

Wisconsin Veterans Museum  
Research Center

Transcript of an

Oral History Interview with

STEVEN L. ORECK

Intelligence, Navy, Cold War.  
Medical Officer, Naval Reserve, Career and Persian Gulf.

2001

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**Oreck, Steven L.**, (1948- ). Oral History Interview, 2001.

User Copy: 1 sound cassette (ca. 62 min.), analog, 1 7/8 ips, mono.

Master Copy: 1 sound cassette (ca. 62 min.), analog, 1 7/8 ips, mono.

Video Recording: 1 videorecording (ca. 62 min.); ½ inch, color.

Transcript: 0.1 linear ft. (1 folder).

Military Papers: 0.1 linear ft. (1 folder).

**Abstract:**

Steven Oreck, a Madison, Wisconsin veteran, discusses his service in the Navy during the Cold War and the Persian Gulf War and his career in the Naval Reserves. Oreck talks about enlisting in the Reserves while in college, ways people he knew avoided the draft, air officer training at Pensacola (Florida), intelligence training at Lowry Air Force Base (Colorado), and anti-submarine warfare training at Norfolk (Virginia). He analyzes how the United States mishandled the Vietnam War. Oreck details his first assignment with a Patrol Bomber Squadron tracking Russian nuclear submarines in P-3 airplanes, including the use of sonobuoys and being prepared to torpedo the submarines. After leaving active duty, he talks about having similar missions while serving with a Reserve unit based in South Weymouth (Massachusetts). He portrays his plane's crew, equipment, and typical missions monitoring Russian ships. Oreck explains his duties as squadron intelligence officer, such as handling classified messages and prepared intelligence reports. He addresses being married, being inactive in the Reserves while returning to school on the GI Bill, joining the Medical Corps, and becoming active again in 1984. Assigned to the 23rd Marine Regiment (Reserve) as the regimental surgeon, Oreck talks about commuting to monthly drills and being the Marine Air-Ground Task Force surgeon during next summer's amphibious operation drill. He addresses participating in Civil War reenactments and getting called up to the Persian Gulf. Stationed in Saudi Arabia during Desert Storm, Oreck mentions erecting a 500-bed field hospital, the supplies they used, problems sand caused for medical instruments, and the water supply. Oreck explains the sorts of medical care his hospital provided, the impressive amount of rank and knowledge the Medical Corps Reservists had, and the downsides of being pulled out of private practice into service. After the ground war ended, he talks about being transferred to Kuwait City as a doctor for British, Australian, and American Explosive Ordnance Disposal divers. He tells of driving around Kuwait daily to check on which medical units were still functioning. Oreck touches upon military life in the Middle East, including being armed with a pistol, the ban on alcohol in Saudi Arabia, and using a Kuwaiti City bus to transport nurses to a party hosted by Australian naval troops. He speaks about trading food with French military doctors and equipment with British hospitals. Oreck notes the health problems caused by oil fire smoke and working to control fly and rat infestations. He talks about returning to his civilian practice, leaving due to tensions caused by his refusal to leave the Naval Reserves, and moving to Madison (Wisconsin).

**Biographical Sketch:**

Oreck (b.1948) was born in New York City and spent part of his childhood in New Orleans. He enlisted in the Navy in 1970, served active duty until 1973, and then joined the Naval Reserves and worked in medical billets. Oreck attended graduate school in engineering and medical school. He was recalled to active duty for Operations Desert Shield and Desert Storm, when he served as a doctor in Saudi Arabia and Kuwait City. He achieved the rank of captain as a regimental surgeon with the 23<sup>rd</sup> Marines, 4<sup>th</sup> Marine Division. Oreck currently works in orthopedics at the University of Wisconsin-Madison.

Interviewed by James McIntosh, 2001  
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**Interview Transcript:**

- Steve: Here we go.
- Jim: Talking to Steven Oreck. It's the 6<sup>th</sup> of February. I screwed that up. Year '01. Where were you born, sir?
- Steve: New York, New York.
- Jim: And you were raised there?
- Steve: Partially there; partially in New Orleans, Louisiana.
- Jim: And this is in 1948. You entered the military in what year?
- Steve: 1970.
- Jim: On what basis?
- Steve: Ah, my senior year in college, they had the first lottery. The draft was going on, and they had one iteration after another of who was in, who was out, kind of thing. And then my senior year they had the first lottery where they were taking people based on their birthdays. And so, that was the first year they did it. They drew numbers, number 1 through number 365. And I was coming eligible in the calendar year 1970 when I graduated from college, and I had a number that was a guaranteed winner. Basically, they said we're going to take the first 125 numbers for sure, the next 125 numbers are maybe, and the third hundred and some odd numbers, you're home free. So I had a winner, and I went in the Navy.
- Jim: You had an option at that time?
- Steve: Well, I hadn't received—I was still in college so I hadn't been drafted, but I knew I would be drafted as soon as I graduated. So my option was to either get drafted or enlist in—
- Jim: So you enlisted then.
- Steve: Right, I enlisted in the officer program in the Navy.
- Jim: Oh, this wasn't an ROTC affair then?
- Steve: No, no, it wasn't ROTC. I went to OCS [Officer Candidate School]. Right, I signed up my senior year of college, but then my orders to active duty were when I graduated.

Jim: Now, tell me about that era. I mean a lot—what about your chums and neighbors who had disappeared into Canada. Did you have many of those or not?

Steve: Um, I didn't have any personal friends who went to Canada. I had a lot of—I knew a fair number of people who, through one way and another, avoided service. I was one of the very few people I knew in my social circle who actually went into the service during the Vietnam era in any form.

Jim: Some of the guys joined National Guard units to avoid this.

Steve: There may have been a couple. Mostly they played games, or they managed to go to the right graduate school, or some went right to medical school, so at that point they were exempt until they went out of school, and by the time they finished their training things were over and done with with the draft.

Jim: But when they were exempt that didn't preclude them from getting into the service. That just delayed it, or --

Steve: Well, with the ways things went with medical school at that point in time, if you went to med school, like when I graduated 1970, you wouldn't graduate until '74. Then it would be '75 when you finished your internship which would be when the military would snag you. By 1975 there was no more draft. So as it turned out, for example if you went to that—I mean I knew people who had managed to do things that people—there were a lot of people getting a, I don't remember what it is now—it was a 1-Y which was not 4-F. 4-F was, you know, no way. 1-Y was, well, you have a medical condition so we're not going to take you, but if things really get desperate we'll give you a call.

