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The Vietnam Archive
Oral History Project
Interview with Dr. Michael Mittelmann
Conducted by Steve Maxner
May 7th, 2001
Transcribed by Tammi Mikel Lyon

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.

Steve Maxner: This is Steve Maxner conducting an interview with Dr. Michael Mittelmann on the 7th of May, 2001 at 2:15 p.m. Lubbock time. I am in Lubbock, Texas and Dr. Mittelmann is in West Hartford, Connecticut. Sir, let's begin with a quick discussion of your early life. If you would, please tell me when and where you were born, and where you grew up.

Michael Mittelmann: Sure. I am Dr. Michael Mittelmann, M-I-T-T-E-L-M-A-N-N, and I was born in New York City, New York October 3rd, 1932 and I grew up there in New York City and went to local public schools and then graduated from the Browning School which is a prep school in 1949. I went on to New York University, got my bachelor's degree there in 1953 as a major in Biology, and then I went off to Medical School at the Chicago Medical School in Chicago, Illinois and graduated in 1957. I came back for what would be known as a general rotating type of an internship in New York City at the Hospital for Joint Diseases, which was at that time up on 123rd Street and Madison Avenue. It was during that time, during that internship early in the fall of that year that I was chatting with several senior residents at the time who were in the Army

Reserve and they took me down to a meeting and I signed up and became a lieutenant in the Army Reserve and went to meetings with them. That was known as the 307th General Hospital in New York City, right off 5th Avenue and very near 42nd Street. At the end of my internship I had been approved for taking a residency in orthopedic surgery in the Army and that meant becoming a regular commissioned officer rather than a reserve commission. So, I went to the Basic School, which was then known as the Army Medical Service School for the basic orientation and then went on for surgical training both at Fort Bragg for one year in general surgery and three years of orthopedic surgery at Brook General Hospital, Fort Sam Houston, San Antonio, Texas. So, that's sort of a brief recap of that early background.

SM: I'm curious, what was it like growing up in New York during the 1940s, of course during the Second World War?

MM: Of course figuring that I was born in 1932, so my recall and activity during World War II of course was pretty limited. I remember my biggest contribution, I thought was my biggest contribution at the time was running around and getting everyone I could possibly find in my family and anywhere else to sign up and buy war bonds. So, that was one of the biggest things that I did then, and growing up in the 40s, going to school after World War II, it's interesting that you ask that because I was just at a reunion of the Browning School and we were talking about those years. After World War II there were some people in my class, which would be the high school level, who were veterans. So, I was kind of a young kid on the block so to speak with some seasoned people who were back to complete their education. So, it was an interesting time. Politics, of course, with Roosevelt dying and Truman taking over, and the big campaign of Thomas Dewey who was governor of New York against Truman. That was the big excitement at the time because of Dewey being from New York. I had a very interesting time in those years.

SM: Do you remember any of the drives? Did you participate like the rubber drives, the tin drives, stuff like that?

MM: Oh, during World War II?

SM: Yes, sir.

MM: I don't have complete recall of that, but I do know that in my family, both a grand-aunt and my grandmother were very active volunteers in the Red Cross and had

many thousands of hours at some of the hospitals in the New York area working for bundling bandages together and volunteering time, so I knew that family members were actively participating in patriotic duties. Also, the other thing is that I remember my mother was involved, at that time there was a program called Bundles for Britain. You just made me think back on…here I was struggling to remember details about Vietnam and you're getting me to come up with a few things for even earlier times. That was some of the things that I recall from that era.

SM: Do you remember what was sent in the Bundles for Britain?

MM: No, not really. I also had an uncle, who was very close to me at that time, my father's brother, and he was a staff sergeant in what was then the US Army Air Corps and he was a flight engineer flying to North Africa and several of those campaigns and in the Pacific Campaign later on. So, from those early years I knew something about dedication in the family to doing things that were important. He was certainly an inspiration to me. As a matter of fact, I just ran across a photograph the other day. He came up to West Point where I was assigned after Vietnam and when the Bronze Star was awarded by the hospital commander to me at the time he was my closest living relative to come up and I think it was a thrill for him to be there, to see his nephew honored for service in Vietnam. So, it sort of ties together a little bit in a roundabout way.

SM: Yes, sir. Was he your closest living relative that served in World War II?

MM: By the time I got back from Vietnam, yes.

SM: But in terms of World War II military service?

MM: Right.

SM: Was he your closest relative in service?

MM: Correct. My father, because of some medical problem, he could not serve. He was an air raid warden in New York City so of course I saw the efforts that he had to go through with meetings and different districts to be sure how the volunteer air raid wardens were functioning.

SM: Do you remember specifically any air raid drills that you participated in during the war?

MM: Well at school of course everyone would jump under the desk whenever there were drills, at school. But, I don't remember too much in the neighborhood where

we lived except for the fact that we all had curtains that had to be drawn so that the lights were not visible from the exterior. I don't have too much more specific information on that that I can recall.

SM: Was there someone who – or was this your father's job as well – to go around to make sure that no light was visible at night?

MM: I never went out with him on his air raid warden duties, but I know we had to follow those instructions at home. I don't recall other details on that.

SM: Do you recall as you were walking through your neighborhood as a young man during the war, were there many gold stars in the windows in the neighborhood?

MM: Well of course in the middle of Manhattan, I was right smack in the middle of New York City, example around 76th Street in mid-town, very near Central Park, and I wouldn't have really seen that because it was not like windows in a more suburban neighborhood.

SM: When you were going to school, what subjects did you enjoy most?

MM: In…

SM: In high school.

MM: Oh, in high school I was involved in a number of subjects; French would be one of the courses, English, writing, communication skills, and history. Probably if you were going to push me to that extent, I would say mathematics was probably at the bottom of the list.

SM: While you were in high school did you yet have any idea that you wanted to become a physician?

MM: Yes, I did.

SM: What point did you realize that that's what you wanted to be?

MM: Probably fairly early in thinking about it. I had a grandfather in New York City all during that time who was a surgeon in New York and I would obviously have had a lot of contact with him. As soon as I was old enough in his opinion, he invited me up to one of the operating rooms at the hospital where he was on staff. So, I had early exposure to some of the life that he led and some of the papers he had written. I always was rummaging around in his library looking at all the little goodies in the journals. That maybe was an early influence that had me thinking about it pretty quickly.

SM: What did your father do for employment?

MM: I'm sorry?

SM: Your father?

MM: Yes, he was in the manufacturing business.

SM: And your mom?

MM: Mother was not employed, but by way of background she was a very accomplished pianist and had been a soloist in certain concerts and also had radio programs that she was the primary person running the musical event on the radio. So, she was well known for that at the time. Unfortunately, for one reason or another, I had five thumbs on each hand and never got very far with piano lessons I was supposed to have taken. You can see how difficult it would be playing the piano with five thumbs on each hand.

SM: Yes, sir! You mentioned your mother's radio experience. Were there particular radio programs that you remember listening to and enjoying as a young man, or as a boy?

MM: It would have been in the late '30s, even before the high school level. Yes, I remember listening to the radio and I was fortunate in many respects that in the last few years I was able to take some of the old recordings which were on very, very large studio type records and my son found a place here in Hartford to take them out and have them redone on audio tapes so that we could have some functional use of them and maybe let the great grandchildren or someone else listen to them over time. We're probably going to give them to the Museum of Broadcasting in New York eventually when I get around to it.

SM: How about movies?

MM: I'm sorry; I didn't hear you.

SM: Movies, were there any particular movies you recall that were important or interesting for you as a young person?

MM: No, just whatever happened to be around at the time. We had plenty of local theaters in the area where we lived and we also had the Museum of Modern Art which is a well-known museum in New York that had a classical film library and some of my earliest recollections that I have is that a few friends and I were always down at the

museum looking at some of the old movies. Example might be Charles Lawton and "Mutiny on the Bounty," that type of classical film, but I don't have any other specific ones. If I said, "Snow White and the Seven Dwarfs," you might want to cancel the oral history!

SM: No, not at all, not at all! Do you remember that, though, when it came out?

MM: Yes.

SM: What did you think of it?

MM: I've probably seen that so many times since then with the children and the grandchildren, I don't know what I thought of it originally.

SM: So when you were getting close to graduating from high school, did you already have kind of a plan on where you wanted to go to college, what you wanted to do, things like that?

MM: Well, yes, because of estimated planning for trying to go to medical school eventually, one has to, and it still applies, that you have a pre-medical curriculum. So, I was looking for what would be pre-med programs to go on to college, and I found a good one at New York University and I was able to stay in New York to complete my undergraduate training.

SM: And you chose biology for your undergrad?

MM: Yes, biology would be the major and then chemistry and other subjects would be secondary to that, yes.

SM: What did you find most challenging in terms of your college level curriculum?

MM: You mean the most difficult?

SM: Yes, sir.

MM: Well, like I said a few minutes ago, if I was going to pick favorite subjects, math and related subjects were sort of at the bottom of the list. So, ones that I would rank a little lower than biology would have been in terms of the more advanced mathematics and physics which were not my particular cup of tea. Those were challenging; the rest I enjoyed, and worked out pretty well. A number of people have had ROTC programs, Reserve Officers Training Corps programs in college and my best recollection is that I don't remember that being offered at the branch of the school that I went to at New York

University which was down near Washington Square in the Greenwich Village area and there was no ROTC program, so I was not really oriented towards that type of early involvement in taking military science programs.

SM: Now after the Second World War ended…when did you start college, again?

MM: I started college in 1949.

SM: '49. So actually, as you were starting college, of course the tensions between the United States, the Soviet Union, the battle between communism and free market democracy, these were really starting to solidify during this period of your life. I'm curious if those types of larger political issues were discussed much in your family? Did you talk about these types of things with your parents and your grandparents?

MM: Well starting off through the college program, I would have to say that again, in my best thought of the moment on that, is that there was enough of a challenge at the time to get through the course work, both in the elementary, the basic biology and the advanced subjects, the chemistry, the physics, language, mathematics, and other elective courses, and I'd have to say rather bluntly that that really occupied…that was my real concern and main interest. I was not in a program where we were really getting into a lot of that other subject matter that would relate to the global picture and so forth. Leading up into the Korean War, I was exempt from service to the best of my recollection on that, and then I went on to medical school. So, while Korea was blazing away over there, I had to get through school, and whatever the local military obligations requirements were, I was not called up, so that was it. When we weren't working our heads off in school, it was party time, to get out and have fun somewhere. Really, I was not grossly into things at the time that maybe some other students were. I was involved in some political issues because I became president of the Young Republican Club at NYU, New York University, Washington Square College, and to be a Republican at NYU at that time, we were a very small but vocal minority compared to the Democratic Club. So, I had some interests in other things, but I really had to devote an awful lot of time to get through four years of pre-medical curriculum.

SM: Well, in terms of significance or your recollection, do you remember certain things like the execution of the Rosenburgs or the Fall of China? Were those blips on your radar screen?

MM: Did you say Fall of China?

SM: Yes, the fall of China to communism?

MM: Yeah, but in retrospect now, and I've been to lots of conferences for the World Affairs Council and National Security programs and seminars, it's easier now to pick up on what was happening over the last number of years that I've been having the time to be able to do this. But, a lot of that I would know about like the McCarty Hearings and I would watch that because it was on early television at the time. But again, I think that was during my medical school. I forgot what years the McCarthy Hearings were. But, again, when you're sitting in medical school, to me, that was so time consuming that what was happening…the real meaning of McCarthy, for example, you asked about what else I might be thinking about, it wasn't a paramount issue. It's only now that you look back and you say that some movie director or screenwriter was black balled, and we've seen some films and histories that show that happen. At the time, it wasn't something that made me want to occupy myself with it.

SM: In terms of your activities with the Young Republicans, were there any particular issues that the organization was involved in and concerned about, political activities or political concerns that you remember now, that stand out? What was the Young Republican preoccupation at that time?

MM: The only thing that I can think to be really brief about was the… I took on a the responsibility of becoming the President of that, even though I didn't necessarily try very hard in the beginning, again because school was my main emphasis but I enjoyed that extra-curricular activity. The person that I, and it wasn't a coup in the usual sense that we would be talking about coups in Vietnam and a change in leadership, but the person that I replaced at the time was someone who was extremely conservative and extremely right wing if you want to put it that way, to the point of when he was editor or had editorial influence over the school's yearbook, at the time it was devoted or dedicated to several of the Central American or South American dictatorships. I forgot exactly who all was involved but this sort of generated a lot of discussion. The feeling was we had to get a little more flexibility in the thinking in the organization. Somehow, young Mike Mittelmann appeared to be someone on the horizon that could do that. So, that's how I…I remember that was one of the issues at the time.

