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The Vietnam Archive
Oral History Project
Interview with Dr. James Evans
Conducted by Laura M. Calkins, Ph.D.
April 13, 2004
Transcribed by Brooke Tomlin

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

1 LC: This is Laura Calkins of the Vietnam Archive at Texas Tech continuing the
2 oral history interview with James V. Evans, a Veteran of the U.S. Army. Today's date is
3 the 13th of April 2004. I again am on the campus of Texas Tech in the Special Collections
4 building in the Interview Room and Dr. Evans is in Dallas. Good afternoon.

5 JE: Good afternoon.

6 LC: Jim I would like to begin by asking you with regard to the time period that
7 you were serving in Quang Tri and in that area about the MedCAP program and whatever
8 interaction you had with that effort.

9 JE: Ok, I was basically told to go on it. Lieutenant Paul Sauer, the medical service
10 corps lieutenant, had been going on them. Fortunately he knew the area so I went on a
11 few in November but it was like I didn't feel like we were providing any effective
12 medical care because the people thought Robitussin tasted good so they all came in and
13 they would (coughs), well they wanted Robitussin. So it was like handing out candy. So I
14 really didn't feel like we were doing anything effective from what I heard from Paul
15 Sauer who arrived in Quang Tri I think July 1969. I mean there was not a lot of
16 consistency. They were not going back to the same places time after time.

17 LC: Jim, when you said you were pretty much told to go on them, where did that
18 come from?

1 JE: It was coming from I guess brigade. The battalion surgeons, if they were not
2 you know like we were in Quang Tri combat base then we went out, we were supposed to
3 go on the Med Caps. I don't know whether...the previous battalion surgeon was named
4 [A.E.] Lightburn went on MedCAPs a lot. I mean he left for before I arrived. So one of
5 the first ones I went to was near Wunder Beach, which I think is where the 1st of the 5th
6 Infantry Brigade came up on land. It was on Highway 555. We were out there in a jeep,
7 there were several medics and Paul Sauer, we took care of the people and then the local
8 militia wanted all the medicine. It was in a metal chest. So they pulled their weapons on
9 us.

10 LC: Now how many were there? How many of you and how many of them?

11 JE: I mean there were probably like two or three medics plus Paul Sauer and
12 myself and probably that many local militia.

13 LC: Were they in a jeep?

14 JE: No, I mean they were just sort of the local militia. The Ruff Puffs, as they
15 were known. So they pulled weapons locked and loaded and the medics pulled their
16 weapons out and lock and loaded, like M-16s. So it was just a stand off. No shots were
17 fired. We loaded up. We were, I think, in the ambulance, which would carry several of us
18 plus the equipment and drove off, back to Quang Tri combat base.

19 LC: With the medications?

20 JE: With the medicine, yeah. I thought we were going to get killed.

21 LC: Were you seriously in fear?

22 JE: Yes, I was terrified. I realized that we could have been shot. Hey it was a VC
23 area and it was just damn scary. We got back to the battalion and they were just saying,
24 'Why are you worried? Why are you upset?' They would not provide security. So I quit
25 going. Paul Sauer continued to go. As far as I know he didn't have any problems. He
26 enjoyed being around the Vietnamese and I was just scared and I thought it was an
27 exercise in futility because they had huge basic health needs and we certainly weren't
28 addressing them.

29 LC: What kind of needs did you see that you just didn't have the resources?

30 JE: I think like basic sanitation and immunization. This was part of 'winning the
31 hearts and minds' so it was a political ploy and not a medical issue.

1 LC: Jim, did you raise these concerns at all with the command structure?

2 JE: What I told command structure was that we were not in a secure area and that
3 I wasn't going unless they provided security.

4 LC: And that was just a flat out no?

5 JE: Well yeah. I didn't go, I mean the medics went but I wasn't going. I thought it
6 was ridiculous because they said I was creating this problem. I didn't get a direct order to
7 go, but... I may have gone on one or two in the spring of '70. I thought we were wasting
8 our time. I realize now, just talking about it, I'm upset. It's fine, but it's like this
9 uneasiness about that situation. What we were doing was ridiculous.

10 LC: And it sound like you just felt that you couldn't have the kind of impact that
11 you needed to have in that situation.

12 JE: Right it was like as I said, this is part of 'winning the hearts and minds', so it
13 was a political activity. It was medically ineffective. Probably we would have been far
14 more effective if we had provided like medical care at the Quang Tri province hospital.

15 LC: Was that a Vietnamese...

16 JE: It was a Vietnamese hospital. I went there once. The photographs are in that
17 slide selection that I sent. So there are like several, maybe two story buildings. Probably
18 dating back to the French era. I think I met some of the physicians who were like
19 Quakers. There was a woman who I took a photograph of in a jeep named Vickie
20 Johnson. I don't know who she was really. She was someone that Paul Sauer knew and
21 may have been a nurse. I'm not really sure who she was.

22 LC: But she was connected with the hospital somehow?

23 JE: She appeared to be connected with the hospital. I've been in contact with
24 Noonie Fortin. Noonie is going to check it out but she doesn't know who she was.

25 LC: What was the occasion for you to visit that hospital Jim, do you remember?

26 JE: I was just sort of checking out the medical care, see what's available. It was a
27 medical interest. I just remember conditions were very primitive. That was the only time I
28 went.

29 LC: Right. Yesterday Jim, we were talking about your putting through some
30 paperwork to get a new assignment after having spent a number of months in the field as
31 it were. Do you remember receiving orders for a new posting?

1 JE: Yes. I went to Hong Kong; it was like the end of April. I think I came back
2 like around the 3rd or so of May. I put in for transfer probably the 5th or 6th of May,
3 someplace around there. Within two weeks, I've got some notes I'll have to find. In about
4 two weeks I had orders to go to Da Nang. I think maybe 67th Medical Group, I'm not real
5 sure. That's just administrative group in Da Nang that handled the transfer. I think there
6 was a farewell party with the medics in Quang Tri and then I flew to Da Nang. It was
7 traumatic because I had a lot of luggage, you know, like two suitcases. I lost everything.
8 It was stolen.

9 LC: It was stolen?

10 JE: It was never found, but I think it was stolen.

11 LC: You didn't have your photographs in there, I take it?

12 JE: There were some photographs. One of the packets that I will be sending you
13 has got a list of what I had and what was lost and estimated value and the search that was
14 done by the military. So when I got to Da Nang. I had my 35mm camera, which I carried
15 with me. I lost everything.

16 LC: Although we will be getting the list, what were the things that you most
17 treasured there Jim, that you lost?

18 JE: I think it was some of the photographs. I guess the one that I miss the most
19 was...I had a few photographs of Bruce Heskett and he was killed the 29th of June, after I
20 left.

21 LC: How do you spell his last name?

22 JE: H-E-S-K-E-T-T.

23 LC: Tell me a little bit about Bruce.

24 JE: He was a friend of Paul Sauer. They both had gone to the University of Notre
25 Dame. He was a lieutenant, you know, just a very pleasant, gentle man.

26 LC: Was he a medical officer like you?

27 JE: No, he was with the armored battalion. He was up along the DMZ. He got hit
28 by an RPG, actually got hit with shrapnel then got hit with an RPG. I sent the letter that
29 Paul Sauer sent me. One is dated like June and then he continues the letter like the third
30 of July and then it says bad news. Then it has details about what happened to Bruce. But
31 what I remembered was very eerie was that I had printed some photographs that were

1 taken. In one of the images Bruce, it was like a double exposure. So Bruce is in this
2 double exposure but the image is white, like an aura. It should have been a dark double
3 exposure. I didn't believe in things like that but it was like something bad is going to
4 happen. I just thought at the time it was like some peculiar photographic thing that
5 happened.

6 LC: Some kind of artifact of...

7 JE: Yeah like an artifact. I had this ghost image of this person I knew. I just
8 thought I messed up in the photo lab, which is probably is the explanation but it's like
9 then he got killed.

10 LC: And that photograph was one of the things that was lost?

11 JE: Yes.

12 LC: But you have a very clear image in your mind of that photo.

13 JE: I've got a very clear image of the photograph that I developed in Quang Tri. I
14 think I've got like a contact sheet from that. So I lost the negatives but I do have the
15 contact sheet.

16 LC: Well it would be interesting to see that.

17 JE: Also, what I sent earlier with Paul Sauer's photographs, there were two or
18 three of Bruce Heskett.

19 LC: Two or three, I'm sorry?

20 JE: Two or three photographs of Bruce Heskett.

21 LC: That were included in what you've sent here?

22 JE: Right. Those are Paul Sauer's photographs.

23 LC: Was Bruce somebody that kind of hung around? How did you get to know
24 him?

25 JE: As I said, he was a friend of Paul Sauer's so he would come by and you know
26 he would drop by the hooch by the battalion aid station or he would be in the officer's
27 club that was just a few feet away from the aid station, when he was not out in the field. I
28 was not that close to him. He just came across as a very good person.

