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**The Vietnam Archive  
Oral History Project  
Interview with Mims Aultman  
Conducted by Kara Vuic  
April 15, 2005  
Transcribed by Cecily Darwin**

1           Kara Vuic: Okay. Well, it is April 15<sup>th</sup>, 2005, tax day. This is Kara Vuic  
2 interviewing Mims Aultman who is in Washington, D.C. I think you said before you  
3 grew up in Georgia, is that right?

4           Mims Aultman: I was born and lived and in a little town of a thousand people in  
5 South Georgia. I often describe it as being fifty miles from Tallahassee, Florida, and  
6 twenty-five miles from the Georgia-Florida line. That is way down in South Georgia.

7           KV: Yeah, and what's that town called?

8           MA: Meigs, M-E-I-G-S.

9           KV: M-E-I-G-S, huh.

10          MA: It's probably gotten smaller over the years.

11          KV: Huh, and you said you liked Georgia before, is that right?

12          MA: I really enjoyed it. I think it was good to grow up in a small town where you  
13 were well known and indeed the whole community sort of reared you because you  
14 couldn't misbehave. Everybody would tell your parents. They'd know about it, anyway.  
15 We had a small group of people and had some good friends, one of whom I still keep in  
16 contact with. He's retired and down in Jacksonville, Florida, now and we stay in close  
17 contact. So it's nice to have people in a small town and grow up with. Unfortunately, all  
18 of my parents are dead and all of my relatives in that area. Well, I have one first cousin  
19 down that way. But old family friends are rapidly going. I called down to check on them  
20 and they had either moved into retirement homes or nursing homes or they've died. Time  
21 is changing rapidly and I won't know many people left in the town anymore.

1 KV: When were you born?

2 MA: I was born in October of 1928. Unfortunately, we had just a small school  
3 with all the grades. Georgia only had eleven years of school in those days. We had some  
4 very good high school teachers who did prepare the few of us who were going off to  
5 college, I think, and for that I'm most appreciative. After graduation I think I went to a  
6 junior college division of Emory University. It was near Atlanta in Oxford, Georgia,  
7 which was the home of the original Emory which became the big university it is today.  
8 That was, incidentally, the home of Georgia Methodism and I've been a long time  
9 Methodist so that was an interesting sight with a fascinating cemetery there and other  
10 aspects of life in that area.

11 KV: Did you have brothers and sisters?

12 MA: No, only child.

13 KV: No, only child, wow. What did your parents do?

14 MA: My father was the pharmacist and my mother was the either just a  
15 homemaker or in later years she worked in the pharmacy drug store they were then and of  
16 course I did, too. I sort of grew up in there. My paternal grandfather who died before I  
17 was born had been a physician who had graduated from the Medical College of Georgia.  
18 Although I never knew him I heard fun stories told of him by the older people in town  
19 and how good and devoted he was to his patients. From an early age I just said when  
20 people would ask, "What are you going to do?" I said, "I'm going to be a doctor or a  
21 physician." There was just never any doubt. My father didn't encourage pharmacy  
22 because it was hard running a drug store in a little town where you have to get up at night  
23 and fill prescriptions for people with emergency need for medicine or something. So that  
24 was sort of that beginning. My maternal grandfather who I was very close to in those  
25 days was actually a very interesting guy. He recalled when he was quite small his father  
26 had been in the Confederate Army and was killed at Gettysburg, but he remembers with  
27 his slightly older sister, I believe, and his mother were visiting friends, this is in the north  
28 Georgia area, and they got word that Sherman's forces were coming through. So he  
29 recalls he had vivid memories of standing at the front of the wagon holding on while his  
30 mother drove the wagon rapidly back to their home place to find that Sherman's army  
31 had already gotten there and just destroyed everything. They killed all the chickens and

1 livestock they could see and had taken their feather mattresses and split them open to  
2 scatter the feathers to the wind. He had a hard beginning but managed to put himself  
3 through maybe seven years of high school. Later he had a romance with his future wife.  
4 They came from what we would call west Georgia. He then went to work down in this  
5 little town of Meigs and eventually got her to marry him and come down there. They had,  
6 I think, six daughters and one son. They were very good people, but he had been a barber  
7 at one time, I think a butcher. In the days that I remembered him after he was much older  
8 he went to work every day at a blacksmith shop and he would put the shoes on horses and  
9 big metal rims on wagon wheels and all of that. So it was a fascinating life. I remember  
10 him very well for his calm, professional manner and his strong ethics. He would not let us  
11 use the vulgar N-word referring to blacks. That was—you could not use that word in his  
12 presence. He condemned it highly and said we should always use the term colored  
13 people. We had some very good friends in the small town who were colored, but many of  
14 those some of whom at our home when they worked as a cook or something would eat  
15 with us, which I'm sure was shocking to some people in the town, but we felt very close  
16 to them. I did later in life as I remembered some fondly and would go and sit with them  
17 when I would visit my hometown in later years after both parents were deceased. I really  
18 had a good upbringing with those people, I think. My grandfather read the newspaper  
19 every day and was well informed about things, I think, for someone of his capacity,  
20 someone in his circumstances in rearing, which I think shows you you can make your  
21 way up and do things, certainly well respected in the community. So that's sort of the  
22 background I had of my many family friends, also a very good status. I think the  
23 upbringing was good.

24 KV: So your childhood was mainly in the Depression then, in the '30s.

25 MA: Say again.

26 KV: Your childhood was in the Depression in the '30s then.

27 MA: Yes, uh-huh.

28 KV: Did you notice or were you too young?

29 MA: I think that's probably why I didn't ever have any siblings. Life was tough  
30 in those times, but then I remembered the beginnings of the war. I did not recall Pearl  
31 Harbor because at that time I had typhus fever and was out. We had a lot of—well, we

1 had a lot of rats around. People were growing a lot of chickens and the rats would come  
2 around. So some of us would go out at night, I went with an older young guy, and we  
3 would shoot the rats with .22 rifles with a chicken grower's permission to try to rid the  
4 rats in his area. Then, of course, in handling the rats I must've gotten some fleas infected  
5 with the typhus fever and ended up having typhus fever. I was an avid newspaper reader.  
6 I grew up with the *Atlanta Constitution* and the esteemed editor Ralph McGill. I read his  
7 column every day and the paper cover-to-cover every day. I grew up during the war years  
8 reading Ernie Pyle and watching them and looking at the Bill Mauldin cartoons and  
9 remember a lot of those sayings. A favorite that I quote often of Ralph McGill was the  
10 phrase, "The fleas come with the dog." That is so applicable to many things these days.  
11 If you want or get interested in something there's certain attachments that come with it  
12 that may not be as good, but you have got to put up with them if you want your primary  
13 objective. If you're going to have a dog you might as well expect to have some fleas.

14 KV: So you were about seventeen when World War II ended, then, still in high  
15 school.

16 MA: Yeah, I had gone off to college. My friend and I went off to college right  
17 after high school, two weeks later.

18 KV: Wow.

19 MA: In order to try to get in one summer quarter, the school was on a quarter  
20 system then, to try to get one quarter in before we turned seventeen or I think he may  
21 have already turned seventeen, but turned seventeen and then I would be subject to the  
22 draft. I remember in August at that time at college when V-E Day (Victory in Europe)  
23 occurred, the Japanese had surrendered and, of course, that changed everything. I  
24 continued to finish the three quarters to complete the first year and stay for the second  
25 one there, but about that time I talked to my college advisor and I said, "You know, the  
26 reality of this is I'm going to be graduating if I stick through the four years of college, but  
27 I'm going to be really in the whole competitive field with all the veterans who are  
28 returning finishing their pre-med and applying to medical school and they rightfully  
29 should get into school before I would." I think and furthermore I've been going—when I  
30 go and do my junior year of college at the Atlanta campus I would have been going to  
31 college three straight calendar years, two straight calendar years to get three years of

1 college by going all the summers and would be finishing. So I said, “I think that’s going  
2 to be too much.” I said, “My thought was that I could perhaps stay out and teach school  
3 and I’ve even talked to our good friend,” my former high school principal who was now  
4 the county school superintendent and he said that if I got education courses to qualify for  
5 a temporary teacher’s license he would find a place to hire me within the county system.  
6 This teacher I had, actually he was the registrar of the school and later became president  
7 of one of the small colleges in Georgia. He was enthusiastic with the idea. He said as I  
8 have found was the truth definitely that teaching gives you a whole new perspective.  
9 You’ve got to know things not as you may have learned them, but in another way in order  
10 to turn that around. It’s a very good experience in life. I did that, I got three education  
11 courses I needed and stayed out for a year and went to teach high school in a small town  
12 within the county, a town just about as small or maybe worse than Meigs. At first I didn’t  
13 live there. I arranged to commute by riding with one person who worked in Thomasville  
14 and then getting off there and walking out to another school teacher in this town, I would  
15 walk out to her house and then ride with her to the town of Coolidge. Then in the  
16 afternoon it would be the reverse of that and I would get a ride back home. Then I would  
17 repeat the same thing the next morning. Later in the year as things got more so there at  
18 the school I actually went over and got a room with a family there in town and that  
19 worked out good. It was an interesting experience. Here I was hardly—in fact, not as old  
20 as a couple of students in the class and I was—my homeroom in the high school was to  
21 take the seniors. Georgia was that year putting in the twelfth grade by inserting a new  
22 year experience in what would be now called junior high area. I was given algebra,  
23 mathematics, biology, and chemistry to teach since I was the only one of the high school  
24 teachers that had any experience in those things. That wasn’t bad. As I said, I had a  
25 general math course then and an algebra course. What they wanted in the math course  
26 was to teach students how to do practical math problems. There was no textbooks for this  
27 and it took an innovative program to try to come up with all the things that these country  
28 students would need. Even I threw in how to balance a checkbook, how to keep a  
29 checkbook and so forth. We also studied how to measure off land. People would have  
30 little tracts of land, they wanted to know how much acreage they had. So we would—this  
31 is where you work in trigonometry, really, is to measure off land, sort of draw the size

1 and write the measurements of each side of the irregularly-shaped piece of land and then  
2 the way to calculate the area of that was to divide all that up in triangles generally and  
3 therefore figure that out. So you could get the total acreage by all those calculations. That  
4 worked out very well. Then I talked to this education assistant teacher in the county and  
5 told her that I felt I had about three grade levels of students in some of my classes,  
6 particularly the algebra one. My idea was that I could sort of divide the class into three  
7 different groups, the fast workers who needed to move more rapidly in order to—they  
8 were the ones potentially going to college. Then there were others who were slower and  
9 just didn't have that much need for it, and then a group that really was so poorly prepared  
10 they were not doing well. She thought this was a great idea, very innovative. It meant I  
11 had to write three lesson plans, teach three different sections, prepare three different tests  
12 in a way. I talked to the students about it and I just explained that some people get things  
13 quicker than others and they agreed. They could see the logic of that. I said, "I don't want  
14 to divide you up as sort of A, B, C. That will imply a level and I'm not after that, but I  
15 have sort of my feelings of where you might fit in, in this." They decide to name them  
16 red, white, and blue. I don't even remember what each one stood for, but that didn't have  
17 any favoritism as A, B, C, or one, two, three might have. They sort of placed themselves  
18 where they knew they should be or felt they would be and it pretty much agreed with  
19 what I had. I also told them that they could move up or back, but hopefully they would  
20 move up if they felt they were getting it better and wanted to try another level. So that  
21 worked. I think I had one or two who did move up during the year. They took to the  
22 whole idea with more enthusiasm and it wasn't that much harder for me to do that three  
23 different groups. It just was a matter of keeping up with it. That worked very well and I  
24 had some other innovative ideas and things like that. I directed the school play, the senior  
25 play. No one among the teachers had learned to touch type except me and I had done that  
26 in a self-teaching lesson that came with a typewriter I bought. So I had to teach typing  
27 also. You do a lot in little schools like that. The experience that year was very rewarding  
28 and it paid off for me perhaps more than my students at that time. The principal didn't  
29 want to let me go. He had never found anybody as enthusiastic and eager as I was. He  
30 was disappointed that I decided to go back to my pre-med studies.

