12 much as you could, that the convalescence was going to take much longer than 15 days?

13 MM: Oh, sure. You do all the techniques of war surgery and war wounds.
14 Refinements got better and better after World War II and after Korea. There were lots of
15 experiences. Many of the patients that were brought into us by Dustoff, which was the
16 medical helicopter service that we had, called it a service, they were the units, the warrant
17 officers and other officers and enlisted that handled the aero-medical evacuation from the
18 Ia Drang Valley or from the Cambodian Border and we would see patients so much more
19 quickly than had ever happened before in war zone where you couldn't depend on
20 ambulance runs through rotten roads and muddy hills. It was a matter of getting someone
21 out of the jungle or troops in quickly. We would do under good quality anesthesia; our
22 operating rooms were in beautiful shape. If you talk to other doctors and nurses and
23 health professionals who were in other facilities in Vietnam, there will be other
24 experiences. But, we had beautiful operating rooms and good lighting and ventilation.
25 They were air-conditioned. I wouldn't mind being operated on in that setting. So, once
26 the initial treatments are done to take care of the initial injury, stabilize the person, the
27 whole person, make sure that person is able and that the wound has been cleaned and the
28 limb stabilized, whether the bone is broken or not, or the blood vessels or nerves are
29 damaged, whatever, once the determination is made as to the severity of that particular
30 situation, then we were put on whatever appropriate splints, casts, and dressings, and then
31 that patient would be earmarked for as soon as they were stabilized for the next flight that

1 would be coming in. Again, we were right near the airfield so we were able to have
2 ambulance runs going back and forth whenever the Air Force came in with their teams.
3 That's how that policy worked, where someone like say Sergeant Saddler, and I don't
4 have the full document here to recall every specific of that, but let's say that smaller
5 wound and infection got cleared up and let's say by ten days or 12 days he looked pretty
6 good, we might have him stay on our convalescent ward where he could stay longer with
7 the expectation that return to duty was going to be feasible. With many of the Special
8 Forces, you were certainly dealing with highly motivated, experienced troops who were,
9 in many instances, anxious to get back to duty almost no matter what. So, that kind of
10 gives a little demonstration of the aero-medical evacuation that was going on to [Clark Air](#)
11 [Force Base](#). I had one other thing happen to me that got me over to the Philippines that I
12 had never anticipated. I had two opportunities like that. One, I think it would have been
13 in December of 1965, just before Christmas. There was a very well known hand surgeon,
14 specialized in surgery of the hand from the Oxner Clinic in New Orleans, Dr. Dan
15 Reardon, and he was an Air Force surgical consultant. Remember I mentioned that often
16 civilian experienced surgeons were civilian consultants to the military, and Dr. Reardon
17 was in [Clark Air Force Base](#) for a seminar there, and somehow, I can't recall, but I got
18 orders to go to that seminar from the [8th Field Hospital](#). I had one set of civilian clothes,
19 like a tropical gray suit or something and a white shirt, and then I had my fatigues or my
20 battle dress type uniform, and a little bag, and I was over at [Clark Air Force Base](#) having
21 dinner, a very nice dinner at the officer's club. This shows you how the system really
22 worked at the time. Someone came over and asked me to go to the telephone and I was
23 informed by the Red Cross in [Nha Trang](#) that my father had passed away. I went back to
24 the dinner table and the commander of the hospital I guess was sitting across from me,
25 and I told him what happened, and he got up and expressed concerns and so forth and
26 took me outside and they arranged instantaneously for whatever the next flights were to
27 cut orders for me to come back to the United States. So, here I was on leave...not leave,
28 but on orders for a meeting with a consultant in the Philippines at [Clark Air Force Base](#),
29 and I found myself through the networking that the Red Cross was able to do to track me
30 down, and there I was on the way back to New York City for the funeral. Then, of course
31 once all those arrangements were done and I was just about getting organized from the jet

1 lag when I flew back to Vietnam and started the last part of my tour over there. So, that
2 intervened in the middle of this entire one year. So, you can see some of the emotional
3 highs and lows that took place for just one surgeon, no less so many other people that had
4 so many other experiences over there. So, I got to [Clark Air Force Base](#) that way.

5 Another way I ended up getting a real hands-on experience that I had never had on the
6 Army side, but the way I got out of Vietnam at the end of my tour a few days early, I
7 think I put that in the questionnaire, was that there was an explosion at the air base that
8 we were co-located with. I keep calling it the air base but I think the correct name for
9 those was Long Binh. I found a little courtesy card that I had for membership in the
10 Long Binh Cockpit Club where you could go over and get a beer or whatever else, Long
11 Binh Airport. But, there was an explosion and there were some casualties from that, one
12 of whom had sustained some serious burn injury. They wanted a doctor to go back with
13 the patient. I don't know that they didn't have one on the airplane, but they wanted
14 someone to accompany this patient. So, there I found myself leaving maybe...I had
15 already had orders to leave at the end of my tour, but they moved it up, I don't know, a
16 few days and I ended up going back all the way to San Antonio courtesy of the great
17 United States Air Force and their aero-medical flight. So, I accompanied that patient plus
18 a number of other patients on the way back with the nurses, the flight nurses. So, there I
19 ended up back in San Antonio where I had trained a few years earlier, and after resting up
20 and doing whatever I did I got together with the Chief of Orthopedics and we made
21 rounds back on the same floors that I had trained as a resident a few years earlier. Many
22 of the patients at the time at Brook Army Hospital were patients who were already in
23 various phases of recovery following return from Vietnam. So, I kind of made the full
24 cycle at that point.

25 SM: Well, other concerns or issues for practice and medicine in Vietnam; I was
26 wondering if you found that infection was a bigger concern in terms of wound healing
27 and just dealing with the types of wounds that you encountered, combat wounds, was it a
28 bigger concern than say for instance infection would be in the United States today, or was
29 during your experience in the US?

30 MM: Well the whole principal...and that's a question that would cover a lot of
31 territory. We had antibiotics of course and used them, and the intravenous fluids. We

1 had plenty of supplies of fluids to irrigate and flush out the wounds. Some of the
2 principals we followed was that you don't sew up the wounds of the nature from missile
3 wounds and landmine wounds and all that. The philosophy was to put dressings on and
4 leave them open for a number of days and then consider closure after that. So, a lot of
5 the techniques that had been passed on from prior wars had us doing that, and we found
6 that – and I guess this happens in every war – that you have to almost start all over again
7 and remind people that these things...you can get into trouble if you do certain things. I
8 remembered on a couple of occasions where someone had sewn up and stitched together
9 some wounds rather early and we ended up having to re-operate on them to try to avoid
10 infection from not allowing Mother Nature, so to speak, and dressings and antibiotics to
11 kind of get rid of or prevent the infection, and then close them up. So, we practiced that,
12 and all of us, we discussed it in conferences and we made sure that's the way we
13 practiced it. I'll never know, but I hope, I always hope that the majority of the people
14 that left our place did all right. But, I never will know all the answers to that. The few
15 cases that I got back from Walter Reed way later on, I have a stack of hospital discharge
16 summaries or notations that they sent me, at least those did okay, and I suppose one could
17 take the view that if what we were sending back state-side were not handled properly,
18 someone would have been pounding on my door and saying, "What the heck are you
19 folks doing? Don't you know any better?" Well, fortunately that didn't happen. But, the
20 outcomes and the results of what we did on the vast numbers of people, I will never
21 know. Remember, one time our whole facility was filled with the Korean patients that
22 we were never able to follow up on. I had one...there's some very touching, very
23 touching moments you made me...thinking of how we treat people. I ran across a letter.
24 By the way, that Dr. Reardon who I had met at [Clark Air Force Base](#) sent me a book by
25 Dr. Kaplan called Functional and Surgical Anatomy of the Hand and I've always kept
26 this, Functional and Surgical Anatomy of the Hand by Dr. Kaplan who was a senior
27 consultant at the hospital I interned at in New York, and his book at least was a well-
28 known one at the time. Dr. Reardon wrote, "To Mike Mittelman, you're doing a great
29 job. Hope things are okay. Sorry I didn't get to see more of you at Clark and Vietnam.
30 Best of luck, Dan Reardon," and this was dated February 10th, 1956. So, I must have
31 gotten it from him while I was still in Vietnam or it found its way to me wherever it was.

1 So, that's just one other little illustration of what was going on and of the follow-ups we
2 had. I remember one Korean, and I found a letter, one of these very sentimental letters of
3 appreciation for the care. Some of these I hope someday end up at Texas Tech. I
4 remember one of the generals of either the Tiger Division Unit or whoever, and there's
5 some very tearful moments and they went around, a general officer going around and
6 patting and touching one of his troops. Of course we didn't understand the language but
7 you could see the emotion in the eyes of the general officer in charge of whoever they
8 were; some pretty tough troopers in the Korean units. I remember they did a
9 demonstration for us of karate and some of the techniques they use of where with a loud
10 yell they can bust a whole stack of bricks with their forehead or bust whatever it was with
11 the back of their hand. Some of them were pretty tough. They did a little show for us at
12 one point that I recall now that I'm thinking about it. There were some pretty sentimental
13 moments and then some that showed that you had some pretty tough troops going
14 through there. In the mass casualty sense, by the way, Steve, what we did was because
15 we didn't know and we had no way to identify the troops by name, we used a system of
16 numbering everybody. So, let's say 40 patients would be brought in by ambulance
17 through the doors into our waiting area, each one was then given a number. So, it would
18 be Republic of Korea 1 or ROK 22 or whatever. So, many of those we never knew by
19 name.

20 SM: In the mass casualty experience, and again, in the context of triage, when
21 you would get 40 people all of a sudden dumped into your hospital, how would you
22 assess them? How would you organize them? How would you determine who needed to
23 be treated first, and do the triage?

24 MM: Well, did I interrupt?

25 SM: No.

26 MM: I just banged the aerial on this phone. Triage comes from the French word
27 I believe is to sort, S-O-R-T, and there are a lot of different principals involved, but just
28 to be real brief, it has to be one person, let's say myself or some senior person who has
29 the authority to call the shots, if you will, of who does what and who goes where. So,
30 let's say for example you ask about 40 people, it isn't only one person who looks at all
31 40, it's the whole alerted team that's there. Sometimes we would be dozing off in the

1 waiting area because we had been told, let's say, to expect 20 or 40 casualties and we had
2 the IV, intravenous fluid bottles on racks all set up and we'd be sitting there waiting and
3 then dozing off because no one showed up, and then all of a sudden boom! The doors
4 open, and we heard that the plane landed and they were on their way in. All one does
5 real briefly there, and I'm sure the techniques have been improved even since I've been
6 involved hands-on in teaching about it, but the surgeons, whoever's there working as the
7 doctors who are reviewing the casualties, if you see somebody who has...well, somebody
8 is walking in with a hand in a splint and some dressings on that, if somebody is walking,
9 versus somebody who is in coma with head injuries and whatever else, the distinction
10 becomes pretty apparent rather quickly that so and so with the upper extremity hand
11 injury may be somebody who can be delayed in treatment until a higher priority person is
12 moved into the operating room, getting blood, getting stabilized, getting x-rays done. It's
13 sort of a whole big workflow that has to be developed. If somebody says, "Well what
14 order of cases should be done in the operating room?" If one of the general surgeons
15 says, "Well, this person needs abdominal surgery," and I say, "Can that be done now, and
16 how long will it take?" You have all sorts of prioritizations to make. The walking
17 wounded, the ones who are bright and alert and have minimal shrapnel or missile wounds
18 or scratches, but they all come in together and we somehow were able to sort them all out
19 and put people in holding areas. That's where we would get the medical doctors who
20 weren't treating anybody special at the time. They would be watching the vital signs,
21 blood pressure, temperature, while we were waiting to get the operating rooms cleared of
22 the more serious cases to make room for those that we could work on the surgery a little
23 bit later on, in the morning or evening, whatever the time. We'd just be running 24 hours
24 until all the work was done. Somehow in my reflection, the timing was such that it was
25 not like overwhelming every day, day in and day out. There were gaps enough to sort of
26 recuperate and clear cases and clear things up, get people out, and then a new group
27 might arrive. We weren't inundated on a continual basis, so there was time to sort people
28 out, and that's tricky. You made me think of one situation of where...do you remember
29 I said something about I got people to move so that if somebody came in with a big,
30 metal splint on the leg and I saw that the other leg was okay, I said, "Hey, show me how
31 you move this other leg," or, "Move your leg," and I'd pat him on the leg that was okay.