29 LC: So that was some very bad, heavy, bad news that you got.

30 JE: It really was. I got the news by letter from Paul. He mailed me the letter
31 around the...the second part of the letter is the 3rd of July. So he sent that letter to me at

1 the 91st Evac Hospital. So I went through Da Nang. I went to 67th Medical Group, so then
2 they assigned me to go to Chu Lai where the 91st Evac Hospital was located.

3 LC: Let me just ask here Jim, whether you were able to stay in contact with Paul
4 through the rest of your and his in country time?

5 JE: When I lost the luggage I tried to call Quang Tri, but the telephone
6 communication was just absolutely terrible. It was virtually impossible to make any
7 direct contact. I think it did get through and like in the letter Paul said that he has been
8 checking about the luggage. The NCO for the platoon, Hollis Hibbitts, I think it's H-I-B-
9 B-B-I-T-T-S, was checking. They didn't find anything in Quang Tri. So then I got one
10 letter that Paul sent that I already mailed ya'll that was like about the first of August and
11 he had gotten out of 1st of the 77th in July. He actually had gotten sick. So missed his
12 DEROs date. So I've got a letter that he wrote like the first of August in Monterey,
13 California. Then after I got back to the U.S. in '71 or '72, I visited with him, probably
14 '71. I visited him at his home in Columbus, Ohio.

15 LC: Can you, I know this is jumping forward a little bit, but what was it like to
16 see him again? Was it comfortable? Was it uncomfortable? Can you describe that?

17 JE: It was comfortable. He was certainly a very congenial person to be with. We
18 were in the same hooch from November [1969] until early June [1970]. He was someone
19 I could visit with. He helped me with photography. He was very good in the platoon with
20 the men. By '72 we lost contact for just like what I found it was hard to be in contact with
21 people I knew in Vietnam because I guess the memories they evoked. Part of the way of
22 making them go away was losing contact.

23 LC: And that's what happened basically with you and Paul?

24 JE: Right.

25 LC: Have you been in contact with him at any point since then?

26 JE: No.

27 LC: Tell me Jim a little bit about arriving at Chu Lai.

28 JE: Well I got to Chu Lai, went through personnel office, and I was told I would
29 be working in the emergency room. I got checked into the BOQ and it was just military
30 issue, wood building. It was a spectacular place to be because it was on a cliff on the
31 South China Sea. If you looked toward the north it looked like the coast of Maine. It was

1 rocky. There were reefs. Right below the hospital there was a rocky reef, small sandy
2 beach. Then toward the south was the USO beach of Chu Lai that was probably five or
3 six miles long. I never got to the south end of it. It was just spectacular. Right where I
4 was, I think Number 5 BOQ there was big deck out over the cliff. This is where the
5 medical officers hung out. It's called Boys Camp. It was like MASH. It was this
6 craziness. We had parties. The parties were usually around booze. We had Mai Tai
7 parties. So they put Mai Tai mix in one of these five-gallon water dispensers. When they
8 had the Mai Tai party we couldn't get Mai Tai mix from the PX so the neurosurgeon,
9 Tim Stuntz, who was also known as 'Scrounge'. He knew people all over Vietnam so he
10 contacted a helicopter pilot from some place down south saying, 'We want to invite you
11 to the party, but bring Mai Tai mix because we can't get it here.' So the pilot comes up,
12 brings Mai Tai mix, parks his helicopter outside the emergency room helicopter landing
13 pad and we have the party. The commander of the hospital gets pissed off because this is
14 a hazard for other helicopters coming in. He wanted the helicopter removed so what
15 happened was somebody decided that he might have had a closed head injury so the pilot
16 had to be admitted to the hospital for observation. So if he was in the hospital he couldn't
17 fly his helicopter. So they just left the helicopter on the landing pad. I mean it was a huge,
18 real large landing pad, so it was not really a problem. That is just sort of what was going
19 on. We gathered in the evening out on the deck so I've got a lot of photographs taken on
20 the deck.

21 LC: And you guys would hang out out there.

22 JE: Oh yes.

23 LC: And de-stress I imagine.

24 JE: De-stress, we would have steak cookouts and again Tim Stuntz got steaks.
25 Basically at the Mess Hall we never saw steaks, never had them because they were
26 diverted. If you had connections you could get stuff.

27 LC: It sounds like Tim was pretty good at managing that end of things. He had
28 connections.

29 JE: Oh, he was great. We called him 'Scrounge' because he had his own jeep. It
30 was an orphan jeep. It didn't belong to the hospital and whenever the inspectors came,
31 the company commander would just say, 'Tim, you need to get your jeep off the facility

1 because we have inspectors coming and they will check out the equipment. They're going
2 to want to know what about this orphaned jeep. Can we just move it some place else.'

3 LC: Jim, how do you spell his last name?

4 JE: S-T-U-N-T-Z I think.

5 LC: Where was he from?

6 JE: I don't know.

7 LC: You mentioned he was a neurosurgeon.

8 JE: He was a neurosurgeon, yes. Cherri Hawes who was a nurse at the 91st Evac
9 Hospital said that Tim was killed in a skiing accident with an avalanche after he got back.
10 So I'm not sure when that happened but apparently, you know, it was not too long after
11 he got back from Vietnam.

12 LC: Jim, tell me a little bit about the organization of your work. I'm assuming
13 since you were in the emergency room that you were dealing with casualties as they
14 come off the dust offs, is that right?

15 JE: That's correct. Once there was a large helicopter-landing pad right outside the
16 emergency room. We took care of casualties as they came in, you know stabilizing them.
17 Doing basically physicals, evaluating the injuries, doing blood tests, you know, having
18 blood drawn, starting IVs. Deciding what x-rays needed to be done. If they required a
19 surgeon for debriding or the fractures or you know whatever it was.

20 LC: Jim, were you actually doing surgeries as well?

21 JE: No.

22 LC: Would you describe what you were doing as kind of 'triage plus,' in other
23 words, you were kind of directing traffic as to where the men needed to be seen next.

24 JE: Right, it was like triage, stabilization, evaluation, and then you know filling
25 out the paperwork and handing the patient onto the surgeon or whatever needed to be
26 done.

27 LC: How many people did you have helping you with each case? Can you
28 describe what the personnel compliment was working in the ER?

29 JE: There was at least one NCO. There were medical specialists from the 91
30 Charlies, medics. There were Vietnamese interpreters. We took care of U.S. casualties,
31 Vietnamese civilians, VC, and NVA. So there were nurses and it's sort of hard to

1 remember exactly what happened because things just got done. We took care of the
2 patients.

3 LC: And I would guess moved them as quickly as you could toward the next care
4 station or whatever they needed next.

5 JE: Correct, yes.

6 LC: Jim, if you don't care to talk about this that is fine. I wondered if you, though,
7 had any observations on which weapons were being used in the conflict were inflicting
8 the most damage on the people that you saw in the ER? And what kinds of damage?

9 JE: I was not prepared, the destruction on human bodies of what we saw because
10 there were guys who had hit mines or booby traps with multiple amputations. There were
11 burns from white phosphorous. People would come in and the white phosphorous would
12 be in their skin and it was still burning. You had to neutralize it with like potassium
13 permanganate. The U.S. used, I guess artillery was called flechettes, basically little
14 arrowheads. Somebody came in and they would look like they had minor wounds and
15 then you would turn them over and you would see a whole bunch...part of the body was
16 gone. Artillery, shrapnel, it was incredible what the patients condition...it was the horror
17 of war. It was very real and as I said at Parkland I had seen patients with trauma but it
18 was no preparation for what I saw in Vietnam.

19 LC: And you had not seen this order of magnitude of injuries up at Quang Tri, is
20 that fair?

21 JE: That's correct. Even though I was at like Charlie 2, which was bunkers and
22 fortification. We basically had very few casualties that came on base because they were
23 out in the field. The Medevac choppers picked them up and took them to the 18th Surgical
24 Hospital or the hospital ship. So I would hear about one of the companies had taken
25 casualties but I wasn't seeing them. Then when I got to Chu Lai, you know we were
26 seeing a few casualties. Sometimes there would be a dozen or more.

27 LC: And they were coming to you this time.

28 JE: Right, to the emergency room. I also remember a number of times there would
29 be radio connections in the emergency room. They would say prepare for mass casualty
30 and so we would bring in extra staff. I was a General medical officer MOS 3100. So we
31 would bring in more people. Several times we would, they would say prepare for mass

1 casualty well then we would get another radio message out. Like a helicopter accident,
2 everybody was killed.

3 LC: They weren't coming to you then?

4 JE: No, they were not coming to us but there was several times they did. I also did
5 some like outpatients [medical care], like medical clinic. So that was part of the time but
6 predominately I was working in the emergency room.