1           KV: Did you go to the branch at Emory or back to the same branch you were at  
2 before?

3           MA: I went back and finished my degree at Emory. Then fortunately I had  
4 gotten into medical school at the Medical College of Georgia in Augusta for that same  
5 year. I graduated from Emory in '49 which would've been when I would've finished  
6 school having finished high school in '45 although a few of my classmates continued to  
7 go straight through and they graduated a year earlier, but that was all right. It didn't  
8 matter to me and it worked out. I finished medical school and stayed for an internship  
9 there as we all did a rotating internship in those days. Then I stayed for a year of  
10 residency until my home county draft board realized I was past the deferment for all  
11 those years since I had been deferred from the Korean War. I was in medical school and  
12 was deferred and didn't have to go to that. Of course, I had just missed World War II, but  
13 that was by age. They sent me to get a physical and I was declared 1-A. Then my draft  
14 board told me that since I had been deferred that I had better request immediate active  
15 duty to try to get a commission in some service and request immediate active duty which  
16 would mean at the end of that year of training and satisfy my two years of obligated  
17 service. I considered, I didn't think I wanted the Navy since I never have learned to  
18 swim. That seemed boring on a ship and I was told what it was by some people who have  
19 done it as a physician. Although you did get to travel, which was an interest. I thought,  
20 well, I never looked good in green, the Army's colors. So I called the Air Force even  
21 though their blue looked like Greyhound bus drivers uniform instead of a pretty blue, but  
22 they were closed for the day. So I said, "Well, too bad for them." I called the Army and  
23 they said, "Yep, come up to Atlanta to Ft. McPherson and we'll swear you in and you'll  
24 be coming on active duty in July."

25           KV: So when you went in you went into the Medical Corps.

26           MA: That's why I went into the Medical Corps. They had told me I could be  
27 drafted as an enlisted man and put in the position of practicing medicine, but I would be  
28 paid as a private or a PFC (private first class) and wouldn't get the professional pay. So I  
29 thought it would be better to go ahead and take the commission and not have to go  
30 through basic training. Of course, I had to go through a basic orientation class.

1 KV: What did you think about initially when you were going through the  
2 commissioning process and all of that, what did you think about the Army or about being  
3 in the Army?

4 MA: I just thought it's something I'll do and that'll be all right. I can tolerate  
5 anything for a while. Someone in the Army later told me never allow yourself to be bored  
6 for longer than two weeks. I've always stuck to that philosophy and found I could make  
7 anything interesting if I just set my mind to it. Sometimes I would get a young physician  
8 in later who would be working for me and he would say, "I am mad that I had to come in  
9 the service and I am not going to do good medicine." I would say, "Now you better watch  
10 it because if you cut off doing the best you know how for very long you may find  
11 yourself getting into that habit pattern and you won't any longer be a good physician. So  
12 just put your mind to the fact that you are here and you're going to do the best you can  
13 and time will go quickly." That's what I believe and it's worked out. My chief of  
14 medicine thought that the Army would kill me because he knew I was sort of an activist  
15 about things and he cautioned me greatly to not try to reform the Army, that they would  
16 win. I sort of laughed at him. I thought that it was funny that he was thinking that. I knew  
17 why he thought it.

18 KV: What did he mean you were an activist of sorts?

19 MA: Well, I was always one that would speak out about things or be, I guess you  
20 could look back at it and say perhaps it was some signs of leadership, that I wasn't  
21 willing to be just the follower, but I would sort want to get in there and lead something. I  
22 think that's been my personality. Hopefully I've gotten some good marks for that. So  
23 that's all right.

24 KV: What year was this when you went to Atlanta for your physical?

25 MA: That would've been in '55 and I indeed came in the service that July. I went  
26 to Ft. Sam Houston in San Antonio, Texas, for the basic course, six weeks I believe. Then  
27 we were asked to fill out at least a preference card for what area of the world you'd liked  
28 to go to. Of course, Europe was the number one popular place. So it was not likely you  
29 would get that choice. Stateside was very popular, particularly with people who came  
30 from large cities who didn't want to venture out beyond the skyscraper towers and  
31 pavement that they were familiar with. I thought that was strange because being from a

1 very small town I already enjoy travel and had never been outside the southeastern  
2 United States. I looked at the possibilities and even though I wanted to go to Europe I  
3 thought, “Well, I live on the east coast. Europe is fairly close. Everybody goes, I’ll get  
4 there. Now the Far East sounds interesting. That’s way out there. It would be expensive  
5 to get there, a big expense to get out there. So I’ll just volunteer for that and let Uncle  
6 Sam pay my transportation costs out there.” Many years later the colonel who had  
7 interviewed us and taken all those requests, I got to know and he told me, he didn’t  
8 remember me in that story, but he told me that when people volunteered for the Far East  
9 he was so enthusiastic that somebody was willing to do that so he tried to give them an  
10 extremely good assignment. Even though I only had one year of internal medicine I was  
11 somehow classified as an internist, not as just a general medical officer. I got sent to  
12 Japan and to a hospital. That was certainly a boon for me because professionally it was  
13 more rewarding than perhaps being sent to Korea and being a battalion surgeon or  
14 something. Although I later envied those who were able to do that association. I was in  
15 one hospital and really enjoyed what I did there. I did several different things and at one  
16 point was made preventive medicine officer and eventually moved from the units, the  
17 medical units there, and down to the emergency area and worked there. We didn’t have  
18 that many real emergencies. That hospital had a dwindling mission and the units, the  
19 troops in Kyushu, Japan, were sent back to the States and not replaced. So we closed that  
20 hospital and then they came to me and said, “Well, we’ve got two choices for you to go  
21 to another hospital.” The commander at Camp Zama, which was near Tokyo, servicing  
22 the big headquarters up there having once been down where I was at Fukuoka, Japan, he  
23 had asked for me and wanted me to go to his hospital. Then the other possibility was an  
24 opening at Tokyo General Hospital, but I knew the commander there. I knew of his  
25 reputation and I didn’t think I wanted to go and work for him. So I naturally took the one  
26 where somebody wanted me.

27 KV: Mm-hmm, and that was at Camp Zama?

28 MA: When I got there he made me the assistant chief of medicine, even though I  
29 was a mere captain and I had a captain who outranked me there in the service and a major  
30 who was really a general medical officer. He had to write the orders for what in the Army  
31 we called DP, which means by direction of the president, which is certainly he hadn’t—

1 the president doesn't have any idea of what that was, but it meant that I could supervise  
2 people higher in grade than I was and I could also evaluate them and write their  
3 efficiency reports. But these two guys were happy. They didn't want to be the leaders of  
4 that part. So I took that over and had several different units there.

5 KV: You said you were a captain then?

6 MA: I was a captain.

7 KV: Was that pretty quickly that you had advanced to a captain?

8 MA: Well, I came in as a first lieutenant because everybody did in those days.  
9 Then while I was in my first year the Army decided to commission all physicians who  
10 had finished their internship. When they came in the Army they would be commissioned  
11 as a captain. I went to a meeting where the command surgeon announced that there were  
12 no longer any first lieutenants in Japan. They were all captains. Everybody looked at me  
13 with my first lieutenant bars because we hadn't gotten the word down in southern Japan.  
14 About the time I got back home the orders came down and I did get promoted then. I had  
15 a nice year in that area. That was near Tokyo. There were a good number of us friendly  
16 there and there was also a very large medical laboratory for the Far East was located on  
17 the same compound and a lot of the officers from there, particularly virologists and  
18 research people and all, Medical Service Corps officers generally. I had some very good  
19 experiences there, too. The chief nurse who had been where I was in Fukuoka had also  
20 been moved up to that hospital at Zama because the commander liked her and she was  
21 very good. That's where one of my earliest associations with Army nurses came into play  
22 at that first hospital. I had one sort of matronly older nurse and I asked her one day what  
23 had she done in her time in the Army and she had been in World War II. She said,  
24 "Well," she said, "at that point I was an operating room nurse." She said in one case in  
25 Italy she was scrubbing in a hospital tent when an explosive device of some sort hit the  
26 tent and killed the patient on the table and everybody who got a wound got a Purple Heart  
27 for it except her. She didn't get a scratch. Later she said that she was on a ship being  
28 relocated from somewhere in Europe to some other place and the ship got torpedoed and  
29 she floated around on a life raft for about a week before they got rescued. Here's this  
30 matronly little woman who you would never dream had had these kinds of experiences,  
31 you know. They're just fascinating to me for what people had gone through and the valor

1 they had preformed with at other times, but never said anything about it, which reminded  
2 me of later in Vietnam—I'm jumping way forward. But the chief nurse of Vietnam came  
3 into my hospital there and she got off the helicopter and she was about five feet wide and  
4 five feet tall. She said to me when she looked over at me who I guess I was certainly  
5 much younger than she and she said, "Lord, child, this is my third and last war." (Laughs)

6 KV: Wow.

7 MA: I tell you, you've just got wonderful, these people have done such  
8 wonderful service in those areas. That was another little amusing part of that there, the  
9 people who have done their jobs extremely well.

10 KV: Where were you—?

11 MA: After Zama I got out because that was the plan. I went back to finish my  
12 civilian residency, I had two more years to go. When I finished that, as I neared  
13 completion of that I was trying to think about what I wanted to do. My then-chief of  
14 medicine wanted me to go to work for some missionary hospital in Haiti. That didn't  
15 appeal to me. I had talked to the Iran-American Foundation and they were recruiting  
16 physicians to go to Shiraz, Iran, to help modernize their medical school. That was a  
17 possibility and I did give that some consideration, but about that time having had such a  
18 wonderful experience in the Army in Japan and the opportunity to travel, I did a side trip  
19 all the way to India just toward the end of my tour there. I thought now I can go to  
20 Europe maybe. So I wrote them and said, "Could I come back on active duty?" I'm still  
21 in Reserves, "and go to Europe for a couple of years?" Some of the people I had known  
22 in Japan in those days who were now in the office of the surgeon general and some of  
23 them had been promoted to a star rank, they said, "Yeah." They said, "You'll have to  
24 come on active duty before the first of July." So I took some terminal leave from my  
25 residency and they let me off a couple of weeks early and I came back on active duty. I  
26 had to get new uniforms and all. They had changed the color of the uniform and go to  
27 Germany. That began what was planned to be two years but ended up with three and a  
28 half. That was when I sort of decided to just stay.

29 KV: Where were you stationed in Europe at that time?

30 MA: I was in Frankfurt, Germany, the entire time. First at a clinic, pardon me,  
31 it's a clinic at the headquarters of a whole group of affiliated clinics scattered out over

1 parts of northern Germany there, essentially north of Frankfurt. I was at the central clinic  
2 although sometimes I would go out and serve for a while to cover the absence of a  
3 physician in some of the other clinics. This gave me the chance to see other areas and see  
4 how they were doing. I was then the ranking captain in that clinic. So whenever the  
5 colonel was off I would be made his alternate (unintelligible). That gave me a chance to  
6 practice running things. So that part I enjoyed. So then later the hospital there in  
7 Frankfurt, the commander of that had suggested that I ought to spend part of my time  
8 there in Germany back in a hospital because I was just doing outpatient medicine and not  
9 having a chance to have in-patients. He felt for my, well, career, if you will, although I  
10 wasn't really considering career at that time, but at least it would help me maintain  
11 hospital clinical experience. I knew that was right, but I put it off for a while until finally  
12 one day at the officers' club one afternoon he said, "When are you going to come over to  
13 the hospital, Captain Aultman?" I said, "Okay, sir. I'll come right over." I had to get the  
14 orders to move me over, but then I had an in-patient unit there and I did some outpatient  
15 work again and other assorted duties, but that was enjoyable, too. I had a good experience  
16 there and learned a lot. From there I said, "Well, I might as well stay in the Army." This  
17 major general from the office of the surgeon general came over and said, "Why don't you  
18 stay in?" I said, "Well, I don't know, but I had several practice, potential practice  
19 situations lined up in Georgia where I assume I will eventually end up, but now of course  
20 in three and a half years I don't know what anything is like back at home. Maybe I should  
21 rotate and give me a chance to still have a job while I look to see what I want to do on the  
22 outside or what practice I might want." He said, "Okay, you write to me six months  
23 before you are due to rotate and list your first and second choice hospitals you want to go  
24 to and I will give you one of those two choices." So indeed at six months I wrote him and  
25 I said, "I would prefer to go to Ft. Benning, Georgia, or Ft. Jackson, South Carolina," two  
26 bigger hospitals. I heard nothing from him, not even that he had received my letter. But  
27 when my orders came it was for Ft. Benning. So he gave me my first choice.