Jim: You mean they really had a medical condition, or there was --

Steve: Well, you know. I know one—one of my fraternity brothers, who was naturally very tall and thin, basically starved himself till he was underweight. When he went in for his physical he was under the minimum weight for his height so he was given a 1-Y deferment. If you had something like diabetes, of course, you would have 4-F because you were—but if you had something in the middle and you had a letter from your doctor—you could try and weasel out with a 1-Y.

Jim: That was when joining the service wasn't popular in those days.

Steve: No, no, it was not. No, it was not.

- Jim: 1970 was the year when the Robert Fassnacht got killed in the chemistry building, you know, when they blew up the chemistry building.
- Steve: Yeah, ah. I was in college in --
- Jim: That was in August -- it sounded -- I lived the far West Side then as I do now, and that bounded right out of the bed. I assumed that they were bombing the Selective Service office down on campus, but it was this thing at Sterling Hall.
- Steve: Yeah, no, I had -- in Cambridge -- I went to school in the Boston area, and it was all kinds of stuff going on in Cambridge, you know, protests, riots, the whole routine.
- Jim: How did that strike you?
- Steve: Well—
- Jim: [unintelligible] about it?
- Steve: Well, it's—at the time I was against the war probably—I wasn't strongly against it. I mean I wasn't, you know, like a lot of people I knew, but I was against it for what turns out were probably the wrong reasons. When I look at it now and, actually after I went in the service I was in intelligence for five years, and based on what I found out then and what I found out since and a whole bunch of other things, in a way I'm sort of still against the war because of the way it was done, not because it was necessarily the wrong thing to do if you understand the distinction. For it to be done in a half-ass fashion was to protect people's political careers here in the United States. That was the criminality. The criminality was not being involved in Vietnam. That may or may not have been a smart foreign policy decision, but the criminal thing was what people like McNamara -- in his book he says, well, he knew in the '60s when he was LBJ's Secretary of Defense that the way we were fighting the war over there was guaranteed to simply kill people and not produce a solution. And yet he did not speak out because of his, he says, his loyalty to the president. I fault him, I fault some of our military leaders for not saying this is bullshit, and you go back in history, in the late '40s till early '50s there was a so-called "Revolt of the Admirals." The Air Force was trying to get the Navy to give up aircraft carriers. They said we don't need aircraft carriers; land-based bombers can do it all. And several admirals because, the Defense Department was going that way, they cancelled a couple of carriers. They said this was a very bad decision for the United States to the Defense Department and so on, and they couldn't speak out 100 percent while they were in uniform; they quit. They resigned, they took their stars off, and

said we resign, and then they spoke out and caused some changes. That could have been done. It should have been done.

Jim: I'm just about to – just finish – the best book on Vietnam I've read. This is my sixth book, this just tops them all. It talks a lot about the goings on in Washington during that whole era. It's called *Our Vietnam* by Langguth, L-a-n-g-g-u-t-h. It's a marvelous, marvelous book. It really takes Kissinger down to a petty -- this guy was a real asshole. And it just is awful that his behavior and Johnson's behavior and Nixon wasn't much better.

Steve: Well, Johnson was unforgiveable. I mean, what happened, and I know this for a fact because of the business I was in, they would have, when LBJ was president, they would have a photo reconnaissance. I mean, forget the fact that certain areas were protected. I've seen reconnaissance photographs of the North Vietnamese using the tops of the dikes in the Red River system as storage yards for missiles because you couldn't bomb the dikes. So they would put the missiles right there, you know, and then they would move them half a mile to the battery and shoot at our guys, but you couldn't bomb the missiles. They would be stacked up in plain view. You couldn't bomb them. They know that we couldn't hit the dikes even accidentally, that we would be punished. So they would use them as storage depots. The other thing that would happen is someone would fly a reconnaissance, and they would take a picture, and they would see a bunch of trucks parked along the highway. And in the normal course of events they'd get back to the carrier, they would be developed, the intel guys would look at them, and you'd say, "Okay, talk to people." He'd put a strike on right away to hit the trucks. Now, they would have to go -- those pictures would frequently go all the way to LBJ's desk in Washington, and he would say, "Okay, you can hit this target." And that took a certain amount of time, and by the time you were given an okay to hit those coordinates all you were doing was killing monkeys in the trees because those trucks had moved. And people were risking their lives to bomb empty jungle because the targets had moved because everything had to be approved by Washington, by the Defense Department, or by LBJ, and it was just no way to fight a war at all.

Jim: It sure wasn't. Just ridiculous. Well, anyways, get that book, though. You'd love it. It's, as I say, it takes everyone -- it really is very forceful. Okay, so joined the Navy; how'd that go?

Steve: Well, it went well. I went through Pensacola [Naval Air Station, Florida] through AOC [Air Officer Command] down there. That's where they, for a variety of reasons, most of the first tours for intelligence guys were with aviation units.

- Jim: You went right into the intelligence?
- Steve: Well, I was going down there to get a restricted line commission in intelligence.
- Jim: A restricted line – I am not familiar –
- Steve: Well, okay, a line officer, there are basically three kinds of – well, four. If you can think of it, there are three different flavors of officers in the Navy. There are line officers, and these guys are pilots and ship drivers and so forth; SEALs, what have you. Then there are staff officers, Medical Corps, JAG, dentists, those people. And then there were what we call restricted line officers who, uh, their limitations are they can't have command at sea, and there are certain other restrictions on them, but they're not staff corps. They are sort of in between. And these are people like intelligence, weather guys, meteorologists, oceanographers. They are in between; they don't have their own formal staff, but they're not full warrior-type naval officers if you will. So I was in a program that was specifically designed to recruit people to go into intel. And that's what I did, and I went through Pensacola and then went to the Joint Armed Forces Air Intelligence Training Center out in Lowry Air Force Base in Colorado. It was a joint school. And then from there I went to Anti-Submarine Warfare School in Norfolk, Virginia. And from there reported to my unit which was a patrol squadron which flew big four engine aircraft, and our job was to -- our major job was chasing Russian submarines. And we also did surface surveillance of the Russian Navy and a number of other things, but the number one job on our list was anti-submarine warfare.
- Jim: Was the school difficult?
- Steve: The intelligence school you mean? No, not for me.
- Jim: Not particularly?
- Steve: Unh unh.
- Jim: It didn't take long?
- Steve: Well, it was, I don't know, four months, four and a half months. They did a lot of stuff. I didn't find it, you know, stuff to learn, but I didn't find it particularly terrible.
- Jim: [unintelligible] stressful? There wasn't a large dropout or anything like that?