1 One person, we said to do that in this mass casualty situation, and I think it was a patient
2 that may have come down from Da Nang, may have been with some of the Marine
3 casualties that we had, and he couldn't move. He couldn't move his legs. Until the time
4 when he arrived at our facility from wherever the incident occurred, there was no time or
5 someone had not looked or did a full evaluation, and it turned out that he had a spinal
6 cord injury with I believe a missile or a bullet in the neck, and that's why he didn't move.
7 So, those mass casualty situations, whether you have someone who's psychologically
8 upset and almost hysterically involved, all the way to the other extreme of having to have
9 good clinicians and good experts, nurses and doctors constantly looking at the patients to
10 be sure that you've done an adequate job of evaluating what the situation was. So, that
11 was one of the consequences of an evaluation, to find an unrecognized quadriplegic
12 patient with four extremities that were not functional.

13 SM: You mentioned of course the obvious necessity of working on people who
14 had significant injuries versus the walking wounded. But, how about for people, again, in
15 the triage context or the triage process, if you had someone who came in who was
16 obviously on the verge of death, maybe even shortly after they came into their facility,
17 basically their vital signs going completely negative, no heartbeat, no respiration, how
18 much time would you spend on resuscitation of someone like that versus moving on to
19 the next patient?

20 MM: I think you're going to get some differing views on that with more of the
21 medical people, and I don't know how many have been part of the process, but you
22 certainly have a lot of wealth of information on how to go about all this down at the
23 school and the Academy of Health Sciences down at Brook Army Medical Center at Fort
24 Sam Houston.

25 SM: No, I mean for you while you were there?

26 MM: There were a lot of very experienced people in that whole concept of what
27 to do.

28 SM: But how would you handle that?

29 MM: I mention to you that somehow, and remember all of this is condensed in
30 one year, and somehow we were able to work it where some of the most serious patients,
31 there was time and we had the staff and we had the facilities. Others may not have had

1 that. But, we were able to take some of the most serious and do what had to be done first.
2 Sometimes the idea is you take some of the most serious ones who you don't expect to
3 live and it's almost like having the chaplain visit and saying that there's no hope. But,
4 somehow my best recollection, and I don't have perfect recall, I keep saying that over
5 and over again, somehow we were able to handle the most serious first and solve those.
6 Not all lived, but that's the way we did it.

7 SM: Yes, sir. Did you notice during that experience in Vietnam, as you were
8 dealing with mass casualties and triage, was there any difference therefore between the
9 military triage system and say the civilian triage system that you had experienced?

10 MM: Well, in the background that I had in New York during an internship and
11 then the exposure to the civilian sector was limited because I was in military training, I
12 had no experience like that. We didn't have the plane crash near Womack Army Hospital
13 and we didn't have that kind of thing like you see, the train wreck near Ohio or plane
14 crash in Iowa or wherever. I didn't have that experience to be able to compare it.
15 Anyone in a sector of war is going to see the results of what one plane crash or train
16 wreck would be on a regular basis, day in and day out, like our troops did during World
17 War II and Korea.

18 SM: I should clarify.

19 MM: What's that?

20 SM: No, go ahead.

21 MM: That's the nature of the way we were able to do it. The training and
22 teaching that's going on now in the year 2001 down at the schools for the Army, Navy,
23 and Air Force and how to do all this, I wouldn't want to comment on exactly what's
24 being taught now because I'm not in that, but I can only say how we did it then, and then
25 when I was in the reserve and training people about what to do and doing exercises at
26 Fort Drum, New York or Fort Hood or wherever we were doing the scenarios, then we go
27 through the conventional standards of the time, the current teachings.

28 SM: Just as a clarifying point, I should have said this earlier or asked this earlier;
29 when you used the phrase missile wound, you're referring to any puncture wound that's
30 caused by either shrapnel, a round, a bullet, or anything?

31 MM: That's right.

1 SM: It's not a rocket or a missile, literally?

2 MM: That's correct.

3 SM: Okay, I just wanted to make sure that that's in there in case anybody has a
4 question.

5 MM: Right, I understand. That's a good way to try to separate that out, right.

6 SM: Also, I was curious. You talked about the antibiotics and the techniques of
7 avoiding and preventing infection. Again, was there much difference based on your
8 military training and practice and what you had previously experienced and received as a
9 civilian, either in medical school or at your temporary time [?]?

10 MM: I don't think there was much difference. I had pediatrics, pediatric
11 orthopedics training at Santa Rosa Hospital in San Antonio, and if someone came in there
12 and had a wound infection or a bone infection, or could have gotten a bone infection if
13 certain treatment hadn't been done, well that's what we would be doing. I don't think
14 there was. We had plenty of supplies as opposed to maybe units in other wars and
15 campaigns that were short of supply. You saw the movie "The English Patient?" I
16 happened to see that one twice. Did you get to see that?

17 SM: Yes, sir.

18 MM: That gave you a little bit of a feel of what it might be like.

19 SM: Yes, sir. You mentioned, speaking of "The English Patient," you mentioned
20 that you didn't want to rely too heavily on medication for your patients, but how would
21 you deal with pain management?

22 MM: Well, wherever we needed to give pain medication we did, and that's
23 becoming a big subject throughout the United States right now as a matter of fact in the
24 course of treatment of cancer patients and other patients with pain. I mean, that's a whole
25 major issue that's come forward. The way I was trained, and the philosophy that I had at
26 the time, and we had morphine, we had Demerol, we had other medications for pain, but
27 the philosophy that I was trained under by a very dynamic chief of orthopedics at Brook,
28 his name was Dehne, D-E-H-N-E, and he was an Austrian by background and knew
29 orthopedics from some of the famous Austrian orthopedic centers, and his philosophy in
30 the way I was trained was maybe different from some others, and that was that pain
31 management depended a lot on how the surgeon or the doctor interacts with the patient

1 and the attitudes that...for example, if I have somebody who is using the amputees that I
2 mentioned from the grenade explosion, lost an entire leg including the hip joint, my
3 philosophy let's say in the technique that we were able to use fairly successfully during
4 the tour of duty was to get people mobilized, have a positive philosophy, use a lot of ice.
5 We had ice machines. I ran across a post card that I had sent to my folks in New York
6 before my father died, I said, "We could use more ice!" One of my training techniques
7 that I had had and used over and over again was that to get people moving, getting them
8 exercising, use pain medication but only very initially and use ice to minimize pain, and
9 it worked, so that the amputee who lost the leg up to the hip, if I had him totally under
10 narcotics where he would be foggy and non-functional, he wouldn't have been standing
11 the next day and walking on crutches thereafter while I had him within that 15 day
12 evacuation policy. So, we used pain medication. It was available, and I wouldn't
13 withhold it from anybody, whether it was for a backache or for an ankle sprain or
14 whatever. We had the philosophy of getting people moving. I'm talking from the
15 orthopedic service. I did not really have...I was not involved in deciding what to do
16 when the general surgeons were working on their cases. Do you understand what I
17 mean?

18 SM: Yes, sir.

19 MM: The way we would go about it was get people moving, functioning, use
20 pain medication. I didn't talk much about pain. When I made rounds, and I wrote this up
21 this way in the articles that I wrote, we would go around as I was brought up like Colonel
22 Dehne in the orthopedic training, when you go around and we go around and visit with
23 patients we would say not only, "How are you doing," but, "Show me what you're doing
24 with your exercise or your finger motion." If you have a war wound of the hand, I want
25 to see somebody wiggling their finger. I would ask about function and movement and,
26 "Show me what you're doing." We had pulleys set up. I had ropes. I have some
27 photographs that I took of some of our lesser-injured patients. I had pulleys on every
28 frame over the beds. They call them Balkan frames, B-A-L-K-A-N. I had pulleys and
29 ropes and exercise apparatus everywhere you could see. So, everyday we would make
30 rounds, it was like rehabilitation rounds; not going around to see how much more
31 medication everyone could get. This is sort of a short answer to a rather complex subject.

1 SM: So this will end the interview with Dr. Michael Mittelman on the 8th of
2 May.

3 SM: This is Steve Maxner continuing the interview with Dr. Mittelman on the
4 17th of May, 2001 at approximately 3:10 Lubbock time. I'm in Lubbock, Texas and Dr.
5 Mittelman is in West Hartford, Connecticut. All right, sir, why don't we go ahead and
6 delve a little bit more deeply into some of your Vietnam experiences, and I was curious,
7 based on our conversation last time, you mentioned briefly psychological cases that you
8 had dealt with in the past and I was curious if you had many experiences in Vietnam or
9 subsequent to Vietnam concerning post traumatic stress and the fact that you were
10 working with soldiers and other people who had probably experienced some pretty
11 horrific things?

12 MM: I could break down that, maybe, in a couple of ways. I believe that we did
13 have periodically during my tour a psychiatrist or someone who at least had partial
14 training in the field of psychology and psychiatry, particularly psychiatry, and something
15 rings a bell but I'm not sure whether at one time he didn't have some experience with the
16 Peace Corps, but I don't know that off hand. During the time that I was seeing patients,
17 of course my main emphasis being on orthopedics, that's where I would be mostly
18 involved. But, in working with the other doctors and in working with the nurses and
19 other staff at the hospital, I think the emphasis that I tried to place when I had any
20 influence at all, if I did have any, was on some of the psychological support of the
21 patients that we had when we were seeing them, even if it was a short time, and I ran
22 across as I've been reviewing some of my papers I ran across something here in one of
23 the conferences or pieces of material that we were putting together for the staff use and I
24 noticed in one of the headings the subject was Orthopedic Nursing in Vietnam and one of
25 the areas I see that I had put down here that I had listed as number one...there's three
26 items, but this related to the orthopedic aspects. Number one, I had down, "The injured
27 patient," under that, "Reassurance, Functional use of the part," and then I wrote the word,
28 "Psychology." Part two was, "Basic casting," and, "The use of traction," and then, "The
29 role of physical therapy," to get people functional and moving. That was one of the areas
30 that I tried to emphasize throughout the tour to reassure the injured patient so that it
31 wasn't all just focus on the injury or illness. Some of them would have had non-