28 KV: Uh-huh, what year was this then?

29 MA: That was in '62. I had gone to Germany in July of '60 or actually late June  
30 of '60, of '57 and I stayed—no, that would be '59. I stayed in Germany until three and a  
31 half years later, which was December of '62. There I was made chief of the department of

1 clinics which was a fun job and I didn't have to put up with the chief of medicine who  
2 was picky. I had my own separate department. He had used to run the clinics, but when I  
3 got there they made me chief. I think I got promoted to major about that time, somewhere  
4 in there. I stayed at Jackson, I mean at Ft. Benning for two years. Then I decided to give  
5 up and admit I really enjoyed the Army. I liked the organization that it provided. I liked  
6 the fact that if we say something is going to occur at 0800 in the morning at 0800 it does  
7 occur, not ten minutes after. If we're going to have a conference at 1100, it starts at 1100.  
8 I like the promptness of that. I don't think I'm obsessive-compulsive about it, but I do  
9 prefer things to be on time. I found out later in the military if you're invited to the  
10 commander's house or something and the invitation says 1800 or 6:00PM you go about  
11 five minutes before and linger outside until exactly at 6:00PM you ring the doorbell.  
12 Later I had a little problem with that when I was in New York City one time with these  
13 New Yorkers who I told to come to something at my apartment at like six and they didn't  
14 come until seven. I gave them a lecture about that and they said, "Sir, you don't under  
15 New Yorkers and New York time. Six means you go at seven. Now, if you want us to be  
16 there at six you tell us to be there at five." I said, "I am not going to play New York time  
17 games. I will give you Army time." (Laughs) I really had an enjoyable time and was  
18 given various jobs and positions and so forth. I had to go to the Advanced Course, of  
19 course, once I was going to stay in. Then I went to be a surgeon, a division surgeon with  
20 the 2<sup>nd</sup> Infantry Division in Korea. [Break in the audio] I would make rounds to see how  
21 they were doing and talk to their commanders and talk to them and see what their  
22 problems were. I'd have conferences back at the headquarters post. Then I had a division  
23 psychiatrist and a division preventive medicine officer who worked in my office, but they  
24 spent their time out on the road visiting these other facilities and seeing how they were  
25 doing. Of course, the psychiatrist having additional training and so forth he could bring  
26 me good views, he could tell me which young medical officers might be a little shaky or  
27 maybe needed a little more supervision or counseling and so forth. So that was a good  
28 eyes out to help me and seeing where problems might be or how we could prevent  
29 potential problems. That worked out good.

30 KV: So with this you're not really in a hospital?

1 MA: No, that was out purely in a clinic area. Our nearby hospital was the 43<sup>rd</sup>  
2 Surgical Hospital which actually at one time during the Korean War that hospital had  
3 been the one that the writer wrote up as it was used in *M\*A\*S\*H*. I think in *M\*A\*S\*H*  
4 they called it in the play and movie and later the television series they called it the 4077<sup>th</sup>  
5 when in reality at that time the hospital had been named the 80 Double Nickel or the  
6 8055. When that main state writer who had been a surgeon at that hospital during the war  
7 wrote up the story of *M\*A\*S\*H*, but he claimed he didn't copy—he copied the  
8 commander from several people and he made up purely fictional the chief nurse, “Hot  
9 Lips” Houlihan. I later had about a thirty-minute interview with the actress who played  
10 that role, Loretta Swit, on a ship in the Caribbean when she was part of the theatre guild.  
11 I got introduced to her and told her I had a magazine from the Army surgeon general's  
12 office I had brought with me that profile of the surgeon, the commander of that hospital  
13 when he was there. He was not like the original commander of the hospital on the movie  
14 *M\*A\*S\*H*. Later, if you recall that show, you're not old enough probably.

15 KV: I've seen reruns.

16 MA: TV and the reruns, yeah. Later Colonel Potter came in, who I admired more  
17 as my type of commander than the previous one, but I had known the Army colonel who  
18 was the commander then. It might've been the pattern that the author picks for that. The  
19 TV show was better than the movie, though, I think. Anyway, I was there for a year only  
20 and came back to Command and General Staff College at Ft. Leavenworth, Kansas, for  
21 the six-months' course. Then at the end of that time I was sent to Ft. Meade, Maryland, as  
22 the chief of professional services for 1<sup>st</sup> Army. Ft. Meade today, I think, is the  
23 headquarters for the 1<sup>st</sup> Army which is the Reserve designation, but in those days that  
24 was—we had the Army installations in the fifteen states of the Northeast so it was a big  
25 area to travel in and visit all these places. Again, the chief nurse and I were the ones who  
26 got out the most to all of these places. We compared notes and she would tell me what  
27 was lacking in some place she had visited in. Then when I would go I would try to pick  
28 up and check again to see if they had made improvements in that area or I would likewise  
29 tell her things that I would see and then when she would go she would do the same for  
30 me. So that worked. It worked very well.

31 KV: What kinds of things were you looking for?

1 MA: Well, we would just look to see what was the discipline and the procedures  
2 of the corpsmen, for example. I would ask them to take out a bandage to show me how  
3 they took a bandage out and if I saw they were not using sterile techniques, were  
4 breaking the rules of sterility and handling things that should be sterile we would have to  
5 reemphasize or sort of reeducate them into what they were doing and how to hold the  
6 forceps and how not to touch the end of them to anything that would contaminate the  
7 materials. Just little things like that, sort of see how they were doing things in other ways  
8 in that regard. I was in that job for about two years.

9 KV: What years was this now? I'm trying to keep of where we are.

10 MA: Okay, let's see I'll have to think back now. That would've been '68-'69  
11 because I went to—yeah, I came back from Korea in about '67, I guess. I went to that six  
12 months at Ft. Leavenworth, short sentence. That was an interesting period, too. That was  
13 where we studied strategy. We studied tactics at the Command and General Staff  
14 College. I was put in with the infantry officers and others to be given battle situations.  
15 “You are here. The enemy is there and how do you use your division? How do you put a  
16 division into action?” I had not been familiar that much with how war was actually  
17 fought, but I had to get into that and then, of course, I had been to where we learned how  
18 the medical evacuation goes within—now, all of this preparation in those days was for  
19 war in Europe, a land type of situation because that was the real enemy we were facing at  
20 that point, was facing the potential Soviet threats across Europe. Things have totally  
21 changed and revised again for Vietnam and revised again for Iraq, of course. The whole  
22 medical thing has changed around as has the whole battle and the techniques and how  
23 you move forces and the composition and size of forces and so forth. I would listen to  
24 how the instructors said you should do things and so when we had an exam I would just  
25 give that back and my line classmates would argue with it, “I would've done it that way.”  
26 They say, “What did you get on this, Doc?” they'd ask me and I'd say, “Well, I got an A  
27 on the test.” “You got an A?” I said, “Yeah, they just tell me how it should be done and  
28 that's what I give them back.” They said, “Yeah, but that wasn't the right way.” I said,  
29 “Well, you've got to argue with the guy who is grading the papers.” When it came time  
30 to give the lectures on all of the medical support the instructor in my section, we were  
31 divided up into various sections, he called me in and he said, “I'm not qualified to give a

1 lecture on medical”—well he wouldn’t claim he wasn’t qualified, but he said, “Since  
2 you’re the authority in this class, here’s all the lesson plan and the exams, you teach this  
3 part.” I had fun getting up in front of the class. I’m used to that by now, as I had said. So I  
4 could teach all of the medical part. They seemed to appreciate what I did. As usual, I tried  
5 to make it a little funny as well as informative, reminding them that we keep changing  
6 names of facilities and the size and so forth in the medical department, too. I said, “At  
7 one time we called them MASHs and that was Mobile Army Surgical Hospital. Then  
8 later they changed that around to surgical hospitals and they changed the initials to  
9 SHMA, Surgical Hospital Mobile Army.” Big deal, just turn it around. I said, “Briefly  
10 they considered Surgical Hospitals in Tents, but they decided that shortened version  
11 wouldn’t do. If you look at that it spells S-H-I—.” As the class thought about it and saw  
12 what it was that put some humor into the situation. I got by well at Command and Staff  
13 College and about that time I got promoted to lieutenant colonel just before I went to  
14 Headquarters, 1<sup>st</sup> Army. I stayed at 1<sup>st</sup> Army for two years. I had volunteered to go to  
15 Vietnam because I had not been to any war. When they told me I would go to Korea as  
16 the only U.S. division on the line facing the enemy, blah, blah, blah. That was true, but  
17 then they came up with Vietnam and now here was a certainly a bigger and more active  
18 threat than that. So I said, “You’ve got to send me. I want to go.” I went to that and as I  
19 got in-country after the long flight from California to Vietnam and I’m worn out and as  
20 soon as you get there you have to get issued all these jungle fatigues and stuff, other  
21 special clothing. You have to take your malaria preventive tablet, the chloroquin-  
22 primaquine once a week, which we had had to take in Korea also, but that tablet always  
23 made me sick. It was suggested that I break it in half and take it on two days. I’d just end  
24 up being sick on two days or even in pieces and then you’re just sick for longer. I went  
25 back to the one once a week, but I had taken the tablet, laid down on my cot there for a  
26 much-needed rest until I was awakened by some enlisted man who said he was there to  
27 take me, to take me over to the headquarters to see General Neel who was the  
28 commander of the U.S. Army Vietnam medical parts. I get into his office. I can’t even  
29 stand up. I’m about to fall down or collapse. I lean against the doorframe. I did give him  
30 a salute. He should’ve asked me to sit, but he didn’t. So I’m supposedly standing there  
31 still at attention, but I’m thinking, “I must look a sight.” I’m leaning against the door. I’m

1 almost asleep. I'm half sick and I'm dead tired. He's saying all these good things and at  
2 that he said, "Well, I've got this hospital where the hospital commander has just been  
3 relieved. It's the busiest hospital in Vietnam, Army hospital probably of all of them." He  
4 said but it had flunked its inspection. They had poor leadership and stuff going on there.  
5 "So I saw your name and I thought you would be perfect for this job. I want to send you  
6 up there and you'll be leaving today. I'll have them to fly you up in a helicopter today."  
7 He said, "I don't think the sergeant major is very good there. So I'm going to send you a  
8 new one and supply was one of the problems in the inspection. I'm going to send you a  
9 supply officer who is very good, a captain, to help your captain with that job." I didn't  
10 know what was going on. I could just say, "Well, thank you, sir," and okay. I get up there  
11 and—

12 KV: Was this Spurgeon Neel that had assigned you, that did the assignment?

13 MA: Yeah, Spurgeon Neel who later was the deputy of the surgeon general. He  
14 had his one star then. I get up there and find that the commander who had just left, the  
15 previous commander had actually been someone I had known back in Korea and later  
16 knew him. So it was a little embarrassing in a way, but I'm innocent. I didn't have  
17 anything to do with his being thrown out. In fact, I tend to think his poor judgment at that  
18 point was partly responsible. I had a good nurse there, the chief nurse. I thought the  
19 executive officer was a little weak, was not too happy with him, but I was stuck with him.  
20 Right after I got there he went on leave for a month when his father died back in  
21 Tennessee. So that didn't help. I did get a new sergeant who was very good. I don't know  
22 about the old one. He wasn't there long enough for me to evaluate him, but the rest of the  
23 staff seemed pretty good. As I had a staff meeting and I asked this young supply officer  
24 could he handle the job of supply. I said, "We've got someone coming up here." I said,  
25 "Captain," and I gave his name, "Could you do this job and get us on the right track?" He  
26 said, "Sir, the previous commander never even knew my name. At a staff meeting he  
27 would just look at me and say 'You, Captain, Captain, Supply Officer,' or something. He  
28 never knew who I was." He said, "Since you know me and know my name and even my  
29 first name," he said, "I will do everything under my power to put this place at the top." It  
30 took a little work with some people like that just to know them and appreciate them and  
31 find out their problems and what they could do and encourage them and so forth. That