- Steve: Oh, no. No, no, no, no. I mean, you know, you had already been screened, and everybody was a college graduate.
- Jim: So you had -- certain bumps that were just eliminated before you got there.
- Steve: Right. You weren't accepted if you were not going to make it through the school.
- Jim: So this is your first action was then out in the -- drifting around the Atlantic looking for the Russians.
- Steve: Basically, yeah, the Atlantic and Caribbean and North Atlantic and Med. Our number one job was keeping track of Russian nuclear submarines that had missiles onboard like out Polaris boats. The theory being that we would keep track of them and if the worst ever came we would be able to drop a homing torpedo on them before they were able to empty their tubes.
- Jim: Were you able, could you determine that they were activating a nuclear warhead?
- Steve: Uh, well, you really, I mean in theory if you had a sonobuoy [small, expandable sonar system] close enough to one you could hear some noise that probably meant they were flooding a tube, but you couldn't be sure. Basically the first -- you weren't going to wait for that. You would get an order -- if you were on top of them, I mean, you would be -- a build-up, and you would be told, "Sink 'em." Obviously if you saw a missile jumping out of the water that was a hint something bad was happening.
- Jim: But sinking them, what did you have on board to sink them other than the contact of a surface ship?
- Steve: Oh no, we had weapons on board.
- Jim: Like what?
- Steve: Homing torpedoes.
- Jim: Homing torpedoes. Drop them in and—
- Steve: Drop them in, and they would go. I mean you had sonobuoys, you would locate the submarine.
- Jim: That would give the fix on the --
- Steve: Right. You'd get a fix, and once you had a fix on them you could then drop the torpedo.

- Jim: What was your coordination with the surface ships then?
- Steve: Usually we didn't work with them. Usually we worked on our own. But you could. It all depended on the circumstance.
- Jim: I mean they didn't furnish you with any information you couldn't grasp by yourself.
- Steve: Usually we would be the other way around because we would be away and we would be able to deal with that.
- Jim: Flying at what level?
- Steve: Again, depending upon the mission, but we would -- a lot of times we would do missions at 18-19,000 feet.
- Jim: Oh, my God. Amazing. How did you spot --
- Steve: So what you do you drop these sonobuoys in the water—they're these metal tubes that are about four feet long, and they have a little propeller parachute on them, and they drop in the water, and they drop a microphone down. You set the depth you want the microphone at. And it's got a little radio antenna, and it's like a little sonar set that sends the signals up to the airplane. And so you drop a field of these things around where you think the submarine is, and that's how you keep track of the submarine. One way you do it.
- Jim: And then you'd monitor it onboard your aircraft.
- Steve: Right.
- Jim: And your aircraft was a what?
- Steve: It was called a P-3. It's the military version; P-3 Orion was a military version of the Lockheed Electra Turbo Prop Four, turbo prop airliner.
- Jim: That's right. I see pictures of them on TV when they're looking for the weather. In that same type of aircraft?
- Steve: Yeah, yeah, they still have them out there.
- Jim: What kind of duty was that? How did you respond to that? Did you enjoy it or --

- Steve: Ah, well, it was good duty. We'd be in the States, you know, I don't know, eight, ten months, then overseas for six and back and forth. It was interesting duty. We did a lot of other things besides just chase Russian submarines; join the Navy, see the world kind of thing. It was a good deal.
- Jim: How long did you do that?
- Steve: I was on active duty three years. And then I went -- I left active duty, went back to graduate school as an engineer in the Boston area and did the same sort of thing as a reserve officer with VP-92, which was a reserve unit in South Weymouth, Massachusetts.
- Jim: They flew similar missions?
- Steve: Yeah, it was a reserve unit.
- Jim: Yeah, do it on the weekends.
- Steve: Yeah, I mean, same kind of thing. It was a weekend warrior type.
- Jim: Ordinarily then when you picked up the Russian sub you just reported it and the direction it was going and all the information you could claim from your buoys, your sonobuoys.
- Steve: Yeah. Basically the idea was you would keep track of them, and, you know, if you were tracking a missile boat -- this all went in a big database so you could find their patterns of operation. If it was, you were someplace in the Med and you were someplace, say, elsewhere there was a carrier task force or our ships out there you'd let them know that, "Hey, Ivan was out here looking for you," that kind of thing.
- Jim: That's about all you could do, really.
- Steve: Well, in peacetime.
- Jim: Yeah, I understand.
- Steve: Now, of course, the Russians have conventional submarines, you know, that have to -- and the way they worked is they would stick up, snorkel up, you know, a big pipe, and you could run your diesels underwater with this snorkel up. Occasionally, if we were allowed to we would do what's called a hold-down exercise where we would get on a conventional sub and every time they would stick their snort [Brit. for snorkel] up we either drop an active sonobuoy which is a pinger which makes noise -- the ones I talked about don't make noise so they don't know you're there.

- Jim: Oh!
- Steve: The Russians have no idea you are there. You're up at 18,000 feet in the air; sonobuoys are not making any noise, they're just listening. So the Russians would have no idea that P-3 was up there circling around keeping track of them. They wouldn't know you were there.
- Jim: Oh, my goodness.
- Steve: So you'd keep track of it. And when a conventional boat – of course when they would stick their snort up the noise would change and so on. You would know they were doing it. And so you'd either drop a pinger in the water, or you would turn your radar on because they would have their ECM [Electronic Countermeasures] mast up too. And so then they knew you were on them so they would suck everything down and try and go quiet on you. Well, what you would do, as one plane was getting ready to go back, you know, at the end of eight or ten hours doing this, another plane would come right on and you'd exchange the information, and you'd keep on top of them, and you'd stay on top of them for two to three days till they ran their battery flat and they had no choice but to come up to the surface.
- Jim: [laughs] It's like a game here.
- Steve: Yeah, "Bang, you're dead." Then you would make a low pass over them, several times, taking photographs at about 300 feet, and you'd make a low pass over 'em, and take photographs and everything. Sometimes everybody'd line up on one side of the aircraft, give them the finger out of any window you could. And the message was, "You're dead, and we killed you."
- Jim: You'd send that to them?
- Steve: Well, no, you wouldn't send the message, but the message was obvious. It was a nonverbal message, and they knew, you know, it rattled them that you had been on top of them for three days.
- Jim: How long would your mission last on average? The ships stay afloat, or I mean, the planes stay up?
- Steve: Oh, depending upon what you're doing, you'd be up six to twelve hours.
- Jim: You had enough fuel for that?
- Steve: Oh yeah, oh yeah.