1 orthopedic injuries or illnesses like infection, malaria, and so forth. After that, after I
2 came home and of course after the end of the Vietnam War we began to hear more and
3 more about the terminology of Post Traumatic Stress Disorder and where it came to the
4 forefront of things that I had something to do with, being in the insurance industry and
5 working full time in a claim department, we began to see two types of cases; one, where
6 the use of the term Post Traumatic Stress Disorder was applied to let's say people or
7 women who had been – or men – who had been involved in some particular accident or
8 had been assaulted, raped, whatever, and the psychological impact thereafter was kind of
9 related to the use of the terminology Post Traumatic Stress Disorder, PTSD. Then I used
10 to see claims, both on the civilian side of people involved like in the assault situation, but
11 also sometimes there would be individuals who would be involved in an accident or some
12 type of a claim and they had been in Vietnam and may have had exposure to situations
13 where there were pretty serious problems, combat assault maneuvers and so forth, and
14 then some incident later on in their life, what seemed like a minor automobile accident or
15 whatever they would have a recurrence or severe psychiatric problem where Post
16 Traumatic Stress Disorder came in. Long after I retired, I reviewed a claim for some
17 attorneys involving a patient of the Veteran's Administration where the individual's
18 history was pretty clear because of the VA records about combat missions that the
19 veteran had been on, and had never recovered really and had always been a patient in the
20 Veteran's Administration, outpatient, inpatient, psychiatric units and so forth. To make a
21 long story short, the individual died of a drug overdose in a local motel here in
22 Connecticut and the review of this case that I had to do brought to light a lot of the issues
23 and patients that I had seen before, but now I was reviewing a case of where somebody
24 had a really protracted course of their life involved with psychological issues, alcohol and
25 drug abuse and so forth, and then ultimately died. The feeling was, Steve, that not too
26 long before this drug overdose he had been on a trip in another city somewhere, not a few
27 hundred miles from here, and he and his buddy were involved in a case where someone
28 approached them and I guess hit them and beat them up and stole their car, and that
29 exasperated his whole psychological situation. The psychological issues, to me, are not
30 independent and free of an orthopedic condition or any other. Does that kind of give you
31 a little flavor of how that has come about?

1 SM: Yes, sir. In the instances where, again, where you were in country, if you
2 encountered someone who was injured with again, an orthopedic wound, which is what
3 you would be treating in terms of the actual injury, the observable injury to the person, if
4 they were displaying some kind of psychological difficulty, if they were having a hard
5 time coping with the fact that they had been severely wounded or perhaps they were
6 wounded and some of their buddies were killed and also wounded, was there a doctrine
7 or was there an SOP in place where although maybe you could treat someone like that
8 quickly enough in your clinic to get them back on the line, was there psychological
9 counseling available that you all could...on the premises in Vietnam?

10 MM: There was the physician that I had mentioned...

11 SM: Yes, the psychiatrist.

12 MM: ...who was periodically on board, and he was helpful in that situation. But,
13 we did not have what I'd have to call an SOP as such that I recall, because if that doctor
14 did develop an SOP I don't have it and I don't remember whether I reviewed one or not.
15 We did not have a section of the hospital that specifically managed those kinds of cases.
16 You know where people were admitted; it was quick. We didn't have people for a long
17 tour in the facility. So, there may have been, and I wouldn't be surprised if there were
18 problems later on. When you read Clancy's book, it was co-written with General Franks
19 about the Gulf War when General Franks was brought back from Vietnam and eventually
20 ended up at Valley Forge General Hospital in Pennsylvania, the psychological issues
21 were obvious in his situation, the way he wrote about it, and the involvement with his
22 family. That's where I think I would have expected much more intensity of management
23 of both the injury or disease and the psychological support. That's about all I can
24 remember on that.

25 SM: Later on when you were handling some of the cases for the insurance
26 company, how would the insurance company typically handle issues of Post Traumatic
27 Stress? Was that typically something that they accepted as a covered item, the fact that
28 someone...

29 MM: A lot of the claims and a lot of it...that's not necessarily war related or
30 military related, and of course you go through the major review of claims and review
31 causal relationships, review the issues, get letters from the physicians and consultants and

1 so forth and then try to reach conclusions based on that, but there was no set formula. I
2 was looking though an article that I found and I don't see mention of like a special team.
3 Remember we talked about [KB teams](#) in the orthopedic world that had co-located with
4 us?

5 SM: Yes, sir.

6 MM: But, I don't see any...like a psychological unit or a psychology-related unit.
7 Now there are Combat Stress Teams in the military and they've been used extensively.
8 There's one up here near the Boston area was mobilized for the problems in Bosnia and
9 subsequently in Kosovo. Now there's SOPs, there's early involvement, whether it's a
10 civilian disaster or terrorist attack, the psychological and debriefing teams or at schools,
11 the counseling goes on pretty quickly. Can I mention a couple of these teams that I
12 found?

13 SM: Oh, absolutely.

14 MM: The source I have here, by the way, and you may have many more copies
15 that give a lot of information, this comes out of something called The Army Reporter,
16 Volume 1 Number 33. It was published in Tan Son Nhut, Vietnam, and this was
17 September 25th of 1965, and it was a weekly publication by the Information Office of the
18 Army in Vietnam. At that time Westmoreland, General Westmoreland was the
19 commanding general. There was a whole feature, like the centerfolds if you want to call
20 it that. It mentions the small units that were associated with us, and again, it didn't
21 mention a psychological stress team but nowadays I think there'd be much more
22 emphasis on that. Here's just a couple; "The 29th Engineer Detachment operated a water
23 point for around the clock water for fresh supply in the hospital." They had the 88th
24 Quartermaster Laundry Detachment. See, for me, there as chief or professional services
25 person or a surgeon, a lot of this was almost all part of one big unit working together and
26 I didn't necessarily associate someone just that they were with a separate numbered
27 detachment. So, laundry was laundry and we had people working on that, but I didn't
28 think, "Well, that's a separate unit." It was all part of the 8th Field in my way of looking
29 at it. So, they ran the field laundry, supplying the hospital with linen, patient clothing,
30 and other supplies. The 498th Helicopter Ambulance Company transported patients from
31 the field to the hospital. The 561st Ambulance Detachment, they were running

1 conventional ambulance service for us as I recall, because to get from the airfield
2 adjacent to us, back around the fences and the various obstacles and then up the road and
3 into our hospital gate, we needed back down to conventional ambulances. There was the
4 544th Med Supply. We discussed that before, Steve. I remember you were asking about
5 the availability of supplies. So, we had the 544th called the FC, like Foxtrot Charlie
6 Team, for medical supply, and the 275th FB, Foxtrot Bravo Team for medical supply.
7 They provided it says here, "Medical supplies not only for the 8th Field, but all Army
8 Medical Units in Vietnam." Then we had the 406th Mobile Medical Laboratory, which
9 we discussed before. So, this is a pretty neat article and I'll certainly have it available in
10 my documents for review someday if anyone needs it. By the way, that same...I might
11 throw in here, believe it or not, we were discussing also Barry Saddler last time and I
12 have a photograph of him with our chief nurse, Lieutenant Colonel Margaret Clark, and
13 this is right in the middle of the whole article, and it says, "Army nurses honored in song,
14 Staff Sergeant Barry Saddler composed a song praising Army nurses in Vietnam," and
15 he's visiting here with Colonel Clark, and he also wrote, "The Green Beret: Official
16 Song of the Army Special Forces." So, the author of the article, his name was Specialist
17 Dougherty, really kind of gave a neat little overview of our situation. Does that help give
18 you a little picture of what was going on?

19 SM: Absolutely. I'm curious, what about waste management?

20 MM: About what?

21 SM: Waste management.

22 MM: Waste?

23 SM: Waste, in particular, for instance, what would you do with medical waste
24 materials, bloody clothing, bloody gauze, needles? What would happen to all that
25 medical waste material?

26 MM: There were procedures for handling all that. I didn't follow through
27 specifically on that myself, so I don't have that information. But, the state of the art of
28 that type of waste disposal is probably even more greatly improved than it ever was then,
29 whether we were working with an incinerator, exactly how we disposed of needles that
30 had been used for injection, all of those would be...that's a very important, extremely

1 important question, but I don't remember exactly how that was being managed; I would
2 say carefully!

3 SM: Yes, sir, very carefully!

4 MM: You know, about that same time, we're talking about this article from *The*
5 *Reporter* on September 25th, I found also an article by Jack Raymond for the *New York*
6 *Times* on or about June of 1965 and that was also a review with an interview of the
7 commander of the hospital who was Colonel Blunt at the time. He was also from New
8 York and I was from New York, so maybe that's how there was some enthusiasm from
9 The Reporter to write things up a little bit. But, he also interviewed patients. It mentions
10 here that, "Major Michael Mittelman of 90 Riverside Drive in New York, an orthopedic
11 specialist whose wife," her name is Susan, "And three children, Greg, Alex, and Sara are
12 in Paris," and then they interviewed a Nurse Jensen, J-E-N-S-E-N, who'd volunteered at
13 that time for Vietnam duty after two years assigned at West Point. She felt there was a
14 good need in Vietnam. So, we were right at a time when people were very certainly
15 motivated and hopefully continued that way. So, that was one that a lot of these turned
16 kind of yellow over time, and I'll have to put them in some archival paper to keep them.

17 SM: Another question that I had thought of earlier in a previous interview but
18 didn't have an opportunity to ask, it's not really on the subject, it's kind of a broad
19 question; while you were in the service, how did the Army deal with issues of
20 malpractice? What was the policy and things like that? Was it the same? Do military
21 physicians have the same concerns about malpractice, for instance, as civilian physicians,
22 and that kind of stuff?

23 MM: Oh, I think so. I think at the regular military hospitals they're always
24 concerned about the quality of the care and if there were any errors or omissions or
25 problems, they be reviewed all the way up the command, if there were problems in that
26 way. But, there were laws that existed then, and to a certain extent now. I can't name
27 them and I'm not going to get into that, because that's good for the Judge Advocate
28 people. Very often the soldier is not normally able to sue the government. So, if
29 someone was unhappy with some care that might have been rendered, whether in
30 Vietnam or somewhere else, they weren't turning around to sue the government to say,
31 "Well, I shouldn't have had my leg amputated," or something like that. I would say it

1 was pretty closely monitored to investigate any allegations of negligence or professional
2 negligence and to follow through if there were problems. You only have to read the
3 *Army Times* over the last number of years to see it's still a continuing issue for all the
4 military services to keep track of what's going on and make sure that the quality of care
5 is as good as it can be. But, that's all I had thought on that.

6 SM: And back to Vietnam, I was curious, were the Viet Cong very active in [Nha](#)
7 [Trang](#) that you were aware of and were there any incidents, whether they be bombings,
8 artillery firing, the occasional sniper, any activity like that near where you were working?