SM: In general, from your perspective at the university and whatnot, was there support for the Korean War amongst the student body?

MM: You know, frankly, I don't recall. In a way I regret that I don't have a good answer for that. I wish I had the capacity for all that kind of background, but unfortunately I don't.

SM: That's okay.

MM: The only reason, just to throw in there, again, looking back, the real concern, at least at the undergraduate level, was being able to qualify to get into med school, and in those years and even now, it's extremely competitive. That was the primary mission. So, a lot of these other historical facts and historical thinking is something that was not, again, at the forefront of many of us at the time.

MM: I'm curious about the makeup of the student body, for both your undergraduate work and also your work in the medical school, were there many veterans, World War II veterans taking advantage of the GI Bill?

MM: Yeah, as I said before, I think that was evident at the time, that there were, well, even at the Browning School which was my prep school that I went to, small private school in New York, there were several classmates and all who were veterans and then went on to college or wherever they went after that. The same applied in college and in medical school. There were veterans in my medical school class that had been, let's say Navy corpsman or maybe some other branch or service that I don't have the specific facts on. But, yes, they were there.

SM: Okay. In terms of your medical school training, what did you, again, find most challenging, perhaps with the exception of any higher math courses you might have taken?

MM: Well fortunately that was over by then.

SM: So for medical school, what was the most challenging aspect for you?

MM: I would say just about everything was a challenge in the first few years because there's so much basic science work and some of it is fairly difficult and others were I'd have to say less difficult and maybe more enjoyable. So, it varied.

SM: So why don't you go ahead and discuss your first experience with the military and of course in particular your entry into the reserves and what you did in that particular unit and what that was like?

MM: The very earliest was when I was commissioned as a 1st Lieutenant with the 307th General Hospital in New York City and that would have been 1957, in the fall of 1957. To get into the reserve unit at the time was really a matter of filling out some forms, typical government military forms and having an interview with the commanding officer to see whether or not I was someone they wanted to have in the unit. I was accepted. But again, during the internship we were pretty busy and fortunately the meetings with that 307th General Hospital were fairly limited for the remainder of the year. I would go to some of the training classes but I was not involved in drill and ceremonies. I did not go out on a couple of occasions where they were participating in a parade. So, and we could go to the drills as they're called in civilian clothes. We were not required to wear a uniform to show up at a drill. So, it would seem pretty informal by today's standards. But, that was my basic entry at that time. The short time after getting into that unit, I applied for the Army Residency Program, which meant filling out a lot more work, having physical exams, and having interviews. It was a military base out on Governor's Island, which was a small island South of Manhattan. You have to take a ferryboat from the southern end of Manhattan to get out there and there were further evaluations done there for preparation to be accepted into the Army Residency Program, which was somewhat competitive because there were only a limited number of slots and facilities that had orthopedic residency programs. So, that governor's island base is also, until very recently, a functioning Coast Guard facility. I'm not sure about whether or not it was President Reagan or President Bush that met some foreign leaders out on that island a number of years ago. It may have been Reagan, I don't recall. But, that's where we had an active, but small Army evaluation center. After I graduated from the internship and finished the year, I had been accepted and then my first duty assignment was to attend the Basic Course down at Fort Sam Houston. So, my wife and my first son got in the car and packed up and moved out, and there we were from then on.

SM: That was in 1963?

MM: That would have been 1958.

SM: Oh, 1958? Okay.

MM: Because I left the internship at the end of the year, which would classically end like in June, and in July, I reported to Fort Sam Houston for the Army Medical Service School. Then it was called the Medical Service Orientation Course, or the Basic Course for doctors, nurses, veterinarians, administrative, chemical, whatever.

SM: I was looking at your advanced training date. You went back in 1963 to go to your Officer Career Course at Fort Sam Houston?

MM: That is correct because after the residency was over and I was then on a regular assignment to Fort Belvoir, the engineer center in Virginia, during that tour of duty I got orders for the Advanced Course, which incidentally was four months. That was considered a long course for Advanced Officer Training in the Army Medical Department. So, my wife decided she didn't want to live at Fort Belvoir at the time and we moved and got an apartment down in Texas. So, we were back on the road again. We did that a number of times.

SM: Yes sir! When you were in medical school, what lead you to choose orthopedics as your area of specialty?

MM: That's a good question, I had several areas that I liked but I think a couple of things. First, I liked the subject matter, the technique of working with the muscular skeletal system which is the bones and joints and functional anatomy in that respect, and also there were a few doctors that were maybe role models or mentors that influenced several of us to go into orthopedics, and took us around and showed us how things were in practice in Chicago in orthopedics. When I applied for an internship, I applied to the Hospital for Joint Diseases in New York City and part of the thought was, well, if they take you for the internship then you're fairly well considered to remain there for the remainder of the program, which would have been the orthopedic residency program. So, the internship was sort of a key to staying on for the residency in that hospital, which is a very well thought of orthopedic center in New York City and it still is. So, it turned out that from my class in medical school, two other classmates also went there and continued on in their careers in orthopedics after going to the Hospital for Joint Diseases. However, during the first year of my internship there, it was obvious that the salary scale was not something that I could really live with in New York City. I think we were getting about

$50 dollars a month at the time. That's $50 dollars a month, and renting an apartment in Manhattan near the neighborhood where we used to live would have been prohibitive. So, that encouraged me to apply to the Army Residency Program, which I did. So, that's how this evolved.

SM: And that was an orthopedic residency training program in the reserves?

MM: No, once you take the residency program, then it's a regular commission. You're not a part time officer.

SM: Gotcha, okay. Let's see, so when you transitioned from being just in civilian medicine into the reserves and military medicine, had you already made up your mind that the military might be a career for you?

MM: Yes, I did. Once I saw how it was going in the reserve side in New York City at the time, which was my earliest influence in that, once I applied for the residency and looked into what that had to offer in terms of salary, in terms of career opportunities, in terms of housing for the family and the nice location, it was pretty strong influence to go that route. Other choices would have been Walter Reed in Washington D.C. or Letterman General Hospital out at Presidio, as it's called, in San Francisco. We pretty well liked the idea of that assignment, and looking at that, once I got into it I had no question about it.

SM: I was curious, I know it's kind of late in terms of your medical school training, but did you ever have any encounters with Korean War veterans who were injured who had perhaps continued therapies or continued problems from their war wounds?

MM: We had some rotation, as it's called in medical school in Chicago, at the Veteran's Administration, Westside VA, and that would have been the primary exposure. But, I don't have any independent recall right now what the background of the patients were, whether they were World War I, World War II, or Korean at the time.

SM: But you were exposed to…

MM: Yes.

SM: I would imagine certain traumatic injuries?

MM: The amount of involvement there at the VA for me was quite limited. So, I would have to say that I saw an awful lot more later on than I did at that time in the VA.

SM: Based on your work I guess in civilian hospitals as well as the Veteran's Administration hospitals, were there any significant differences that you saw between the two systems of health care, anything that you noticed at the time?

MM: I know one of the later questions talks a little bit, and you're going to probably address that a little bit later, about the care of Veterans. But, I can expand a little bit on that later. My initial impression between 1953 and 1957 in medical school was quite limited. Rotations at these hospitals would be for two or three week tours of duty, and it wasn't a protracted tour of duty, so I didn't have that much of a difference between VA medical care and any other medical care.

SM: Well while we're on the subject, is that something that you did notice later on? Was there ever any difference, any significant difference to your knowledge between VA medical care and American civilian medical practice, medical care?

MM: Well one thought I had in response to one of the other questions that are raised as part of the questionnaire later on, I did have an opportunity here in the Hartford area to get on the Board of Directors, if you will, it's an appointment by the Governor of the State of Connecticut to get on one of the boards, so I was one the board for the Connecticut Department of Veteran's Affairs, which is a state veterans facility. You may have one or more in Texas. We have one up in Massachusetts. These are separate and independent from the federal level Veteran's Administration. But, there is some interface and so I've seen at the state level some very good quality care being provided to Veterans of as far back as World War I. There's always been some thoughts that people have, and some may be biased to feel that veteran's centers are maybe somewhat behind in the care or the lengths of stay or somewhat protracted or that it's hard to nail down some of the cases because a veteran who might be under care here in Connecticut during the winter wants to get his care in South Florida. In that respect, I guess that's a pretty smart move to want to do that when the weather is so darn messy up here. But, there's some of those thoughts or reflections, but when you really look at the big picture there are a lot of studies that do comparisons between, we'll call it civilian or the non-federal veteran's care, and is there really a difference in the quality of outcome. There are a lot of those studies, and I'm not sure that it really shows that it's any better or worse. Also in the field of rehabilitation, and it's related to orthopedics, there's some very excellent research

at the veteran's facilities for prosthetics and devices, assisted devices for impairments like amputations or other things. You probably had that in connection with the Texas programs. By the way, that was one of the great influences and one of the things that I think was a very important part of the Army, US Army Medical Corps Residency Program that I was in in San Antonio and we were under the influence and guidance and mentoring and tutelage if you will…am I going to fast?

SM: No, sir.

MM: …of the civilian orthopedists in San Antonio, Galveston at the University of Texas so the consultants from University of Texas or others who were in practice in San Antonio would be consultants for us at the military hospital. So, even though we were in a military hospital, we had a lot of background by consultants who had a broad range of experience, some who were fairly senior and would then give their impressions and they were influenced by World War II, and I don't know which doctor had World War II service but the idea that we were in a military program, it was a military program, correct, but it also had a lot of interaction with the civilian community. So, I hope that answered your question.

SM: Oh, yes, sir. I was also curious, was there anything or any reason in particular for you choosing the Army versus one of the other branches of service?

MM: No, I liked to keep my two feet on the ground. I don't like rocking around on a ship. I think the one influence I had was, again, an uncle who'd been in the US Army Air Corps, which was then really the Army, hadn't split off into the Air Force yet. I did not even apply to Navy or Air Force and they had an excellent residency-training program. No, I really only tried the Army and I'm happy I did.

SM: What was your opinion of the basic course, and what did you think of the training you received there?

MM: Well, those were some good questions that you have as part of this excellent questionnaire. Now that I think about it a little bit, I think both the basic course and the advanced course and any other courses I took, and I don't even remember all of them, plus the surgical training, all of that background I think really was very excellent preparation for whatever I went on to do later on in my career. Surgical side, we had very experienced chiefs and assistant chiefs of the orthopedic service with a lot of

background. Remember, if I'm in there in 1958-1959-1960, there were residents who would be – and it's hard to picture this, I hope I make it clear – there were residents who were at the time who were in training and would be senior to me, again on the lowest level resident. Several of the senior residents were veterans of either – I don't know for sure right now – either World War II but certainly Korea. So, they were either enlisted or maybe even medical corps officers with prior service. There were people who were teaching us who had been around a bit. Do you see what I'm getting at?

SM: Yes, sir. Would they discuss those experiences in specific ways?

MM: Well it would always be part of whatever discussion, that here's some ideas about what to do, here's why we're doing it, and many of them had written papers and published papers on experiences in World War II, and had been at some of the major general hospitals which in those years were two, three thousand bed, whatever number hospital sizes at that time when you think about it. So they had experiences that they were then passing on to us.

SM: Now as you were being introduced to military medicine, was there any interesting differences that you noted in terms of again maybe the focus, because of course as a military physician, you're more likely to find yourselves, especially in combat as military physicians, you're going to be dealing with traumatic amputees and other types of things that are not going to necessarily be part of standard civilian practice? Did you notice differences like that early on?

MM: Well, I can…you're making me think a little bit about the idea that…I got the impression in dealing with the type of hospital that I was at in San Antonio, and by the way, that hospital is a brand new one right now, a mile or more, I'm not sure about how far from the original site at Fort Sam Houston, a brand new hospital that went up there, Brook Army Medical Center. I'd have to say that as I met some of the consultants from outside in the civilian practice who had had residencies and other training programs, let's say the Barnes Hospital, B-A-R-N-E-S, Barnes Hospital in St. Louis or Mayo Clinic in Rochester, Minnesota, that we had a lot of volume. We had large service of…the way the building was built where we were at Brook, the ward concept of where many beds on a ward was the name of the game. They weren't private rooms. So, we had a broad picture of very active and busy service to large numbers of patients including children,

dependents, family, family members, spouses, and retirees. So, we had the broad spectrum. But, we had a large volume and very busy clinics, and I think some of the other people who were our mentors, in fact, came from much slower and much not necessarily slow, but a more limited program. So, if I saw, in the course of my residency program, I might have a whole ward of amputees and amputee clinics that might not have been available at some other training programs. So, I think that was a big difference that I believe I felt about the whole situation.