- Jim: And your base was generally how far away? Your range, in other words?
- Steve: Ah, well, you could fly under-fueled from Maine to Spain. You could fly across the Atlantic easily, you know, especially if you weren't carrying a full load of—you weren't carrying war shots and stuff like that onboard.
- Jim: You carried all food and all drinks onboard?
- Steve: Oh yeah, you had a little galley in the back. You know, a little hot plate and a coffee maker.
- Jim: Sure. How many folks were aboard this aircraft?
- Steve: Twelve to fourteen on the crew.
- Jim: That many?
- Steve: Mm hmm.
- Jim: Wow, I'm surprised.
- Steve: Yeah. You had the pilot, co-pilot, flight engineer, navigator, couple of TACCOs, off --
- Jim: What's that for [??]?
- Steve: Tactical Coordination Officers, enlisted sensor operators, a "tron" [tronchaser; works on Navy avionics] to fix anything that broke electronically. Ordinance men handled any of the sonobuoys and any weapons you had. It's a pretty self sustaining crew.
- Jim: That's quite a crew, yeah.
- Steve: Yeah. Of course, as an airliner this thing could carry sixty, seventy people on board so it was pretty roomy in there although it was crammed with electronics gear.
- Jim: That's right. Full of junk [laughs]. Sounds like interesting duty. Perhaps it'd be a little boring if you didn't find anything.
- Steve: Well, a lot of times you'd do surveillance on surface ships. You'd keep track of—
- Jim: You mean for practice?

Steve: Well, no, I mean it's like you—whenever you were down—anything, for example if the Russians were shipping—if a Russian ship --let's say you were flying out of Bermuda and you flew over a Russian ship you knew was going to Cuba. You'd take pictures of it because you could look at the deck cargo, and then you could go ahead and -- boxes of certain size—if they were sending patrol boats they would be sitting on the deck. Boxes of certain sizes on the deck—you know by the dimension—

[Telephone ring]

Steve: Can I turn that off for a sec?

[Approx. 3 sec. pause in recording]

Jim: All right. So, the missions you said lasted ten, twelve hours?

Steve: Yeah, they could be up to ten, twelve hours. Yeah, sometimes shorter, of course, depending on what you were doing.

Jim: They weren't strenuous generally?

Steve: Well, I was mostly on the ground. I was—occasionally I would fly, but I was not on a flight crew. I was the squadron intelligence officer, and so I was mostly on the ground.

Jim: You made analysis of the material they sent you?

Steve: Yeah. There was a whole long list. I'd analyze stuff that came in, I would brief the missions, I would—I'd just handle certain classified message traffic, and I would, especially when we were overseas, I'd give daily briefs on the intelligence situation to the CO and the other people that needed it.

Jim: Did you analyze pictures? I mean, did they teach you how to do that?

Steve: Oh, yeah. Yeah.

Jim: That was part of your training?

Steve: I did the rough and ready analysis, and then it went back to someplace else for all—they had the equipment and stuff to do fancy stuff.

Jim: All the fancy lenses—

Steve: Yeah, stuff like that.

- Jim: Did you say you were stationed overseas part of this time; those three years?
- Steve: Well, I was home—the way the Navy works things with the squadrons is you were home—I was home ported Naval Air Station, Brunswick, Maine. That's where our—that was our home base, and then we would deploy overseas wherever they wanted to send us. We, you know—so I went to Bermuda, Puerto Rico, Panama, Cuba, Spain, Italy, you know, just all over.
- Jim: Well, that wasn't bad duty.
- Steve: No, no, you know—
- Jim: Other than the fact that you were away from home.
- Steve: Yeah, yeah.
- Jim: Were you single?
- Steve: No, married. My wife and I got married when we graduated college.
- Jim: How did she enjoy having you gone for those lengths of time? [Steve laughs] Did she go with you any to any of those places?
- Steve: She went a little with me and—mostly not, and she didn't like that a whole lot.
- Jim: That's not unusual.
- Steve: No. No. She—she didn't get off to a good foot. When I reported to Pensacola and she was told—somebody said to her the old famous phrase, “If the Navy wanted you to have a wife they would have issued one with your seabag.” That's not what you tell a new bride. She doesn't [laughs] like to hear that.
- Jim: Bad timing! Bad timing.
- Steve: That's not the way to make friends and influence people.
- Jim: No, no, oh, that's a shame she had to hear that. Yeah, I've heard that many times. So, and then it got time you signed up for four? Is that the way it went?
- Steve: Yeah, it was something. I don't remember what the commitment was. And then what happened was in spring of June of 1973, my tour in that

particular unit, my squad, my tour was up. And I had about four or five months to go on my commitment. But the Vietnam War had ended, and they were cutting back in size, and, you know, I wanted to go back to school, and so I put in for an early out. The sense of it -- you know, why would they send me someplace for four months? It'd cost the Navy a lot of money just to do nothing with me, and they weren't gonna—they already had a replacement in the pipeline to come and replace me. So, when my replacement showed up I was released from active-duty and went back to graduate school.

Jim: And what did we do there?

Steve: Well, from a personal standpoint, I spent two years of graduate school in engineering as a chemical engineering student, and I was also in the Navy Reserve.

Jim: What's this chemical engineering here? What is this—

Steve: I went to MIT as an undergraduate. I was an engineer before I went in the service.

Jim: Ah, I see.