9 MM: I think there was. I have a photograph of one of the nights where...I don't
10 think we discussed this before. If we did, let me know. I have a photograph. Actually, I
11 enlarged one and had it in my office for a while, many years later. June 28th of 1965 at
12 Long Binh Air Base there was a mortar attack and what we did was we got all the
13 patients out of all their beds on the wards and some we put into the sandbag bunkers that
14 had been built all around, and we had some foxholes that were reinforced for protective
15 measures, and we had patients walking around on the way out and on the way to bunkers
16 with the intravenous fluid still in their arm. They could walk down the ramp ways we
17 had and some of the concrete paths that we had between buildings to get to the bunkers.
18 So, fortunately none of those rounds that were incoming rounds ever hit anywhere near
19 the hospital. So, there were times where our forces would be shelling out into the
20 mountain ranges outside of [Nha Trang](#). So, you'd hear and listen to see whether they
21 were outbound, outgoing rounds, and whether there was any threat of incoming ones. So,
22 yes, there was some activity, but there was no like guerilla...we had guards at the gate,
23 but there were no attacks directly at our facility during the 1965 and early 1966 when I
24 was there. I had one amusing thought that I recall. There was a restaurant that maybe
25 some of your other oral history providers will recall from the [Nha Trang](#) or Cam Ranh
26 Bay area. There's a French restaurant ran by Frenchman by the name of Francois,
27 excellent lobster. The lobsters over there, I think something curious about them in that
28 they didn't seem to have the big claws that some of them up around Homestead and up in
29 the New England area and off the coast of Maine. These mainly looked like they were
30 the body of a lobster, and well prepared by Francois. He was French and his wife was
31 Vietnamese. I recall that somehow this stuck out in my mind that on one or more

1 occasions we were asked to leave well before nine o'clock at night because we were told,
2 we don't know how true it was, and caused a little laughter and also some concern, that
3 we wanted to be out of there before nine o'clock because some representatives of the VC
4 would come into Francois' for dinner. So, there were different aspects of this, whether
5 there was shelling going on or whether or not we were exchanging seats at a local
6 restaurant. I thought that might sort of round out the view of who was really out there.
7 Then, I might have mentioned previously, there were occasions where there might have
8 been a patient or two, I know at the province hospital I still have a vision as I'm bringing
9 out some of this historical material of someone who was sort of chained and handcuffed
10 to his metal springs with his little straw mat under him, but that was someone who was
11 being guarded because he or she, I don't remember, was representative of the VC. So, I
12 know that there was that activity. My going around as I did on my bicycle and my going
13 out of town to visit other facilities, it wasn't that extreme threat and I didn't feel grossly
14 insecure, let's say, as someone in Bosnia or Kosovo who has to follow a certain line
15 because if you step off a road you might be in a landmine area. But, I didn't have that
16 sense.

17 SM: Well, while you were in the hospital, the American hospital, would you have
18 Vietnamese civilian casualties come in?

19 MM: Not too my knowledge, no. The only time...well, the time that stands out
20 in my mind is the one when the [Canberra](#) bomber crashed in downtown [Nha Trang](#) and
21 then we did have patients out at the [8th Field Hospital](#) who were brought out from
22 downtown or just wandered in. As a routine basis, no.

23 SM: When you were working in the provincial hospital, I guess that was some of
24 your volunteer duty?

25 MM: That's right.

26 SM: Did you see patients who were suffering from obvious combat types of
27 injuries, gunshots and things like that?

28 MM: There were patients, and as I go through, I have long lists here of the types
29 of patients that I saw at the province hospital, and some were victims of war injury, yeah,
30 right.

31 SM: Any of them young men, military fighting age?

1 MM: Not really, no. I remember some children and others and I can't go through
2 these lists, but there were some involving gunshot wounds and whatever. No, not ones
3 that I would have suspected would be military type people, but that's not always easy to
4 detect either, who's going to be necessarily your friend and who isn't.

5 SM: And I'm curious, I want to ask the question about what was most difficult
6 for you, but before I do...based on what you were just talking about with regard to the
7 restaurant, I was wondering, in light of that, here you're being told you want to leave the
8 restaurant by nine o'clock because that's when the VC are going to come in for dinner.
9 Here we have that kind of intelligence. How did you guys view that? That seems kind of
10 odd.

11 MM: Exactly, and that's why I mention it in that light because I don't recall
12 whether we had a curfew at night at any time so that people had to be back at the hospital
13 or in their quarters, but it was just all around us, but if that was the case and we're a
14 group of people from the hospital or some other troops that happen to get together and
15 decide to go, that was life. It may not have been the case as time progressed, but that
16 was...it wasn't the feeling like on the way back to our hospital. We weren't going out
17 looking for trouble. We just minded our business and came back. So, it does seem a bit
18 incongruous, but that's just the way we did it.

19 SM: Over time, as you were experiencing these types of things, how did your
20 opinion change concerning the war, if at all?

21 MM: During the time in country or subsequent?

22 SM: Primarily was there any change from the time you got there to the time you
23 left?

24 MM: No.

25 SM: When you left, did you feel the same way about Vietnam and the war as
26 when you got there?

27 MM: Yes.

28 SM: Did change eventually occur?

29 MM: Eventually, oh yes, it did. You know, in looking over documents and
30 explaining to people while I was getting ready to leave, I had orders to go home and I
31 knew who my replacement was going to be, I think it was a physician, an orthopedist

1 who had been at West Point, and I was going to that assignment and he was coming to
2 Vietnam, and I was describing in a letter I wrote to him, February 11th of 1966, and I'm
3 all hyped up and pumped up about the facilities. I said here, "It was a great, tremendous
4 orthopedic year. You can look forward to the same. Every basic tool of our trade is
5 available. Our facilities are terrific and expanding rapidly," and explained a little bit
6 about the town we were in and what to bring and special books if he had it. So, no, I was
7 still trying to stir up interest and activity in the people who were replacing me and who
8 were staying on after I left. There was a farewell ceremony at the provincial hospital. I
9 had made a little like a farewell comment to the people and it was trying to be upbeat and
10 not with the idea that I was negative about anything at the time. Can I read that to you?

11 SM: Yes, sir.

12 MM: It said, "To my friends at Province Hospital, thank you everyone for all
13 your help. An orthopedic clinic is difficult to keep going. You've helped me to see
14 many patients. We have operated, taken x-rays, put on casts together. Thank you. I will
15 not say goodbye forever because someday we will meet again. Everyone here I will
16 remember with great affection." We shook hands and exchanged comments and so forth.

17 SM: Very nice.

18 MM: So really that was not a time that I was looking at the responsibilities that
19 we had and the mission that we had to fulfill, anything to be negative about.

20 SM: What did you find most difficult considering your work in Vietnam?

21 MM: Well, I think one aspect of that, and I may have mentioned that in the
22 questionnaire, is that one of the difficult parts was not to be able to follow up on many of
23 the patients because you get to know someone, even if it's a short time, and motivating
24 them and trying to work with them and rehabilitate them and then next thing you know
25 they had to leave. Some went back to duty like this Sergeant Saddler but a lot I never
26 saw again. So, I think that was a difficult part. Of course the other part which I never
27 forgot is some of the severe injuries and deaths, and having to pronounce somebody dead
28 who's brought in in a body bag. Those are difficult to say the least. I think those are a
29 few examples of some of the most difficult parts.

30 SM: Was there anything...what mechanisms, techniques did you use to cope with
31 those difficulties?

1 MM: I think in today's environment and planning for military operations in the
2 medical field, I think maybe there's more emphasis on some of the psychological support
3 within an organization, the debriefing after difficult events have taken place, the combat
4 stress teams that are now in the inventory of the medical department. I don't know that
5 we had a really good organized way of doing things. I think a lot of the stress relief, to
6 put it simply, if we were off duty and there was a restaurant to go to or we got together
7 with a group of people and just relaxed and put on a pair of shorts and maybe had a beer,
8 hopefully nothing stronger than that. That's the way it was handled. The other side of it,
9 I think as I looked back over some of the documents here that I still have, and that is by
10 keeping people educated on what we were doing, having conferences, staying
11 intellectually up on things and continued training in the basics of care, let's say how to
12 put on a cast, how to take off a cast, how to handle wounds, so we were sort of managing
13 and coping that way as best I can think about it. And frankly, some of us, we were pretty
14 busy running around doing things so there wasn't a lot of time to sit around and worry
15 too much about some stressful situation. We just got on with it and did something else. I
16 had written a note to – actually it's a typed report – to our commander, Lieutenant
17 Colonel Newman with suggestions for further progress, a hospital report. I had listed
18 here these activities that we were doing. So, as I see that in light of your question, we
19 didn't have too much time to worry about the stress of what we were doing. We did it
20 and then tried to relax in between, whether it was the lobster at Francois' restaurant or
21 something else. I listed here, if I could run through it real fast, "Every Saturday morning
22 we had a meeting with Dr. Dey," D-E-Y, "And Dr. Anh." I mentioned earlier in our
23 interview that his brother had visited with my dad in New York. We alternated between
24 our hospital and the military hospital for rounds so we could visit them and they came
25 over in their Army uniforms and visited our hospital, and they were just part of our
26 routine rounds. Then I got the general surgeon involved so they were discussing general
27 surgery cases. Then I had every Thursday afternoon was the provincial hospital clinic,
28 and I wrote here that we had 20 to 30 cases every week, and by that time in November we
29 had operated on about 30 of them. Here I mention the chief at that time of the hospital
30 was a Dr. Luc, L-U-C, and then every Sunday I got together for rounds with the civilian
31 physicians who were in the community and they lived in their own compound, great

1 group of people. They were known as I have here Surgical Team Number 35, part of
2 USAID, Aid for International Development. I think that was what that was. So, we
3 would get together there every Sunday morning and review the x-rays that were taken for
4 the week with one of our radiologists, and every Monday afternoon I got together
5 with...and we did reviews of x-rays that the evangelical mission had taken. I guess they
6 had a small x-ray unit. Or, our hospital took the x-rays and then we stacked up all the
7 mission clinic x-rays. That was under a Dr. Yoder, and I think he was from one of the
8 religious organizations in Pennsylvania. So, there were a lot of those kinds of activities.
9 One of the doctors that I worked with who was a medical physician, he and I had a really
10 great teamwork together to do this kind of thing. Again, we were not sitting around
11 psychologically stressed, which could have happened. Maybe this was our coping
12 mechanism and we felt that was the way to do it.

13 SM: Well is there anything else you'd like to talk about concerning your service
14 in Southeast Asia, Vietnam, in the year that you were there, specific events or anything?

15 MM: For that year?

16 SM: Yes, sir.

17 MM: No, there were a couple of amusing incidents that seem to be little
18 anecdotes if we have time.

19 SM: Oh yeah, go ahead, please.

20 MM: I remember there was a junior officer, general practitioner type, kind of a
21 character, and he got together with one of the sergeants who somehow always knew –
22 like you see in the movies – someone who always knows how to find whatever it is that
23 anybody wants. Somehow or another, I ended up as thinking, or knowing, that I was the
24 chief of professional services but I had no vehicle assigned to me, even when I was acting
25 commander. If we needed a vehicle well then I got it, but I didn't have the luxury of
26 running around in my own jeep. But, at one point we were doing sort of public health
27 types of activities and this sergeant and junior medical officer were in charge of seeing
28 that the ladies of the night and the ladies who worked in houses of what would have been
29 known as ill repute or prostitute, and they were lined up for screenings for health, you
30 know, public health review to kind of keep track of who was who and what diseases they
31 had and what they didn't have. I didn't really get too involved in that, but somehow or