SM: Early on in your medical service, in your medical career, and even going back perhaps to some of your experiences in your medical school, were there any particular therapeutics or developments in orthopedics that were kind of like the cutting edge at the time, things that were kind of exciting, developments in orthopedic medicine that you recall?

MM: You know, maybe when this interview is over, if I really talk this thing up right, maybe I can get you to apply for a post graduate program and then you can go into a medical career field instead of historian! I mean, if I do this right, I ought to be able to sell you on that! I'm sorry, just rephrase the question.

SM: In terms of just developments in orthopedic medicine, while you were in medical school and then of course as you were being introduced into military medicine and maybe in the first couple of years when you were at Fort Bragg and maybe at Brook General Hospital at Fort Sam Houston, interesting or memorable developments in that particular field of medicine?

MM: I think probably in a couple of areas. One would be…it was early on in the history of orthopedics, in those years that I'm talking about, where joint replacements were really getting a lot of attention. Some of the early artificial hip joints, for example, were getting to the point of where the earliest ones were getting to be replaced because of what's called wear and tear, and new ones being put in. So, I would say that some of the joint replacement procedures were coming into the forefront. Another one would be the stabilization of the spine. For example, there's a very well known and highly respected orthopedist from Texas by the name of Harrington, H-A-R-R-I-N-G-T-O-N, and he developed – I don't recall his first name right now – but he was a pioneer in the use of metal rods that looked like a small metal rod that would be put in the spine with certain

other fixtures to stabilize the spine or to straighten a spine that had a curvature that was abnormal. Of course that's become a very big mainstay of some of the advanced spine surgery. So, those are two areas and I think another big development was that…you see, what's always been exciting to me has been the idea that when I trained, I was in a time frame of where the most senior teachers, let's say, of the civilian community were from the late – well, this may be a slight stretch – but say the late 1930s and 1940s because if you figure they would be in their late '60s or '70s at the time that they're kind of at the great professorial level, their backgrounds were moving from some of the earlier techniques of treatment to the newer ones, so they would be giving you experiences based on some of the early pioneers in the specialty. So it was in a time where there was transition from an older school into some of the newer techniques. One that was developing in the Army, and really blossomed out over the years after I left the training, and that was that the brace and limb specialist, they're called prosthetists or orthtists, and if you need the spelling I'd be glad to do that, but they're the ones that make the braces and artificial limbs, and the Army was developing and had some specialists in that field. But those fields became ones where in order to get into them, you had to have an undergraduate education and pass examinations and become certified just like the doctors became certified in their specialty. So that was another big change. It wasn't just someone dreaming up some leather and buckles and straps and hinges and stuff. It was very much more scientifically developed over time – the long answer to your good question!

SM: Was there anything else that you wanted to discuss with regard to your medical school training or your early military training?

MM: No, just a follow up, a thought occurred to me during the break and that was that when I was, again, thinking about the senior command and the people who were the leadership during our training at Fort Sam Houston, or consultants who had retired and came back to assist in the training let's say for consulting on rounds, going around to visit the patients or at special conferences, the experiences that were being brought out took some of the lessons learned out of World War II and Korea and when you asked earlier about advances or special something new or cutting edge, if you will, in fact some of the basic grunt work, some of the basic tools of treating patients in either mass

casualty situations where there were large numbers to deal with or the basic, fundamental treating of war wounds, there wasn't a matter of a lot of sophisticated technology but rather the early treatment and medical evacuation. So, those techniques were certainly stressed for those of us who were in training at the time and lead us to a better understanding when the time came to actually have to work on some of the problems. We felt we were equipped to do that. Since Texas Tech is in Texas, it occurred to me also, one of the other great names in orthopedics at the time that I was going through was a Dr. Eggers, E-G-G-E-R-S, and he was a designer of one of the metal plates that is a small piece of metal with holes in it that some screws are put through to hold a fracture in place. So the Eggers Plate was well known at the time, and of course having Dr. Eggers come over from Galveston or the Houston area was always an exciting weekend because he was very well known and very well thought of. So those influences, I think, and having the potential of some really good teachers had an impact on us at the time. So, I thought I would just mention that.

SM: Did that have an H at the beginning of it? Heggers?

MM: No, no H. It's E-G-G-E-R-S.

SM: Okay. I'm curious in terms of your training again, both in civilian and military terms. Your discussion there just prompted my thoughts on triage, and how much triage training had you received? How much was it discussed?

MM: Well, it's discussed in two ways; one, on the academic side at the schools and in the courses. It's certainly outlined for us and examples are given, and the patient flow or work flow and how to go about it is done. The other is there are also simulated scenarios that are developed where you have patients who are…well, they're not patients; they're people who are made up to appear to have an injury. They use the word moulage, M-O-U-L-A-G-E, which is a simulated appearance of an injury. Certainly in the shows we see on TV with all the violence and stuff, a lot of that artificial blood and all the makeup can simulate a pretty serious burn injury. Well, that type of thing prepares students and those in training in the medical field to learn how to deal with mass casualty situations.

SM: Was there any difference in terms of the triage training, the academic aspects that you received in civilian medical school and what was discussed say in some of your introductory military training?

MM: Well my recall at medical school was that there really wasn't much discussion about that. It really came to the forefront during the military side of things. Nowadays and many years later, as hospitals got more into the idea that they were going to have to deal with potential mass numbers of injuries, then the civilian hospital training programs expanded to include that kind of thing. So, if a train accident or an airplane crash happens out in the middle of Iowa, a local hospital will have some idea about to develop an alert roster or a call roster to get people in and getting people used to the idea that they might have to work for 18 hours or 24 hours and not go home until the job was done. So, most of that experience in understanding I obtained through the military.

SM: And do you remember if there was any difference in your mind now, are there any differences now between military triage and civilian triage?

MM: Well, yeah, you know someone could almost write a paper on that subject. I'll just touch on it lightly because I'm not working specifically in that field right now. But, one of the things that was happening with the military training as I understand it, that in some of the training programs, let's say in the Washington D.C. area and maybe some other big, urban communities, there's more trauma, more accidental injury in the real world type situations in emergency rooms say in the center cities wherever we're using as examples. So some of the residents in military programs I believe, to the best of my knowledge, maybe they're still doing it or they were doing it for a while, they would rotate into the civilian trauma centers like the University of Maryland is a world renowned one. I'm not sure right now which is the major one in say Lubbock or San Antonio or in Ft. Worth-Dallas, but that's where some of the gunshot wounds and the major trauma could be treated, whereas when I was going though the training program from 1958 though 1963 we rotated out of the hospital at Fort Sam Houston for children's orthopedics and I went to a hospital for four months, I believe or five months at Santa Rosa Hospital in San Antonio for children's orthopedics because the volume and variety of cases in the civilian hospital made that a necessity. I think that's what happened on the trauma side, maybe there was less trauma available for training military surgeons in the

military programs and they made arrangements and liaisons and working agreements and memorandums of understanding, whatever, with some of the civilian trauma centers so that the surgeons and other specialists who needed to know those techniques, maybe nurses in intensive care and so forth, that that's where they would go for training. So, I think that was an important observation.

SM: Okay, and in terms of a triage mentality or the triage process itself, when you were introduced to it in terms of just being in a regular military hospital, did you notice any significant differences later when you had to do triage in combat?

MM: Well, yeah, I think my thought would be that you can have all the academic and simulated programs and you can make some of those quite realistic, but until you're in the actual situation and get your feet for a health provider, whatever, doctor, nurse, anesthesiologist, anesthetist, whoever, or even the administrators of a hospital have got to…I mean, you've got to go through one or two of those and hopefully you don't have to go through too many or things would be pretty much of a disaster around everywhere if we had those going on all the time. You have to get your feet wet and that's the difference between doing it on a simulated…because I've been involved in an awful lot of those simulated programs. I think they help, I think they help to a certain extent. But, there's no comparison with having experience in the real world.

SM: Well speaking of real world experience, what was your one-year of general training at Womack Army Hospital like?

MM: Well, that was good background because the way the Army training program was set up for a year at Fort Bragg was that you do everything but orthopedic surgery, so I really didn't get involved with orthopedics but I had to learn some of the other aspects of surgery. One is urology, that's U-R-O-L-O-G-Y which is the genital urinary system, the kidneys and vital organs related to the specialty urology and obstetrics, where I had to go back again through obstetrics and gynecology and just general surgery. So, it was three months or four months on each of those fields. So, the only orthopedics I had at Fort Bragg was knowing the actual orthopedic surgeons who were on regular active duty there and seeing the kinds of cases that would come in out of the airborne parachute exercises and there were plenty of those going on, or the automobile accidents on the highway leading up to Fort Bragg out of Fayetteville, North

Carolina. So, that was the thrust of the program there, good training, good people, and we had our second son there. We couldn't get post housing so we lived in a little kind of I wouldn't call it a condominium but a little housing project in Fayetteville. So, my second son was born at Womack Army Hospital and we had two at that point in time. I guess in each phase of my training we added one more child. There was one during the internship, one during the pre-specialty year, and then another during the residency at Fort Sam Houston, so that kind of rounded out the family as well as the surgical education.

SM: And you mentioned the parachute, dealing with the airborne units?

MM: Oh yeah.

SM: There were a lot of parachuting…

MM: The 82nd Airborne was there.

SM: Right. There were a lot of parachute incidents or sprained ankles, broken legs, things like that?

MM: Yes, but I wasn't in the training phase that had me on the wards with those cases. Another thing is I think that I would bring out, and since we're really thinking military history here, one of the aspects of all of this background that I'm talking about in New York and then San Antonio and Fort Bragg and then later Fort Belvoir and so forth is that it gave those of us in military medicine the concept of seeing the practices and the ways of different communities. When you're at Fort Bragg, the huge influence and the consultant staff that comes in as civilian consultants to the military came out of Duke University, University of North Carolina, and just like before I was telling you Texas, coming out of the University of Texas system. You didn't have a medical school in San Antonio when I was there at that time, but now there is one. So, by moving around you could see other procedures and practices that were maybe a little different or had some different variation than let's say if I only trained in New York and went to a hospital there and stayed in New York and then practiced in New York and never went anywhere else. It was very mind expanding, and then the networking that could take place thereafter, so if I knew an orthopedist at Fort Bragg, and we would all know each other as staff and residents there. If I found out later on that so and so was now a practicing orthopedist and a civilian, no longer military, and let's say practicing in Little Rock,

Arkansas or Chicago or somewhere else, it expanded the network of knowing people in a variety of places that made it much more interesting.

SM: While you were at Fort Bragg, were there any physicians that you worked with or did you yourself ever participate in training other soldiers? That is, for instance, out at the Special Forces Medic School is very intensive, and you do get some training.

MM: Yeah, I think that was taking place at the time. When I was a resident…I just don't recall exactly right now whether Womack Army Hospital had interns who would have been junior to me in going through an internship there. I know we had them at Brook General Hospital. But, in any case, as we're moving along in the career field of medicine or nursing or other health fields, you're always in a sort of potential teaching mode for anyone who you're working with who is coming along in the same field, and I think it works in academia and other specialties, too. When you're a doctoral candidate and teaching classes on subject matter, it's sort of the way education is supposed to go as far as I'm concerned. So yes, I think they were, but I don't recall specifically classes, let's say with Special Forces or with the 82nd Airborne at the time. But, let's say there'd be a new military nurse who just joined and came on board and might be working on the urology service or the gynecology service. Well, while I'm in training I might still be at a more advanced level than that individual so I would be doing a little teaching, too.

SM: Part of standard professional…

MM: That makes me think of one other thing if I could just throw it in here, and that is I really appreciate what you folks are doing in developing the Vietnam Center, which I'm hopefully a great supporter of. I think developing what you're doing there is just fantastic, and what you're trying to do as a historian is really important.

SM: Thank you.

MM: I'm thinking now we're drilling back into my little brain, what, 35-36 years or more and trying to draw that out, and that's not easy to do.