Steve: So I had a couple—I had actually two undergraduate degrees, one in history and one in—one in humanities and one in engineering. Then I went back to graduate school in engineering because I had decided while I was in the service I wanted to go to med school, but some of the prerequisites I didn't have. So I went back, and while I was, you know, getting some of my pre-med stuff out of the way, I was also getting—doing graduate work in engineering in case I didn't go to med school. I needed to have a life, I needed to do something [laughs], so if I didn't get into med school I was going to stay, you know, become a professional engineer if you will.

Jim: So is that—how did your wife buy the change of plan?

Steve: Oh, she was okay with that. That wasn't a problem.

Jim: She's a very tolerant person, and I don't even know her [laughs].

Steve: Yeah, she's put up with me for a long time, and, so she, yeah, she's tolerant.

Jim: That's nice. So, in the medical school—was that quite a change for you, for you, you know, way of life and the thinking—it's a different type of school.



- Steve: Well, it was different. Actually I was kind of—I thought it was kind of easy myself after being a graduate chemical engineer.
- Jim: Well, you had so much background that you should have blown right through that stuff.
- Steve: Well, I mean, a lot of this stuff, you know—physiology is process engineering. It means you do it with people, but it's the same type of thinking, and, you know, biochemistry wasn't a joke, but it was—I had already had biochemistry and biochemical engineering and—
- Jim: Which is a good deal tougher than you got in med school.
- Steve: Yeah, well, I mean, in med school it was a lot of work, and there was a lot of memorization. I mean, you have to learn anatomy. There's no logic to it; it just is. And, of course, the hours when you get into clinical years you are very busy. But I didn't find that, you know, after doing six years of engineering school, I didn't think that medical school, other than the volume of stuff, was—
- Jim: Particularly stressful then.
- Steve: No, I mean, you know, I was married; I had a kid; GI bill was putting me through school. The money from the GI bill was nice. I went to a state school so it was cheap.
- Jim: Sure. LSU [Louisiana State University] is a good school.
- Steve: And that was nice. So it was good.
- Jim: I knew a lot of guys when I was down—I spent some—early plastic surgery down there before I switched and did a lot of stuff down—I knew a lot of those guys down there.
- Steve: So, it was, you know, it was nice and so that was easy and of course when I went to med school I changed my commission to Medical Corps. I stayed in the Reserves, but couldn't—I didn't drill. I was inactive.
- Jim: I was gonna-- you didn't have – oh.
- Steve: Well, the regulation—the law says you can't be recalled to active duty from medical school. If you're a med student you can't be called up. So the Navy says, "Well, if we can't call you we're not going to put you in an active drilling unit because why are we going to pay you? We can't get you." So, then I—I went and I did my medical school, I did my residency,

I did an internship in Boston, then I moved to Baltimore to do an orthopedic residency. When I—I wanted to drill, but at that point in time they said, “Well, no, you have to be Saturday and Sunday of the second weekend of every month and there’s no flexibility.” And I said, “Well, I’m an orthopedic surgery resident, and sometimes my call schedule is going to conflict with drill weekend.” And then toward the end of my—toward the latter part of my training they came up with units; we had flexible drill. So you wouldn’t have to be there. That was 1984, and that’s when I started being a fully active—I’d had a commission, but I’d just been inactive, and then I started drilling again as a Medical Corps officer at that point in time. And since then I’ve been in the Medical Corps as an active reservist.

Jim: You still active?

Steve: Yeah.

Jim: What is your responsibility now?

Steve: Well, my current bill—and I’m a captain in the Medical Corps, and I’m the regimental surgeon for the 23<sup>rd</sup> Marines—23<sup>rd</sup> Marine Regiment, which are Reserve—23<sup>rd</sup> Marine Regiment, 4<sup>th</sup> Marine Division FMF [Fleet Marine Force].

Jim: That’s stationed?

Steve: Well, they have, you know, detachments all over the place, but the headquarters company—where the headquarters—regimental headquarters is San Bruno, California—it’s, uh, San Francisco.

Jim: What’s your obligations [Steve laughs]—on a yearly basis?

Steve: Well, I go out there once a month for drill.

Jim: *Once a month?*

Steve: Yeah.

Jim: Jesus.

Steve: I go out there—I fly out Thursday night and come back Sunday night. And then I—

Jim: How does this sit with PP [Physicians Plus]?

Steve: Well, you know, it’s—

- Jim: They knew you were doing it before.
- Steve: We'll, actually, they don't have any choice. It's the law. Plus now, of course, I'm in the university so I'm full-time faculty, so they have even less complaint. I mean the only thing about it—you know my partner, there's just two of us that do a hand and micro [surgery] in this part of the world, but since I do my fifteen days of call and my two weekends a month—
- Jim: You don't feel any—
- Steve: It's not like it's, you know—if I want to take my weekend off, if you will, and spend it for the Navy, then that's my business.
- Jim: Right. They have no call to complain.
- Steve: No, they have no call to complain. But I go out there, you know—this is my current goal—I go out there on Thursday night, and I come back on Sunday night. Plus, I have—we're running an amphibious operation this summer for which I'm—where the CO of the 23<sup>rd</sup> Marines is the MAGTF commander, Marine Air-Ground Task Force commander, which means I'm the MAGTF surgeon, which means I'm in charge of all the medical planning for—medical planning for real world care and medical planning for training. You know, for training of like corpsmen and docs for about 2,400 people in an amphibious assault. So I—they're planning conferences for that down at San Diego.
- Jim: Who are we attacking?
- Steve: The beach.
- Jim: Oh, enact on[??] the West Coast somewhere?
- Steve: Yeah, at Camp Middleton. We're going to land on the beach—Red Beach down there.
- Jim: Oh, boy, that'll be busy. You're going to have to take off more than a weekend for that.
- Steve: Oh, no, that's my two weeks, but actually it's going to be sixteen days. But of—there have been three – there are three conferences of three to four days each which I go and I'll be spending, including drill weekends, my active duty, the military surgeons conference, the planning conferences, and I'm going to a four day medical intelligence classified course. I'll be spending, I think, sixty-six days on active duty this year.