1 another those two always had a jeep to go wherever they wanted to go. It was a source,
2 again, of some amusement to some of us how these two always had a jeep to run around
3 in. I don't know where he got it and how they got it assigned to them for this particular
4 project, but they capitalized on that because wherever they went, it was always like they
5 were going to some house and making sure who was there and so forth. That same
6 sergeant was able to somehow make phone calls. I may have mentioned this the other
7 day, but he could patch through and somehow charm the international operators and he
8 could get through to his family in North Carolina or South Carolina, I've forgotten
9 exactly. We always thought that that's the kind of guy that makes things happen. That's
10 one of the thoughts I would kind of go back on and mention. We had one other thing that
11 I think is worrisome no matter what the combat zone anybody is in. We had one of the
12 officers at our villa where we lived and there was some celebration going on at night for
13 the I don't know what Vietnamese holiday it was, whether it was a religious holiday or
14 festive occasion, whichever it was, but it turns out that he decided to fire off his weapon
15 into the sky and just sort of make noise with his...I don't know whether he had a .45
16 pistol or what he had now, I can't recall. But, I know what I had, but I don't think he had
17 the same weapon. That caused a stir because as chief of professional services I didn't
18 feel that was something that could be tolerated even though he would have classified this
19 as an amusing incident and nobody else's business. I don't remember other than verbal
20 reprimand that anything more came of that in discussions at the unit itself, but nobody
21 else repeated that from then on. That was an incident that could happen anywhere, and
22 you don't fire one round without – in my opinion, anyway – proper authorization. When
23 you look over the tour of duty from a time when things were slow, in let's say March of
24 1965, and my first roommate, a nice fellow, he tried to teach me how to drive a
25 motorcycle and I just never was able to get coordinated enough to crank it up and work
26 the shifts and get anywhere. He ran beside me as I was in first gear but he couldn't
27 follow me. The thing is that somehow he was able to dismantle the small motorcycle that
28 he had, and we were pretty lucky to be able to shift boxes of our gear, and as I
29 remembered I believe he was able somehow to put these pieces into his gear to get it
30 shifted...excuse me, shipped back to the states. I lost track of him, never followed up on
31 it. But, I don't think anyone ever got a motorcycle out of the country again! My next

1 roommate was an interesting...he was a general surgeon, name was Dr. Stone, Captain
2 Stone, an excellent surgeon, but an interesting roommate because my side of the room I
3 tried to keep relatively neat, and we had a little housekeeper that would come in and
4 clean up. But, his side of the room is whatever mother and father dreads in seeing their
5 offspring's room. He took it out over there, and it was a disaster. The poor housekeeper
6 that we had I think just threw up her arms every time she came into his side of the room.
7 One difficult thing was when you asked about relaxing and reducing stress, if I was off
8 duty and he happened to come back at let's say three in the morning after operating, he'd
9 lie in bed on the bunk puffing away on a cigar. In those years I did occasionally smoke a
10 cigar and I did puff away on a pipe, but I was never a smoker of cigars at three in the
11 morning, and finally I just had to say to the good doctor, "Can you hold up on cigar
12 smoking in our bedroom in the middle of the night?" because I couldn't take it at that
13 point. But, those are some of the things that come back to mind and that was the life at
14 the time. I may think of a few other things as we move ahead.

15 SM: If you think of something else and want to interject it, please do.

16 MM: One thing that did help the troops, enlisted or officer, was the ability to
17 have R&R, rest and recreation tours. I was lucky to do that. So, I had a chance to get out
18 of the country. We didn't discuss that before, did we?

19 SM: I'm not sure. Was it a high peak?

20 MM: I was able to get to Bangkok and do the local touring there, but through
21 other contacts I did visit one of the very large Thai military hospitals. I'd been
22 introduced to a surgeon there and met with some of the military advisory people and had
23 dinner at their homes in Bangkok. I didn't really care for that environment there, and
24 people have even asked me today would I want to go back to Bangkok and it was nice,
25 but I didn't care that much, and language-wise I was anxious to get to an English
26 speaking country where I didn't have to worry about what the signs said. In Bangkok
27 they were not bilingual. I went to Hong Kong and had wonderful opportunities there,
28 both professionally and recreationally. So, it was, again, a way that people had to get
29 away from the day-to-day pressures of their environment. So, I think that helped and
30 touches on what you were talking about before as to how did we cope with some of the
31 situations that we had.

1 SM: What didn't you like about Bangkok?

2 MM: Part of it was that the original orders that I had were for Hong Kong and I
3 had had introductions to meet with one of the world-wide most famous professors of
4 orthopedics there and I had really focused on much about the Hong Kong for R&R, and
5 by chance I ended up in Bangkok because the flights didn't go to Hong Kong, so I was
6 really anxious to get out of there. I didn't want to spend whether it was a week or exactly
7 the time we were allowed. Again, it was interesting. The museums, the art museums, [the](#)
8 [temples](#), and the river rides and all that were okay, but I was really determined to get to
9 Hong Kong. We had one other incident that I have a photograph of. I mentioned earlier
10 Colonel Clark was our chief nurse, and Secretary of Defense McNamara came through
11 the [8th Field Hospital](#) in the middle of July of 1965 so there was a lot of preparation for
12 him. I have a photograph here that I'm looking at as we speak of Colonel Clark wearing
13 a white uniform with a traditional white nurses cap, which was what was common for the
14 nurses during the year, not the camouflage BDU uniform. Our nurses, at the time, were
15 in whites, and she's shaking hands with Secretary McNamara and General Westmoreland
16 looking very happy standing right nearby. So, the preparation for him of course was to
17 make sure that everything was in order; no political views, no thoughts about anything
18 other than the fact that the Secretary of Defense was coming. Again, in retrospect, I think
19 it was so typical. They have a lot of places to go and a lot of people to visit, but I can't
20 imagine that his visit in and out of the [8th Field Hospital](#) could have lasted more than five
21 to ten minutes. What they decided to do was to open the doors of one of our wards at one
22 end and at the other end and then a room so when his vehicle pulled up there were the
23 appropriate greetings and then he would go in one door, quickly greet patients or say
24 something, and go through and be out the other end and in the vehicle and gone. So, that
25 was a very quick view of our Secretary of Defense who ultimately was in a lot of
26 discussion since then. One other feeling about that was that his entourage was a fairly
27 good-sized group of people. There were times when General Westmoreland was sort of
28 in the background, whereas when he would come through by himself or with his staff,
29 he'd be the center of our attention whereas here, when the Secretary of Defense goes
30 through, even the four star generals are sort of a little lower down in the chain of
31 command. So, that was a scene that we had and many of us have thought about. I can't

1 quite keep them all straight, but I'm sure we had other visiting congressmen or political
2 representatives, reporters, the well known one by the name of Sander Van Oaker who I
3 believe still does some television on public television, but I remember meeting him either
4 in [Saigon](#) or up in [Nha Trang](#) and talking a little bit about things. I think Senator
5 Kennedy, Ted Kennedy I believe was on a tour either in Vietnam or in Hong Kong
6 looking at the status of underprivileged and poor children during that time. You see,
7 what's happening is overlapping so much of the day-to-day life and yet you could be
8 doing that and then you hear that uh oh, we've got to get ready, the Secretary of Defense
9 is coming through. I remember on one occasion, I sort of took a fairly strong position on
10 this, I remember, and I was always out there to greet whoever the general was who was
11 coming to visit the troops and maybe give out the Purple Hearts and provide support from
12 their standpoint of leadership, but the idea that I'd be in the operating room and
13 somebody would say, "General so and so is going to be here," or, "He's pulling up to the
14 surgical ward," or whatever and I'd say, "Well please take good care of him and make
15 sure someone's there to escort him around, but please tell him that I'm still tied up in
16 surgery and if he's there when I'm finished I'll come right over." So I took the position
17 that I wasn't stopping what I was doing and passing it over to some assistant, if I had an
18 assistant in the operating room at the time that this was occurring. So, I would just say,
19 "Please take good care of so and so," and I think when I would meet some of them later
20 on and they knew about that approach, there was no problem whatsoever. I think people
21 maybe without experience had some concern that they didn't want to seem like they were
22 neglecting some important person in the chain of command. But that was the position
23 that I took and I would still recommend to anybody to do that, do the job that we have to
24 do, and you have a patient under anesthesia that's the priority. Those are a few additional
25 thoughts that come up, and if there's no problem I may interpose a few later on.

26 SM: Absolutely, by all means. Now when did you leave Vietnam?

27 MM: I left in March of 1966.

28 SM: Why don't you go ahead and describe what it was like leaving?

29 MM: One of the hard feelings about leaving was like I had said before about
30 working with the folks at the civilian hospitals and having made the contacts that I did, I
31 think part of the feeling about leaving and all that made it very difficult. From the

1 medical standpoint, there wasn't a situation available for say, "Well, do you want another
2 tour or can you be extended and stay on," volunteering to continue because the
3 mechanism for replacements were already in, my orders were set up to leave, so it wasn't
4 like you hear some of the combat troops and others who had two and three tours of duty
5 over a period of a number of years. That option didn't seem to come about too much in
6 the medical department. So, building up all those things for the year, it was a difficult
7 departure. One example I can give you, and eventually I think I'm going to have to put in
8 some of these letters, from the military standpoint there were relationships that had
9 developed with fellow professionals at the hospital, but here's an example I'd written to
10 the family, my wife and kids in Paris in September of 1965 and I decided that day to visit
11 a Chinese medicine shop where there were signs over the door indicating that the
12 proprietor there handled broken bones and muscles, and only this man's wife was there
13 and he was off in Phan Rang which is another community, town, that I don't know much
14 about. But, this lady spoke French and was about 50 and her mother was Vietnamese and
15 her father was French, so we were able to manage. I asked a little bit how the husband
16 had set a broken bone and she had mentioned to me also he had a Chinese mother and a
17 Vietnamese father. You can see how these countries overlapped in terms of the people
18 moving about. She mentioned the protraction of pulling the bones, pried a wooden splint,
19 and then he had a mixture of herbs and then he cooked some material over a fire that the
20 patient could take. She showed me some x-rays that were dated back in 1958. I have an
21 idea these before and after x-rays that he took were sort of part of his marketing strategy
22 to show how well he did, but it turns out that in my view of the x-rays they're actually
23 only two weeks apart and one view is what we would call the front view or anterior view
24 and then the other view was the side view, and if you look at certain bones on x-rays,
25 depending on the position that the x-ray's taken, it may look like everything is all
26 together, but in fact if you rotate the x-ray around to a different view, you'll see that the
27 actual fragments are separated. I had explained this to the family and I had a diagram
28 here of that and I complimented her. I said, "However," I complemented her on the fine
29 work of her husband. On the wall she had a Vietnamese map of the United States and I
30 showed her where New York was and they invited me to come back and come again. So,
31 I made a remark here that there was some stuff of what I don't know what it was inside of

1 a Chivas Regal bottle, if you're familiar with Chivas Regal scotch, and I said certainly
2 there wasn't Chivas Regal in that bottle. Almost about the same time, but he didn't date
3 the letter, I have a letter from my son and this, again, brings out views about why staying
4 versus leaving would be somewhat mixed. He was explaining to me that his brother had
5 bought both himself and his brother and sister the Mary Poppins book, and another one
6 that's very popular and it still is today, it's called Babar, B-A-B-A-R. The he said, "I do
7 not want you to stay in Vietnam. I'm very glad that you speak French and I love you
8 very much," which he wrote in French, [Sha teim beau coup]. So, the feeling was to get
9 back and leave and at the same time there were so many associations that made me feel
10 part of the community. That made leaving difficult, but on the other hand I had to get on
11 with further career moves, which would then take me back to an assignment in the United
12 States. I don't know if I mentioned it before, I think I did, that the reason I got out of
13 country a few days ahead of time was that there was an explosion at the airfield and they
14 wanted a physician to accompany the burn patient back, and I think I described how I
15 was able to go back in an aero-medical evacuation flight to the United States. That was
16 sort of the exit from the country. It wasn't going out with a unit, it was individual person
17 on orders to leave by whatever means they had available for us, so that's how I left.