SM: Well, thank you.

MM: And make some sense out of it!

SM: We have a great collection of your materials, so it has been very helpful, and you have been very supportive. In terms of your work with other personnel at the hospital, what you described is kind of standard professional development almost, where

you're just basically…you're going to have to do cross training and interact and train each other.

MM: Yes, that's a growing part of it. Let's say I'm into it six months into whatever I'm doing. Well, let's suppose someone else comes on board. Let's say I start in September and another surgeon comes in in January because there were rotations in and out of Fort Bragg going on all the time. By the way, there's one other group that I'll touch on later if you remind me and that is as a civilian component that's working with us at the time, it would be civilian employees of the military hospital, I happened to look at the photograph of one at the 8th Field Hospital where I was in Vietnam and recalled his name yesterday as I was putting a few papers together. But, at Fort Bragg in the urology department there was a civilian employee there who was let's say, for lack of another way of putting it, an old-timer in the field of urology, and you could learn so much – as a matter of fact, more – from some of the old hands who were not M.D.'s or graduate nurses or Ph.D.'s in the field, but they learned the hard way of how to take care of catheters and the urinary bladder. I don't want to get too graphic for you in this where you really will want to drop your history role and go on into medicine [laughs]. But, what I'm saying is that there are people who know their way around the operating rooms and some of the clinical settings who have worked there almost all their lives. At Fort Sam Houston in the orthopedics department there was a gentleman there who was in the cast room. He worked the casts and put on the plaster of Paris. I learned more from him in many ways and enjoyed doing cast work, which sometimes I like doing that more than some of the operating and putting on a good, quality cast for a person and knowing how to do that. This gentleman was a pleasure to…and here we are first year, second year residents! I have a memory gap in that I can't quite think of his name right now, but what I'm trying to say is that the mentoring for people younger than us coming in the field was one thing but we had some both medical and non-medical people who were pretty darn good. I was just thinking that those people don't often get recognized in what they've done to influence those who are just learning the field, really a great asset.

SM: Now at Fort Bragg, at Womack Army Hospital, about what percentage would you say of the staff were civilians versus military, active duty?

MM: I don't recall. I don't know how that would pan out. Some of the nurses I think were probably under civilian contract. There were a number of people who were probably contracted. The hospital by the way was, when my wife and I arrived at Fort Bragg, they had moved from the old what's called cantonment type of one story wooden wards that would cover several football fields…do you have a concept of what I'm talking about?

SM: Oh, yes sir.

MM: They're long, wooden wards connected by ramps and they were moving within the week that I arrived to the brand new Womack Army Hospital so I had the advantage of coming into a brand new building which was super. I think now there's even a newer facility. I think they built another one down there to handle the situation at Fort Bragg, so maybe the one that I started in in 1958 is considered a relic just like the cantonment hospitals were. There's one funny incident there that I remember. We were in one of the clinics and someone came in and was working on…they had a vacuum tube system like you might see in some of the old department stores where you can whiz a bill or an invoice around from one department to another through vacuum tubes. They don't have them much around anymore except in an antique setting. Someone took a urine bottle with a label for analysis and wrapped around with a rubber band and did what would be obviously a no-no to the majority of people and put the bottle with the label on it into the vacuum tube and of course it got jammed up somewhere in the clinic where I happened to be working and we learned from that point on that they had to tell people, "You don't put specimens into vacuum tubes!" That's a side story, but it happened! It was an amusing moment for some of us.

SM: You mention in the questionnaire if there was strange or amusing incidents that occurred during the training, and all you said was, "Yes." Were there others that come to mind?

MM: It probably will as we go a little more along, but that was one that I thought was always an amusing side issue of coming into a new hospital. Of course now if I went into a hospital and was in active practice, the technology and availability of equipment that's there now would look like a new world order for me, now because I'm retired from any kind of practice.

SM: Now when you arrived at the new Womack Army Hospital, how did that rate compared to say some of the civilian hospitals or other military facilities you had been working in?

MM: The only other…I don't know that I could compare really very well. Through medical school I was in a number of hospitals all over Chicago and so I'd seen that. The setting of a nice, new, and relatively small, well-equipped hospital was certainly a pleasure to be in. But, we had all the material of whatever we would need there for good patient care for the population we were dealing with. Then, if there was any problem or somebody needed something, they could be referred to Walter Reed, which was our next level up in terms of referral, or if they had to go to a civilian community they could go to Duke University or wherever the eligibility was available. Overall, I think it was pretty super quality at the time.

SM: Basically a state of the art facility?

MM: I think so, yeah.

SM: You mentioned a very interesting part of your experience as a military physician; that is, when you were moving around to different locations, you were of course able to tap into that civilian knowledge base?

MM: Correct, that's right.

SM: As you were doing that, were there areas that specific places would focus on in terms of the medicine that they would focus on, whether it be orthopedics or pediatrics or OB-GYN or whatever? Did you find that different areas focused on different things, or was it just kind of a broadened experience throughout the entirety of medical practice?

MM: I would say it's a fairly broad spectrum. When you're in training, and I'll use urology, which is the urinary surgery and that particular specialty field, so when a student or a resident is training in that field, then they're looking at that limited horizon. So, let's say that one of our consultants was from Duke University and he invited us up to visit. He was doing special research up at the hospital and took us around the campus and so forth. So, I can't speak for all the other fields but I know from the standpoint of the specialties, of course the Army even at that time had a great deal of respect for the civilian consultants who were always available for us even though we were in the military. I mean, there was that military-civilian liaison that was very, very important.

SM: This came down from the Army Surgeon General's office, that this type of interaction would be supported?

MM: I'm not sure how that was set up, but for all of my experiences in contact, there was always civilian consultants to the military so that every Saturday at Fort Sam Houston at it was then called Brook General Hospital and then became Brook Army Medical Center and so forth, well, every Saturday there was a civilian consultant who came in and rotated throughout the three years and would discuss cases, would make presentations. So, there was always that liaison and working relationship. It worked both ways; too, because the Army had a hospital administration program with Baylor University for hospital administration training on the academic side, so there were military folks who would be getting some of the academic training through the civilian side. So, it worked both ways.

SM: Now how much cross training, as a physician, did you receive in hospital administration?

MM: On the hospital administration side, I always liked that and during the time of both at Fort Bragg and Womack and at Brook General Hospital – I'll keep mixing the names up of Brook General and Brook Army Medical Center and Fort Sam Houston – but that complex is the hub in San Antonio of the US Army Medical Corps activity. The schools are there. That was a great part of that setting down there. So, I'm sorry, just remind me of the question that you focused on there?

SM: Well, in terms of the administration training, how much did they focus on in hospital administration?

MM: The thing is that the size of the service, let's say the orthopedic service at Brook, was large so as you worked your way up through the residency program and became a senior resident, you had an awful lot of administrative responsibility that might not have been necessary or used much in the civilian practice of training. An example would be what we call the military board so that say if an individual service person has an amputation and can no longer remain on active duty, we have to do a lot of administrative development of paperwork in order to process an individual for retirement from active service or transfer to a Veteran's Administration Hospital. The more we advanced in the training, the more you understood how to run programs. So, a senior

resident leaving the service program had a sense of confidence in being able to administratively handle aspects of a program, and that, to me, influenced me greatly because I liked it, whereas I found some people that I met from outside who had trained at smaller hospitals or certain medical centers were never given those responsibilities to handle…let's say I would have a ward of 25 amputees of all sorts – upper extremity, lower extremity, some with residuals of burns, with or without amputation – just administrating that ward and being responsible for that paper work, for the work flow, the surgery, all of that I think was excellent background training, developed leadership skills which I found that a lot of people did not have in other settings, and I think stood many of us in very good steed. I learned from senior residents who were highly capable people who then went on to become chiefs of services. And it's also interesting as you'll see a little later on maybe if we have a chance to talk further where I had a long break in military service after leaving in 1967, finally came back in in 1983. Many of my counterparts were in training a year ahead of me or a year behind me became the Surgeon General of the Army. So, as a matter of fact, I remember one of the residents who came on and was the new comer as I was getting more senior, he became the Surgeon General of the Army, a three star rank. So, here I was without a General rank but at the same age level as others who became Surgeon General and had been active all the years that I had stayed away from the service and then decided to come back in. Well, you don't move on into these levels of responsibility as a surgeon or as an internal medicine specialist or a urologist or an anesthesiologist without liking some of the administrative aspects of medicine. So, that's how I got to like that as well as the orthopedic practice itself.

SM: How much of that administrative training and administrative work dealt with logistics?

MM: With logistics?

SM: Yes, sir, in terms of equipment and material acquisition management, things like that?

MM: Yeah, you had to have an idea of how that happens and certainly the training provides that. I took enough courses in logistics to appreciate some of that. But, you know, the other point that I think has to be made and that is that no one person does it all themselves. It's like when you're running the academic institutions where you are,

there's some teamwork that's involved and what I might not know about logistics, I have to understand where the person is that sits in the chair that handles that hospital supply. We were talking earlier about Harrington rods as an early example of one of the tools that's available and I may think that's the hottest thing on the street or the latest artificial joint. I have to know that in the system of logistics and the setting that I'm working in in the Army, certain people know how to go about getting some of those things, items, supplies, whatever, and some of them may not be available. If it's not in the system for us to buy or the cost is prohibitive, then you have to learn how to work with people like that. I think I was able to do that and get along with people in other specialty fields and work for the same goal rather than to think that I was going to be the expert on logistics and expert on rehabilitation and the expert on paper flow, paperwork flow, know how to work together to get the job done; at least I did in the military, and it worked in my civilian career to a degree, too, after a while.

SM: Let's see, when you finished your work at Fort Bragg, you went back to Fort Sam Houston?

MM: That's correct. I started the three years of training there, that's right.

SM: That's where you did focus on orthopedic surgery?

MM: That's correct.

SM: What were the more interesting and challenging aspects of that training?

MM: To me, the most challenging part of all was just to learn all the surgical skills and administrative skills and the handling of all varieties of clinical problems. So, that was the challenge, and to an extent that challenge was met and we were able to move forward with that. Fort Sam Houston and that military complex there was just a wonderful location because the schools were there for the basic and advanced courses and all sorts of other schools that relate to the military for both enlisted and officers. So, the idea that…I think that made it a place that was amenable to developing these skills and handling some of the challenges that came up later on. I'm not sure if I answered your thought on that.

SM: Oh yes, absolutely.

MM: You have to balance…the thing that gets left out of this, and I may touch on it later, and that is that it was very hard to balance the family life, and I'll touch on this

when we talk about family support and the idea of what happens to the family when we're off in military life, an ingredient that they don't tell you about when you sign on the dotted line and say, "Yeah, you're going to get post housing and you're going to get a pretty decent income." But, you have to balance, and the challenge was balancing the life of a new, young family with a lot of frequent moves. I didn't mention that in some of my responses to you but that was an important challenge. I don't know how well I met it. It wasn't easy. I would throw in the thought here, and I think it still applies, when you sign on for the program like the residency program in the military, the obligation was for a year of service for every year of training. So, when I signed on for the four years of training in the surgical field, that incurred an obligation of four years additional service, like someone going to West Point or the Naval Academy, there's a certain obligatory tour after that. So, the family, in our instance, I'd have to stop and add it up, but my wife and kids had to put up with an awful lot of moves between the schools and the different duty assignments that I had; that's new housing, new friends, new neighbors, some easy to get along with, some not easy to get along with, and social life limitations. Then the residency program, again, like in medical school and undergraduate school, the job is to get through the residency and work your tail off, and a lot of learning going on. So, the family may or may not enjoy all of that all the time.

SM: Yes, sir.

MM: Even though they moved around the country. My daughter is still very proud of the fact she was born in San Antonio and the other son in Fayetteville, North Carolina that he has on his license and all that stuff. But, that's tough, very tough and challenging aspect of this whole thing we've been talking about.

SM: When you got married, and you got married in medical school, is that right?

MM: Yes, in medical school, right.

SM: Did your wife know at that point that you were entertaining ideas of a military career?

MM: No. That was discovered during the internship year in New York when I said, "Hey, there's an opportunity for training where we don't have to live on $50 dollars a month and we'll get housing and we'll see the world." Fortunately my wife was willing to do that, and stayed with me every since, to this day.

SM: Great! This may be an obvious question, but I'm going to ask it anyway; how important was she to that successful balance, and especially of course in the family stability and keeping the family stable?