- Jim: Wow! Wow, that's a bunch.
- Steve: Something like that. Sixty, sixty-two days, something like that.
- Jim: God, you must love it.
- Steve: I do. I've been in thirty-one years. Before this I was executive officer, second in command of a 500 bed combat zone fleet hospital, which is a land base unit that takes care of Marines. It's a big 500 bed unit. I was actually been second in command of two different—been XO [Executive Officer] of two of those. One of them was on—this last one was in Minneapolis so I would do—I would drive up to Minneapolis for a three day weekend every month. And the one I was XO for a year because someone got promoted to another billet—so they needed someone to be XO for a year—was at Fort Dix, New Jersey, and I would commute to New Jersey every month.
- Jim: Wow, that's a lot of travel.
- Steve: Yeah. A lot of frequent flyer miles.
- Jim: Sure does. Well, I enjoyed it—I enjoyed my year on the *USS Haven*. Great hospital ship and we were busy—did a lot of, you know, acute surgery—
- Steve: Sure.
- Jim: Really, it was just -- it was an experience I thoroughly enjoyed. I didn't have any compunction, and I was glad I was there and all that, so --
- Steve: And then, of course, in between all this, I spent, as I said, I spent four months over in Saudi Arabia and Kuwait.
- Jim: Oh, I'd been saving that for last. [laughs]
- Steve: Okay.
- Jim: Yeah, I know about that. What is this, you're a re-actor, a re-enactor, too.
- Steve: Yeah. That's my hobby, yeah. Civil War re-enacting.
- Jim: Yeah, that's when I first heard about you -- said that you're a re-enactor.
- Steve: Yeah, I put on some programs here at the—
- Jim: Yes, I know you have.

- Steve: At the Veterans Museum.
- Jim: My experience with my first re-enactor was many, many years ago was coming home full of black powder all over my face as we were shooting the muskets, you know—
- Steve: Sure.
- Jim: Oh, you just couldn't keep that stuff off. It's just black, black, black.
- Steve: [laughs] Yeah, you get pretty dirty firing the muskets. [Jim laughs] Fortunately I don't have to do that. I'm the surgeon.
- Jim: Oh, I see. You point—
- Steve: No, well, I'm a surgeon: I have a field, I have antique instruments, I have reproductions, I set up a field hospital. I do that whole thing.
- Jim: Oh, that's neat. Yeah, that's neat.
- Steve: So I do the whole Civil War medical thing.
- Jim: Well, that's interesting, you know. That's how I got interested in all of this. Through the History Round Table I helped start that here in Madison. And had Adlai Stephenson one time and he's charming. I had really been into history. Well, I got started when I was in the Navy station sittin' on that hospital ship with nothin' to do and found a book of a synopsis of the Civil War. I was ignited into it.
- Steve: You were hooked.
- Jim: Hooked. Bad. So, well, anyway. Now, we get into the Persian Gulf. You were moseying along minding your own business when they call and said—
- Steve: Well, yeah. What happened was I was in a—at the time I was in practice in New Jersey and lived in New Jersey, and I was in a unit, I was the chief of orthopedics for one of these field hospital things was my billet. And—in charge of a detachment of it, you know, in terms of administratively. And, you know, all of the sudden, come August of 1990, Saddam Hussein invades Kuwait, and very quickly after that they start calling the Reserves up. And we were told very early on that it wasn't a question of if, it was just a question of when; when we were going to call us up to send us over there.
- Jim: Start packing.

- Steve: Well, you know, it wasn't so much start packing as, you know, stand by to stand by. They told the senior people at first, and then they—and then we were just sitting around waiting to -- sort of—they weren't going to call us up until our gear got shipped over there.
- Jim: Oh.
- Steve: Well, there wasn't any point sending 900 people, medical people and stuff, to sit around in the desert with no tents and no medical gear, you know. So we [laughs]—that was sort of the limiting factor.
- Jim: But this was a Navy unit.
- Steve: Right. But remember the Marines Corps was on land, and somebody's has to take care of them. I mean there were hospital ships, of course, but there were also land-based—the Navy has land-based medicine to take care of Marine Corps.
- Jim: Right. Did you know Helen Gurkow, the family practitioner from Platteville?
- Steve: No. I didn't live out here at that time.
- Jim: Well, she went to—oh, that's right, you weren't here when she went. She joined the National Guard unit for something to do, you know. She's a single woman; you know, just thought it'd be a fun thing to do. She was nearing retirement, and so for fun it would give her a couple of weekends to do something, and the next thing you know she's [laughs] in—
- Steve: In the desert.
- Jim: In Saudi Arabia!
- Steve: Yeah, that'll give you something to do.
- Jim: And so she—we interviewed her—she has a very interesting story to tell.
- Steve: So, we got to, you know—we were sort of standing by to stand by, and then we got the word, and away we went. We, basically, we went from, you know, sitting at home, sort of given a little bit of a warning, but you reported to your local reserve center and got on a bus that day, went to Fort Dix, New Jersey which was a staging base. And we got everybody together from the various detachments over a couple of different states in one place, and the last minute training, and guess about four days after we—you go out in a couple different flights, but by seven, eight days after

you reported to your local reserve center you were in Saudi Arabia putting this thing up in the desert.

Jim: Right. The equipment was there before you.

Steve: Right, the equipment was there and we just sort of fell on the equipment and erected it. I mean the equipment is in all of these boxes, these steel containers, and then you go ahead and open them up and build a hospital.

Jim: You went over in a C-5 or something of that size?

Steve: Actually, I went over in a 747, chartered civilian airliners.

Jim: And your unit was how big?

Steve: Ah, about 940 people.

Jim: And this was a hospital?

Steve: Right. It's a 500 bed hospital, and the Navy organizes things a little differently than the Army does. Everything in the Navy is like a ship so we had everybody we would need—you know, this takes thirty acres of ground—

Jim: Jesus Christ! [laughs]

Steve: It's, you know, its got six OR beds and eighty ICU beds, and 420 regular beds. And so—everything you need to run this; from the doctors and the nurses and the corpsmen and the dentists, to the cooks and the clerks and the supply people. We had our own—a number of master at arms, MAA force who did security inside the—you know, one of the steel cans was full of weapons for our security. We have a Seabee detachment who ran the heavy equipment and made sure the diesel generators did not break and fixed the plumbing; all that kind of stuff that Seabees do. We had a van that was a radio van that had radio communications plus a telephone switchboard built inside of the steel box. It was all modular like legos.

Jim: Sure.