7 LC: Were you on shifts, Jim, or how was the timing arranged?

8 JE: It would be on shifts. If I was on the night shift and nothing was happening, I
9 would just go to my hooch. My hooch was very close to the emergency room. If
10 somebody came in, medics could just come get me and I'd get up and go see what was
11 going on. If it was like...they were saying you know we're expecting a lot of casualties,
12 then they would get me up immediately.

13 LC: So you had to be ready to go pretty much any time.

14 JE: I had to be ready to go.

15 LC: Jim, can you tell us a little bit about the management of blood typing and
16 blood supplies? How was that handled?

17 JE: Ok if someone came in with blood loss, we would give them a lot of fluids,
18 try to control, if we could, the source of blood loss, draw blood for type and cross match,
19 or we would use O negative or whatever was appropriate that didn't require cross typing.
20 Ideally we did type and cross matching.

21 LC: Were there adequate supplies of blood, and then, what form was it? Was
22 there a different protocol and technology than that operating now?

23 JE: No I think probably pretty much the same. There were like the equipment that
24 was used to force in fluids rapidly when somebody's in shock. It was like a pressure cuff
25 and you could wrap it around a unit of blood so it would push it in very rapidly. That was
26 never a problem.

27 LC: You had supplies that were adequate?

28 JE: They certainly seemed to be. We had a bottleneck in the x-ray because the
29 development, I mean first of all if we had mass casualties we had a lot of patients. Like
30 you're seeing pictures of the head or abdomen or looking for shrapnel and trying to figure
31 out where it was and whether it required intervention. The x-ray equipment, the

1 developer, they were automated but they were getting in like a gallon of water a minute
2 and as I remember the requirements were like five to ten gallons of water per minute. So
3 the hospital commander would say to everybody 'You're ordering too many x-rays. You
4 have to order what is essential.' So there was a bottleneck there. Part of it was, like with
5 head injuries, what the neurosurgeons would do they were looking to determine location
6 with shrapnel, it was very difficult to figure whether it was within the skull or not. They
7 basically, they took, you know, sterile q-tips, and probed the area and if the probe went in
8 then they knew they had open skull injury or open head injury so they would have to
9 operate. You hit within the soft tissues then you could leave it alone but the same thing in
10 like the abdomen. Did it get through the skin and the muscle into the peritoneal cavity or
11 any organs that were intra-abdominal, because that would mean they would have to
12 operate? Do a laparotomy, just exploratory surgery to see what was involved. [At Ft.
13 Sam Houston, we are basically ordered to donate a pint of blood. That may have been
14 SOP for some men-give blood.]

15 LC: Right, looking for shrapnel I assume.

16 JE: Well looking for, whether they were doing exploration of the abdominal area
17 to see what the damage was. We even enforced CT when it was available [this was well
18 before CT was available] so we were, you know, it was not easy to do. They may have
19 done what was called peritoneum lavage where they inject saline solution into peritoneal
20 cavity and then withdraw it [the fluid]. And this blood [if it's bloody] is an indication that
21 you have an intraperitoneal wound.

22 LC: Were there specialist surgeons that handled those cases?

23 JE: Right, there were general surgeons.

24 LC: And neurosurgeons like Dr. Stuntz that you mentioned before. They would be
25 assigned what kinds of cases?

26 JE: They would do head injuries, or injuries involving the vertebra/spinal cord.

27 LC: Jim, were you making the assessments of this person has a potentially serious
28 back injury or neck injury and needs to see the neurosurgeon. Were you kind of directing
29 traffic like that?

30 JE: That would be directing traffic. You know the patient has this and like a head
31 wound, they need to see the neurosurgeon. A lot of times the patients would have burns,

1 they would have fractures, they would have amputations and so we would evaluate what
2 is stabilized and controlled. With bleeding then they would go to the OR, be evaluated for
3 like amputations or complete amputations that were necessary.

4 LC: Jim, were field amputations also something that you saw and that you had to
5 kind of complete the process or move them on to surgery where the process could be
6 completed?

7 JE: Basically there was like severe injuries to an arm or leg. Then they would be
8 evaluated by the orthopedic surgeon and they would clean up the wound and if necessary
9 complete the amputation. So in the emergency room we were not doing that. We were
10 just referring the patient to the appropriate specialist.

11 LC: Jim I want to ask you a question about very, very difficult cases. Can you talk
12 a little about decisions that are made in a military context that are not made in a civilian
13 context about the very most seriously wounded? In particular if there was a mass call
14 where treatment might not actually save the man's life.

15 JE: Right, I mean that was...I was sent to Kham Duc for two weeks from the 91st
16 Evac. We were ordered to go there. Snipers got inside the perimeter. It was a mass
17 causality. I was the only physician there. I was with some medics and you evaluate the
18 casualties and take care of what needs to be done. If they are clearly dying and nothing
19 can be done then you make that immediate assessment that there is someone that you can
20 save, someone else that you can stabilize. Say someone with a very severe head wound,
21 they are clearly dying and that was the assessment, they are dying. You cannot prevent it.

22 LC: What was your decision once you had reached that conclusion? What was the
23 next step for you? Did you go to a different patient?

24 JE: Go to different patients. It was like you take care of those who will survive. I
25 know this sounds very cold and calculating but you know you salvage the people that can
26 be salvaged, if they couldn't be saved then you had to make that decision and not get
27 distracted. From this point it's sort of hard, very hard to say that, but when you're in the
28 middle of that situation it was like yes or no. When you put patients in the helicopter for
29 Medevac and I think they put like three guys in the center but the guy at the top, the IVs
30 wouldn't work because of gravity, I mean there was no differential pressure. So whoever
31 went on the top was either in pretty good shape and would survive and didn't need IVs or

1 was dying or dead. The patient that was on the lowest rack, the IVs would work because
2 there would be like three or four feet of differential pressure.

3 LC: Was that kind of planning go into therefore who would be put in which place
4 in the dust off? Is that kind of thinking behind some of that?

5 JE: Yes it was who has a probability of living, who doesn't or who is wounded
6 and doesn't need fluids right now.

7 LC: Jim, tell me a little bit about how you came to be TDY up at Kham Duc?

8 JE: Well this is the third of August. I was summoned to the office of the CO for
9 the 91st Evac hospital. It was a man named Major Stafford who was temporary
10 [commanding officer]. I think Colonel Tendler had been there before and he left. So we
11 had already been getting casualties from Kham Duc and it was bad place.

12 LC: Was this an SF camp?

13 JE: Well, it had been a Special Forces camp that was overrun in 1968. The
14 Americal Division went back in the summer of 1970. So you know we just knew from
15 the emergency room we were getting casualties from there.

16 LC: And it was a contested area.

17 JE: We knew it was a bad place. So I went to see Major Stafford and he says,
18 'Well, we're sending you to Kham Duc.' I knew I had already been out in the field and I
19 said, 'Well I've already been out in the field. There are some other people here who have
20 not been.' Who basically were the logical ones. Well basically I got a direct order to go. I
21 said, 'What if I refuse?' He said, 'We will court-martial you and send you to the Long
22 Binh jail.'

23 LC: Ok, well that was clear.

24 JE: So I thought ok. I went back to my hooch and I wrote a letter, my last letter. I
25 thought the chances were I wasn't coming back.

26 LC: Who did you write the letter to Jim? Can I ask?

27 JE: You know, sort of 'whom it may concern.' I cursed Major Stafford and you
28 know the letter hasn't survived but I figured going there I could easily get killed.

29 LC: Right. It sounds like that's what you expected.

1 JE: Well I wouldn't have been surprised, but then while I was there we got
2 rockets and mortars. When Major Stafford sent me out there, I mean there was no
3 explanation of sort of the circumstances of this place.

4 LC: All you knew about it was what you had kind of picked up from seeing
5 casualties coming through and knowing it was hot.

6 JE: Yeah, I knew it was a hot place. In retrospect they sent me out there. I didn't
7 have a steel helmet, I didn't have a flak jacket, and the strange thing is the soldiers out
8 there didn't either. This is really a contrast of what I Corps up on the DMZ at Charlie 2.
9 Whenever we were outside we had to wear flak jackets and steel pots, helmets. So you
10 know what I think is that the Americal division was really slack about this. So I flew out
11 of Chu Lai probably about the second of August. I think it was a C-123. I've got
12 photographs I made looking out over the country side and go there's Chu Lai, there's you
13 know the downed railroad bridges that were all over places like them that blown up VC.
14 Then we turn inland and pass over abandoned rice paddies and get into the mountains.
15 Suddenly this plane begins to turn and I look down and here is this airfield. The plane
16 made a very steep bank and then dropped. We all sort of looked at it, like, 'Oh shit.' Like,
17 you know, 'where the hell am I?' Just where we land here triple canopy jungle that has
18 been defoliated. I get dumped out with other people on the flight and I ask, 'Where is the
19 battalion aid station?' So they tell me where it is and I walk over there.