MM: I think if she wasn't so darn good at it, things would have fallen apart. She was able to tolerate a lot of difficulty in being able to take care of a growing family, and post housing, in the military, I mean if we went back now, and I have gone back because I've been to San Antonio many times since then and looked at the housing where we were, and you say, "Jeez, how did we ever put up with that?" because it's pretty limited and small and constantly changing neighbors because we'd be about moving in and getting to know who was living in the next little building next to us and then the next thing you knew they were getting new orders or they were leaving the service and then new people moving in. There was always the evolving scene, and that's not easy. Somehow, she was able to – my wife, Suzanne is her name, so I'll refer to her as that – she was able to cope with some of the difficulties and I'm sure it wasn't easy.

SM: If I understand you, and you mentioned in your questionnaire, your wife is French?

MM: That's correct.

SM: How old was she when she came to the United States?

MM: She came to the United States…well, we met in 1955, so she was taking a training program in New York at the time, so we happened to meet there. That's how, during the time…that was one of the influencing factors in why I was interested in Vietnam because of French history in that country. We had one interesting thing which I might add here, and that is during the tour of duty at San Antonio, I was called up to the commanding general's office and I was a captain, and he says, "Cap Mittelmann, I hear you're…well, let's say proficient or you're good at twisting your tongue," and I kind of thought for a minute, "Oh my God, what have I gotten myself into?" and it turns out that because I had taken a French proficiency language test given in the military, if anyone has a language capability, and I must have passed the French test enough to manage, and we had a – to make a long story short – consultant from the French Surgeon General who was visiting the school and the hospital in San Antonio. His name was Colonel Fazre, F-A-Z-R-E if I have the spelling correct, and it worked out beautifully because I managed

to get around with him to visit mess halls and visit the dining facility or mess hall, various parts of the hospital, and because my wife, being a dual-citizenship, we could see him socially and made him feel comfortable as a visiting VIP or dignitary representing the French government. I guess the hardest part of that, that I've told some people over time, is that I'd say the worst part for me because I wasn't really that good, it was just pretty basic French that I was able to manage, when the joke telling would start and the commanding general wanted to tell a joke to Colonel Fazre, and I would try to translate a joke, some jokes are not all that great in the first place, but to be translating a joke and to make it funny. Then it worked the other way. Then the French officer would want to tell a joke, and hopefully they didn't do too many of those, but that was awful. He was, again, these influences that last many years, his experience as a French physician in the military, he had written articles and we did discuss Algeria at the time. You earlier asked, "What did you think about this, or what did you think about that?" Well it wasn't easy to put all these pieces of the world at the forefront and figure them all out, but he would be talking about how he felt about the potential that Algeria would be lost as a French colony and he had had many years of service, I think with and without his family, as a French officer in Algeria. So, we got to talking about that, and all that happens in the course of a few days because they didn't stay very long. We also had other foreign officers visiting. I remember a Greek medical officer visiting our service at the time. Again, these are certain facets of background that I think when we get to know other people from other parts of the world and if you have to travel and move around and get along and be diplomatic, there's a way of doing it and trying to avoid that expression, you've heard it, the cliché or the expression of the dirty American or the attitude that we have all the answers, and it's not true.

SM: How about Vietnamese visitors?

MM: I can't hear you.

SM: Vietnamese visitors while you were at Fort Sam Houston? Any Vietnamese physicians?

MM: I don't remember that at all.

SM: Well, you mentioned…

MM: Excuse me, but at Fort Belvoir subsequently I did have excellent opportunities to meet a few Vietnamese officers because they were there for the engineer school. I think the Army engineer school has moved to another location now and Fort Belvoir has got other things going on there and other agencies. But, the engineer school was and is a renowned center for engineering training, just like San Antonio and the Army Medical Department had activities at Brook Army Medical Center in the field service schools. So, foreign and international officers were in and out of Fort Belvoir and of course if someone sprained an ankle or had something from an orthopedic standpoint, they would end up in my clinic. So, I had a unique opportunity to meet a couple of, or at least one, Vietnamese engineer who turned out to be a really great friendship, super friendship.

SM: That's great. Now, did that last over time at all?

MM: It lasted…I think I mentioned that when I was responding to you. It helped in a couple of ways, and that is that once I knew I was going to go to Vietnam, it really consolidated the interests because I would say to the major or colonel, "Hey, I'm going to be in your country," and it really did develop a lasting friendship because I said something about, "Well, what about learning to speak a little Vietnamese," and I'm trying to see, I made a note about that. Oh yeah, he was really an excellent person because he would sit with me, I forgot if it was in my own house or we met at the hospital library or whatever. I found his calling card that I had. You'd be amazed at the amount of material that I've not only collected but still have somewhere. His name was, on the calling card, I'll spell it, O-N-G and then the next word B-A, like Bravo Alpha, and Le, L-E, Kim, K-I-M, Nga, N as in November, G-A. I believe he was either a major or lieutenant colonel. We worked on Vietnamese language together, and I don't know whether I mentioned it to you but what I worked on with him…first of all, it was an extremely difficult language. He spoke French and we had him over to our home for dinner and he met my wife, and so it was a little bit of social get togetherness as well. He helped me develop a sort of an orthopedic lexicon of terminology, so when I eventually went off to Vietnam I at least has in black and white the terminology that I wanted to say to a patient, "Show me where it hurts," or, "You have a broken arm," or, "I want you to prevent swelling, keep your arm up in the air," or, "Wiggle your fingers," and even if I couldn't say it, and most of

the time I couldn't say it because just the accents in the language to me was very difficult, I could point to the line on a piece of paper and say, with the help of an interpreter, "Could you say this to the patient?" So, I had developed a lot of that before going to Vietnam. In that respect, knowing someone on the international scene like him was excellent. You know, he met me at the airport. In 1964 and '65 it was not Vietnam like most people remembered later on. I was an individual going over, and I could write a letter to somebody there and expect that it would be delivered by airmail within a week or two. So, he knew I was coming. He knew I would be landing at the airport at Saigon, and he met me at the plane. I mean, that, to me, was just a wonderful feeling that someone would do that. I ran across some notes here where he met me on a subsequent trip to Saigon and I was at a hotel. I found the name of it, the Astor Hotel, A-S-T-O-R, and he met me there and then we went out and found a phone number that he gave me of the guard duty station outside the military base where he was. So, I had a point of telephone number of the security guard there and I was out to his home for dinner with his wife and family and we exchanged communications later on. It was a very warm relationship, even though limited. I often wish I knew whatever happened to him, but there's no way that I could ever trace that now. So, that's one aspect of trying not only to learn an orthopedic specialty field and going on in a career, but knowing how to do it in other settings and just a nice, usual, routine local hospital. It's a whole different ballgame.

SM: Yes, sir. You mentioned the perception of Americans as…well, in the past sometimes it has not been very favorable.

MM: That's right.

SM: At times, Americans have presented themselves in somewhat an arrogant fashion in their interactions with foreign nationals and other interests.

MM: Right, right.

SM: Did you have an opportunity to read The Ugly American before you went to Vietnam, Orson's?

MM: I read it, but I don't remember when I read it.

SM: How about any other?

MM: It was also a movie.

SM: Sure was, with Marlon Brando. How about any other materials that discussed the importance or discussed the issues of being an American working in Vietnam? What kind of preparation did you have before you left?

MM: Well the preparation was really a do it yourself thing. I had a choice of either Korea or Vietnam, so I was right up the street, if you will, from the Surgeon General's office, so I had an idea of where I was going pretty early, and had the option of Vietnam. Once I knew that was locked in, I started a big campaign of reading everything I could get a hold of. There were some language tapes, I think, at the library there, but there was no course and there was no civil affairs. You know, there's civil affairs units in the military who have better insights into the country and all the nuances. But, I did it on my own. I would have done it if I was going to Korea or if I was going to Turkey. It was a self-preparation. See, everybody was an individual so I was an individual. It wasn't like the whole hospital unit was moving over there like they do now for Kosovo or Bosnia, a whole segment of a hospital unit will go together most of the time. But here, I was an individual replacement for the orthopedist that was leaving that hospital. His time was up, so then it was my time. The work day in and day out at Fort Belvoir did not seem to have a whole lot of concern for where I was going or what I was going to do. That's important because it bears on attitudes and feelings and unit cohesiveness and things that come out of taking tours like that and how people feel after they leave, and that had some influence and impacted my own situation and others. I was just talking to someone today who had been working on the riverboats, and now works for one of the insurance companies, and I said, "Mark, didn't you tell me a long time ago that you were over there?" and I said, "They're doing oral histories," and kind of talked this thing up a little bit and he said, "You know, I never really talked much about it." He left in 1971 or '72. No one really wanted to hear him out. He sort of brightened up and said, "You mean somebody actually wants to hear about my experiences?" I said, "I don't know, but at least it's something to think about." When I left, the preparation was a do it yourself job and I learned an awful lot that made me do a lot of thinking about the country while I was there and some of my attitudes and beliefs later on came about as a result of that study. Some of the books, I don't have the list in front of me, and I don't have good recall of the titles and authors, but Bernard Fall was a well-known French author, and

there were others that gave an excellent history of the country and the culture and the art and music and all the rest. I think I felt like I understood a little bit about it before I went, and did not go in there super charged with the idea that I had all the answers for that place and that country. Did I touch a little bit on what you were trying to get at?

SM: Yes, sir, absolutely. The French Indochina period, and of course you mentioned that you were kind of interested in Vietnam from the standpoint of your wife being from France, when of course the French-Indochina War was going on when you were medical school, and I guess in part even when you were in undergraduate and in medical school…

MM: We didn't really know much. I wouldn't have known that much about it. I mean, you heard about the colonial world and Spanish colonies and French colonies and Dutch colonies, and having met a French military physician who had experience and listening to his feelings about French colony in Algeria and that being one and having the opportunity to see another one and live in another one was I think a fascinating time in my life to be able to do that. There were some people, and obviously there's attitudes no matter where people go. I've been on tours in a number of countries and there are people that go in there and go up to the front desk of a hotel and think they're at the Hilton in New York, and they're not. The lifestyle is different; the people are different. I was able to get along, I think, hopefully I did, and I had some nice friends in the town of Nha Trang, N-H-A T-R-A-N-G, the town I was in. Actually, it was a pretty fair sized city, and I could walk up and down the main street, walk into the shoe store, look at sandals, or go into the bookstore and manage to get along and feel good about knowing the people there. There's some people who I knew at the time that they could care less. They were there to do the job they were doing and couldn't wait to get out of there and had a different attitude about where they were and why they were there. I think the background and experiences of growing up in New York and what we've talked about before sort of set the stage for how to handle that and try to show other people how to get along in that kind of setting, working as a team and working with the right attitude. You can't get along in a city like New York or Houston or Chicago, whereas in med school without working with quite a cross-section of people, it's different than growing up in say suburban West Hartford and Hartford.

SM: So you were exposed to different ethnic groups early on in your life?

MM: Oh sure, very definitely, yes.

SM: As you were preparing to go to Vietnam, what did you understand in terms of the United States' mission there? What were we trying to accomplish, as you understood at the time?

MM: Well, there's a couple of thoughts there. I was thinking when I was talking to my wife about it at the time, and I said to Suzanne that I was going, of course her knowledge of the colony, I guess it was Tonkin and the old names of the different areas of Vietnam…

SM: Annam and Co Chin China?

MM: Yes, and you know, if I would spend a year at Texas Tech I could really get back into all of this again which you're recreating and stirring up a lot of coals and historical facts which I haven't really had out on the tip of my tongue for a long time. But when she heard about Vietnam and the fact that we were there, it was very complex. My duty and my job was going to be to replace whoever was doing the orthopedics at the 8th Field Hospital. So, again, being very sort of straight and narrow and focused, my job was to go there and do that regardless of all the geo-political, tactical, strategic, whatever you want to call it basis for why we were there. So, I made a note on my thought here on that. In 1962 and 1963, while I was at Fort Belvoir, a doctor, an orthopedic surgeon who was the chief resident during my years of residency training, Major Walton, Spencer Walton, he was the commander of a unit called the 44th Medical Detachment, and they were assigned to the 8th Field Hospital which had just started up pretty much in 1962. If you'll look up the history of the unit histories, that's when the 8th Field Hospital pretty much was built. It was a fixed installation. It was not under tents when I was there. So, I knew Spencer Walton as an orthopedist. So, when someone says, "Well, hey, so and so is over there," and then I knew who followed Spencer Walton and the surgeon I was going to replace, so I knew what they were doing both in the military and civilian work that they were doing because they were running clinics in the civilian community as well for orthopedics. That was my focus. I learned a little bit about the complex history but why we were there and what we were doing there, that's a whole book…that's several books if not much more than that. Again, staying focused, that's what I went there to do.