1 moved things along and then pretty soon I found that nurses in particular were being  
2 brought to my office to say they were leaving after having extended and been there for  
3 fifteen months or more. I think they could extend for six months and some of them had  
4 been. An occasional one was back on the second tour. They were just coming in and I  
5 would give them our thanks and that was it, shake their hand and they would go on their  
6 way. So I said to my chief of professional services and my chief nurse, I said, “This  
7 doesn’t do it. Here we’ve got people, we’ve got nurses who worked twelve-hour shifts  
8 seven days a week, no breaks, and they’ve extended to that. I don’t have any physicians  
9 extending.” I said, “This has got to change. We’ve got to recognize these people. I want  
10 to reinstitute what we always have had in the military of a hail and farewell party lining  
11 up,” trying to pick a night when we hope all combat hell won’t break loose and we can  
12 actually get together in our little officers’ lounge—we were not allowed to call it a club—  
13 and have a dinner and recognize, have a receiving line for the people arriving and those  
14 people leaving. Then we would read out a few little things to try to find some more  
15 humorous things to read at that situation. Where we’d have gotten an award for  
16 somebody we would give it out in an official occasion, but the social one was supposed  
17 to be more of the informal thing. For example, I looked around I knew a lot of our  
18 physicians in particular, in particular like to play volleyball. So I had the adjutant to  
19 make up some big letter Es, the letter E with a string around it so we can hang that around  
20 the neck and say that they had won their letter from the hospital in volleyball.

21 KV: What did the E stand—?

22 MA: They were leaving, you know. So that little bit of levity and recognition of  
23 some of their part-time work went over well. There was one male nurse who loved to go  
24 out and throw rocks on top of the corrugated tin roofs late at night thinking nobody knew  
25 who it was, who did it, but it was sort of an open secret. When he left we gave him a little  
26 bag of rocks so that when he would get home he could find some corrugated roof and  
27 throw rocks on it for his amusement in case he got homesick for Vietnam. He turned  
28 fifteen shades of red because he didn’t know that we all knew who it was that was doing  
29 it. It was trying to make little funny things like that about some people if we could find  
30 something that could be done to add to the occasion. At first people thought, “Well, I  
31 don’t want to go to Colonel Aultman’s parties,” but my chief of professional services, a

1 general surgeon from Alabama who is—in the South, we said, “He walks as if he’s  
2 stepping over cotton rows.” Joe went around and told them all to knock it off and get over  
3 there and that it’s time, and eventually they enjoyed them and would come. So that put a  
4 little camaraderie back in the place and got some levity. We tried to work to get more  
5 awards for people who were most deserving, but headquarters—the medical department  
6 was slow in giving out awards. The line areas would hand out medals right and left, part  
7 of it just for being there. Well, if you’re going out and potentially getting shot at every  
8 few days I guess you need some sort of medal even if you don’t get hit, you know. I  
9 thought we didn’t give out enough awards for people who really deserved it, particularly  
10 nurses. We had some good times there. We had a lot of visitors. I remember one  
11 Christmas some of the nurses, particularly a Lieutenant Wallace, who begged me to let  
12 them wear the white nurses’ uniform. They always wore the fatigues. Actually the white  
13 uniform was not authorized for Vietnam, but they said, “We just would love to look a  
14 little more dressed up.” It was the Sunday Billy Graham was coming to visit. So I said,  
15 “Okay, headquarters won’t know about this. I’ll go out a limb and I’ll say, ‘If you nurses  
16 want to on Christmas Day you can wear the white uniforms.’” So many of them did. Of  
17 course, we admitted they looked good. It was fun to see them in something other than  
18 baggy fatigues and boots. So they wore them that day when Billy Graham came around.

19 KV: Did they want to wear the uniform any other time or was it just because it  
20 was a special occasion?

21 MA: By the end of that day we had gotten busy with a lot of people being called  
22 to the emergency room and all of that. Most of those nurses’ uniforms had blood all over  
23 them so that they were not even washable and cleanable. They just threw them away and  
24 they never asked to wear the white uniforms again. It was fun and they did enjoy it so, so  
25 what, you know? I had special permission from the higher commands, our higher  
26 command, to send the physicians who would get completely worn out, I could send them  
27 for a three-day pass to Vung Tau, a resort location down on the Mekong Delta in the  
28 extreme southern part of Vietnam, which was a safer area and it was well guarded. I  
29 never went, but my chief of professional services would come over and he would say—  
30 he’d name one of the orthopedic surgeons or general surgeons who were the busiest there  
31 and he would say, “He’s looking a little antsy and sort of starrng into space. He’s worn

1 out and he needs a rest period and I'm selecting him to go to Vung Tau." I would say,  
2 "Well, Joe, if you're coming to tell me he needs it and that also—and you recommend he  
3 go to Vung Tau for three days that also means you know you can cover, that you have  
4 enough other people to cover for that period of time." "Fine," he said, "I've already made  
5 a reservation for him on the afternoon chopper, helicopter to go down to Vung Tau."  
6 They had one that went down every afternoon at 4:30. He said, "He'd just go back to the  
7 BOQ (bachelor officers' quarters) and say to the officer, 'Get your bag. You're going to  
8 Vung Tau at 4:30,'" and he said, "The guy would just get up, put a few things in a little  
9 overnight bag and get his swimsuit and walk off and go get on the airplane. He would  
10 come back three days later looking much refreshed." They would swear the physicians,  
11 particularly those surgical types were operating on young people, an average age  
12 might've been seventeen or something. They would be cutting off limbs and doing all  
13 sorts of major surgeries, seeing people blinded and everything. It was so traumatic until  
14 the physicians could not allow themselves to attach a name to that patient. If I would ask  
15 them about Joe Blow on the recovery unit when would they be ready to evac further out,  
16 and they wouldn't know who I was talking about by name. Then if I would say the triple  
17 amputee or the double amp, the left arm and right leg, they'd say, "Oh, he's doing well.  
18 He'll go out in the next day or two." They just couldn't allow themselves to get too  
19 attached to them because it was so traumatic to do that kind of stuff just hours and hours  
20 every day. Whereas the nurse, who worked twelve-hour shift, was stuck with that patient  
21 for twelve hours every day. She had to be the one to do a few more personal things,  
22 motherly things, talk with them and get to know them or something. So that's where I  
23 also felt that I really wished I could have sent nurses away like I could the physicians, but  
24 I couldn't. They wouldn't let me do that. So I had to—

25 KV: Who wouldn't let you?

26 MA: Treat them as best we could.

27 KV: Who wouldn't let you send the nurses?

28 MA: Say it again.

29 KV: Who would not let you send the nurses to Vung Tau?

30 MA: I'm sorry. It's getting week. I'm using a mobile phone. Let me go to a land  
31 line.

1 KV: Oh, okay.

2 MA: It may be fading out. Okay, let's try again.

3 KV: Okay. You said that they wouldn't let you send the nurses to Vung Tau.

4 MA: I didn't have permission to send the nurses.

5 KV: Uh-huh. Who would've had to give that permission?

6 MA: Huh?

7 KV: Who would've to give that permission?

8 MA: That would've been higher headquarters and they just only allowed

9 physicians in that exchange. For one thing, during that period of time the Quonset huts

10 that we were using had air conditioners in them, but there were no windows, per se. What

11 had been windows were now ports for air conditioners. Inside of a Quonset hut you didn't

12 know whether it was day or night unless the florescent lights were on, the overhead

13 lights. I began to realize that people who did stay longer because we couldn't move them

14 would get a little disoriented in that situation. I've seen the same thing in other hospital

15 intensive care units where the old way in hospitals you thought you did them was to build

16 them without any outside windows and then some of the others I've been in people could

17 get a little disoriented after a while asking whether it was night or day. Figuring out night

18 time was when they cut the lights off for a longer period of time and day was when they

19 cut them on and left them on for a number of hours. I asked the engineers to come over

20 and build us a little outdoor shelter, pour a concrete base and put some electrical plugs

21 out there on the post, a roof over it, a shield from the rain and sun. It was right outside the

22 front of the intensive care recovery unit we called it then. We could wheel some people

23 out there and we could plug in their ventilators and drag out their IV poles or whatever

24 they had. You had the electricity available if you needed it, and let them at least be

25 outside so they could see that it was daytime and watch people moving around and get a

26 little orientation to their lives. It was very popular. The engineers were so quick to do that

27 at my request they rushed over to do it and had it built in a few days. That became a nice

28 idea I think. I would tend to want to incorporate that later on if I could've done it in some

29 places for fixed facilities. That was popular there. I think it was a good addition to the

30 staff at that time, I mean to the facility. Every afternoon the chief of professional services

31 and the chief nurse would, if necessary, come to me and say, "We've got to move some

1 patients.” We felt that every night when the darkness came we should have at least one  
2 hundred empty beds that we could service because you never knew what you were going  
3 to get in at night. You may not be able to assemble a large number of aircraft to evac  
4 people further down towards Saigon. I would just report that we were ready to move so  
5 many people and the headquarters would tell me where they were going. They would tell  
6 our patient administrators where these patients would be sent to. The helicopters or fixed-  
7 wing aircraft would take them to wherever they were going. There was several locations  
8 within Saigon or Long Binh. There were two evac hospitals at Long Binh. That was  
9 where the neurosurgery clinic was. I didn’t have neurosurgeons. There was a field  
10 hospital in Saigon. Then sometimes they would go to the Air Force hospital in Tan Son  
11 Nhut or they might go further away to hospital, but rarely would they go down to one in  
12 the Delta. We would start moving people out so we could have empty beds. But it was a  
13 rewarding experience being there and a very touching one with some of the dedication of  
14 these young patients and all. We still have our hospitals there. I mean, we still had  
15 hospitals in the advanced area of facilities, but I think they changed a lot in the size of  
16 them and apparently from what I’m reading about Iraq, it’s a totally different situation.  
17 There’s no place there to have a hospital you can move people back to the rear because in  
18 Iraq there is no rear. The rear is really Germany so they’re sending them back to  
19 Landstuhl Army Center in Germany for the most part.

20 KV: Let’s see, as commanding officer what were you kind of spelled out duties,  
21 things you were in charge of or had to do on a daily basis?