18 SM: What was the trip like home, the atmosphere on the aircraft and whatnot?

19 MM: Well, as I may have described before, there were many patients, many of
20 them who were lying on the litters that were reinforced so that they wouldn't be sliding
21 around the aircraft, a special apparatus to hold it there, and of course I was keeping an
22 eye on the burn patient that I had been assigned to go back with. So, very industrious
23 group of flight nurses and staff and I think we had a break in Hawaii on the way back, a
24 short layover and then moved on from there eventually to San Antonio to bring the
25 patients to the hospital. So, it was a moving experience, but it was my first major
26 opportunity after sending so many patients back to other facilities outside of Vietnam to
27 be actually on an aero-medical evacuation flight. So, it was pretty exciting to say the
28 least.

29 SM: Yes, sir. What did you do in terms of your career upon return? How long
30 did you stay in the military after you returned?

1 MM: Well on return what I did was of course I got back to New York and got
2 reunited with a few of the relatives in New York City. Then, I made a quick shift and
3 flew to Paris to visit with my family. They had a small apartment very near where the
4 Sacre Coeur Cathedral is on the top of a hill called [\[Mo Mart\]](#) which is a well-known
5 attraction in France. So, I visited with them, and it's kind of funny in a way, and
6 amusing, in that the kids had been gone for over a year and on my first greeting them it
7 was sort of a strange thing because they had forgotten most of the English that they ever
8 knew and were speaking French. They totally assimilated and they were in the school
9 system there, and it also turned out, we still joke about it today, I have six grandchildren
10 out of this small family and little kids in Paris, and they knew a lot of the profanity and
11 they got a big kick out of using words that they thought I didn't know in French that they
12 got a big laugh out of because they knew different parts of the anatomy and could say it,
13 and they didn't think I knew what they were doing. So, I had that as a break before
14 heading on up to West Point, which was my military assignment. I lived in the
15 bachelor's officer's quarters for a while, had to wait for housing, and still work and then
16 go back and forth to the BOQ as we call it, bachelor officer's quarters, and then finally
17 got housing, and then the family came in after school ended in Europe. So, it wasn't a
18 one-year absence from the family but totaled out at least maybe 14 or 16 months and then
19 they arrived. We had temporary housing and then moved into quarters there, and by then
20 of course I was ready and working and doing things in the orthopedic service at West
21 Point.

22 SM: Now in what ways were you able to integrate most immediately your
23 experiences from Vietnam, or were you in anyway able to do that?

24 MM: Yes. There were a couple of ways. As a matter of the way the assignments
25 went, one of the doctors who was there with me had been to Korea and so he had some
26 experiences of an overseas tour in Asia and I was in Vietnam and there were gradually
27 increasing numbers of people coming back, both on the faculty at West Point and also the
28 hospital. So, gradually there were people who identified with the same experiences that I
29 had, but slowly. As a matter of fact, one of the internal medicine specialists who was in
30 Vietnam as my patient, he had been with I believe one of the air assault units and became
31 a patient at the [8th Field Hospital](#) and injured his ankle. He was never in the intensive

1 unit, he was more or less in what we had as the holding, convalescent unit where they had
2 much more freedom to kind of move around and have a little more liberty than patients
3 that were confined to beds because of more serious injuries. It turned out that his name
4 was Dr. Bailey, and he ended up at West Point at the same time I was there, and believe it
5 or not, when I stayed there from March of '66 to June of 1967, he got out of the Army at
6 about the same time I did and he ended up at one of the insurance companies here at
7 Hartford at the same time that I was going with a different company. The other doctor
8 who had been in Korea came into private practice here in the Hartford area, so there were
9 some associations that were continued even after that tour at West Point. I had a chance
10 at West Point, which I felt was a pretty unique opportunity, and that was I somehow got
11 involved with a Vietnamese language class that was being given for cadets and I had put
12 together a package of information and material, got a very nice letter from the officer in
13 charge of that class. Let's see, that would be in March of 1966, "Thanks for your time
14 and benefit of Vietnam experiences. Sorry you have to leave the class so soon," and he
15 was going to return some maps that I had left with him. What I had done was to use the
16 experience for Vietnamese language course for cadets was first of all, I had the map of
17 the country and where a number of different units were assigned. Then, I had reprints of
18 how I had put together the Vietnamese language materials for handling orthopedic cases.
19 So, I had all the correct terminology and the correct accents on everything because that
20 had all been prepared while I was over in Vietnam and I was using that. So, in the
21 language class, they could see here's a medical officer who finds himself in a country and
22 was able to take and work with certain Vietnamese interpreters and people to make up
23 this kind of package so that I could survive in country, and if I had to do that today, if I
24 was going to go to Somalia or to the Sudan or wherever I would go, I would sort of
25 prepare for things in advance because this isn't fed to anybody on a silver spoon. So,
26 that's how I was able to do that, use some of that background. I also gave a presentation
27 of my experiences and I'd written a paper on rehabilitation in the combat zone. It was
28 published in what was known as USARV, United States Army Vietnam Medical
29 Newsletter back in those early years and I was able to give a paper at the hospital that I
30 had interned at before going into the Army, the Hospital for Joint Diseases. So, I had
31 obviously plenty of slides and material and they allowed me at that time there to give a

1 briefing. I also did another one out at the Military Orthopedic Association meeting out in
2 San Diego. So, I was using and had available through my own just collecting a lot of
3 material to provide continuing education for others who might go or had been there and
4 were interested in hearing more about these experiences. There's a lot of overlap with
5 reuniting with the family, trying to get organized with them, and at the same time do the
6 day to day work that's required in any military assignment, and then throw in some other
7 cultural activities or educational and professional activities outside. So, I was able to do
8 that and that was part of the transition.

9 SM: Again, in what year did you leave active service the first time?

10 MM: I left active service in June of 1967 and put the uniforms aside and put on
11 civilian clothes and went into a civilian career.

12 SM: Upon leaving in '67, again, had your opinion about the war changed at all
13 yet, or did that come later?

14 MM: I think it came a little later, from what I can see. There were a number of
15 situations where I can see that I was getting involved with other things. There's a
16 Christmas card that I have from the doctor who's an internal medicine specialist that I'd
17 mentioned I'd worked with so closely. We were like little twins running around doing
18 work together and he'd look at the medical patients and I'd look at the orthopedic and
19 muscular-skeletal injuries. I have a note from him, a Christmas card from December of
20 '67 so it's a few months after becoming a civilian, and he said, "Time and distance never
21 dissolve old friendships. I've thought of you many times when reflecting on [Nha Trang](#)
22 and the [8th Field Hospital](#). I still frequently get the hankering to return, even if the war
23 has become more vicious as time has passed. I don't know that I want to return in a US
24 Army uniform or not, although I must say I'm still a 'Hawk'," in quotes. "I finally
25 finished my residency in cardiology and it may seem a little late," he's talking about
26 thinking about he'd forget all that residency and want to come back to what he called in
27 quotes, "'Jungle medicine' if I could join up with the right group of people." And, he
28 says, "Are you still thinking about Mittelmann's Medics?" Maybe we had talked about
29 somehow doing something again someday. I think I was still pretty much involved, but it
30 certainly started to change subsequent to that. I have a note here; you must wonder
31 where I could possibly have all of this. Don't ask anyone in the family what kind of a

1 collector I am because they'll shake their heads and say, "Someday you're going to have
2 to do something with all of this!" But, I have a note here from David Brinkley who was
3 one of the famous broadcasters. I believe he died a few years ago. I had written to the
4 station where I'd heard he had given a broadcast in 1969 that I thought was excellent and
5 I said it should be repeated time and time again. I felt that this was an outstanding expose
6 of the malaise and concern about the Vietnam War. I said, "Perhaps there will be more
7 and more support for TV and radio leaders like your station and it's commentators to
8 speak for many of us," and I think very gradually as time went on it became more and
9 more evident that there was something wrong about all of this. In 1968, earlier in the
10 interview you asked about where I went to school. I have an article here from the
11 *Hartford Times* which was a paper that no longer exists here in Hartford, but this was
12 December 5th of 1968, NYU protestors were disrupting talks and there were shouting
13 demonstrators and obscenities being made, waving Viet Cong flags. The ambassador of
14 South Vietnam and James Restin, the executive editor of the *New York Times*, were in the
15 middle of a malay sort of there trying to deliver lectures at NYU. There were
16 demonstrators with Nazi flags around them and so forth and so on. So, there was a
17 headline story, a byline from NYU and in June of '68, so that would have been a year
18 after I left, I have an article, again, from the *Hartford Times*, "US Passes 25,000 in Viet
19 War Deaths," and then in December of 1968, "US Deaths Top 30,000 Plus," giving the
20 stats and information and numbers on some of the injuries. So, all of this was impacting
21 I'm sure many of us who had been there and had feelings about the people and the
22 country, and yet at the same time seeing our own troops suffering the way they were.
23 Some of that describes what I was seeing as time went on. I read to you, I read into the
24 little historical work that we're doing what I had been involved with when it came to the
25 students at Trinity in 1971 when I drafted a letter to the President at that time to express
26 my concern about what was going on. That took a few years but it certainly happened,
27 the change in feeling.

28 SM: How much of an impact did watching the news have on your opinion?

29 MM: Did what?

30 SM: Watching the evening news and the footage that came back from Vietnam of
31 combat and everything else?

1 MM: It was difficult to say the least. I think for a while I wasn't even going to
2 some of the movies that related to it. I had written back in 1970, so that would have been
3 three years after leaving, when I was drafting a letter to the President that this has got to
4 stop and why I was feeling the way I did. Last Saturday I was at a conference on sports
5 medicine here in Connecticut and to show you that it never leaves us, the impact of this
6 whole situation, and I'm sure those from other wars it's the same thing, but the luncheon
7 speaker at this program on Saturday was a famous football player who had played 20 or
8 whatever number of years ago for the Pittsburgh Steelers. His name is Rocky Bleier, B-
9 L-E-I-E-R, and in these motivational speeches that are given by some of these legends in
10 sports and in other fields, the preliminary flier said that he was drafted by the Army
11 before getting into pro football and he was sent to Vietnam where he suffered severe rifle
12 and grenade wounds to his legs and feet and was told he'd never play football again. So,
13 here we are sitting at a luncheon this past Saturday and hearing Rocky Bleier talk about
14 how first of all the wounding and then this long, protracted rehabilitation that he was
15 involved in and then how he went on to play professional ball and I believe may have
16 been involved with a number of Super Bowl rings that he won, or whatever. After it was
17 over I left and I said, "No, I'm going to go back if he's still there and kind of say
18 something." So I went back into the room and there were people lined up trying to get
19 his autograph. The restaurant where we were, if they took a napkin count after the end of
20 this luncheon they would have suddenly found that they were missing a lot of napkins
21 because people had nothing else to get his autograph on. So, he's busy writing his name
22 on the restaurant napkins. But, I interrupted the line and I said, "What year were you in
23 Vietnam?" and he said, "1969," and I said, "Well, I was one of the surgeons there a
24 couple of years before," and his eyes sort of lit up. I said, "Where did you come back
25 to?" and he said, "Fort Irwin." I'm not sure about all that detail, but we shook hands and
26 just wished him well. There I am just a few days ago reliving some of the concepts and
27 thoughts about how somebody can make a comeback both physically and
28 psychologically. It brings us a little bit up to the current time but it's something that's
29 never been forgotten. He hasn't because that's a good ten minutes of his motivational
30 program. I think also we were getting some of the commentators that were coming back
31 and other people from Hollywood and others who were causing a stir. I'm not sure how

1 Peter Arnett, he's a well-known writer, and he's got a book, Live From the Battlefield,
2 and I think some of these people were coming back and things were starting to get very
3 negative on the national level between the protests and the college in Ohio.