It's short change later on, the healings about all of that. What was also tough was, and I pencil this in because we ask the question, "What did your family think about going there?" Well, historically it was very interesting because of the French colonial life and learning about what was going on there, but the other problem was there was no family support program. I don't know if you've heard about this, but over the years more and more…well, you saw, Steve, when the Gulf War took place, and that is that there were families at the sea ports, there were families at the airports, both on departure and arrival back in the states, and there were the yellow ribbons and there were the family support programs and so forth. When my wife packed up to leave, I don't even remember that the wife of the hospital commander or the hospital commander said goodbye! It was another duty assignment. The orders came though and we were ready to move. If they had said, "You're moving to San Francisco," it would have been the same thing, or to Florida or wherever. So, this was a very tough move and I found a little brochure of my wife and the three children on the passenger list. I remember being down in New York City and seeing them off. They took the SS United States. I don't even know if it exists anymore, the SS United States. They left New York to go to England or [?], I forget where they landed, February 24th of 1965. I put them on the ship and then went back to Fort Belvoir and had to close the housing that we were living in, get the cleaners to come in. There was no one else to do it. I was on my own, other than doing my day to day work and that was all very difficult in retrospect, whereas now when you hear about a unit going to Kosovo or Macedonia, and I know some folks that just went there about a month or two ago, a nurse that I worked with over a number of years is over there now, and there's a family support group system set up, and on the internet I email, I can communicate quickly with these folks. I can get the home page of the whole medical command over there right now in Kosovo and Macedonia. We had nothing in those good old days, at least from my perspective, and that was very difficult for the family. They packed up and went over and fortunately, because she had family in Paris she was able to get an apartment. The kids went to a bilingual school in Paris for a while and then switched over to the French Public School System. So, they put up with all that, so they left a month before I did and they came back two months after I came back. It was a 14-month away from home for the wife and three children while I'm continuing working for Uncle

Sam as an orthopedic surgeon. That's a little sort of a perspective on that, and that stood as a shining example of the need. In the reserve later on, we can talk about it later if you want, when I was a hospital commander in the reserve in the 1980s and then a staff officer at a higher level headquarters before I retired. The family support program was a growing program and I always used as an example that even after I retired I was able to get assigned to the family support training program that the Army sponsored, if you were willing to be part of the family program. I use that as an example in some of the class work that we did or people say, "What experiences have you had along this line?" and I would say, "When I got assigned to Vietnam, it was the tour I wanted, it was the job I wanted, it was the location I wanted, and everything worked out beautifully in that tour of duty. But, from the family side, the going away was a very solitary situation and coming back was a little bit the same." We came back to a military base. We were part of the same military family, but again, it was an individual; it wasn't a whole unit moving together as a cohesive, self-supporting group, like a support group type idea.

SM: And like you said, they didn't have the family services system.

MM: I can't hear you too well.

SM: I'm sorry, as you said previously, they didn't have any kind of family support services set up to help family members of the people who were going to Vietnam?

MM: That's right. I don't even remember, frankly, that there was even a farewell, like a little farewell party for my wife and kids at the time or for us even, knowing that I was leaving. That's all right. That was our thing. But, I think it's improved to an extent now, and certainly her moving off to a foreign country where there was even less support, at least she had her own family there and relatives that made it at least a pleasant experience. That was very difficult.

SM: Did you have consistent communication from Vietnam to Paris?

MM: Yeah, right. I couldn't put my hands on it, which kind of speaks against what I said before, I have everything, how I'm collecting everything, but I have some of the letters and we were blessed with, at that time, good mail service. It was an interesting time in 1965 and '66 where the mail flow was pretty good in and out of our fixed installation, which was right next to an air base. I could send a package of Kodak film

off to be processed, and within not too long a time, it was back. We didn't have photo moto or one hour service there in downtown Nha Trang. But, so yes, I had good communication with my family in New York and my wife in Paris. As a matter of fact, my wife occasionally found an article on something that was happening where we were that I didn't know was written up, like I'll talk about the bomber crash that we had later on. She found the article on that and mailed it to me, so we had good communication, not by telephone but by mail. Oh, I'm sorry!

SM: Go ahead, sir.

MM: I was just thinking, we had this sergeant, there's always some sergeant that shows up in a movie or story that means that they're the backbone of the service and know how to get things done, and I remember there was one sergeant – and I'll tell you about some other amusing situations – but somehow or another he knew the system and the telephone operator. I don't know where she was located or how he did it, but this guy was always on the phone, this sergeant was always on the phone to girlfriends and family back home. I forgot whether it was North Carolina or South Carolina, but he had the phone system beat which none of us had. We had to depend on the mail. But, I thought I would just mention that for a minute because it shows that there are some people who in spite of the difficulties find a way to get things done. But maybe we can continue it another time.

SM: This will end the interview with Dr. Mike Mittelmann on the 7th of May.

SM: This is Steve Maxner continuing the interview with Dr. Michael Mittelmann on May the 8th at 2:20 p.m. Lubbock time. I'm in Lubbock, Texas and Dr. Mittelmann is in West Hartford, Connecticut. Sir, why don't we begin discussing your Vietnam experience; in particular, if you would, describe the trip over, what that experience was like, and then your first impressions upon arriving in Vietnam.

MM: Sure, Steve. One of the aspects of flying on out to San Francisco was that that began my solo trip. Again, like I stated earlier, I was not with any unit. Here in the states they went as a group of troops. When I got to San Francisco I had a layover there and had the opportunity to visit Letterman General Hospital, which is a very large general, hospital with an orthopedic department and met with the chief of orthopedics out there and we got together and spoke a little bit. He, at that time, knew that I was on

orders for Vietnam and so from there I flew to Hawaii, onto Guam and then into Tan Son Nhut, and you'll have the spelling of that in your archives there. So, I arrived in country and as I mentioned briefly yesterday, I was very pleased to have been met at the airfield there by the Vietnamese engineer that I had befriended at Fort Belvoir, and thought that was pretty nice. Besides, I forgot the rank, either major or colonel, Nga, spelled N-G-A and from there it's hard to recall exactly but I believe I was in a tent city, which is a large group of people on cots waiting. At that time I was waiting on a flight up to Nha Trang where I was assigned to the 8th Field Hospital. So, that's briefly how the sojourn went on the way to Vietnam. There's two pieces of that that might be of interest, and there's so many links to this that it's hard to know where to stop, and I don't want to deviate too much from the chronology, but it turns out that the colonel who is in charge of orthopedics, he may have been a lieutenant colonel or major, I don't have his rank right now, Dr. Mutz, M-U-T-Z, called me at the 8th Field Hospital about a month after I got there and said, "Mike, I'm calling you from Saigon." I said, "What the hell are you doing there?" He said, "I just brought the 3rd Field Hospital," which was the designation for another field hospital, in country, and they set up a major field hospital in Saigon. So what I'm trying to portray is that gradually, during the first month or eight weeks of my arrival, when things were relatively quiet, things were starting to really develop and the troop buildup expanded immensely over the next 12 months. We can touch on that a little later. So the length, again, was here I had just encountered and met the orthopedist in California who had no inkling that he was going to be mobilized to take a field hospital and get one set up, which he did, and I had the good fortune of visiting him again later on. If I could continue one more length with him, many weeks later, I don't have the exact date, I was in my bed one night under the mosquito netting, the phone rang, and he said, this is Sterling Mutz, and I said, "Where the hell…" every time he called I was always saying, "Where the heck are you?" and he says, "I'm at the airfield right next to the 8th Field Hospital and we're on the way over." I said, "What's that all about?" I may have mentioned in my response in the questionnaire that there's some pretty difficult situations that developed during the tour of duty. What had happened was Dr. Mutz was on a flight going through Nha Trang airport, maybe either out of or into Saigon; I'm not sure which way he was going. A soldier had stepped off the airplane and with the

propeller of the transport plane running, stepped into the propeller and the resulting situation had him in very quickly set up for transfusions when he arrived. It was just a quick ambulance run. It was probably less than ten minutes to make the trip back and forth. We had him in the operating room pretty quickly. I don't want to get too graphic, but we worked most of the night with Dr. Mutz and myself to try to stabilize the life of this individual with our anesthesia department. We had just about everyone mobilized in that particular operating room to try to save him. The camera that he had been carrying was one of the foreign body objects that we had to remove, or we use the word debride, D-E-B-R-I-D-E, from his shoulder. We had the camera removed from there. A long story was he did not survive. It was a very difficult and harrowing experience for us for that kind of injury at the time. So, Dr. Mutz and I, within several months of having met in transit to Vietnam, were working together in the same operating room. So, that's part of the picture of some of the things that happened.

SM: How far into your tour in Vietnam did that incident occur?

MM: Well I'm saying within months. I tried to look up the record because I have records of so many things, but I could not find that note. And, you had mentioned, and we discussed briefly yesterday in this time frame of arriving in country, what it was like; hot and steamy and different humid, warm, and within a short time of arrival at the 8th Field Hospital, things were pretty quiet for a large hospital. We had many, many, many, many beds that were unoccupied. It was a pretty casual existence in terms of work flow, to the point where I remember seeing one of the doctors who specialized in radiology, and we had a very good x-ray department, radiology it's called, and he was off to the beach. It kind of surprised me. We had very few patients in any bed. But, it wasn't too long after that that the buildup started. So, Dr. Mutz coming in with the 3rd Field Hospital, other hospitals, and other units coming in other parts of the country, all this is well documented in our military medical archive by General Neal and many other people, the details of all the troop buildup and what units came in and everything. But, from a personal perspective, it went from a nice resort town of Nha Trang and a relatively quiet hospital into a major buildup within a matter of weeks. One of the things that was interesting also, and we've talked about it, is that the…and I don't want to leave anything out like that, but the civilian support at the hospital by Vietnamese staff was an integral

part of what we were doing. So, very early on I mentioned to you yesterday that I found a photograph of a civilian worker in the operating room by the name of Mr. Tin, T-I-N, always smiling. Whenever he wasn't wearing the mask the way you normally wear it in the operating room, he had it on the top of his head so it almost looked like a little cap, and always had a smile, always helpful, and barely spoke any English. We didn't speak Vietnamese very well but we managed to do beautifully. I also had a secretary there very early on, or an administrative support person by the name of Ms. Le and she was extremely instrumental in typing many of our reports for getting patients ready for transfer to Clark Air Force Base in the Philippines. We had one or two interpreters who were outstanding and I became very friendly with them and had wonderful working relationships throughout the whole tour. So, that occurred quite fortunately for us. So, I'm just trying to quickly sort of step in and set the framework for what might seem like a sleepy country hospital suddenly blossoming out to its full mission the way it was supposed to be.

SM: About how many buildings comprised the whole hospital system?