Steve: And so we had radiomen, and we had a guy that was called a, a rate called an IC, interior communications which is sort of a telephone guy. We had electricians, we had radiomen, we had—the whole thing is self contained. We don't have to get anybody from anywhere. The whole thing on the inside of the wire, inside of this thirty acres of fence—we're all totally self contained.

Jim: Water?

Steve: Ah, we had bladders, and if we needed—obviously supplies had to come in. The way these things were designed is you'd open them up out of the can, and the only thing you needed to get going was water and fuel and blood. Other than that you had enough medical supplies and food and everything else to run this for the 950 people of the crew plus 500 patients for sixty days. It was all prepackaged.

Jim: Incredible.

Steve: But the only thing that wasn't prepackaged was blood and water and fuel.

Jim: How did see about solving those problems?

Steve: Oh, no, it's in the plan. I mean what happens—you set up, and then somebody comes around with a—somebody brings a tanker truck full of big fuel bladders. We had these rubber bladders, and you build revetments around them. So we had bladders full of fuel, and we had bladders full of water, and we had—

Jim: You have enough water to have showers?

Steve: Uh, Navy shower—we actually did—it's a very nice unit—they have the—all the steel cans are what they call ISO containers—stands for International Standards Organization. And they are 8 foot by 8 foot by 20. And some of them were just cargo containers, and some of them would open up one side or two sides with hard walls that folded up like a Coleman camper. And that's what the operating rooms were. They were hard wall. So you'd open this thing up with walls that folded out and connected. Had a big plug on the side—you took a cable from a generator and just plugged it into the wall on the outside, and it had also connections for water fittings, and the OR lights were built into the top of the steel can. The OR beds were packaged in there. You'd just shoved everything out, and you had an 8 foot tall by 20 foot deep by twenty-four foot wide space with two OR beds in it and two anesthesia machines—double spread like a double wide—double space OR. And then you literally just plugged it right into a cable off a generator and it was ready to go.

Jim: And your X-ray units?

Steve: Same type of thing. And we had head units where you had three of these steel containers. On one side was clean water, on the middle was the actual head unit, on the other side it was wastewater—you know—we had a honey wagon that was a tanker trunk that was part of our hospital set that would come around and suck out this—the, you know, sewage and take it



someplace to be dumped. We had our own honey wagon; it was right in our set—when I talk about we were self contained, we totally—we had our own fire truck.

Jim: Fire truck?

Steve: Well, you have all these acres of tents. You're living in tents, and, you know, man, you're scared spit less of fire because if you have a fire—

Jim: Ain't no water to deal with it.

Steve: Well, we have, you know, but every tent had, every had hospital ward had a fire extinguisher, every tent that you lived in had a fire extinguisher, but you have acres of tents. You know, if something catches fire you have a disaster—

Jim: Out of control.

Steve: So we had a fire truck. It was painted green, but it was a fire truck.

Jim: But you had enough water?

Steve: Yeah, I mean, you got to take one Navy shower a day. You know what a Navy shower is?

Jim: You get wet and soap it up and—

Steve: That's right. You pushed a button, you get about twenty seconds worth of water. You soap up. Then you pushed the button and you another twenty seconds. If it's hot, it's hot, if its cold, it's cold and what you get is what you get. And that was luxury.

Jim: I understand.

Steve: That was a luxury being able to take that much of a shower.

Jim: Tell me about dealing with the sand. That was Helen Gurkow's biggest complaint. She said after three months none of our x-ray equipment was worth a damn.

Steve: Well, we were—we did our best to keep everything clean. The sand where we were was not like beach sand, it was more like talcum powder. So it was very fine stuff; you kept all of your clothing in Ziploc bags. In your tent you had a foot locker, okay, next to your cot. Your sleeping bag was on your cot—we're in GP tents, just regular old green tents, and—but what you did is you kept all your underwear and your t-shirts and stuff like

that and when it got laundered you'd fold it up right away and stick it in Ziploc bags and squeeze the air out of them and zip them so the sand wouldn't get in your shorts. I mean, you know, that would be uncomfortable, but it sort of got into everything, if it wasn't sealed. If stuff wasn't sealed you had to be making sure that you cleaned stuff out. It was pretty ubiquitous.

Jim: Oh, I guess so. Now, food?

Steve: We had our own galley again. Some of the—we had a combination of tents, and some of the steel cans had built in kitchens. In the beginning we ate MREs, and once we got the place built and got it up and running we had hot chow.

Jim: What fresh foods did you bring in? [unintelligible] somewhere?

Steve: Yeah, I mean, they had contracts. They'd buy food from the Saudi economy, or it was shipped in from some place and—

Jim: Meat?

Steve: Yeah, you had—it wasn't like living on spam every day and the cooks did a good job of trying to make things as good as you could. Of course some of the stuff—the problem was the water you got you'd have to make sure it was well chlorinated because you didn't want to get any stuff from—so when you had dehydrated eggs or potatoes or stuff like that I tell people to imagine what it was like—go out to your swimming pool and take swimming pool and make dehydrated potatoes—make mashed potatoes with swimming pool water. Then you know what it tasted like [laughs].

Jim: But you did get all of your water shipped in, or not?

Steve: Well, yeah, I mean, we're in the desert. It had to be trucked in.

Jim: There no oases around or anything like that?

Steve: Well, no. There were no municipal water supply or anything where we were. Yeah.

Jim: I know there'd be no municipal, but I thought perhaps there'd be some type of well somewhere in the area that you could—

Steve: Well, we were on the edge of a town. But, I mean, no, there was no—we couldn't just plug into anything.