4 SM: Kent State.

5 MM: Kent State?

6 SM: Yes.

7 MM: Things were getting to a point where some of us, I'm sure, were just
8 overwhelmed by the idea that this really was inappropriate and there was no end in sight
9 and so forth. That's how I viewed some of it over time.

10 SM: What did you think about the anti-war protesting and the heavy emphasis
11 that was obviously placed on being really anti-draft?

12 MM: Well, as I had said, again, I think there are some mixed views because the
13 service to our country and the commitment to whether it was the draft and the
14 requirements that we had to do our duty, that's one thing, but some of the protest scene
15 and the attitudes of some of the people is not my...I didn't really appreciate the way
16 some of it was being done. As I had said in this draft of what I was writing to President
17 Nixon, our country should not be a haven for young radicals to burn our institutions or
18 insult our time-tested constitutional ideal. So, it's some mixed feeling because there's a
19 way to end the war and do it the way you're supposed to do, but I was not happy with
20 like I said from looking at NYU with people draping Nazi flags around themselves and
21 not being courteous to the *Times* editor and a representative of Vietnam, that's not the
22 way I would see it. But, if my sons were...they were not of draft age at the time, I would
23 have had a lot of concern about what role our family would then possibly have. Does that
24 touch a little on what you're talking about?

25 SM: Yes, sir.

26 MM: At Yale I found an article at Yale where Kingman Bruester I think his name
27 was was starting a program down there. I have the headline of it, it said; the advertising
28 campaign was, "To Unsell the War." Kingman Bruester was fairly well known at the
29 time, but they were starting this program to say, well, if the Pentagon and the federal
30 level they can talk about selling the war and why we're there and making a story for that,

1 they were going to go in the opposite direction and un-sell the war. So, that gives you a
2 little idea of what I was thinking about at the time.

3 SM: When you signed the letter against the war that was in the questionnaire you
4 said it was written by Senator Dodd?

5 MM: No, it was sent to Dodd.

6 SM: I'm sorry, written to Senator Dodd, yes, I'm sorry.

7 MM: By the students at Trinity College.

8 SM: The petition?

9 MM: It was a petition type letter, and I happen to have a copy of it. I think I read
10 that to you.

11 SM: That whole period, your mentality, your attitude changed to the point where
12 you even mentioned that you have a pin that says you support Vietnam Veterans against
13 the war?

14 MM: That's correct.

15 SM: Did you support them? Were you a member?

16 MM: No, I wasn't. I think I was the silent and in the background. I was not out
17 fund raising or doing anything else. But, that was the emotional feelings here, but not
18 one that I was doing more overt activity.

19 SM: What do you think about the costs of the war versus the end result, which of
20 course was the American withdrawal in '73 and the fall of [Saigon](#) in 1975?

21 MM: Well, it was a terrible cost of lives and the morbidity and mortality is just
22 terrible. The long-term...many people have written about it, Colin Powell's
23 autobiography and Schwartzkopf's book and articles that General Westmoreland was
24 given; many of them addressed the feelings that came out after all that time. We just
25 were in a bad situation and it was an extremely unfortunate situation. Now, the pieces are
26 trying to be rebuilt again, trying to get out missing in action, MIA recognition to try to
27 find the remains and our ambassador to Vietnam who I don't have his name at my
28 fingertips here...

29 SM: Pete Peterson?

30 MM: I'm sorry?

31 SM: Pete Peterson?

1 MM: Is that the current ambassador?
2 SM: Yes.
3 MM: His wife is Vietnamese.
4 SM: Yes.
5 MM: He was a prisoner of war like Senator McCain. So, I think things are
6 turning around and have turned around rightfully so.
7 SM: Well what do you think about US post-war policy towards Vietnam?
8 MM: Well, I don't have a lot that I can really add and talk to that extent about.
9 Again, like so many things that I was doing professionally I had to take care of the work
10 that I was doing. My interest for a while was limited but I wasn't a student of what was
11 going on. I didn't have time to read that much and get that deep into it as I have over the
12 last few years, to take the time to read let's say Colin Powell's book and Schwartskopf's
13 book and Peter Arnett's book and going back through a lot of this material, it is sort of
14 looking though the famous retro-spectroscope to look backwards and look back on the
15 issues. It's taken a long time to start to rebuild relations with that country and we did it
16 with Germany, we did it with Italy, we certainly did it with Japan, so that seems to be
17 certainly the way that our country has of getting things back on track again, which I'm all
18 in favor of.
19 SM: Of course we were victorious in those other examples.
20 MM: Yes, we were victorious in those other examples, and I think there were
21 difficulties with Vietnam. In a way we were doing some things there that maybe...I
22 always thought it would have been difficult to be victorious from my readings beforehand
23 by French writers and other authors of the history of the country and materials that I'd
24 been reviewing and saving. I mean, there were times that *Time Magazine* had Ho Chi
25 Minh's portrait. I don't know that they ever made him the Man of the Year or whatever
26 and General Giap, G-I-A-P who helped defeat the French in Dien Bien Phu and so forth.
27 I mean, in a sense if one looks at that and all in some detail there could have been serious
28 questions raised about how anyone could defeat a people and philosophy like they had. I
29 made some contacts thought the Indochina Chronology and when one reads now, again,
30 we didn't have that back then, when you read some of the papers that your library is
31 collecting there on what was being written during the time I was there by the

1 commanders of the Vietnamese Army and the Viet Cong, they were...if you read that, we
2 never have had a chance...I mean, I'm looking at it and I'm a physician who was
3 involved in this and how to go about tactically and strategically handling any of this, but I
4 pulled out something that I got from the internet that was written in November of 1965
5 describing the characteristics of the war and how we were basically in a failed policy then
6 according to them, and they were writing to their troops about how they were eventually
7 going to make us realize that we would fail both there and internationally, and the people
8 struggle. The document that you're publishing now and that we've been able to get long
9 after the facts show that this situation was just a quagmire. I haven't read McNamara's
10 book. I suppose one of these days I will. You're all going to have a wonderful
11 collection of the history and the information about a lot of the why's and wherefore's on
12 hand down there for future scholars, which I think will be really helpful. I don't know if
13 I can add a little bit there or not, but that's just sort of the feeling that I had.

14 SM: What do you think now about how the United States is approaching Vietnam
15 in terms of normalizing relations? Do you agree with that policy?

16 MM: Yes, I do, and I think that maybe some of the delays were because of a lot
17 of the problems politically trying to figure out why we were there and then rectifying
18 things. But, as I say, you go to Italy now and you go to Germany now and you go to
19 Japan, the fact that we were bombing Dresden and the fact that we dropped the bomb in
20 Hiroshima and Nagasaki, those are historical moments in time that has to be analyzed for
21 what they're worth, and the same thing now. I think there's a potential like my niece,
22 Ms. Matarotsi who just came back from there, I think it's a very important relationship.
23 There's a great culture, a very great potential over there. I had one quick incident of
24 where I came back in the reserves in 1983 and then stayed on to retire in March of '85
25 and I had opportunities to go to meetings down in Washington and somewhere in the mid
26 '80s I went over to the NRA headquarters when they were in Washington, not too far
27 from Dupont Circle, and they had a really outstanding gun museum. I mean, I'm not a
28 collector, but the collection they had there was fantastic. So, I was over there and
29 looking around and hardly anyone there. I think it was a Saturday afternoon. Someone
30 came up to me and said something like, I don't recall the exact thing, "Are you Dr.
31 Mittelmann," and I looked around and it was our interpreter at the [8th Field Hospital](#) who

1 I had a number of photographs with. Her name is Ms. Ho Thi, T-H-I. We used to call
2 her Kim Sa, K-I-M and then S-A. It was a big hug and kisses. It was like old time
3 friends and whatever. Here after leaving in 1966, and we didn't communicate, although I
4 heard from one of our other interpreters and secretaries. So, Kim Sa was a librarian at
5 NRA. Somehow she had worked her way back to the states, highly educated woman,
6 wonderful person, great interpreter, and we went all over together, out to the [leprosarium](#),
7 we were at the special clinics together, and she was just always with me and always
8 available. We've kept in touch periodically with Christmas cards and letters every since
9 we ran into each other at the NRA. Just before giving my little talk to the history class at
10 Trinity College in April of '98 I said, "I've got to call Kim Sa," and I had trouble because
11 I couldn't get through. Something was wrong with the number, telephone number, and
12 NRA had moved and so I called the NRA at their new headquarters and at first they didn't
13 want to make contact. So, I said, "Tell you what, will you call her number on another
14 line and tell her that it's Dr. Mike Mittelman, in Vietnamese it would be Bac Si Mike,"
15 and I said, "If she wants to talk to me, just let her call me back at my number." So, the
16 NRA made the connection and of course she wanted to talk too me. That was in '98.
17 She had come back from...she had recently, I don't know exactly when, but she'd made a
18 trip back to [Nha Trang](#) and we chatted about the city and she said, "You wouldn't
19 recognize it! It's grown," and so forth, and she took the train from there to Hanoi and
20 describing how wonderful it was. So, here's an opening in relations that allows someone
21 who worked for American troops, if you will, to come back to her own country. Maybe
22 she told them she has the NRA behind her and they better let her go over there, I don't
23 know. I'm just joking! But, the idea of her relating to me how wonderful it was for her
24 as a Vietnamese person to be able to go back to [Nha Trang](#) where we met and for her to
25 be able to tour around the country and enjoy it, the [flowers](#). She's always telling me and
26 always wanted me to go up to Dalat, D-A-L-A-T which is a beautiful city, historically
27 well known up in the mountains and the beautiful flowers that were available there, and
28 she must have seen some on the way to Hanoi on the train. We never did get to Dalat
29 together but she wanted to go up there and show me the place. One of the collections I
30 had in the photographs was I went everywhere I could around, whether it was in [Saigon](#)
31 or in [Nha Trang](#) and photographed the flowers. Unfortunately I didn't know what they

1 all were. But, it shows that amidst all the awful situations there was still some potential
2 for flowers to blossom. I think we even had a little pineapple or something that looked
3 like a pineapple growing in the sand right near our surgical ward and of course no one
4 wanted to mess around with it because it looked like a little ray of light coming out of the
5 whole mess. So, the feeling over time as it changed obviously from being, like my friend
6 Dr. Quin said, being sort of hawkish or being supportive of the whole operation, and then
7 evolving to being quietly outspoken about being against the continuation of the war and
8 watching our evacuation from there was very sort of an emotional feeling. I had a follow
9 up way after...sometime in the mid-70s. The Red Cross had called me about a secretary.
10 Again, at the risk of repeating what I might have said in one of the earlier sessions, Ms
11 Le, her name was Tien, T-I-E-N T-H-O and then Y-E-N, Tien Tho Yen, and we called
12 her Ms. Le and she was being resettled in Austin, Texas after that evacuation from
13 Saigon. So, as I saw the boat people and seeing the development of Vietnamese
14 communities in the United States and having known many of these people...well, not
15 exactly who's who in those boats, but these were not just fishermen and people from the
16 backwoods and the mountains of the country alone. These were some people who'd been
17 physicians, doctors, nurses, administrative assistants, secretaries, interpreters, college
18 graduates from their own schools and being resettled into the United States and having to
19 make a new start here. So, while being against continuation of the war and then seeing
20 and meeting people coming back and growing communities and eventually even at the
21 company where I worked, at the Aetna, there were people working in various parts of the
22 company that were of Vietnamese background and now were obviously bilingual and
23 working full time. So, I'd seen the whole shift and sort of look at what our policy is now
24 of course and seeing how people are able to go back and forth to their former country.
25 Our ambassador, as you mentioned there, is I think a wonderful situation, if I'm making
26 myself somewhat clear there on that. To this day I'm still sort of in the middle of that.