MM: Oh, quite a number of buildings. I have aerial photographs of it, but I can't tell you exactly. We had a whole operating room area which was its own building. This was a fixed installation. This was a well-built, concrete slab from building to building and wooden covers over the sidewalks. We had a whole dental suite and radiology section in its own building. We had a big reception area was where the triaging and mass casualty preparation would take place once patients were all brought in, and then that was connected to a major laboratory that we had going. Actually, we had a laboratory called the 406 Mobile Medical Laboratory under Major Kiel, K-I-E-L, and they had a beautiful laboratory set up for both blood banking, which is very important to get good blood banking available so that the injured soldiers and sailors and whoever would have proper blood bank facilities, and then we had wards for medical patients. We had wards for immediate post-op; we had convalescent type of wards where people who no longer needed full time nursing coverage could hang out, if you will, in bunks in a separate building. We had a huge supply, almost like a depot type of a building. Connected to that whole physical plant we had a morgue where later on some of the autopsies were done; very few, but some were done, and where some of the bags with bodies that were

brought in from way outside of Nha Trang, out in the mountains or whatever, they would be brought in for preparation in that building. Then connected at one end of the campsite and the base site was what we would call hooches or small buildings where many of the enlisted support personnel lived. So, that was painting the picture in one sense. The PX facility was great because when new troops arrived you got a liquor ration card. Other people have spoken and given their histories and they have mentioned the fact that the alcohol ration was very liberal and the availability of Beefeater's Gin or Chivas Regal Scotch, I don't remember all the brands, but some pretty good quality beverages were available, and people used it. It was very seductive, very available. To finish four or five bottles a month was a hell of a lot of availability of something that probably shouldn't have been around to the extent that it was. But, that was available and I would say after the first three or four weeks when beds started to fill up and activities started to occur, the incentive to use the full ration got less and less to the point where it was pretty unusual for someone like myself to ever want to take another drink because you never knew when you were going to be called, and you couldn't go trooping out of bed in the middle of the night for a propeller accident if you weren't sober. So, that quickly woke a lot of us up to the fact that the partying was going to end pretty quickly. By the way, we also had…I didn't want to leave those folks out either because they were much a part of the whole picture, too. There were people, some volunteers, whether they were officially Red Cross or were some other type of auxiliary, I don't recall the credentials, but they were available to help with magazines and cigarettes and others for the patients who were in the hospital. As everything started to move into a much bigger picture, there were an awful lot of other people involved. I don't know if this is addressing some of the feelings. I wanted to bring out when we were asked about trying to remember who all the troops were, we had just about every type of service person there, male, female, Army, Navy, Air Force. We had some civilian people. There were some large civilian contractors - I was just talking to a friend of mine yesterday about that – who were used for site development, like for building Cam Ranh Bay down South of Nha Trang, so occasionally they came in and they were supported by our facility. I found something in Pacific Stars and Stripes, it's a publication, you said that I could site those occasionally?

SM: Oh yes, sir, absolutely.

MM: November 12th, 1965, that was November of 1965, way after I was in the hospital, we were in what was called Second Corps or II Corps, Second Corps, under General Larson, Major General Larson, and we were supporting the 1st Cavalry Division, 101st Airborne, I found another one here, the 2nd Battalion of the 7th Marines. The very interesting part of the tour, again, I don't have all the dates, but the Tiger and Blue Dragon Units of the Republic of Korea, the ROK Troops, both Army and Marines became our patients. At one point, almost the whole hospital was filled with Korean patients, 99.89% speaking no English. Fortunately, a few of their people with their units did manage to be translators for us. So, we were also across the base from the airfield, from the 5th Special Forces. This just gives some perspective on who was there, the troop lists and all that you'll have available in the archives at some point.

SM: I'm curious for your position as…you were the chief orthopedic surgeon and the chief of professional services there at Nha Trang. For your staff alone, that is in the orthopedic surgery department, how many people worked in that?

MM: Well, the whole surgical service, numbers-wise I don't have all the information on that. There were a number of surgeons, general surgeons, and I had also with me an oral surgeon who worked on maxilofacial injuries and dental injuries about the face. But, I was augmented at a point during the tour, and not worrying about dates, but in the article, which I've submitted to the archives there, we had what was called a KB team under a Major Van Norman. He brought in with him other surgical capability in the field of orthopedics. We had him available to us as a KB unit, as a medical detachment attached to the hospital, so that really worked well for us. So, I had that type of support. This was called the 46th Med Detachment, KB Team. It's unfortunate we couldn't keep track of each other for many years after that, and I just read a month and a half ago, Dr. Van Norman, Vanny was a Major, he died within the past year out of El Paso. I think that's where he was living. That type of support was readily available to me at the time. By the way, I wanted to tie in one other thing that we had talked about and I think should talk about, and that is that the experience that one gets with mass casualties and trying to manage large numbers is something that takes up whole books and there are whole courses at the academic level and all that are given in that subject matter, and until you actually get in the experience of having been through a couple of

real live ones, it's very hard to really know what it's going to be like. Within the first several months, actually, the newspaper date I have here is about August 7th, Herald Tribune, European Edition, August 7th, we were coming out of a…I was holding a professional staff conference, reviewing x-rays and discussing some issues with a group of doctors, some were about mid-day, and as we stepped out of this small building at the 8th Field Hospital there was some strange airplane activity going on up in the sky and we were not very good at identifying aircraft like some of the experts are able to do. Then it looked like, and I'm just reflecting now, I can't be sure whether one was trying to shoot down the other, or whatever happened very quickly we noticed a couple of parachutes and one of the planes went directly down into the South China Sea off the coast of Nha Trang, and that was a Canberra, C-A-N-B-E-R-R-A, twin jet bomber B-57. But, in fact, we thought it had landed in the South China Sea like I just said. It turns out it landed in downtown Nha Trang on the main street, and you talk about some of the complexity of being a hospital ready with all the facilities that we had, and very little communication with what was going on site downtown. If I could, could I just read off a couple of quick comments from the Tribune?

SM: Yes, sir, absolutely.

MM: It's hard to remember all the detail, and I didn't…frankly, Steve, I didn't have a beautiful recap like the Herald Tribune had. As a matter of fact, I think my wife later was concerned because she didn't know where we were and she was reading all this information in the paper. We were still trying to accumulate the information. "89 people were killed or injured. The plane crashed in the coastal city of Nha Trang with a full load of 250-pound bombs. At least 12 Vietnamese were killed and about 63 or 83 were injured, also some Americans," because they would have been downtown, and we were several miles from the center of the city. "The two man crew parachuted into the Bay," which was part of the South China Sea, "And they felt that they had been hit by Viet Cong fire and developed a fuel leak." What was happening up there, one of the other planes that was flying with them, it looked like they were trying to shoot at them, the other B-57, so it wouldn't go into the town. Well, anyway, the point being that this was a major accident. It says, "The crash was one of seven air mishaps which had plagued Americans and Vietnamese in the war against the Viet Cong. It was the second B-57

bomber crash within 24 hours. The first had been in Jia Dinh Province," that's J-I-A D-I-N-H Province, "Six miles North of Saigon," which we didn't know anything about. So, the mass casualty situation was a split one because what happened there, and we were not the controlling authority, this is a military accident in the middle of a civilian community. So, their own people went into their own hospitals, and believe me, the phone linkages in those places was not set up in the network like what exists today if you could possibly do that. So, they were admitting people who needed care into the local hospitals. We sent ambulances downtown. I'll quickly tell you about that later, real quickly. A group of patients arrived at the 8th Field Hospital and were lining up outside our facility. I can't recall how they got there. But, one who was a Vietnamese civilian almost seemed like a psychiatric case and would have been possibly considered a psychiatric case except one of the surgeons, again, part of this wonderful team I had to work with there, really began to evaluate this person and to make a long story very short, he had a penetrating - which means a small fragment of metal – that went into his abdomen, and he needed an exploration of his abdominal cavity like you would do for an appendix or gall bladder, and he survived and did well. But, if he had been relegated off as some kind of hysterical person, because we couldn't communicate and he was screaming and so forth, it would have been a real tragedy. Another one is very remarkable. We had several people wandering around as though they were totally lost souls, not knowing what to do, where to go. They were not wounded; they were psychologically wounded, not physically wounded. One last thing just to show you how complex it is, there we were working with civilians in the operating room, and once the diagnosis was made, I ended up on one of the ambulance runs downtown because you can't be everywhere and the whole downtown was cordoned off. Am I going to fast for you?

SM: No sir, not at all.

MM: The whole main street where the theater, the shops that I spoke about earlier where I could walk up and down and visit and be friendly with people, was all cordoned off and it was much later in the evening. We were actually stationed down there all night. But, they wouldn't let us on the street because they were waiting for demolition teams to come up from Saigon because of the bombs that were unexploded ordinance in the whatever it was, whatever buildings had been damaged or wherever that

ordinance was. I guess it may seem graphic, but it's reality. There was a head of a victim, maybe 100 yards, 200 yards from the ambulance where we were stationed, where we stationed ourselves in case we were needed. But, either though religious conviction or fear or maybe waiting for demolition teams to clear the area, nobody would go near this remaining part of a person. So, it just gives an idea of how you think you're working in a hospital and you have all the modern conveniences, but there's so many other aspects of how things come about that you have to try to keep your wits together and do your thing. I mean, we couldn't just run down the street and say, "Oh, this has to be done," and, "How come you people aren't doing that?" because that wasn't our role, and yet military wise you had to wait for clearance or else hundreds more people could be…I don't know how many could have been hurt, including our own personnel. So, that's a little bit of trying to jump quickly from arrival in country and being processed to move out into the quick realities of incidents that were occurring and things that were happening.

SM: You arrived in March of '65, correct?

MM: That's correct.

SM: I'm just curious, you mentioned the article that you had sent to us. I want to go ahead and mention it by title and publication. This is an Orthopedic Professional Service Team Medical Detachment KB and what you sent is a reprint from Military Medicine, Volume 133, Number 1, January of '68. I'm curious, it's actually very informative and of course you do provide some information about the organization and the history of the KB team. A couple of quick questions; what does the KB stand for in the KB?

MM: There are many different letters used for a wide variety of different teams. So, I'm just going to throw out some, there might be an AB Team, a KM Team, an RS Team. I'm not quoting actual teams, but they were just letter designations. The Orthopedic Medical Detachment Team was designated at that time as KB. There is otolaryngology, there's oral surgery, there's blood, there's many other teams, but that's how that got that.

SM: It mentions as part of the organization of the team that you had orthopedic technicians, and I was curious, are these the specialists that put on casts and things like that? What is an orthopedic technician? What do they do for you?

MM: They were wonderful additions to the 8th Field Hospital because they brought in a staff that I worked with beautifully. We had a cast room, which was another great feature of the hospital because I could put on any and all types of casts that were needed, but I also had wonderful help. I wrote another paper on rehabilitation in the combat zone which was I believe a copy was sent to the Vietnam center, but we made a point of every day, day in and day out, week in and week out, that we would make rounds every morning, meaning going around to every patient that we had operated on and had any surgical work with from the orthopedic standpoint, and I ran what would have been a rehabilitation service as well as orthopedic. So, it wasn't only the KB team worrying about doing surgery and putting pins in and casts on and moving people out. It was a matter of doing something functional with people so that they started rehabilitation very early on during their recovery, and I used them very much for that and we wrote that up at another point in time. I think that was a helpful piece.

SM: In terms of recovery for patients that have orthopedic wounds, first of all, can you at all assess an approximate percentage in terms of the broken bone injuries that you had to deal with, what percentage would you say were compound fractures versus just a standard fracture?

MM: In the military medical archives of the Vietnam War and in many other articles that have been written about every aspect of the war, there's a lot more of that detail available than I could possibly remember or come up with. I do have, and I told my wife recently that someday send all this material to the center because I don't know if I sent it originally. I did have copies of all the procedures, cast applications, and other procedures that were done throughout the tour of duty while I was there, and those are a matter of record. I don't recall a way of defining it right now any better. I see here in April of 1965 which was in the first few weeks after I got there, there were two missile wounds, meaning that they'd been struck by some missile or fragment and they were treated, and application of casts, 44. Now, when I go though to…and we kept very accurate data as best I could, whereas when I see here it jumps in August, 25 missile

wounds, maxilofacial surgery going on, 135 casts, previous month 135, cast procedures up into December of '65, 263 cast procedures. So, the orthopedic…I see here, jumping around a little bit, November of '65, 178 missile wound debriedments. But, the general surgeons would be operating, maxilofacial would be operating, and all this data, I mean, I have these documents but no one's ever asked about them and I've not been able to do anything with them. It's sort of my collection. I hope that answers your question.

SM: It does.