20 LC: What did you see when you got there?

21 JE: Battalion aid station was two CONEX boxes. One was used for a treatment
22 area. The other CONEX faceted was where the battalion surgeon lived, where I lived for
23 two weeks, and the medical platoon NCO. Around it was sort of a pathway. It was in a
24 bunker. The walls were either sand bags or ammo bags, ammo boxes filled with dirt. It
25 was covered with PSP. We did have a generator and there was a refrigerated box with
26 blood.

27 LC: What about tools, supplies, gauze? Did you have all that stuff too?

28 JE: Oh yeah, there were plenty of medical supplies. There was a tent outside the
29 battalion aid station that had medical supplies. We had things for doing, like, cut downs
30 to start IVs. There were some limited medical supplies but we had plenty of fluids, gauze,
31 and bandages.

1 LC: And Jim, am I right in thinking from your earlier mention that you were the
2 only medical officer there?

3 JE: Yes.

4 LC: What had happened, there must have been a guy there earlier, do you know
5 what happened?

6 JE: Yes, there had been a...the previous battalion surgeon, I really don't know
7 which unit it was, because my orders just said I was going TDY with Americal division
8 units that were at Kham Duc. So I think the permanent battalion surgeon left. Completed
9 his tour of duty. So when I got there he had already gone. I don't remember his name. So
10 I was there for two weeks until their new battalion surgeon arrived. Then when the
11 battalion surgeon, the new one, arrived I showed him around, introduced him to the
12 medics and then I got the next plane out. Like, 'I want out of here.'

13 LC: It sounds like the two weeks that you were up there were pretty hairy as we
14 say.

15 JE: Oh yeah, they were. I guess what's always amazed me is how positive people
16 are. We were in the middle of this horrible place but I mean people are very...I just
17 thought the guys were amazingly positive. There was very little communal memory
18 wherever I was in Vietnam about what had happened. You land at Kham Duc and here's
19 wreckage of I think C-130s, it was the fuselage of these planes that had been pushed right
20 off the runway. There was probably a fuselage, maybe one, at least one helicopter. The
21 communal memory was this had been a Special Forces camp. It had been overrun a few
22 years before. That was sort of all the memory there was.

23 LC: Jim, if you can, can you describe the time up there at Kham Duc when the
24 perimeter was breeched by the enemy? Was it VC or NVA or could you tell?

25 JE: From what I have read lately it was probably NVA. The Ho Chi Minh Trail
26 was going right towards this place. We got rockets and mortars all the time.

27 LC: At night or all the time?

28 JE: Night and day. So we would get rockets or mortars. They would call in air
29 strikes, either helicopter gun ships or fighter planes. Some of them would drop...I've got
30 photographs of bombs hitting in the area. Rockets or mortars would stop for a while and
31 then you first think well Charlie lobbed one in again. It was like na na na na na (mocking

1 tones). I never saw them. We never saw them. I think from what I discovered, maybe last
2 year, probably around the 5th or 6th of August there was a sapper attack. They got inside
3 the perimeter. The sappers came in between where the Americal Infantry units were and I
4 think the artillery. It was a valley, or it was a small valley. It was like sometime in the
5 middle of the night. I don't know. I don't remember what happened. I just remember I
6 was taking care of all of these patients. I realized we had the lights on and that was not
7 good because we could be seen. It was just really bizarre. I guess being in an altered state
8 of consciousness, that I was taking care of patients. I was doing what I was supposed to
9 do and I was not aware of like the noise and what was happening. I'm sure there was
10 noise. When it was all over, later that morning, I was incredibly shaky because like you
11 know we could have been killed. Not just me but many of us. It was very rough.

12 LC: Jim, did you in some way...I'm just trying to understand, go into kind of
13 autopilot or some kind of automatic where you were just doing as much as you could as
14 fast as you could without really thinking too much?

15 JE: Well it's autopilot or an altered state of consciousness. I mean you do what
16 you're supposed to do. It's probably what happens to people in combat. You do what
17 you're supposed to do; you're trained to do. I knew the situation was bad but I was doing
18 what I was trained to do. It was like there was no awareness of part of what was going on
19 until it was all over and I thought I came close to being killed. We all did.

20 LC: Were there helicopters coming in and out to take some of the wounded to
21 more expanded facilities elsewhere, do you remember that?

22 JE: The helicopters as I remembered didn't come in until daylight because of
23 where we were. They could not fly at night. You couldn't see where we were. I think it
24 was by direct flight only. Either for the, probably like C-123s or the helicopters. So we
25 had no nighttime flights. We frequently had fog. From what I've read lately Kham Duc
26 has some of the worst visibility of any place in Vietnam. There was like one mountain
27 with like, I think it was like 5-6,000 feet, I'm not real sure. It was an obstacle to flying. I
28 was very aware that each morning the fog got worse. It was ground fog and you couldn't
29 see.

30 LC: Jim, do you remember flying out of there?

31 JE: Yes.

1 LC: Can you describe what happened that day, the day you left there?

2 JE: It was like the new surgeon came in, battalion surgeon. I oriented him and I
3 walked over to where the flights took off and I left. Apparently there was some contact I
4 was having with my friend, you know, I could send like notes back, to the 91st Evac
5 Hospital. There were times I requested film or clothes, or things like that.

6 LC: Things that you needed.

7 JE: Right. So my friends were sending stuff. I probably took several black and
8 white rolls of film and color slides.

9 LC: Just, as an aside, have you sent those yet?

10 JE: No. I will in time. Emotionally, those are the ones that are the hardest to let
11 go. They were the best photographs I took because of their immediacy, you know. I've
12 got portraits of the medics. There's like two photographs of a mortar crew. One of them
13 getting ready to fire a mortar and then the next one, they yelled 'Hang fire!' I think that's
14 what they said. The mortar went off and I jumped so the second one of them is blurred
15 because I jumped from the loud sound of the mortar going off. Sometime I was there an
16 officer came to the aid station and said that a squad of men was coming in. They said,
17 'Take care of their medical needs but do not ask where they have been.' The situation
18 was, I didn't know where they were other than somewhere out in the boonies. If I had
19 asked any of the men where they were, oh they said, 'Oh we were five or six kilometers
20 out on Hill 243,' which meant absolutely nothing to me. That's when this officer said,
21 'Don't ask where they had been.' I knew they had been Laos where we officially didn't
22 have a presence. I took two photographs of men from the squad. One was a lieutenant and
23 one was a member of the squad. They have what's called the 'thousand-yard stare',
24 which is like chronic fatigue, hypervigilance; you know looking into eternity. It's sort of
25 a look of...and it also seemed of people who are dying. I mean these guys were certainly
26 not dying but it was just a very unusual look. I'm sure if it had been known that I took
27 these photographs they would have not been happy with me and probably confiscated the
28 film.

29 LC: Did anything like that ever happen?

1 JE: No. The thing is, I didn't know who these people were. It was only like last
2 year when I was reading about what they were; it was the surveillance and observation
3 group [SOG]. I just knew it was a squad that had been out in Laos.

4 LC: Was it fairly well known, although officially not acknowledged, that
5 American troops were across the border? It seems as if you knew that.

6 JE: Well actually I didn't know that. As I said when this officer said, 'Don't ask.'
7 I knew. Actually all he had to do was stay there with them. And if I asked something
8 improper, he could have said 'You can't ask that.' You know we really blew their cover.

9 LC: Right, by up front telling you....

10 JE: Yeah, because I took care of guys who had been out in the jungle all the time
11 and this is, you know, they could have told me anything and I wouldn't have known
12 anything...I mean it wouldn't made any sense to me. Wasn't particularly curious about
13 where they had been. I don't remember like in medical platoons, we had maps. In
14 medical platoon we didn't have maps. It did say where we were.

15 LC: Right, and keeping track of where a particular injury had been sustained,
16 that's not what part of what you were doing.

17 JE: I just knew that where we were, I mean it was beautiful; there were high
18 mountains around. There was this pretty long runway. It was just a very scary place to be.
19 When you showed me that 3-D map of Dien Bien Phu, it was like looking at Kham Duc.

20 LC: In what sense, Jim?

21 JE: In the sense of being surrounded by high ridges of mountains in an isolated
22 area at the end of a supply line with no connection by land.

23 LC: You were dependent completely on air resupply.

24 JE: On air resupply and only when the visibility was good. Also knowing that
25 Kham Duc had been overrun previously. All you had to do was look around and here is
26 the evidence of it.

27 LC: Jim, let's take a break for a minute.

28 JE: Sure.

29 LC: Jim, go ahead and tell me about Harold Gay.

30 JE: Ok. Harold was a medic with the Medevac crew. They flew in and out of
31 Kham Duc. I think a lot of times they were actually staying there over night in bunkers

1 right next to the aid station. The Medevac helicopter was parked by the VA station. I
2 visited with Harold. He was sort of this very gentle person. He was very dedicated about
3 what he was doing, very powerful sense of balance. I thought he was actually older than
4 he turned out to be. He asked me to take a photograph of him because he was interested
5 in photography and was developing some pictures. So I did a portrait of him inside,
6 actually on the porch of the battalion aid station.