22 MA: I always felt that a commander, particularly the Regular Army, and I know  
23 this was a problem because that previous commander who was a surgeon and would often  
24 scrub with the surgeons and was popular in that regard although that’s not my specialty  
25 and, besides, I felt that I was there as I tried to explain to some of them is to—the  
26 business of the Regular Army people, I feel, is that we are to know how a place runs and  
27 to see that it runs efficiently with sufficient supplies and other matters, food and other  
28 things in hand to allow the physicians and nurses primarily, sometimes physical  
29 therapists and others, to be able to perform their job the easiest and the best that they can.  
30 Now, occasionally I would have to because this was mentioned from the IG (inspector  
31 general) report that many of the males didn’t have appropriate haircuts and they were not

1 wearing the uniform appropriately, that is they were not we call it blousing their trousers  
2 inside their boots. You stick it in a little bit and have it bloused out over it. We think of  
3 paratroopers who do that the most perfect way, I suppose. MPs (Military Police) can do it  
4 very nicely, but it was important only for those things. As I had to tell them, I could care  
5 less if somebody is doing their job and my chief of orthopedics was an absolutely just—I  
6 forever will praise the amount of work he did and the professionalism, the quality of what  
7 he did, but occasionally if he would say, “You would have to tell me I needed a hair cut.  
8 Well, why is that important?” I said, “It’s only important in that it’s the discipline if  
9 people know this is a structure and maintain the structure they can perform better and just  
10 the whole system works better than just *laissez faire*, everybody do what they want. It’s  
11 just a part of maintaining the whole thing as support. That’s what I’m there for to see that  
12 you maintain the structure and you get supported to help you maintain it. I do expect  
13 certain things from you at the same time. I’m there to see that the whole thing functions,  
14 not just the officers, not just the orthopedic surgeons, but all of the physicians, the clerks,  
15 the motor pool guys who maintain the vehicles to keep them going. I’ve got to be the  
16 commander of everybody to see that the whole thing fits together. At the same time  
17 hopefully keeping morale up and seeing that things work efficiently.” When we would  
18 have a mass casualty situation—one night, early morning they called me and said,  
19 “There’s been a big battle. We’re going to have extremely large numbers of wounded  
20 we’ll be bringing to you, but it’ll be first light before we can start moving them out.”  
21 Well, it turned out to be another hour or two after first light, but I didn’t tell anybody  
22 initially. I just waited until closer to first light to inform a few of the key people to brace  
23 themselves for large numbers of people coming in. Sure enough, by about eight o’clock  
24 they began coming in. Small airplanes would land at the airstrip further from us. We had  
25 several ambulances down there to pick them up. As they would—the litters would be  
26 brought off the aircraft with people having only been seen by the field medic intact. We  
27 would just load them in four in an ambulance and tell the ambulance to go on to the  
28 hospital. Now they were unloaded up there. Our motor pool guys and guys from units  
29 across the street, line units, came and lined up outside our emergency room to serve as  
30 litter bearers. Anytime we turned around we had another litter in the emergency room  
31 that was ready to be moved to pre-op or X-ray somewhere. We just went outside and

1 said, "Four," and four more guys stepped up and moved that litter to where it had to go. If  
2 they got through with their job they would come back and get in the line and come again.  
3 We had food service who brought out some Kool-Aid or water and set it up out there for  
4 those people to have. Then the night nurses, the ones who had gotten off, I realized by  
5 about ten o'clock they had not gone to bed at seven like they were supposed to. They  
6 were staying up to help with all this mass of people. I reminded my chief nurse, in fact, I  
7 told her to tell the nurses who were not on that shift to get out of there and go to bed.  
8 They were not allowed to stay up because in all likelihood we would be going well past  
9 seven at night when we would have twelve hours for another shift to come on duty. If  
10 they weren't rested they couldn't come on duty and work if they had stayed up all day,  
11 too. So we sent all of them off to bed, which they understood after thinking about it. Of  
12 course, the surgeons had to keep working and did probably essentially all afternoon and  
13 all night until early the next morning when they finally got some relief. We had an  
14 expectant board where we moved those with severe head injuries who were not likely to  
15 survive. In a sense we just put them over to give palliative treatment until the system  
16 would allow us to use helicopters to send them down to the neurosurgery if they were still  
17 living, but most of those were not expected to live. You don't, in a sense, waste your  
18 critical resources at that time on those people since they're not salvageable anyway. You  
19 spend your resources on the ones who you can help, or to help live. The emergency room  
20 staff, physicians and nurses, worked just double speed and the corpsmen there were all  
21 good, really excellent, well trained people. That day we had moved 180 patients through  
22 the hospital as our biggest experiment with that, the biggest experience at that time.  
23 Everybody was totally exhausted by the end of it, but I think everyone felt a great sense  
24 of accomplishment that we had all managed it well and everybody had done superbly  
25 with it. That was certainly the crowning point for me and what I felt like was the epitome  
26 of an entire career in doing what in essence I was trained to do and that is to take care of  
27 combat wounded people. From there it was back to the master's degree program.

28 KV: I'm sorry, I have just a few questions before we move on that I wanted to  
29 ask you about. I like getting this kind of broader picture of the hospital and all of the  
30 different things you were in charge of. So I wanted to kind of get your opinions on some

1 things or get some more information about the hospital itself, I guess. What years were  
2 you at the 12<sup>th</sup> Evac? Was that '69 to '70?

3 MA: Yes, that was '69, '70. I think I mentioned most of things the hospital does.  
4 We later, much later, got some showers in and got some hot water available for people.  
5 Generally if you had hot water it was because the tank sitting up in the sun would get sun  
6 on it during the day. So if it were a sunny day or a rainy day then you've got chilly water.  
7 If you had warm water it was because it was warmed by the sun in tanks. A water truck  
8 came around and filled the tanks. The tanks were up a little high just to provide some  
9 pressure to the water. Later we did get better showers built in for the officers and the  
10 enlisted men. The nurses had pretty good quarters and the female personnel, the Red  
11 Cross people, I think eventually we might've had a female physical therapist, although  
12 the ones I generally remember were male ones. We had our food service people and the  
13 kitchen was very important for people to provide good food. The Army sometimes is said  
14 to travel on its stomach and certainly that's appreciated. We had the unit squads, the unit  
15 commander to manage the enlisted people and to work with them in all ways. You had  
16 people who had a very unpleasant task, but these were the ones who—the toilets were  
17 open pits. Well, not open pits, they were pits. You couldn't have an open pit toilet  
18 because the soil was laterite and was like clay sort of and it wouldn't absorb anything. So  
19 the toilets were a big half gallon drums or something stuck under this pit privy or the  
20 outdoor privy, rather. Every day that mess of urine and so forth, and paper, had to be  
21 hauled out, gasoline poured in and set a fire which didn't provide a very pleasant odor  
22 away from the campus. The poor people who had to do that we all had pity for those  
23 people who burned those things. That's another little task, though, that was important for  
24 the welfare of the post and had to be kept going. [Break in the audio] Supply ran a huge  
25 laundry there that was soaking sheets and blankets in a solution to get the blood out  
26 because so many things got blood in them. Then they were having to wash those and dry  
27 them and fold them and get them back just like any big laundry operation. So that was  
28 going on all the time by the supply people who ran that. We had two generators, one on  
29 either wing of the hospital. The hospital was set up in a split wing down the sides with a  
30 surgical part on the east side going down toward the mess hall and the medical and the  
31 civilian unit on the other side called the C, the units with a C designation. I guess A were

1 the headquarters and the lab buildings and all up front, you know. We had to draw blood  
2 sometimes. We had to dispense blood. We had the lab officers who were qualified to type  
3 and cross match. We had to run the usual tests in chemistry and blood counts and all that  
4 any hospital would do. We had a new building for that, a big Quonset hut they built was  
5 nice. It opened about the time I got there. That was an important operation and then the  
6 record keeping of all of the people. We had a daily bulletin put out and then our adjutant  
7 had all the Purple Heart awards to make in the afternoons. As the command sergeant  
8 major and I would go around and make the Purple Heart awards. I had a chaplain. Shortly  
9 after I got there the chaplain went to a meeting down at the headquarters in Long Binh.  
10 Then I got a call that he wouldn't be coming back that he had been, he was a Catholic  
11 chaplain, and he had been inviting young soldiers back into his quarters behind the chapel  
12 and was felt to be making improper advances to them. He was being relieved and sent  
13 back to the States. So now I didn't even have a resident chaplain. I was only—my  
14 chaplain slot was listed as Catholic, but the assistant division chaplain was a Catholic. He  
15 volunteered to come over and stay in the quarters and be our resident chaplain. Then we  
16 had the Protestant chaplains who were on call for us. So that was another little problem  
17 that popped up about the time I got there.

18 KV: What sort of awards did you have?

19 MA: We had the Quonset hut units and we had probably more beds set up. Then  
20 we had nursing staff to operate, but we had some units in reserve because, as I said, you  
21 had to have some units in reserve. Then we had a couple of medical units and I don't  
22 think we had a psychiatry unit, per se, that I recall. We did have psychiatrists there. Then  
23 we had a civilian unit for children, Vietnamese children who either in spare time our  
24 surgeons, our oral surgeon, for example, would be doing some harelip repairs, other  
25 things to improve their quality of life. We rarely had some napalm burns. We had an  
26 extremely good Puerto Rican sergeant or Hispanic who had worked on the Army burn  
27 unit at San Antonio. He was our authority on treating burns. When we got a severe burn  
28 in we went to him and said, "What do we do?" Then of course we would occasionally get  
29 in a Vietnamese POW (prisoner of war) and sometimes they had to have emergency  
30 surgery so they were put in line and treated like the others. They could be very nasty.  
31 They would often spit on the nurses or anybody who got nearby or try to break away. We

1 had to keep them tied down until we could evac them to a POW hospital run by an Army  
2 Reserve unit. You've got the mail service. I mean, everything is just and the operation  
3 has to be preformed. It's important to everybody.

4 KV: How was morale generally?

5 MA: I think extremely good. As I say, people were particularly many of the staff,  
6 the nurses in particular, were coming back for other tours. I think the dedication of the  
7 staff was very good. We improved things I think with some of our programs and  
8 welcoming people and trying to be more open and encouraging. I'm the kind of  
9 commander that gets around to know everyone. I felt like we could pay attention and  
10 recognize people. I'd ask the sergeants and others who—if they had somebody in  
11 particular they wanted that felt like I should personally visit or have them come to my  
12 office and thank them personally for what they had done or describe it, "Let me know." A  
13 thanks and an appreciation expressed is so easy to do and yet it can mean so much  
14 sometimes to the person receiving it just to be thought of that they recognized what I did.  
15 We had some extremely good enlisted men because we had some, I think we even had  
16 one with a doctorate degree, but he had volunteered to be a medic. Some might've been  
17 conscientious objectors. I know we had a few who were medics as conscientious  
18 objectors, but they were awfully good work. Once or twice one of those asked to be  
19 moved to a division and be a field medic and was described as perhaps under fire  
20 changing some of his conscientious objection attitude as he was tending to support his  
21 patients. We don't take up arms, but if we can only use arms to protect our patients under  
22 Geneva Conventions, not that Vietnam was under Geneva Conventions. They didn't ever  
23 sign. But we still tried to enforce that which I don't understand some of what has  
24 happened in Iraq by what we see. That's just unbelievable and I can't—many of us  
25 cannot believe that some Army medical officer did not know that that was going on, he  
26 must've seen some evidence of it and why didn't they say something or if they did and  
27 reported up their chain why wasn't it recognized somewhere else, because I can't believe  
28 that kind of thing would've gone on frankly. It's important to me. I think we should act  
29 like a civilized nation even if other people don't, but that's a personal aside.

1 KV: Do you think that there was a difference or the morale maybe was different  
2 between was it the brass, you know, and the younger people or was there any problems  
3 with that or career as to not career?

4 MA: I didn't see that. We had awfully good support from the brass, if you will.

5 KV: Uh-huh, I didn't know how else to say it.

6 MA: Our commander, the post major general who I still occasionally talk with,  
7 he's out in northern Virginia but getting quite old and disabled now. He was very  
8 supportive for us and often would come to our hail and farewell parties when he could  
9 come and was very supportive. I remember my patient administrator telling me that we  
10 were approaching in our chronological numbering of admissions to hospitals, we were  
11 approaching number twenty thousand. This was in only about two years' time, which was  
12 really somewhat of a record for a place to admit twenty thousand people in some two  
13 years. The hospital was opened in '66 and this was in about—no, I was there '68-'69  
14 that's right. I'm sorry.