MM: I'm sitting right now, out of possible curiosity for your sake, if you could see where I'm sitting and with what I just kind of quickly pulled out to try to be responsive. I'm looking here, for example, of a smiling photograph of great General Westmoreland who I had many opportunities to see during the time I was at the 8th Field. I don't know whether it was one of his junior officers, but somehow I found out that you could get a photograph so I have one here dated 7 May, 1965, "Major Mittelmann, best wishes, General Westmoreland," and he was in our facility a number of times throughout the year that I was there. Over my mantelpiece here in my library, there's an oil painting, a rather large one, it takes up a large part of the wall, by an artist by the name of Thanh Ho, last name H-O, first name T-H-A-N-H, dated 1965, and it's a Vietnamese scene of one side a mother, barefoot, holding a little baby, a tree with no branches of any flourishing flowers, and on the left hand side, sort of walking away from the baby and the woman holding the baby is a soldier with a boot on one leg and a below knee amputation of the other leg, and he's walking on crutches. There's a little mountain scene in the background. So, I've always had that and I was lucky enough to be able to bring that home. The reason I mention that to you is that historically I had been in communication with one of the surgeons of the 5th Special Forces, Lieutenant Colonel Sky, S-K-Y, nice short name compared to mine. His first name was Valentine, real dynamic doctor with the Special Forces. I would have been considered kind of a conventional sort. He was much more Green Beret type if there was such a thing at the time. Under his patronage and under the patronage of one of the provincial chiefs there was an art exhibit at a gallery in downtown Nha Trang and I don't recall, I think it was before the crash of the bomber…yes, there was an exhibit before the crash of the bomber. I bought this painting at the time and let's see, July 25th, 1965, exhibit by Thanh Ho under the sponsorship of

Lieutenant Colonel Sky and he was a medical corps officer also. So, in between all these other things and my running down, I ran a clinic every Thursday afternoon at the provincial hospital. No matter what happened, unless I was in the operating room with major problems going on, I ran the clinic every Thursday, come hell or high water, at the provincial hospital. Anyone who needed anything could come in there. So, that was a whole separate facet of this history of what went on during that year. The reason I mention the relationship with the 5th Special Forces, because that was a big unit and a great unit right across the air field from us. I had a letter that I wrote to…I was able to track down Dr. Sky or Colonel Sky in 1989 and he wrote a letter that, again, very stirring, about the Special Forces in Nha Trang and he said he lost his friend, artist Thanh Ho. I don't know where he is. I have one of his paintings, so he brought one back, also. I had communicated with him to try to see whether or not there were other paintings by the same artist, since I'm somewhat of an art collector, if you will, and this brings…and I have a photograph of the exhibition where Vietnamese people are looking at that particular painting, so it's a rather unique opportunity that I had to see both the tragic side of this whole war as well as the human side. I wanted to just touch on that for a minute.

SM: As you were working in the clinic, and working what I guess would be considered a medical-civic action type of project…

MM: Yes, that's right.

SM: …did you have encounters, or did you encounter examples of Vietnamese folk medicine, people would try to use folk remedies to cure them?

MM: Yes, as a matter of fact. I kept logs and I have whole folders here of the kinds of problems that we saw, every variety of difficult situations and cases that were brought in. I don't know whether to call it folk medicine or not, but part of the problem was that people might have an injury and not know what to do or not have anywhere to go, and unless someone was running these types of civilian clinics, then people would come in very late after a problem or an injury. So yes, I had an example. I had photographs of most everything I ever did in 35-millimeter slides. Someday I was thinking of getting them all printed up if I could get some funding for that, and they tell another story of kind of answering your question. A patient would come in; I think it was an elderly lady, with some sort of gloppy, dried up material all over the wrist. Well, it

would turn out that that was fracture medicine and I happened to buy some of that down in one of the shops one day. My Vietnamese isn't very good, but I believe Gy Sung is the wording for broken bone, and you could buy this kind of…it almost looked like dried roots of some sort, not too fragrant, not bad, rubbed all over this broken wrist. Well, that's folk medicine but it doesn't accomplish the mission of fixing a fracture. So, yes, I saw that and saw many examples and have photographs of the x-rays of say young kids, maybe even teenagers or older, I don't remember the exact ages, of deformities of the spine due to tuberculosis where curvatures would occur. It happened in the United States with people with tuberculosis. You see that up in Saranac, Lake New York, Atrudo Sanitarium, and many of these happen in the United States. But, you could see the little pin marks or broken…where acupuncture needles had maybe broken off or in fact been purposely been put in there to try to cure whatever they thought the condition was. I don't know whether they know it was tuberculosis or not. So yes, that's kind of a long answer to your question. By the way, Nha Trang is famous, really famous, going way back before the 8th Field Hospital ever thought of going in there, and there was a Pasteur Institute named after Louis Pasteur from the late 1800s. Nha Trang was one of the centers around the world for Pasteur institutes and I had a chance to visit there. You could get a snake venom, anti-venom for someone who might have a poisonous snakebite. I met the doctor there and visited that facility. There's also an Oceanographic Institute at Nha Trang, which had a wonderful collection at the time, and I was able to buy a lot of the books that were available, even though I couldn't read them, but they had wonderful drawings and photographs. All of those are down at the Vietnam Center now. But, the whole community was a well-known center. In Vietnam, Nha Trang was not a small town group of shacks. It was a resort for the French when they were there. There were French schools. There were villas for living. There were restaurants, there were hotels, and there still are. It's a booming, thriving community. So yes, we had rather primitive examples of how medicine was practiced, and we helped a few people I think by running those clinics. We had a big leprosarium for treating patients with Hanson's Disease or Leprosy outside of the town. I had a wonderful liaison with the Franciscan Order that was running that, and if we had time I could obviously go into more detail.

SM: Well what kind of work did you do with the leprosarium?

MM: Well one thing I did was establish liaison there so that they knew that someone had an interest. I met many of the patients with severe residual deformities of having had leprosy. Remember, we're talking let's say 1965, so if you had somebody who was already in their 40s or 50s, that would mean that they had residuals of leprosy from growing up in the 30s or 40s. Do you understand what I'm saying?

SM: Yes, sir.

MM: So, it was almost like a colony where they were isolated from the rest of the community to an extent. We had one in Louisiana called Carville run by the Public Health Service. I'm not sure if it's still there. So, I established rapport and then I had a great team effort with one of the civilian teams that were co-located in Nha Trang. It was a Dr. Hayes and there were other clinicians who came in and out over time. One of them was a specialist who knew what procedures would be a good idea to perform on some of the patients with leprosy. So, we were able to get some of those patients to come into the provincial hospital, schedule them for surgery, and then we worked as a team at the hospital to do let's say hand surgery. One of the problems with leprosy, and I know we branch off so much here on tangential elements of this dialogue, but they have weakness of the hand so it's very difficult to pinch. If you take a piece of paper in your hand right now and you hold it between your thumb and the tip of your index finger and pinch, you can make a circle. It looks like an O because you have a tight grip with your thumb. Well, they don't do that too well because of weakness of the ability to control the thumb. Some very basic operations were being performed that we could get them to have a better pinch grip, which is very vital to every day function if you're working in a field or trying to keep a household going. We had some of those operations going on at the provincial hospital.

SM: Were these operations developed for that particular purpose at the time, or were these known techniques…

MM: They were known techniques.

SM: …that were applied?

MM: Yes.

SM: What was your assessment? You mentioned the Pasteur Institute at Nha Trang and the Oceanographic Institute. In terms of the medical facilities and the research

facilities at the Pasteur Institute, and then also the hospital, the civilian hospital in Nha Trang, what was your assessment as a physician of those facilities?

MM: Well I was not in a position to assess the Pasteur Institute and I never went over there with Major Kiel, our pathologist and forensic pathologist, to evaluate that facility. But, we knew it was there and I only learned many years later about the historical significance. So, I can't comment on what they were doing or the state of the art of the labs and everything there at the time. By the way, one of the photographs that I took of the Pasteur Institute, of the wall and the sign in the front of it, had a big roll of barbed wire on the top of the wall going around the institute. So, when you think back of Louis Pasteur, and think when he and his disciples decided to branch out around the world, they didn't expect to see barbed wire hanging around on the top of the institute. At one of the birthday celebrations of Pasteur, the Pasteur Institute, which is well known in Paris and in New York and elsewhere, they had a traveling exhibit that they set up at a medical society that we have here in Hartford, the Hartford Medical Society, and I enlarged the photograph of the Pasteur Institute that I had taken – it was a color photograph – and added a little bit of perspective to the whole idea of commemorating Pasteur here in West Hartford and Hartford. The Oceanographic Institute I can't comment on either because I think it was a little bit run down. It wasn't easy for me because nothing was labeled in English so I wouldn't have known what I was really doing there other than to just see it, and I bought everything I could. Fortunately we didn't have a shipping requirement. I was in a time in Vietnam where we were extremely fortunate to be able to bring all the books I wanted, bring what I wanted into country and I could take a box of books and many other things back with me. The provincial hospital was a provincial hospital, and without being critical or negative, it was not easy to work there. Patients had very limited bed facilities. You've seen photographs of patients lying in a bed on a straw mat, not a mattress and clean sheets and clean pillows. If there were screens to keep the flies out, I don't remember. I have a hunch there weren't a whole lot of screens that were working too well. Some of the meals that were being prepared for some of the patients might have been done by their family right by the bedside, and it made it…you had to go with that because you can't go in there as a visiting consultant and think you're going to change the world, which we certainly didn't do. The operating

room was also very limited in terms of facilities. Sometimes I would bring a pack of equipment in a surgical pack with me that I borrowed from the 8th Field Hospital and I would bring that with me if I needed something special and if I had it available. But, it was difficult. They had their own people there. When I would go in on a Thursday to run the clinic, let's say I would get on my bicycle…I didn't have a jeep, by the way. I might have thought I was some hot shot as the Chief of Professional Services or Chief of Orthopedics, but I didn't have my own vehicle so I bought a bicycle. I put the surgical pack that I was bringing down or x-rays or whatever I had, tie them on the back of the bike, the little place in the back, and haul it on down to the hospital and pull into the front yard which was basically dirt, and walk in and get started with the clinic. I'd almost have to start from scratch every time I'd walk in, "Say, remember last week when we had a big bucket of water so that I could make a plaster splint?" "Oh yes, Doctor." The name of doctor that was referred to very often is, "Bac Si," so I was Bac Si Mittelmann or Major Mittelmann. You'd almost have to start with some of the folks or it would be different people and say, "Well, hey, how about getting some of the things together so we can start the clinic," and then once that was done, when we were on our way to getting the job accomplished, Bac Si for doctor is B-A-C and then S-I in Vietnamese, and their accents which I can't tell you in more detail. So, it would be yes, get going with it, but very basic, very working through interpreters, working to try to get a good x-ray. I had the most excellent support from our own laboratory in that if I had a surgical specimen, the Army was willing to let me use the lab to process the tissue and get an evaluation of it. So, many of the services that you would expect at a large, civilian hospital were not available and we had that support. That was sort of an unwritten piece of a mission, and I wrote up a document when I was leaving to try to make sure that this whole thing could be continued in some way because I had developed this way beyond what several of my predecessors had done. I mentioned Major Spencer Walton yesterday in our chat, and when I left we had a major program going. What happened after that is someone else's history.

SM: Yes, sir. The physicians, the Vietnamese physicians that you would encounter, typically where were they trained? Do you recall?

MM: No, I don't recall. I worked and had a very close working relationship with two of the Vietnamese Army doctors. There was an Army hospital, a Vietnamese Army hospital also within the perimeter I believe of Nha Trang. Exact geography, I don't recall. They had their own beds, they had their own operating room, their own patients, and I would make rounds there, meaning going around with their doctors. One was a Dr. An by name and I would have them come out to the 8th Field Hospital once a week and we would make rounds and they would see our patients and I would do the same with them. When I look back on all this, Steve, I wonder how we did all this in 24 hours a day because we never stopped. I did sleep and we had the occasional parties and some relaxation when we got out of there, but this was a day in and day out activity with the Vietnamese doctors. There was one of the doctors, I believe Dr. Diem, D-I-E-M, who was the head of the civilian hospital. I don't know where they trained, but they managed fairly well in English. Then, we had interpreters…or French, by the way.

SM: I was just going to ask about that.

MM: I couldn't leave that out, that was the other thing.

SM: So you don't recall anything…

MM: We were in the province of Khanh Hoa, that's K-H-A-N-H and then the next word is H-O-A, so Nha Trang is Khanh Hoa Province. So, whoever the medical doctors were, either private practice or provincial doctors, I don't know the other details.

SM: Didn't know if any of them were trained in France?

MM: No, there was a medical school in Saigon and again, I don't want to mess up too much, but at some point I believe some people may have been trained in the North before things got split up, or maybe France. This doctor, Dr. An, I did I believe use his name in the response to the questionnaire because not only did we have pretty good rapport with each other, but he had a brother and I think I added that in where his brother got together with my father in New York City. I forgot whether he was at Colombia or what he was doing in New York City. But, my father and Dr. An's brother got together in New York. My father hosted…I don't know whether it was a lunch or dinner or whatever, but I got a wonderful exchange of communications resulting from that. The background of some of the doctors was fairly sophisticated and their families were well educated, at least some that I met.

ONLINE MATERIALS INDEX

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

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B-57 Canberra crash, Nha Trang

The Leprosarium, Nha Trang

The ARVN Hospital, Nha Trang

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