7 LC: This is in Kham Duc?

8 JE: Kham Duc, correct. So when I got back to Chu Lai I developed it, printed it,
9 and then mailed it to him. He was killed I think the 20th of October when two helicopters
10 collided. I think I got the photograph back. I know I got it back probably in Albuquerque.

11 LC: So after you were out of country.

12 JE: After I was transferred back to the U.S. With a letter from the U.S. Army
13 saying unfortunately we are not able to deliver this because Harold Gay was killed on the
14 20th of October. Well, I knew that because I had to sign his death certificate.

15 LC: You had?

16 JE: Yes, with other members of these two helicopter crews. What I wanted to do
17 was get the portrait back to his family, but I didn't have any information about where...I
18 thought he was from Georgia. Actually he was from North Carolina. I didn't know the
19 names of his family. I didn't know how to contact them. I guess it was about two months
20 ago, through Bob Brockington, through investigating and evaluating what happened to
21 both at collision, of the two helicopters. I got in contact with Harold's brother. I visited
22 with him by phone. Then I gave the portrait to Harold's niece who then carried it by hand
23 back to North Carolina. So it felt very good completing the circle that I got the portrait of
24 Harold back to his family. There were some other photographs, a few others that I had of
25 him that I have also sent to his family. I guess it's sort of healing but it's like this is what
26 I could do for Harold. When he came in with the rest of the crew I mean they were all,
27 none were alive. Actually, I don't know why they were brought in, in the sense that from
28 what Bob Brockington has told me, that was very clear out in the field. I feel complete
29 about what I could do for Harold. I couldn't do anything medically but I could return this
30 gift of him back to the family.

31 LC: Jim, just to clarify you had kept the photograph all this time.

1 JE: I kept the photograph all this time. It was folded and plus I had the letter that
2 came from the Army.

3 LC: Really? Did you send that along to his brother as well?

4 JE: Right. So I gave the original photograph plus the original letter and a better
5 print that hadn't been folded.

6 LC: I know this must have been a very personal exchange between you and his
7 brother, but can you just give us the tenor of your conversation?

8 JE: His brother's named Ron Gay. He had been in the Marines. It was sort of like
9 talking to Harold and sensing you know a very gentle man. Someone who was very
10 balanced, he was very appreciative of getting the photograph and sort of beginning to
11 learn more of what happened to Harold, you know, people that might of known him. It
12 was a very powerful sense of connection.

13 LC: And I think Jim, a really wonderful thing that you did, you were
14 conscientious enough to have kept this material so when the opportunity came you could
15 so something for that family.

16 JE: Right. I mean I never, I didn't expect it to happen.

17 LC: No, I'm sure you didn't.

18 JE: You know it was what I always wanted. There was this frustration like I don't
19 know how to connect. It's one thing that has happened with the Internet, that we can
20 connect sometimes very rapidly. It did feel very good. I did meet Harold's niece who
21 actually lives in Ft. Worth.

22 LC: So that's strange.

23 JE: Yeah, and actually Harold also has a first cousin that I have not visited with. I
24 have told Ron Gay that I would be glad to talk to the cousin who works at Parkland
25 Hospital as a counselor.

26 LC: No kidding. That's incredible. That's really incredible. Jim, can I ask you a
27 little bit more about Chu Lai?

28 JE: Sure.

29 LC: You mentioned earlier that there were Vietnamese interpreters around and
30 that you did see coming through the ER civilians as well as combatant Vietnamese. Did

1 treating VC and NVA combatants bring up any kind of special issues or feelings either
2 for you or for other personnel?

3 JE: Well it's like we took care of them, but like for the VC or NVA, what we
4 knew was we might salvage them and save their lives but then they would be transferred
5 to the South Vietnamese care and they were probably killed.

6 LC: Now what do you mean, 'they would be killed'?

7 JE: Well I mean the feeling was that the South Vietnamese wouldn't take care of
8 them. They would torture them. I'm not sure how true this was, but the feeling was we
9 were perhaps wasting our time because once they got transferred over they might not be
10 very well off.

11 LC: And that was a general kind of feeling or understanding that was pretty
12 current among American medical personnel?

13 JE: Yes.

14 LC: Were the enemy combatants segregated on the wards at all from American
15 personnel?

16 JE: They had their own wards. I think there were guards around them. If they had
17 major wounds, like you know requiring amputation or anything like that I mean they
18 were treated like the U.S. service men.

19 LC: Did you spend anytime on the wards at all? Walking around or visiting with
20 people or just kind of taking in what was happening there?

21 JE: I can't remember. Some of us, we would get called to wards because there
22 would be some type of medical need that had to be taken care of or I would be seeing
23 someone who had been wounded. My main involvement was in the emergency room or
24 in like an outpatient clinic.

25 LC: Can you tell me anything about the management of particular kinds of cases
26 once they had passed out of the Chu Lai, the 91st Evac care to other hospitals? How was
27 it determined who, for example, would be evaced to Japan or back to the States or to
28 other hospitals? Can you shed any light on that?

29 JE: Once the patients were stabilized then we would transfer them with the
30 medical attendant from Chu Lai to Da Nang and then, that would be by helicopter. I think
31 there was some, you know, what they call 'walking wounded' that would be transferred

1 by helicopter but didn't require a medical attendant. They couldn't be returned to duty at
2 least immediately. So they might be, also be on the jets that flew to Yokota. I think we
3 transferred them like to Tachikawa. I actually got, I accompanied patients on two
4 occasions to Japan. I've got the orders that list who they were and their units.

5 LC: Can you tell me about the circumstances of those trips? Was the reason that
6 you went because they were in a particular condition or how did that come about?

7 JE: Those that required, you know, severely wounded requiring continued
8 medical care, then physicians would fly with them by helicopter to Da Nang and then we
9 were on military jets like military equivalent like a 707. If they needed pain medication,
10 if they needed additional IVs during the trip, we monitored the vital signs, sort of
11 whatever their needs were. Once we got them to Yokota then I think there were like
12 helicopter flights to Tachikawa or wherever, whichever military facility they were going
13 to. Once we delivered them we would have their chart with them and then we would
14 transfer them and turn over the medical care to people in the hospital.

15 LC: On the occasions when you made this trip, did you stay in Japan or did you
16 turn right around and come right back to Vietnam?

17 JE: Theoretically we were supposed to return immediately, but usually if you
18 worked it right you spent several days in and around Tokyo.

19 LC: How would it be done, that you would work it?

20 JE: Well the first one I went, I was in Tokyo for several days and got back. I
21 didn't have any particular problems but I think the other guys we were getting...you were
22 suppose to turn around immediately. Well it was fairly grueling, long flight to go there
23 and to turn around immediately. The second time I went I thought I've been in the
24 military long to play this system. Actually I've got the notes of who I contacted and why
25 they couldn't get me on the flight. So like ok, this is military. I'm going to play with this
26 system too. I'm going to enjoy some time in Tokyo. The second time I went, I stayed at
27 this, both times I stayed at the Sanno Hotel, which is a military hotel, downtown Tokyo.
28 The second time I went, it was this, it was this bizarre situation because they were doing
29 Oktoberfest at a military hotel in Tokyo. They had a German 'oompah' band, except they
30 were all Japanese.

31 LC: Ok, that sounds strange.

1 JE: Vietnam was this strange surreal situation where...the movie *Apocalypse Now*
2 is really what it's about, in the sense of surreal. A USO show, going out into the bush
3 within a few hours, and killing, or whatever it is. It's crazy in that a Japanese 'oompah'
4 band in a military hotel in Tokyo, you know its part of the craziness.

5 LC: Did you think to bring your camera along on these trips?

6 JE: I did take my camera on both trips.

7 LC: Were you able to use it as you had time during the days that you were there?

8 JE: I had took photographs but I actually don't have them anymore, I threw them
9 away.

10 LC: Ok, you threw them away.

11 JE: Well, I've got thousands of slides.

12 LC: I know.

13 JE: It was like ok I've got to start cleaning some stuff out. It was like Tokyo. I
14 guess one I really wish I had kept was a close up, this advertisement for *MASH* with
15 Japanese characters.

16 LC: This would be for the film?

17 JE: For the film *MASH*, showing in Tokyo.

18 LC: Yeah. Jim, how did that strike you, seeing that?

19 JE: Well it's part of this craziness. It was like I was living in *MASH*, in Boys
20 Camp at Chu Lai. We had our rituals. We had a flag we lowered whenever anybody left.
21 In their honor we had farewell parties. It was crazy. Whenever I was in Chu Lai
22 whenever the career military went some place we went by. We yelled 'lifer' at them.