15 KV: Okay.

16 MA: I was in Vietnam '68-'69. We were approaching twenty thousand and he  
17 said, "Do you want me to save it for say 25<sup>th</sup> Infantry Division?" since that was our  
18 primary support, unit we supported there on the post. I said, "No, don't let me know until  
19 you've reached it. My only request to you is that any manipulation you do only to do that  
20 to be sure that number twenty thousand is not a Vietnamese, particularly a POW, maybe  
21 even a civilian, but make it be a GI, 25<sup>th</sup> Infantry." We had people occasionally passing  
22 through from other units. "If it's an Australian or whatnot or is an Air Force guy who  
23 happens to be wounded and brought into us then let it go to him, but just don't let it be a  
24 Vietnamese in this particular case, but don't tell me until you've reached it." Now in the  
25 meantime in our command unit we talked about should we honor a number twenty  
26 thousand and we went through the pros and cons of it's not an honor to be wounded. The  
27 honor was more for the fact that the staff for the two years of existence of that hospital  
28 and that many people. That was impressive to us, but we had great discussions about it  
29 among ourselves and went over the pros and cons. We talked to the general at the  
30 division and he thought it was a good idea and in fact the division office to buy a watch  
31 and have it inscribed on back as patient number twenty thousand, 12<sup>th</sup> Evac Hospital,

1 Vietnam, or RVN (Republic of Vietnam) I guess we probably put. He would come and  
2 present it if we would let him. We felt that was a good idea. We talked about it and even  
3 when a patient came in, a young kid who had been in our hospital previously. I  
4 remembered him. He had been in the hospital with a closed chest wound, was sent to  
5 Okinawa to recover got better and came back to duty. Now he was back with both legs  
6 blown off, about a nineteen- or twenty-year-old from West Virginia, red hair, good old  
7 farm boy. He was in the outdoor ICU (intensive care unit) when sergeant major and I  
8 went by. I explained to him how we had discussed that and while being twenty thousand  
9 is not much of an honor and explaining the whole rationale, but I said, “You have become  
10 number twenty thousand. I want you to think about it because we’d like to give you the  
11 watch and we’d like to have a ceremony and the general will come over and award it. If  
12 you don’t want a ceremony or pictures that’s fine, too. We’ll at least give you the watch,  
13 but the ceremony is optional. We would appreciate being able to do it since it’s a record  
14 for this hospital.” He said it would be alright. I said, “I won’t even take your final answer  
15 right now, I want you to think about it for a day or two and then we’ll come back.” I told  
16 my sergeant major, “Now, don’t pull that enlisted thing by telling him he’s got to do it.  
17 Make it so clearly that it is indeed an option and it’s all right with us.” The guy insisted it  
18 would be all right. The general came and gave him the award and so forth. Later one of  
19 my very good nurses there at the hospital was one of the authors in a little book written  
20 by females, mostly nurses, one Red Cross person I believe, about the stories—they each  
21 had a chapter in that little book, stories they remembered from their experiences in  
22 Vietnam. This nurse wrote about that experience and how after the ceremony the guy  
23 threw the watch down and she went to hug him and support him for the fact that they  
24 made an award out of patient twenty thousand and so forth, the uncaring commander and  
25 chief nurse of our hospital who had done that. So I sent a copy of that book to this guy in  
26 West Virginia, I keep in touch with him all the time and have with his family through the  
27 years. He married when he came back, his girlfriend still married him. They had two  
28 children and he learned to play golf, bought a house with a swimming pool so he could  
29 swim every day and so forth. I sent this to him and he wrote me back and said, “Well, I  
30 certainly don’t remember it that way.” In fact, he said, “I still have the watch.” I don’t  
31 think he was wearing it at that time, but he said, “I still have the watch.” At the next 12<sup>th</sup>

1 Evac reunion I cornered this nurse before the meeting started the day of registration  
2 beforehand and I just got over for a quiet chat and I went through that story with her and  
3 showed her the letter from the young guy and told her my perception of that event. Her  
4 reaction was that it showed that I and my staff had been reluctant in getting the word  
5 down to all of our staff, the agony and how we had gone through the process of making  
6 that decision. I said, "It's my fault in not getting the word to you. We thought we were  
7 doing it, but obviously we didn't." She thought about it for a while and she said, "You  
8 must really hate me for this." I said, "Rose, there is no way I could ever hate you  
9 knowing what you did in your nursing support in Vietnam. I have nothing but praise and  
10 admiration for what you did. No way could I ever hate you. I only am upset with myself  
11 for failing to get the word down to everybody. It shows you, it shows me over and over  
12 how important communication is and how I failed as a commander. I failed to get this to  
13 you and at least allowed you to express your opinion or realize the process we went  
14 through in making this decision." She said, "I guess I must've reacted the way I would  
15 have reacted had I been in that situation," because of course the boy didn't throw the  
16 watch away and she didn't—it was just her retroactive recollection of how it happened.  
17 My only unfortunate side of that story is she's never been back to another reunion. I wish  
18 I knew where she was to contact her and beg her to come back to the reunions. It makes  
19 me think, maybe I'm not correct, but that she felt embarrassed by that and just didn't  
20 want to come back, but there it goes. You can't win them all.

21 KV: Were there any big problems that you had to deal with while you were with  
22 morale or—?

23 MA: Those were the biggest ones, I think. We had a day when we were getting  
24 shot at, rockets were falling on the hospital area. We told everybody to get in their flak  
25 jackets and wear their helmets. The procedure was under each of the beds in the Quonset  
26 huts we had an air mattress under the bed on the floor. In the event of being bombarded at  
27 the hospital itself the patients were put under the beds on the air mattress and the Quonset  
28 huts, which as you know have the rounded—they're sort of, the walls are rounded part of  
29 the roof and they're old World War II inventions which have been very good. We had  
30 sandbagged another revetments there called up so high on the sides that if a rocket landed  
31 between two Quonset huts and exploded, the pieces, the fragments, they don't call them

1 shrapnel, that was a World War II term correctly used, fragments would go into this sand  
2 filled or sand-bagged area and not through the Quonset hut itself. One Quonset hut had a  
3 piece of fragment that went through the ceiling part of the building, but didn't get in the  
4 level to hit anybody. Now, if one of them is going to land right on the roof of the Quonset  
5 hut then it's going to pretty much do severe damage, but you can't protect for every part  
6 of that. We had no red crosses painted on our roofs, but sometimes I thought they would  
7 target our area anyway.

8 KV: Did the hospital get hit often?

9 MA: Say again.

10 KV: Did the hospital get hit often?

11 MA: No, that was the only time I remember. One exploded near the generator on  
12 one side but did not knock it out. We could operate both wings on the one generator.  
13 They built two just for backup and just that kind of event. I was making my rounds and  
14 through one of the, I think a medicine unit I came across a nurse who was standing up, a  
15 lieutenant giving out her medications and I said, "Lieutenant, I think you might be wise  
16 to get down at a lower level and not do this right now while we are seemingly still under  
17 attack." She said, "I'm not through giving out my medications, sir." With that I just gave  
18 up. I said, "Well, get down as soon as you can." A nurse's devotion to duty was going to  
19 overrule my thing so I just gave up. I don't argue with some of women's logic  
20 sometimes.

21 KV: What were the major things that you had to deal with in regards to the Army  
22 nurses and were there particular issues?

23 MA: Not really, they were always good. We had some who were married or who  
24 got engaged. One of them actually married an enlisted man, which is okay. It does  
25 happen. He was not from our unit but from one of the division units nearby. We didn't  
26 make an issue of fraternization or anything like that with it. I think another one of our  
27 lieutenants, much later, married an officer who had come in that had his one arm off. He  
28 walked in back of the helicopter that was operating. That little blade on the back of the  
29 Huey chopped off his arm. He was in a hospital for a while and actually later when I was  
30 in New York City I saw her come into the clinic. She came in, in reference to him, but he  
31 wasn't with here, but she did marry him, which is okay.

1 KV: So was fraternization between officers and enlisted men—

2 MA: Enlisted personnel. These actually got married in-country that one that did  
3 marry the sergeant, but it was not in our unit. It was not a fraternization. Well, we didn't  
4 make an issue of it. No one would have. She wasn't threatening or anything of that sort. It  
5 seemed to be a mutual, consensual type of relationship.

6 KV: Were there other things that would sort of, is technically the rules maybe  
7 that you let slide by because of the war circumstances?

8 MA: I think rules and regulations are meant to be interpreted with justice and  
9 consideration for them, but I don't remember any big offense. Just as I had arrived in-  
10 country one of the things I was told is that the nurses there, the females, mostly nurses, in  
11 their quarters which had a wall around the whole border area with ER included they had  
12 been given washing machines, automatic washers, very rare in Vietnam. The three that  
13 the nursing quarters had were now out of order and they didn't have any repair parts, but  
14 somehow not too long—well, a few months after I came because we had another chief  
15 nurse in, we got replacements, three new ones. My chief nurse came over to me after the  
16 day they were putting them in and she said, "Well, we've discovered the problem." She  
17 said, "So many of these young girls coming into the Army Nurse Corps these days have  
18 had their mothers do their laundry for them all of these years. They've never operated a  
19 washing machine. Furthermore, they've often been to nursing at hospital schools of  
20 nursing and the hospital normally provides your uniforms and does the laundry. So they  
21 never have done them and they won't read directions or follow instructions. They just  
22 turn the dial in any direction and without pushing it in," which if you operate a washing  
23 machine you know that generally you push in the dial and turn in around and pull it out  
24 again when you're at a place to start and you turn it only in a clockwise rotation, most of  
25 the ones I have ever had. She said, "They don't know how to operate them so I've settled  
26 that problem." She said, "We taught the Vietnamese maids how to do it and they will  
27 follow directions exactly. They will not deviate. I put the washing machines off limits to  
28 the nurses. Only the Vietnamese maids can operate the washing machines," and they  
29 never broke after that.

30 KV: Wow.

31 MA: We solved little problems as they come up.

1           KV: Was the chief nurse, was she the one who would have to deal with any sort  
2 of troubles or—?

3           MA: Yeah. She would've dealt with it fairly, she was well liked. It was sort of  
4 funny. She was one of the early Army nurses to get a master's degree in healthcare  
5 administration and in those days it was called hospital administration. We got a new one-  
6 star general in for the division in charge of division support and, strangely enough, he  
7 didn't come to me to take him around the hospital. He somehow got hitched up with  
8 Mary Frances and she gave him a tour of the hospital. He told her that he thought the  
9 beds were too close together. She said, "No, they're not too close together, sir." But he  
10 persisted in that and I thought she can handle it. I'm not going to bother it as long as she  
11 doesn't turn him over to me I'm happy. I don't want to fool with the guy if he's that  
12 much of an idiot. It's not his business anyway. We're not under his command. I used to  
13 tell commanders, "I have the health care franchise on your post, but I belong to another  
14 command. You're welcome to tell me what your needs are or whether or not I'm doing  
15 the job you feel you need, but you don't run me," which rubbed some of them maybe the  
16 wrong way. I only did that in case they began to give me a little problem there. So I let  
17 her handle it. Well, the general often would invite nurses over to the commanding  
18 general's mess on a Saturday night when they were having a big dinner and all. I know  
19 the first time he told me, she told me that he had invited nurses to attend, I thought that's  
20 very nice. She did and with a sense of humor she sent some nurses that night, including  
21 some male nurses, because after all they're nurses, too. The division was not amused.

22           KV: Wow.

23           MA: They told her they wanted female nurses. We had the only females on  
24 campus, on the whole post you know. So they wanted to see the females perhaps dressed  
25 in civilian clothes at night. I don't know what they wore. I assume they may have gone in  
26 civilian clothes. We could wear them off duty just around the hospital area.

27           KV: So this was the general in charge of the 25<sup>th</sup> Infantry Division.

28           MA: He was the 25<sup>th</sup> Infantry Division general.

29           KV: Uh-huh, and they didn't like getting male nurses.

30           MA: One night Mary Frances went that Saturday night and she was stuck with  
31 this one-star general whose name I honestly don't remember. It certainly was forgettable.