27 SM: What do you think is the most important thing you took away from the
28 Vietnam experience personally?

29 MM: It's hard to pick on the most important, but when I was talking to the
30 history class at Trinity, that would have been in 1998, I said something like it was one
31 year out of the 65 year lifespan and I was fulfilling the mission of a military surgeon in

1 the Army Medical Department, and our mission and our goal, and it's still part of the
2 tradition, is to conserve the fighting strength, meaning conserve the strength of the troops
3 who have to get out there and fight. I felt in a small part that I had accomplished that
4 mission. Then I said, again, that the impact of those events both before we were
5 discussing that together, Steve, and then during and afterwards has been a continuum,
6 really a continuum that never let up. There's emotional highs and lows that go on on a
7 continuous basis. Example, as of just a few days ago, the run into Rocky Bleier and
8 hearing him as a motivational speaker, getting up and talking about his experience, and I
9 don't know where it's going to go from there. You asked about feeling about our role
10 and I said something along the lines to those students that I don't have the answers to the
11 geo-political questions and our national strategy at the time and all the complex issues.
12 But, I believe...can I read this comment that I found again, both through the Vietnam
13 Center library and then somehow...if I can read this? It's very short.

14 SM: Uh-huh.

15 MM: It's a quote from a Professor Brigham and you may have documents there
16 of what he might have written. He was at Vassar College. I don't know if he's still there.
17 But, he wrote something like this and it really struck me as to...because I sometimes
18 seem like I'm almost too ignorant of some of the details, and at other times wanting to
19 know more. But, he said, "Critics of the American intervention claim that the war was
20 unnecessary and immoral and that policy makers in Washington dragged the country into
21 an unwanted war. In contrast, a small group of scholars and military leaders offer an
22 emotional defense of American intervention. A careful examination of the myriad
23 sources reveals that neither view is entirely accurate and that the interplay of events was
24 far more complicated than most accounts suggest." After I read that, I said, "Maybe that
25 explains a little bit of why I can't put a finger on so many of the different issues that are
26 brought up and talked about." The overall feeling and impact of the situation, I think I
27 tried to sum up that way and express it to some young people who've got to go on from
28 there with their own lives. You never know what experiences they're going to have.
29 Most of them obviously have no military experience. Does that give you a little
30 perspective on what goes on in the mind of somebody who's had this exposure?

31 SM: Yeah.

1 MM: That hospital, incidentally, I wrote to a friend of mine who was up at the
2 Surgeon General's office in 1973, so in that same time frame I had asked him for what
3 happened to the [8th Field Hospital](#) because I couldn't keep track of things anymore, and
4 he wrote back to me, a Colonel Torp, T-O-R-P. What happened was in 1970 they kind of
5 discontinued the troops at the [8th Field Hospital](#) and then there were a few other changes
6 and they moved, in 1970, the 8th Field moved to Tuy Hoa, T-U-Y and then H-O-A, and
7 they occupied what used to be the 91st Evac Hospital, Evacuation Hospital, and hopefully
8 you'll get some people who were there. They were deactivated in 1971 back at Fort
9 Lewis, Washington. The [8th Field Hospital](#), and this I thought would be interesting, that
10 sight in [Nha Trang](#) was turned over to the Vietnamese Army in August of 1970 and
11 became a 600 bed station hospital. Now, of course, I would have no idea what's there on
12 that sight if anything; maybe it's just sand. That's what happened to the hospital that we
13 had identified with throughout this interview. It doesn't exist at this point. I don't know
14 that it's been reactivated. These hospital units that you're going to find in the histories of
15 many of these units, they activate and deactivate so that for example one that I would
16 have been in in the reserve if you went back into the history for example, the 340th
17 General Hospital that I commanded after I got back in in the 1980s had a long tradition
18 during World War II and the same was true of the [8th Field Hospital](#) that had been set up
19 in France and was very involved there. So, hospitals like the [8th Field Hospital](#) and others
20 like you'll probably hear about in the histories have long traditions of carrying on the
21 mission of taking care of the troops no matter where they are and getting into the
22 strategies of the nation at the time. It's really not our place and at least I don't feel that it
23 is. I think there is some that are going to be protesting even while they're doing that
24 work, but there are others like myself that feel that we have enough responsibility to do
25 what we have to do and let the McNamara's and the Westmoreland's and Johnson and
26 Nixon and others do what they have to do while we're doing the day to day work to take
27 care of the troops. So, that's a perspective that I have in looking back on some of it at
28 this time.

29 SM: Well is there anything else that you'd like to discuss?

30 MM: Well, in talking about what else to discuss there's so many other areas that I
31 haven't had a chance to touch on. For instance, overlapping with us there were a lot of

1 experienced medical people, like with the AID and other surgical teams that were in the
2 country. It wasn't a matter of just us looking out for the medical care but we had people
3 like I mentioned earlier who showed me how to do some of the surgery on the patients
4 who had leprosy. I heard from a woman who was with one of the US surgical teams and
5 we were working at the provincial hospital together and I heard from her after I got back
6 about how things were continuing at the time and how some surgeons were now coming
7 in and trying to continue the clinic. I think there was an overlap with some highly
8 professional, very skilled people from not just the military over there at the time. There
9 was a clinic in [Saigon](#) that was involved in rehabilitation for amputees. There were
10 people, and I'm just thinking out loud of things that come to mind just at random because
11 of the overlap. We had guards who worked at our hospital gates and where we were
12 living who were...and again, I may have this slightly wrong but some of your in-house
13 experts down there can correct me, but I think they referred to them as N-U-N-G, Nung
14 Guards. I don't know if I have the spelling right. They were a different extraction than
15 some of the mixed folks that I was telling you about earlier where there were maybe
16 some families who were partly French, partly Vietnamese, Chinese, and so forth, and
17 then we also had people that were supporting the Special Forces that you don't hear too
18 much about. I think one of the books that I sent down to the Archive refers to the
19 Montagnard people who were small groups of tribes. I don't know if that's the correct
20 word to refer to them. Sometimes they would come in as patients; wonderful people. I
21 can remember one that I tried to fabricate an artificial limb for out of plaster and bamboo
22 just so he could show up and show him what a leg might be like if he could get a good
23 prosthesis. I don't remember how he lost the leg but I can remember trying to get a piece
24 of bamboo to make as a temporary almost like a peg we used to call them years ago, a
25 peg leg. We tried to make him something that would be comfortable. I remember just
26 the personality of the individual. I don't know how we communicated, either through an
27 interpreter, a little broken French, maybe they picked up a little English but we managed
28 there. I remember another one with an injury to his shoulder either from a missile wound
29 or I don't remember exactly what the injury was but very motivated and a different group
30 of people than some of the others that I was associating with in [Nha Trang](#) itself.

1 Throughout all that time you really wonder, when I found the names of General Ky, K-Y,
2 I don't know whether he's been a visitor to Texas Tech. Has he? General Ky?

3 SM: I don't believe he has.

4 MM: He was the president for a while.

5 SM: Yes, Nguyen Kao Ky. I don't believe he has come here yet.

6 MM: He was the President for a while and a very sort of outgoing, appearing. He
7 may have been Air Force.

8 SM: He was.

9 MM: The turnover of who was in charge I'm sure didn't make things easy for
10 their own people to know who was really running things, and yet they had to keep going
11 day in and day out, running their stores and getting along with us who were really foreign
12 troops, and many of the older people had lived through the French era; a very complex
13 society in which all of us were dealing with on a day in and day out basis. I think later
14 troops who may have come never left the compound or rarely, maybe to go away on
15 R&R. This perspective of having been on site has been one of the more meaningful parts
16 of an experience like this. I'm not sure if you could do that now in places like Kosovo
17 because it's a very restricted...to get on and off a hospital compound is a very, very
18 detailed and precise route people have to go on. You don't just wander into the town and
19 sit down and have a beer at the local café. The experiences of subsequent soldiers and
20 medical personnel may not have had this, but I would somehow feel as a fantastic
21 opportunity to do that. So, those are some of the reasons why it's hard to forget and
22 many of the things that I wanted to do or the cases that I wanted to develop and make
23 something out of, I was able to do as I commented on earlier at least start to train current
24 troops prior to my retirement to use the experience so that somebody else would have a
25 sense of what it would be like to do that. I hope other people can do the same thing and
26 continue to do that because whether it's Kosovo or some other location later on, some of
27 these experiences don't go away. You have to learn how to deal with the people that
28 you're with, respect them, how to get along with your own people and work as a team,
29 how to work with the chain of command, and deal with families and friends and so forth.
30 I met someone last night at a meeting of our Connecticut Department of the Reserve
31 Officer's Association, a young officer who has already had two tours of duty of seven

1 months each, one to Bosnia and the other to Kosovo with a gap of about two years in
2 between. The long tours, he's a reservist, but he's with one of these units that's highly
3 sought-after and very few exist in Civil Affairs. The Civil Affairs units are making these
4 tours to these countries where we're involved with operations other than major wars. I
5 said, "How are you able to get away for that long?" and he said he was a teacher and he
6 had the support of the school system, so he was able to do that. He's still in the reserve,
7 and we're trying to get him to be one of the future leaders of our local Connecticut
8 Department and get him inspired in doing some things for a larger organization. The
9 current generation is following along with some of the same lessons learned that we've
10 all gone through and hopefully will avoid the pitfalls and make it a positive experience.
11 The Army Medical Department and through the Surgeon General's Office, there are
12 innumerable documents and collections of material. The same thing came out of World
13 War II from each of the theaters of operation; North Africa or Europe. There's been a lot
14 of good work written on wartime experiences. So, whereas I don't have a lot of the data
15 and a lot of the policy at my fingertips, any researchers can follow on and I have one
16 book here I just pulled out of the shelf, America in Vietnam, the 15 Year War with some
17 of the files from United Press International and the Vetman Collection I think it is, with
18 photographs and historical pieces of information, and another one that's a beautiful book
19 called The Face of Mercy: A Photographic History of Medicine at War, Random House,
20 edited by someone by the name of Naythons. So, it's catalogued, many of the answers to
21 some of the good questions that you've raised about these kinds of issues and how we
22 cared for people and I think the lessons learned will make it better for better recovery for
23 the troops, although some of it is pretty hard to face. Some of them are going to have the
24 same troubles that we had then and the same residuals. But, the training is better now,
25 maybe, and hopefully there won't be the awful problems. The history of that war and the
26 aftermath of the publications will answer an awful lot of what I've left to the real experts.
27 I can only give a little fragment that I have. Does that give you a feeling for that?

28 SM: Yes, sir.

29 MM: There are other documents, there are other pieces that I'd like to
30 know...first of all, I have to put everything away that you've induced me and seduced me

1 into getting out. I'm going to try to put it together in a way that the lessons learned and
2 some of the experiences can be moved on so that others can benefit from it.

3 SM: Thank you. Why don't we go ahead and end the interview here?

4 MM: Okay, thank you.

5 SM: Thank you very much. This will end the interview with Dr. Michael
6 Mittelmann.

ONLINE MATERIALS INDEX

The following is an index of online and linked subject materials from the Michael Mittelman Collection at the Vietnam Archive. Just click on a link below to access materials related to that subject.

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