23 LC: You yelled what?

24 JE: 'Lifer.'

25 LC: Really? Lifer.

26 JE: And the lifers didn't come to Boys Camp. They weren't welcome. Well let's
27 see, Colonel Tendler was very well liked and respected by the men such as doctorate's
28 position, dentists. He came to Boys Camp, but basically like Major Stafford, he never
29 came to Boys Camp. He wasn't welcome.

30 LC: Now what set apart the officers, the career military guys who you could have
31 over to Boys Camp and those who you couldn't? Could you clarify that a little?

1 JE: Well I think like with Colonel Tendler I mean he was conveyed a sense of
2 warmth and interest in us. He was certainly personally welcome. I think we also felt like
3 he betrayed us in one way because his son was like an enlisted medic. I think was in
4 Vietnam. Colonel Tendler got him out of Vietnam and then very quickly Colonel Tendler
5 left the 91st Evac. Rumor was that it was sort of like he had played the system with a
6 trumped up medical situation and so he got a medical transfer himself out of Vietnam.

7 LC: Was this a rumor or was it something that you thought probably had some
8 backing to it?

9 JE: It was a rumor but I mean he suddenly, he got his son out and he was gone.

10 LC: Did he fall then in the estimation of the guys there at Boys Camp?

11 JE: Well it was sort of like he had played the system and we sort of wished we
12 could play the system like that too. It's like ok, he got out and we can't.

13 LC: Let me ask you a little bit, Jim, about the relationship between the doctors
14 and the nurses at Chu Lai. Can you comment on that?

15 JE: They were actually very good. The nurses were highly professional,
16 competent, motivated, in terms of mass casualties they knew what to do, how to handle
17 patients, with triage, with paperwork, with whatever needed to be done. It was very much
18 a team effort. We all worked very well as a team. Basically we all got all along really
19 well.

20 LC: Were there off duty tensions or maybe very harmonious liaisons as well that
21 you knew about?

22 JE: There was one of the physicians that was having an affair with one of the
23 nurses, but it was, 'So?' Whatever happens after hours happens after hours. It was not an
24 issue. One of the nurses was named [Magnolia] Lilly, who was African-American. She
25 was the only African-American woman at 91st Evac. The African-American men, I think,
26 they were very attracted to her. She was a good-looking woman. I'm sure she didn't want
27 all the attention she was getting, but she was always very professional about it. I can
28 remember some of the guys were saying, 'Where's Lieutenant Lilly? We want to see
29 her.' 'Well this is an emergency room. We can't handle your request, sorry.'

30 LC: That was kind of a smooth way to handle that though.

1 JE: Yeah. It was like she was a good looking woman and they were attracted to
2 her and it was understandable.

3 LC: Was it apparent then that guys kind of, some African-American guys
4 anyways, had heard that there was an African-American woman working at Chu Lai and
5 they just knew about it somehow?

6 JE: Well first of all if they came in through the emergency room, a lot of them had
7 seen her.

8 LC: Oh ok because she was working in the ER?

9 JE: She worked in the emergency room. I've got a photograph of her in the
10 emergency room. I'm sure through the grape vine they were passing around there is this
11 good looking chick in the emergency room.

12 LC: I'm sure. Where was she from, do you know?

13 JE: I really don't know. There was a captain that worked in the emergency room
14 who was career Army and she was really hard, just harsh. I remember here's one of the
15 nurses who was, her boyfriend was a helicopter pilot, and he was killed in a helicopter
16 crash. She was distraught so I gave her a profile, basically so she would have like a day to
17 recover and wrote down 'grief reaction'. This captain nurse, she was really irritated
18 because she is a nurse in the Army, she's not entitled to grief.

19 LC: Did she say something similar to that to you?

20 JE: Yes, oh she jumped me. 'She should be capable to come to duty. I don't care
21 if her boyfriend was killed.'

22 LC: Wow. What did you do Jim?

23 JE: Well I didn't change it.

24 LC: That was your assessment.

25 JE: Retrospectively I should have given her some other diagnosis like bad cold,
26 sore throat. I shouldn't have done anything quite so revealing. I should have played the
27 system better. I was naïve. She clearly wasn't capable of functioning. She needed some
28 time to recover.

29 LC: Jim, can you tell me anything about the relationships between the medical
30 personnel there at Chu Lai and the dust off pilots. We've alluded to them a number of
31 different times, actually not just the pilots but the crewmembers as well. Did you spend

1 much time with them? I know that you had up at Kham Duc but I'm wondering about just
2 day-to-day at the 91st Evac?

3 JE: No because they, dust off crews would come in, they would unload patients,
4 and then they were gone. They were supposed to keep the landing pad clear. So I'm not
5 sure where they went. I am assuming some place else at Chu Lai base, which was
6 sprawling. I really didn't have any ways of getting around the base to really see how far it
7 went but it was a large place. So I'm not sure where the helicopter crews went, but I think
8 they were at Chu Lai because Da Nang was too far away. They needed to be there so they
9 could get access to wherever the Americal Division is going.

10 LC: So you weren't really in any way able to kind of get any kind of relationship
11 going with those guys.

12 JE: No, because they were in and they were out.

13 LC: Did you see the same crews with regularity? Did you see them?

14 JE: The thing is I really don't know because they would bring the patients in. If
15 we were having patients coming in then we didn't need to be out on the landing pad. So
16 the medics and/or the Vietnamese workers would take the patients out of the helicopter
17 and bring them into the emergency room. I did take a few pictures of these helicopters
18 unloading patients when I was not on duty. As soon as all the patients were off, they were
19 gone.

20 LC: Jim let me ask you a little bit about our allies in South Vietnam. Did you ever
21 have an occasion to treat or to come across in some other capacity Australian or New
22 Zealand troops, or Korean troops?

23 JE: No.

24 LC: You did have an occasion, am I right in thinking, that you saw ARVN
25 troops?

26 JE: Correct.

27 LC: Were they brought into the 91st Evac in the same way that American troops
28 were?

29 JE: Yes.

30 LC: Did you form any kind of opinion or general observations about the ARVN
31 forces or their organization or their medical establishment that backed them up?

1 JE: I guess the main observation I had were when I was in Kham Duc because
2 there were, it was like a joint operation between Americal Division and the ARVN. Like
3 they would have air assault by helicopter from Kham Duc and we would get ARVN
4 coming in who had deliberately either shot toes off or kicked bomblets. They were little
5 tiny bombs. You kicked them and they could blow toes off. They would deliberately do it
6 so they wouldn't have to go out in the field.

7 LC: So you were seeing self-inflicted wounds?

8 JE: We were seeing self-inflicted wounds.

9 LC: And it was clear to you that the rationale behind this action was avoidance of
10 duty?

11 JE: Yes. I remember once the guy, ARVN, had blown off some toes. We
12 bandaged him up and we were getting ready for some Medevac and I think through his
13 translator it turned out he was very unhappy. He was going to be sent to Chu Lai. He
14 wanted to go to Da Nang. The thing is at Chu Lai he couldn't disappear. If he went to Da
15 Nang he could disappear in the civilian population.

16 LC: And he couldn't at Chu Lai because why?

17 JE: Chu Lai was isolated. I guess like last year basically there was nothing at Chu
18 Lai. Actually Chu Lai is not a Vietnamese word. There was an Admiral named Krulac or
19 something like that and through misinterpretation it became Chu Lai. I didn't know that
20 when I was there. I just thought it was a Vietnamese word, but apparently it wasn't. From
21 the C-123 flight to Kham Duc I mean there was nothing around it. The time like the
22 photos I took when I accompanied patients, on one of the flights from Chu Lai to Da
23 Nang it was like the area was pretty well abandoned from Chu Lai north through Da
24 Nang. There was not a lot of evidence for agriculture. It was sort of amazing to look like,
25 you know, there is nobody here.

26 LC: So for this ARVN soldier it was a bad destination given his plans?

27 JE: Yeah. He wanted to...my interpretation was that he wanted to go to Da Nang
28 because he could disappear at Da Nang. Going to Chu Lai he might have trouble getting
29 off base.

1 LC: Was there any discussion or chat out on the veranda at Boys Camp about this
2 kind of apparent misconduct on the part of the ally that we were supposedly there to
3 support?

4 JE: It was very disdainful. I'm not sure how much direct contact there had been
5 say with the medical specialists. They hadn't been out in the field so they didn't have
6 really any direct contact in that sense.

7 LC: Did you guys sitting out there in the evenings talk about the politics behind
8 U.S. involvement? Or broadly the U.S., that is inside the United States, reactions to what
9 was happening in Vietnam?

10 JE: I think it was just lamenting the stupidity of being there. A lot of it was just
11 this longing for when we get back in 'The World.' That was a term we used, 'The
12 World.' It also connects with this sort of surreal feeling that we weren't on this planet.
13 That when we get back from outer space. It was just so bizarre.

14 LC: Speaking of that, it reminds me of something that you wrote in the materials
15 that you gave us about a USO show that you attended where one of the performers
16 changed the words to a song. Do you remember that?