1 He kept picking her about her education and he made—she just let him pick it out of her  
2 bit by bit, didn't give him anything free, let him peel it out. He asked about what was her  
3 nursing education and she told him she was a graduate of a hospital school of nursing.  
4 Then he pushed her a little more and she finally told him that, well, eventually she went  
5 back and got her basic degree in nursing. He pushed her a little more about her training  
6 and all and she said, "And I have a master's degree in hospital administration and the  
7 beds are not too close together." He never brought the subject up again. I don't think he  
8 even came back to the hospital after that. I knew she could handle it without my  
9 interference. The beds—Quonset huts for World War II, in World War II they used a  
10 narrower bed than the ones we were using at the time in Vietnam. The beds might've  
11 been a little further apart, but they were definitely not too close together. I mean, if you'd  
12 have had a communicable disease ward they would not have been too close together. All  
13 of our common sense training and although sometimes in communicable disease units  
14 you put them alternating head in different directions so you don't have the two heads  
15 coughing across from each other, but that's a small point anyway. We didn't keep people  
16 that long. We didn't have infectious disease. So these were okay. It's just that they—you  
17 had to sort of put in the full thirty beds or whatever the unit held in order to make  
18 efficient use of nursing care. That's the way we were staffed in nursing for whatever the  
19 number of beds, I think it was thirty. I could be wrong. Ideally with the wider beds if you  
20 wanted to maintain the distance that had been achieved in World War II you probably  
21 would've put twenty-six or twenty-eight beds, probably twenty-eight. They weren't that  
22 much wider, but they were more comfortable. We had other people who came around as  
23 entertainers. One that was absolutely wonderful was Gypsy Rose Lee. She came around  
24 and gave out her Chinese, a genuine Gypsy Rose Lee's Chinese kosher fortune cookies  
25 with very risqué sayings inside. She had knitted little booties to put over the toes of  
26 people in casts as if they needed that kind of weapon. Then she would go by one of them  
27 who was lying up in bed without a pajama top on and she would rub around the hairy  
28 chest and say, "I like a man with hairy chest. My third husband had a hairy chest." Some  
29 of them didn't know who in the world this person was. She would give out her little cards  
30 with her picture back in her Gypsy Rose Lee days and sign her name. They didn't—she  
31 didn't look at all like that. She was one of the few who as I took her around felt that she

1 was concerned enough about people until when I got to that recovery unit I said, “Now,  
2 Ms. Lee, this unit has some very severely wounded in it and I don’t take all visitors there,  
3 but as I have been watching you and your reaction to people who are severely wounded  
4 so far in what we’ve had I feel you might be willing to do this, but I just will warn you  
5 about it before you go in. If you would rather not go, that’s okay.” She said, “No, let me  
6 regroup myself a minute and I want to go it.” She went to that unit and when she came  
7 out she had to pause, turn to her side and I think shed a tear or two. It took her a moment  
8 to regain her composure, but thanked me for her letting her do that unit. Later at the  
9 chaplain school at Ft. Hamilton I ran into some young people who were there who said  
10 they had been with a Christian group of young people traveling in Vietnam at the same  
11 that Gypsy Rose Lee was and that they had run into her at one of those central points  
12 somewhere and felt that she was one of the most touching and engaging, sincere people  
13 they ever saw as they went around. It turned out that she had cancer at that time and did  
14 not tell anyone although she lived a number of years after that I noticed. She only died  
15 about a year ago, I think. She was certainly a genuine person behind her persona and  
16 person that she was with great feelings and I think great personal devotion. I was  
17 impressed with her very much on that trip as she went around. Bob Hope did not come  
18 around with us. He was on the post for a concert one time, but he didn’t visit the hospital,  
19 which was greatly disappointing to some of the patients. Some of the more better able to  
20 move were taken over to his outdoor concert. I think I went over for a few minutes but  
21 didn’t stay with that. It was always an interesting place. We had a lot visitors. They  
22 always came up to our place, command visitors and other people, sometimes foreign  
23 visitors. I was not very fond of the press. The only real big interview I gave and tour of  
24 the hospital was to an Australian press, they were much nicer. Most of us were not  
25 impressed particularly with NBC (National Broadcasting Company) and CBS (Columbia  
26 Broadcasting System) people, a little more so toward the ABC (American Broadcasting  
27 Company) people there.

28 KV: What was it that—?

29 MA: I don’t know. They were just clawing and demanding and wanted to seem to  
30 know sensational stuff. Then later if we did see some of their reports or when I came  
31 back and saw some of their reports I wasn’t impressed. Of course, a lot of them really

1 never got out of Saigon. They just wrote up their reports from what they could read and  
2 let it go. It was an extremely good year, I enjoyed it and I enjoyed being able to be there  
3 and do what we did. When I came back to the States I went through a number of hospitals  
4 looking for some of the patients who I had known. I did find a few here and there. I found  
5 the tracks of some at places. One guy we had who was extremely good, it was about  
6 twenty-one or twenty-two-year-old guy, a little older than some of the others had lost  
7 both legs and his left arm. He stayed around a little longer and I got to know him a little  
8 better and I said, "Danny, were you right handed?" He said, "No, I was left handed." He  
9 lost his left arm. I couldn't find anything positive about his experience, but he wanted to  
10 know what would happen to him. I said, "Well, when you leave us you'll go maybe  
11 through one of the other hospitals, but eventually be evacuated to the States and you  
12 could perhaps go through one of the hospitals in Tokyo or Okinawa en route, but  
13 probably you would be put right on and go back through the system ending up in  
14 probably a large Army hospital nearest to where you live, which was Indiana or where his  
15 wife lived, but it could well be Walter Reed Army Medical Center. You could go to an  
16 Air Force or Navy medical center, but probably you'll go to Army. I would probably  
17 guess you would go to Walter Reed as being one of the closer general hospitals providing  
18 the kind of care you need." He would say, "Well, when do I come back?" I would say,  
19 "Danny, you don't come back. You will go there under the then-divisions that the  
20 Department of Defense and the Veterans Administration," it still was in those days and  
21 not a department. "What they've decided is if the Army will give arms. They will outfit  
22 you and teach you to use an artificial arm. The VA will give you your legs. The Army  
23 will give you practice legs, short ones, teach you how to use them and then you'll be  
24 discharged and go to a VA hospital and they will give you your final prosthetic legs and  
25 teach you how to use them." He would still say, "When do I come back?" I said, "Danny,  
26 you don't come back. You are out of the Army. You are not qualified to remain on active  
27 duty. You will not ever come back in the Army. You will be discharged and although I  
28 am not supposed to suggest the amount of disability you might get since that's by a  
29 review board, but I will tell you without fear that I am wrong that you will get a hundred  
30 percent disability. The VA will help outfit you with a car with hand controls probably.  
31 You will get your disability for life." He would still say, "When do I come back?" I told

1 him, “You don’t come back.” Finally I said, “Why do you ask?” He said, “But I have not  
2 finished my tour.” He had not completed the twelve months. I’ll tell you I still get almost  
3 teary when I think about that kind of dedication which made me think I can never really  
4 fully deep down within forgive, although it’s in my religious background to forgive,  
5 those people who went to Canada or Sweden to avoid the draft. I don’t even want to think  
6 about those who joined National Guard or Reserve through political influence to get out  
7 of going to those situations. Knowing there were people like that and this is the young,  
8 less-educated ones in some cases who do that. He had a child I think from his first  
9 marriage and then he had a child or so from his second. He came home, picked up with  
10 his marriage, had two more children. He was the disabled American veteran for the state  
11 of Indiana for one year at least. I kept in touch with him for a long time. I’ve lost his  
12 address now and contact with him. He would send me pictures from taking his family  
13 down to Florida and going deep sea fishing. I think my painters just drove up. He would  
14 send me pictures of where he had caught the largest marlin of the year down in Florida or  
15 something. He was always active. At Walter Reed when I asked had he been there they  
16 said, “Has he been here? He was up and down this unit. He wouldn’t let anybody in the  
17 ward feel sorry for themselves. He would make them get out of bed and try to walk or  
18 whatnot. He got his practice legs and walked all over everything.” Later I found out he  
19 was discharged to the VA, they gave him his final legs and he learned to use them so  
20 quickly in one day until they didn’t even need to keep him, but they begged him to stay  
21 over and let them make a movie for him to show other veterans how they worked. So that  
22 was a good success story. I only regret that somehow in changes of address from RFDs  
23 (rural free delivery) to street names I’ve lost touch with him. I’m going to work on trying  
24 to find him again because he was such a good example of things. Occasionally you would  
25 get another one who would get in a wheelchair and laugh and say, “Oh, boy, I’ve got an  
26 injury. I’m going to sit in my wheelchair and collect my pension for life.” It’s just a  
27 matter of the attitude of somebody who knows what they’re going to do and what they’re  
28 not going to do. It’s interesting to see people like him with that drive to keep going.

29 KV: Yeah, wow. You stayed in the Army until 1982?

30 MA: Right. I came back and got that master’s degree and was sent to New York  
31 City to make Mrs. Douglas MacArthur happy. When they told me I was going to a

1 dispensary or a clinic at Ft. Hamilton I said, “What on earth have I done? I’ve just  
2 completed a master’s degree. I don’t know what’s in my record that says I’m so bad to be  
3 sent to Ft. Hamilton, a post for a lieutenant.” I’m now a colonel and we only send duds  
4 there. [Break in the audio] Seemed to be down there and he’ll talk to you about it.  
5 Surgeon general has selected you especially for this job. I wait until they come and tell  
6 me that they have closed the health clinic at 90 Church Street in downtown Manhattan  
7 because they no longer had any GIs around there and they can’t keep a clinic open for  
8 retirees and so forth. Mrs. Douglas MacArthur who had previously her late five-star  
9 general husband had gone for care there. She agreed that if her civilian doctor moved out  
10 to Ft. Hamilton she would go out there for care. As I again later found out by this very  
11 nice Dr. Slyfer who had been her physician for years, very capable internist, said that she  
12 came out for her first visit and as she finished with him in the office and was pulling on  
13 her gloves she said, “I’d like to meet the commander. He went to see if he could find the  
14 commander of the clinic, this lieutenant colonel, a Reserve officer from New York City  
15 and found out that the guy was not there, as was his habit, he took off and went back  
16 home to his private practice in White Plains or somewhere north of New York City  
17 proper and took—in fact, he was absent without leave every afternoon. He asked for the  
18 chief nurse and I never knew why she wasn’t there that day because she was a Regular  
19 Army nurse who I knew of by reputation and if she had known Mrs. Douglas MacArthur  
20 was coming she would have stayed there no matter what her other requirement might  
21 have been. The captain was not available. Only the Puerto Rican first sergeant was  
22 available. So when she got home that night, Mrs. MacArthur called General “Westy”  
23 Westmoreland, Chief of Staff of the Army and said, “I went out to that clinic and that is  
24 not an Army facility. It’s not well run.” General Westmoreland called the same General  
25 Neel, deputy surgeon general and said, “You all failed. It’s not a clinic out there. Get  
26 somebody good up there.” As General Neel later recounted to me years later, still shaking  
27 the next morning he got into his office, looked down at his desk for a list of full colonels  
28 up for reassignment and alphabetically I was at the top of the list. He said, “I know that  
29 guy. He did a great job in Vietnam for us.” So he said, “Send him.” So I went. Mrs. Mac  
30 was a delightful woman. She only wanted the courtesy that her late husband as a five-star  
31 general should’ve received and she wanted things to be military. So that was easy to

1 remedy. Being a Southerner I had no qualms about meeting her at the door and  
2 welcoming her and take her down to Dr. Slyfer's office and she knew that I was taking  
3 advantage of being in New York to go to theatre and the opera. She would say, "I just  
4 saw this new play. You've got to go see it." She would tell me the name about it and then  
5 I would say, "How is that new production of something at the Met? How is that soprano  
6 who is new?" She would say, "Well, the soprano was a little weak, but the rest of the cast  
7 was good. It was a good production." So she kept me informed on all these things and we  
8 became really good friends through that time. When I was pulled out of there in only nine  
9 months I said to Dr. Slyfer, "How am I going to tell Mrs. Mac I'm leaving?" He said,  
10 "Oh, bake her a pie." I said, "I'm not going to bake her a pie. I like to bake. I don't eat  
11 them, but I like to bake them." He said, "Bake her an apple pie," because he liked apple  
12 pie. I said, "Well, that's not my specialty, a pecan pie." He said, "Well, make her a pecan  
13 pie." So I did. He had her in to visit the day before I left. She came by my office. He had  
14 already told her I was leaving and she understood that it was an advancement and I was  
15 going to the office of the surgeon general. I gave her the pie. Later I had a note from her,  
16 which I still have, obviously, in which she said, "I want you to know that pecan pie  
17 reminded me of home in Murfreesboro, Tennessee." She said, "And you know what? I  
18 didn't share it with anyone. I ate the whole thing." I considered that a real compliment  
19 from her, a past memento. But I was back in surgeon's office for about fifteen months  
20 and got sent to the Army War College, came back to town at that point and spent three  
21 years and immediately chaired a committee of the disciplines to write up a proposal of  
22 how to implement the new law that Congress had just passed establishing a uniform  
23 services university of health sciences and how to organize it. We wrote up a proposal for  
24 the Army surgeon general, my committee did. It wasn't all my work, but we sort of went  
25 along with the traditional school with all the various schools as needed. The Navy called  
26 me and said we hadn't done anything. Send us a bootleg copy of what you've got and I  
27 did. They sort of paralleled what we put down in their suggestion. The Air Force decided  
28 they suggested a school without walls scattered out in all the little Air Force bases and so  
29 forth around the country, which was not the least bit considered. The Army plan was  
30 adopted and I worked on other committees to help in the early planning as we set that out.  
31 Then I helped—I finally got the PA (physician's assistant) program off the back burner.

1 It kept sitting there not getting established and I pulled that out and finished the  
2 regulation and got that established.

3 KV: As a physician's assistant?

4 MA: That was in San Antonio.

5 KV: I'm sorry.

6 MA: They gave me great credit for starting that program, but I just happened to  
7 be the one who when I got to the office I found it was lying round in almost complete  
8 form and wasn't moving and I said, "Let's just get off the bottom and move with this  
9 thing."

10 KV: Uh-huh, and was that the physician's assistant, you said PA?

11 MA: Right.

12 KV: Okay, okay.

13 MA: So I had fun to do a lot of things like that. Then after three years I asked the  
14 surgeon general if he would let me leave the office. Three years is a good tour, but some  
15 people like to stay longer, but I said, "I feel like if I'm here writing regulations that apply  
16 to commanders in the field, I shouldn't be away from the field too long so that I lose the  
17 feeling for what needs to be done. So I would ask you to please let me take command of  
18 the hospital at Ft. Jackson since I know it is coming open this summer." He said, "Okay."  
19 So I go to Ft. Jackson for three years and then President Carter and the U.S. government  
20 signs a treaty with Panama and I'm aware of all of that, but unaware of the particular  
21 particulars and that the Canal Zone will disappear in name. The government of the  
22 Panama Canal Zone will disappear and all of the medical facilities will revert to  
23 Department of Defense and hence to Department of Army. My commander, a major  
24 general at Ft. Sam Houston calls and says, "So we are looking at that," and he said,  
25 "Frankly, the surgeon general and I were talking to each other about who should we get  
26 to go down and take over all of those facilities." They called it three hospitals and an old  
27 veterinary public health lab and quarantine services and everything except dental, dental  
28 is still piped separately, but all the medical part. They said, "We both agreed we would  
29 think about it and get back together in a week or so and see who each of us thought." He  
30 said when I called General Pixley, Pixley said, "Well, I've looked through my thought of  
31 all the Army colonels and I think Aultman is the one to go." General McCabe said, "I've

1 decided the same thing.” They called me down to San Antonio and I had to come up and  
2 talk with General Pixley. They said they wanted me to go down and take over all of that  
3 stuff and make sense out of it. That turned out to be an absolutely fabulous job because  
4 there were not a lot of Army personnel. We had to take over those hospitals with the  
5 civilian personnel who had long worked there. Some were good and some were not, but  
6 they had a lot of very loose practices, arriving late and leaving early and claiming  
7 overtime for whatever I don’t know. So we had to straighten out some of those things. I  
8 had a lot of resources to deal with and it was fun to take over so-called three hospitals,  
9 health care for ninety-five thousand people within the canal area, and run public health  
10 service, a home nursing care, all kinds of other things. It was really a lot of fun. Often we  
11 could do things by saying there’s no Army regulation that applies to this situation. What  
12 is the logical way to do this and then come up with that. That’s what made it fun is that  
13 you could be a little more innovative and do what made common sense. You could do a  
14 lot of things that would not normally be done. We could do them and I immediately,  
15 almost immediately, closed the one so-called hospital which was really just a department  
16 of psychiatry in a separate location. I moved that into the main hospital buildings. Later I  
17 had to cut the hospital on the Atlantic side into a clinic because I needed, I couldn’t  
18 handle all of those physicians. I needed them back to cover ob-gyn on my side and we  
19 didn’t have that many deliveries on the Atlantic side. I had three helicopters, medical  
20 evac helicopters under my care. So we just said, “We will send one of our obstetricians  
21 over to run a clinic on the Atlantic side, but when someone goes into labor or a few days  
22 earlier if they want to come over to the Pacific side and we will deliver you. We can  
23 bring you across the isthmus in fifteen minutes plus fifteen minutes or so for the  
24 helicopter to get over to you, but you’ll come back.” They asked all kinds of questions.  
25 What will happen to the psychology of the individual who perhaps would deliver in a  
26 helicopter? I said, “Look, women have been having babies in taxi cabs and en route to the  
27 hospital and perhaps on medevac helicopters as well for a long time. If a baby is going to  
28 come that quick there’s no problem, but if it’s—but we can get it here and meet it and get  
29 it in and give the proper care.” People (unintelligible) they can come over a few days  
30 early and stay in one of the facilities. I even established a place where they can stay  
31 within the building. That’s probably slightly illegal but (unintelligible) and deliver. There

1 was one older civilian nurse on the Atlantic side (unintelligible) what happens to  
2 personnel to the individual? She said, "Oh, you should've told anybody (unintelligible)  
3 grow up and want to be a flight attendant or a pilot." I said, "I wish I would have thought  
4 of that." Then my one real inspiration in public relations was I said, "We've got to have a  
5 gimmick here. We've got to have something." One night I thought about a little baby T-  
6 shirt that we would give out to all the babies who have come over from the Atlantic side  
7 on the helicopter, but even if they come by train or car beforehand we'll give it out, but  
8 you have to live on the Atlantic side, get pregnant and have a baby at Gorvis and we'll  
9 give you a little T-shirt for the baby that says, "I'm a medevac baby," with a picture of a  
10 helicopter on the front. My public affairs officer who I had went downtown and got a  
11 manufacturer to make them up and we had a prototype ready the next day. The only thing  
12 was he pulled out a picture of a helicopter, but it was the Air Force version of the Huey,  
13 which I didn't recognize. So I had flak from my helicopter pilots and we got that  
14 changed. The first one we got out was a little white T-shirt, but it had red around the arms  
15 and on the little, the part of it was a little red band around there. It turns out that  
16 Panamanians send their babies home dressed in red. We use pink and blue maybe, but  
17 they use red. That's their traditional and good news, good luck color to take a newborn  
18 home with so the red was a hit. Well, I put the chaplains in charge of giving out this  
19 thing. Later we had people, we had mothers from the Atlantic side who were dressed and  
20 ready to go home with the husbands waiting there to take them home and I would say,  
21 "Well, what are you waiting here for?" They would say, "I'm not going home until I get  
22 my T-shirt." It became a very popular move. Other people wanted to know how to get it,  
23 but I told them the requirements and they said that was a little too much. So we diffused  
24 that situation right away and it turned out to work out very well. I bought the first  
25 hundred T-shirts gladly and I think after that they found some PR (public relations)  
26 money to do it with, but that was worth it. So I had a ball. I really did. Down in Panama  
27 the nurse who was there when I arrived was leaving and the chief nurse's office called me  
28 and said, "We want to run some names by you as possible chief nurses for you." I said,  
29 "Okay, that's good." They said, "Essie Wilson." I said, "Go no farther." Essie Wilson  
30 was a classmate of mine in the Healthcare Corps. She was at the hospital in 12<sup>th</sup> Evac  
31 when I first got there, but she was pulled out and sent down to Vung Tau to be the chief

1 nurse of a small hospital down there, but I said, “She is perfect.” Now this is the black  
2 colonel from North Carolina, but I said Essie Mae Wilson is the favorite of mine, we see  
3 healthcare operations the same way, we think alike, that’s exactly—I would be absolutely  
4 delighted to get here. She was a hit. It was something what Panamanians call West India,  
5 those are the darker skinned primarily black who have immigrated to Panama from  
6 throughout the islands of the Pacific and the Caribbean. They were very good. Then  
7 down in Peru I was shodding the Peruvian army officials for not commissioning woman.  
8 Most of their nurses were women. I was in the big military hospital there, big army  
9 hospital in Quito and I said, “You don’t commission women?” “Oh, no, we’ll never have  
10 women in the army.” “Well, you don’t know what you’re missing.” I said, “For example,  
11 your nurses”—“Oh, well, we wouldn’t commission nurses.” These nurses are standing  
12 there listening. So then I said, “Well, here’s our chief nurse right here.” Those little  
13 darker skinned nurses there in Panama, I mean in Peru, looked at Colonel Wilson, they  
14 saw the eagles on her shoulders, they looked at me and saw eagles on my shoulders and  
15 then they realized that she was my chief nurse with the same grade I was. They went over  
16 and threw their arms around her, about three of these young nurses went over and just  
17 hugged her. I thought, “What a good example that is for her, not only to push the idea of  
18 females in the other military forces, but also to show that we don’t discriminate for that.  
19 We don’t interfere with that.” Essie was a great example. We worked very well together  
20 there at Panama for about two of the three years. After that I decided to get out of the  
21 service. They couldn’t offer me anything really good after that. I said, “Well, if you  
22 would offer me commander of Ft. Benning I might’ve done it,” and they came back then  
23 right after that and said, “You can have Benning if you’ll stay.” I said, “Too late. I’ve  
24 already accepted a job with Amoco in Houston,” but I didn’t say in Houston a year. Came  
25 back to Washington. That was a lot of fun.

26 VC: Wow, it sounds like you’ve had a lot of different experiences, been a lot of  
27 different places.

28 MA: My medical school awarded me the distinguished alumnus for loyalty. In  
29 my little acceptance speech I said, “I attribute it to being the degree from the medical  
30 college in Georgia that gave me the education to do what I did, but it was also my luck in  
31 the U.S. Army.” I don’t think anyone in my class could’ve had more interesting

1 experiences than I did in dealing sometimes with notable people. I said, “While one  
2 doesn’t get rich in the Army. I don’t think anybody in my class could’ve had more fun in  
3 a career in medicine. I think in whatever you do you ought to enjoy it, at least it’s  
4 certainly a benefit, an added bonus, if you can look back and say ‘I really enjoyed what I  
5 did.’” I said, “That’s my feeling. It was absolutely fun.” Afterwards I said to the president  
6 of the university—which the medical college is actually a university—I said, “I think I  
7 spoke too long.” He said, “Sixteen minutes.” I said, “That’s probably too long,” but the  
8 next day at a reception at his house when I saw him he said, “You know, at two of the  
9 meetings I was at this morning,” the alumni association and the foundation meeting, he  
10 said, “they were still talking about the theme of your talk which really captured a lot in  
11 having fun in what you’re doing in medicine.” So maybe I established a whole new idea  
12 about it, that’s certainly how I looked upon it. So maybe my talk wasn’t too long after all,  
13 but I said—

14 KV: Inspired them to have fun.

15 MA: I had many things I wanted to say and while I had the microphone I was  
16 going to say them.

17 KV: Wow. This whole talk has been really interesting, covered a lot of different  
18 things.

19 MA: I don’t know whether that’s what you wanted or not.

20 KV: Yes, yes.

21 MA: It’s a synopsis of my medical life, my whole life, I guess, to some degree.

22 KV: Yeah, it’s been very interesting. Well, let me stop this tape for a second,  
23 then.