17 JE: Actually it was a nurse.

18 LC: Ok, I'm sorry.

19 JE: I think there was Lou or Louise Graul. G-R-A-U-L. It was like, 'This land's
20 not my land. This land's not your land. This land's not my land from the Central
21 Highlands to Coastal Lowlands. This land's not meant for you. This land's not meant for
22 me.'

23 LC: That sounds very much like a protest.

24 JE: Yeah.

25 LC: Is that how you heard it?

26 JE: Oh yeah. Actually I think she recorded it, like on a cassette player.

27 LC: Oh really?

28 JE: Yes. She was playing a guitar or whatever. The feeling was like with
29 physicians and dentists like they may have our body but they don't have our mind. We
30 were valuable in the sense of protesting because Boys Camp had a song. It only had one
31 word and that word was 'Fuck.' Sung louder and louder and louder. Particularly when

1 lifers went by. So I'm sure they were very aware of how we felt. I also, I really felt this
2 very strong commitment that we were going to do professionally what needed to be done.

3 LC: Right, for the patients who were coming in.

4 JE: For the patients. They didn't own our minds. They knew how far they could
5 go.

6 LC: There was, from their point of view, an attitude problem.

7 JE: Yeah we had an attitude problem, but I think what they did was they took it in
8 balance was we were doing professionally what we were supposed to be doing. They just
9 didn't get involved in it.

10 LC: They let it go.

11 JE: They let it go. I'm not sure, you know, I think accomplishing the mission they
12 had, they just accepted this other aspect. The thing is, we were not around Saigon. We
13 were not around spit and polish attitudes that existed from what I heard from like Bill
14 Elkins, a friend mine, who was in Pleiku and then he was part of the 3rd Field Hospital.
15 So it was very different situations.

16 LC: How was it different? Can you characterize that?

17 JE: They weren't concerned about, we had to wear uniforms but we didn't have to
18 wear starched jungle fatigues. In Saigon you had to wear starched jungle fatigues and spit
19 polish boots. Ours were, you know, I've still got my boots and they were definitely
20 scruffy after a year. We didn't have to stand inspection in uniform. We had to wear them.

21 LC: But that kind of detail wasn't an overriding concern.

22 JE: No, but I think it's also just a reflection of where I was. I was not in central
23 facilities where there is a big command presence. Like with the hospital, we had very
24 little connection or interaction with the command staff with the Americal Division. Some
25 of us, we would go over there to the Officer's Club but it was just a drink. I don't
26 remember ever meeting a general over there or if like the officers from the hospital would
27 go, they would have like a luau. The Officer's Club has this thatched roof. It was very
28 nice.

29 LC: It was kind of a different feeling.

30 JE: Yeah it was a different feeling. There was an Officer's Club at the 91st Evac
31 Hospital.

1 LC: Did you spend much time over there Jim, at the Officer's Club at the 91st?

2 JE: Well I would go there occasionally. Alcohol never did very much for me. It
3 always made me sick.

4 LC: That wasn't your scene really.

5 JE: Yeah. It was very easy not to drink very much because I couldn't. I know a lot
6 of the other physicians; they were drinking a lot because it was readily available. I mean
7 you could go to the PX and get, at least the officers could get, you could buy a fifth of
8 booze, good stuff, for you know two dollars.

9 LC: Right. Did it ever become a problem; do you think, for some of the guys,
10 some of the physicians?

11 JE: Oh some of them got pretty drunk at night. I really don't think it affected
12 function; at least it wasn't all that evident.

13 LC: Jim I want to ask you a little bit about your down time and the ways that you
14 might have spent it. Did you do much reading or writing of letters?

15 JE: I wrote letters. I'd get some reading. When I was at Quang Tri I went to the
16 photograph lab a lot. The one at Chu Lai was, oh I'm guessing, maybe a half-mile or
17 more away so I would have to walk there and back. So it was not that accessible. I could
18 visit, you know, my hooch was right by Boys Camp deck so there was people out there
19 all the time.

20 LC: Did you have recording equipment like cassette recorders that you were
21 either playing cassettes on or making cassettes and sending them to people?

22 JE: No. I had cassette players and I would just have recorded music.

23 LC: I was going to ask you a little bit about music. Are there certain songs or
24 groups whose music still resonates for you as part of that time over there?

25 JE: I think Thomas Crown Affair. It was like different stuff on the AFVN. My
26 interest was always in classical music so you know Armed Forces Network; they weren't
27 playing my music.

28 LC: No, they weren't playing much of that.

29 JE: So I did have some cassettes that I got that I listened to.

30 LC: Did it play a role for you having some of your own music to listen to?

31 JE: Yeah it did. I lost a lot of that when my luggage was stolen.

1 LC: I see. That was a bad experience.

2 JE: Yeah, it really was. Fortunately I had saved my films. I had already mailed
3 them back to the U.S..

4 LC: Now where were you mailing them?

5 JE: To my folks.

6 LC: Did you give them instruction as to what you wanted to have happen? Just
7 put them in a room and leave them alone or did they just take the packages and wait until
8 you got home with it?

9 JE: Most of them I had processed by Kodak and then I think my father would mail
10 some back to Vietnam, but then I would mail them back. The processing by the
11 Vietnamese was frequently not very good. Dirty chemicals, just not very good. So I
12 learned quickly not to do it. Unfortunately, I did it more than perhaps realized at the time.
13 Then I would send some photographs to my folks and like when I was in Kham Duc I
14 sent them some photographs. I don't remember there was any particular reaction.

15 LC: So these are your prints?

16 JE: There are my prints.

17 LC: They didn't comment.

18 JE: No.

19 LC: So that's sort of in keeping with what you had said earlier about their type.

20 JE: Yeah. What I said about my folks is that I mean they lived life on stage. They
21 were actors who faked life. Ok, let's just pretend that everything is ok and Jim's just
22 away on vacation.

23 LC: That's pretty hollow feeling.

24 JE: It was a very difficult situation to figure out because they always pretended
25 like we were a perfect family when in fact there weren't... we were clearly not a perfect
26 family, because my father was gay.

27 LC: But not 'out' I'm thinking, at all, is that right?

28 JE: Well the thing is, I knew his lover. This is my interpretation of the facts. My
29 mother hated this guy's guts. But it was, like, let's pretend this isn't the situation.

30 LC: That's complex.

1 JE: Yeah, but it was like we were this perfect family but there is this man that my
2 father is seeing. My mother hated his guts.

3 LC: Was this relationship going on for a long time? Was it a long-term thing?

4 JE: My father came to Ft. Worth in 1920. He didn't get married until 1942. The
5 man's name was John Potts. He was a physician in Ft. Worth. He specialized in
6 tuberculosis. Mother and dad went together for a very long before they ever got married.
7 They basically didn't get married until my mother said, 'If we don't get married I'm
8 going to Washington D.C. and find myself a man.'

9 LC: So your dad kind of got leveraged into marrying her in some way?

10 JE: Yes. You know the friendship continued.

11 LC: So that was always a source of probably very intense stuff between your
12 mom and your dad.

13 JE: Well it was never...

14 LC: Sublimated though, right?

15 JE: Everything that was said was below the surface. There was just so much stuff
16 that was not talked about. That was just one of the things that was not talked about.

17 LC: Another of those things was what you were actually doing in Vietnam. So it's
18 kind of all on the same scale?

19 JE: Yeah. It's like, 'let's pretend that everything is ok.' It's sort of protective but
20 it's like...I've got the letters. My feeling is, they will all be at Texas Tech soon. I'm not
21 exactly anxious to look at them. I've sampled them and it's just this indifference. In some
22 ways my folks were very supporting. I did get lots of letters. They sent lots of care
23 packages. They sent cookies and crackers, pizza mix, cashews. When I was in Quang Tri
24 they sent a plastic Christmas tree.

25 LC: So it was complicated.

26 JE: Oh it was complicated.

27 LC: Yeah, people are like that.

28 JE: So at one level they were very supportive, but certainly not at an emotional
29 level.

1 LC: I don't want to press too hard on this Jim, but I hear from you that that was
2 something that you could have used while you were over there, was some kind of
3 emotional support.

4 JE: Well I could have used emotional support, but the thing is, I was not open
5 about my sexuality either so I didn't have that type of support. I was pretending to be
6 somebody that I wasn't. Some of the letters are with a woman that I dated for a while,
7 quite a few years. I realized I was, you know, very lonely, very much in need of support.
8 One of the people I remember very fondly and I finally reestablished connection with her
9 was Cheri Hawes. She was a nurse at 91st Evac.

10 LC: How do you spell her last name if you remember?

11 JE: H-A-W-E-S.

12 LC: And that's Cheri?

13 JE: Cheri. C-H-E-R-I. She was a nurse who worked in the emergency room, but
14 we certainly developed a, I think a very supportive friendship. We laughed, we talked
15 about what's going to happen in the future, but it was also professional. It was nurturing.
16 Looking back she was probably the person I was closest to who is in the middle of all of
17 that.

18 LC: Where was she from? Where is she from?

19 JE: I think like the Middle West.

20 LC: And you've been in contact with her again, is that right Jim?

21 JE: Yes, compliments of Noonie Fortin.

22 LC: Right. She puts a lot of people together.

23 JE: Right. So we visited probably like an hour. It was several weeks ago. I
24 subsequently sent her two packages of her photographs from 91st Evac Hospital. She's
25 returned a letter with information but right now she is in the process of moving from
26 Greenwich, Connecticut to Arizona. So she's sort of out of pocket.

27 LC: What was it like to speak with her again? With someone that you were fairly
28 close to over there and considered a friend I take it.

29 JE: Right. We had not been, you know the last time I had talked to her was when I
30 left in 1970. Then we had exchanged some letters into '71. Then the contact ended. Part
31 of my situation was not wanting to be reminded. She answers the phone and I don't know

1 what kind of voice to expect. Very quickly went to talking for over an hour, but it wasn't
2 just about the past but what had happened to us since then. She talked about her
3 relationship and she talked about her son. I realized I was not completely forthcoming
4 about myself and so I sent her a letter with the first batch of photographs saying, 'let me
5 back up about my personal relationships. I'm gay and I came out in 1980,' had some
6 information about my lover, and I think she was very appreciative of the fact that I was
7 open about who I am and my circumstances and I don't know, maybe it was relief that I
8 was not trying to create a love interest or something like that. We didn't really go into
9 that but I think that actually may have made things better that clearly, this is who I am,
10 this is who she is, and that also by phone and then also in the letter just expressed
11 appreciation for her.

12 LC: Yes, and it's based on an authentic sort of relationship that you had had or
13 pieces of authenticity that you had in Vietnam and kind of carrying that through to the
14 present.

15 JE: Oh definitely.

16 LC: I can see that. I'm sure that she was probably very happy for your happiness
17 and for your honesty as well.

18 JE: Right. I've got to decide, it's very important that I do this both for her and for
19 me. This is who I am. This is where I am coming from.

20 LC: Jim, thinking back on your time in Vietnam, were there gay relationships that
21 you saw or knew about or on some level recognized?

22 JE: No, because I was very much in the closet. I was terrified of being discovered.

23 LC: Sure, of course.

24 JE: So when I was at Hong Kong, I had sex with some prostitutes, you know,
25 trying to prove that I was straight. Well it didn't work.

26 LC: Just proving it to yourself.

27 JE: Yeah. But like no, ok, I knew that but I tried it. I would have sex with a
28 woman and ok, that's not who I am. So there was that. There were a few times with
29 patients who I think were being seductive. There may have been an attraction, but there
30 was no way I was going there.

31 LC: You couldn't act on it at all.

1 JE: I wasn't going to act on it. I felt what was going on but also realized, 'Nope,
2 I'm not going there.' It's not appropriate and they were sort of baffled about the way I
3 reacted. I'm sure they knew that I was gay but I wasn't reacting to what I think was
4 probably a seduction in the guys of, you know, a patient coming in to see the doctor. So
5 that was difficult. One of the physicians at the 91st Evac Hospital accused me of being
6 gay. He was doing that to other people too. Looking back, he probably was. That was just
7 a way of protecting himself of accusing other people.

8 LC: You talked about the motivation for that, but under what circumstances? Did
9 he come to you privately and say...

10 JE: No I mean people would be around but I mean he was just, 'that was queer' or
11 'somebody else was'. It was coming out frequently enough that I didn't like being around
12 him. He was someone that I had characterized as sort of the Winchester of our group.

13 LC: That's a reference to the television show?

14 JE: Yes, because he wore half glasses and was always peering over his half
15 glasses like, 'Have ya'll learned yet?'

16 LC: With a kind of authority thing going.

17 JE: Who he is. Attitude. Major.

18 LC: He was kind of casting aspersions on other people as well?

19 JE: Yes.

20 LC: So you just kind of stayed clear?

21 JE: Yeah. I didn't like him. Even without that I didn't particularly care for him
22 because, you know, he was Winchester. That's only sort of a current view but that's how
23 he came across.

24 LC: Jim, as you were coming closer to the end of your year long rotation in
25 Vietnam, did you tend to keep track of that like so many other guys did or did you try not
26 to pay attention to what day it was and when you were leaving?

27 JE: Oh I mean there was this awareness. I didn't keep short timer calendars. I
28 remember some guys did, you know, there's 365 days and blacking out each day. There
29 were some that were like, you know, based on female nude, in fact there were short time
30 calendars on the BOQ where I lived on the refrigerator, but it was covered with a sheet,
31 you know, 3...2.... 1.

1 LC: Seriously?

2 JE: Yes, but since people could see where it was there was a covering of sheet
3 across the refrigerator door. Some of the guys, they were incredibly creative with these
4 calendars. There was this awareness of when you got under a 100 then you were a
5 ‘double-digit midget’.

6 LC: Was that a phrase that was current?

7 JE: Yes. Then when you got less than ten days, you were a ‘single digit midget.’
8 There was also the fear that you weren’t safe until you got home. There were stories of
9 people that got killed on their last day. So you know there is this superstition that you
10 know you talked about it but there was always this fear that you weren’t safe until you
11 landed.

12 LC: Do you remember, for example, did the guys throw you a party when you
13 were about to leave?

14 JE: Yes. When I was at 91st Evac I mean part of provisions of Boys Camp was
15 that we had, there were all parties. So they were like, oh a steak cookout, plenty of booze,
16 and then you signed the Boys Camp flag.

17 LC: Was that the only time that you signed it was when you were about to leave?

18 JE: Yes. Then after you left it was lowered I’m guessing two weeks.

19 LC: Really?

20 JE: Yeah.

21 LC: Wow.

22 JE: This is the way we honored those who had been with us and who are no
23 longer with us. There was a lot of sort of ritual about what was done.

24 LC: That’s very interesting. These ritual observations were kind of just generated
25 and observed even though people weren’t on the same rotations, they were moving
26 through.

27 JE: This is what the tribe does. Who knows, I know. I have no idea where it came
28 from, it just...

29 LC: It started somehow.

30 JE: Yeah. It was well established by the time I got there. Also, with the farewell
31 party it was also for Sheldon Nicol, N-I-C-O-L, who left within a few days after I did.

1 LC: Was he a specialist, one of the special physicians?

2 JE: I think he may have been like an internist or he may have been a 3100, but
3 with some internal medicine training. He was a friend of mine. I've got Cheri Hawes and
4 I think Lou gave him and gave me, it's sort of like David Letterman, 'ten reasons to stay
5 in Vietnam.' Basically like we wish you would stay because we'll miss you when you're
6 gone at the very end. I think they were the ones who were responsible, I'm not exactly
7 sure who it was, but Sheldon and I got orders that said we had been retained in Vietnam
8 indefinitely. This was a practical joke. We both got the orders. We both didn't say
9 anything and we just went back to our hooches and sat. They had to come get us.

10 LC: How long did they let this go?

11 JE: I don't know, I mean I don't think very long. It was like what could we say?
12 They said, 'Well actually we're sorry. It was a practical joke, but we don't want you to
13 go. We like you.' But it was like getting the orders to go to begin with. I destroyed those;
14 I don't want these floating around anywhere.

15 LC: That's pretty hard. That's hard to take.

16 JE: It was really hard to take. It was like they were real. They had cut them,
17 actually in the personnel office of the clerical branch.

18 LC: I mean stepping away, to have finessed this and gotten it together was pretty
19 impressive, but wow.

20 JE: We were both used to looking at orders and knew what they looked like. They
21 look like the real things: 'Your tour of duty has been indefinitely extended.'

22 LC: But as you point Jim, what they were trying to say was that they felt
23 something about you leaving.

24 JE: Yeah, exactly.

25 LC: How did you feel about leaving them?

26 JE: I missed the people. I didn't miss the circumstances. I was just so relieved to
27 get away from that place but in some ways you don't get away from it. I remember when
28 I got to Sandia Army Base in Albuquerque I went hiking up in the mountains and I was
29 walking on the shoulder of one of the highways. 'You can't walk here, it might be mined.
30 You got to get back on the pavement.' 'No, no this is perfectly safe.' 'No it isn't.' You
31 just spent a year doing things that aren't safe. You know that the mines are on the

1 shoulder so you don't want to walk on the shoulders of the road. What I had was not
2 nearly as bad as what other people had like people who were fighting. There was still this
3 mindset that 'you've done this for a year it's not safe to quit doing it yet.' There was this
4 one level that is, like, 'No, it's safe.'

5 LC: And you're having this internal dialog about it.

6 JE: Yeah an internal dialog but I went back to BOQ like no.

7 LC: Jim, let's take a break.

8 JE: Sure.