Jim: So everything came by air and—

- Steve: Well, by truck. We just trucked it.
- Jim: Trucked in from probably Jordan or --.
- Steve: No, no, no. I mean, it was water. We were near the town of Jubail [Saudi Arabia], which is a port, and they had water there. They had a desalinization plant and so on. So we got water, but it had to come to our location by water truck.
- Jim: I understand. So that came about, what, once a day or—
- Steve: I don't know. Truthfully I couldn't tell you since I was not in charge of those arrangements, but, you know—
- Jim: Now, tell me about the practice in this wonderful climate.
- Steve: Well, we were lucky. Actually, the equipment's quite good and we could do everything except open-heart surgery and micro-surgery.
- Jim: Could you choose to do open heart?
- Steve: No, no we couldn't. We didn't have a pump.
- Jim: Right. That's what I'm saying.
- Steve: Well, you know, if we—we had thoracic surgeon. I mean, if someone had came in and they were still alive, and they had a hole in their heart we would have cracked their chest and tried to over sew them without a pump. You have to do what you have to do. We were very fortunate. We saw—my unit saw about 85 percent of the Marine Corps wounded—came through my unit. Plus, of course, we had—we saw—oh gosh, we saw Brits, and we saw Army and Air Force, and we saw all kinds of other people.
- Jim: Iraqis?
- Steve: One we didn't know about. There's a story about that, but we saw African soldiers that were there. The Senegalese; we treated them—survivors from an air crash; just all kinds of stuff. We saw a lot of people that were sick or injured other than being shot, you know, DNBI [disease and non-battle injury], and we provided pretty good service. We had a lot of experience there. Our hospital was known as the "Old Man" because we had so many reservists that had been in forever, you know. Guy's a professor of surgery here or, you know, one of our nurses in the ER had fifteen years experience as a flight nurse with a life flight out of Philadelphia. And we

had a lot of people in our unit that had been in during Vietnam. One of the guys in my tent had been an Army infantry officer during Korea and then had gone back to go to med school, and now here he was, you know, all those years later. So, we had a lot of experience in our unit. We had chiefs with hash marks all up and down their sleeves; just a lot of experience.

Jim: Did your hospital get full? I mean the 500 beds that were there?

Steve: No, no, no, not even close. Not even close. We just—we were very fortunate. We didn't have the number of casualties we were afraid we were going to.

Jim: You supplied—you supplied immediate care then. You were the first stop from the injury—**[End of Tape 1, Side A]**

Steve: Usually. We were the third echelon of care. The first echelon was the battalion aid station, the second would be the direct Marine Corps medical battalion or surgical company, and then we were the third. Now, we would sometimes get people right from the BAS [Battalion Aid Station] to us.

Jim: You mean when they were filled.

Steve: Well, they would sometimes if someone was bad they'd hop over them and just come right to us. And, of course, stuff that was relatively close to us would come right to us also. So we saw everything from first—literally coming to our casualty receiving as the first people to people transferred from another medical unit that had already had surgery. So we had everything.

Jim: And then you transported them to Germany? Is that where the patients went?

Steve: Mostly, yeah. If they couldn't be restored to duty pretty quickly we would ship them back out to Germany, I guess, then back to the States. We'd MEDEVAC them out of the theatres is the idea.

Jim: That worked well?

Steve: Well, yeah, it worked okay. There were some glitches in it, and I don't remain very convinced that if we'd had the number of casualties we were afraid we'd might that it would have worked at all.

Jim: Not enough airplanes to go back to Germany?

Steve: Well, I don't know if it was not enough airplanes or the system. I was just less than impressed with the ability of the system to move wounded like

we wanted them to be moved. Now, maybe if things had really been bad everybody would have been working harder, and it would have worked the way it was suppose to, but I—[Approx 8 sec. pause in recording] it just didn't work as well as it should have in my view.

Jim: That was the most discouraging thing about being there?

Steve: Well-- [laughs]

Jim: Other than being there.

Steve: Other than [laughs] being there, right. You know our joke is—we're sitting there, you know, here we are, it's an all Reserve unit and so everybody is taking a pretty big financial hit compared to their private practice or even our corpsmen who were—you know, I mean they had a lot of people with businesses or nurses that were in [unintelligible] thing, and there are—for example, our senior master at arms was a chief of police of some town in New Jersey. That's the kind of—you know, one of our people was a New York City detective—so we're all sitting there, and the joke was, well, they've taken us away from our family, we're sitting here in the middle of thirty acres of desert, you know, and we can't have a drink because there's no alcohol in Saudi Arabia, and we're all losing money, so how else can they hurt us? And that was the joke. And then next day they would come up with another way to make our life miserable [laughs], and so after a while you stop saying that because you figured that somebody was listening [laughs]. And when you challenged them to find another way to make you uncomfortable they would, so stop challenging them.

Jim: Jeez, that's terrific [laughs].

Steve: Which is, I think, pretty typical for anybody I've ever talked at that's been in a combat situation—just when you think they can't do something else to you they come up with another way, and they do it to you [laughs], and you stop worrying about it.

Jim: Yeah. Oh, that's terrific. So, then after you finish this you are all of the sudden coming home?

Steve: Well, I actually got to have a little fun. I—when the ground war was over we were the last big Navy medical facility to leave Saudi Arabia. There was another one about fifteen kilometers from us; they went sooner. The hospital ships pulled out, and we were still there. We sent about half of our people home, cut down in size, but we were still the only full-service in that whole area of Saudi for Army, Navy, you know, for everybody. We were the full-service hospital if you will as everybody was retrograding

home, and then shortly after the ground war was over I got called in to the CO, I mean, I got up standing, I think it was in the tent that was the orthopedic clinic, and someone comes in and says, “You know, Commander, the CO wants to see you.” So immediately I’m worrying, “Jesus! Did I screw up? What did I do now?” And they needed to send a doctor to Kuwait to be the doctor for the Explosive Ordnance Disposal divers in Kuwait City. It was a British, American, and Australian team working in the harbor cleaning out unexploded ordnance, booby traps, mines, and it needed a doc, and I was it.

Jim: A doc? If they make a mistake they need a spade, they don’t need a doc.

Steve: Well, but they needed a doc for other things and for minor things, and, you know, they just weren’t going to hang out there without no medical care. So, myself and another guy rotated back and forth so I got to spend some time in Kuwait City –

Jim: That must have been interesting.

Steve: Which was fun. That was fun, and we were living on the pier right in the middle of Kuwait City, and I—you know, bombed the harbor masters office building, you know, was a two story building with most of the windows blown out from bombing is—one of the rooms with windows in it was my office, and we were sleeping in a warehouse and, you know, we had the Marine security platoon there because somebody would shoot at us from time to time. So it was kind of interesting, yeah.

Jim: Lot of looters around?

Steve: Well, we didn’t really, you know—I had to get around coordinating with other medical facilities. I mean every day was—somebody gets really hurt, where am I going to send them? Who’s up and running? Because everybody was trying to go home, you know, we were still—everybody was trying to go home, and so that was—so we were driving— my driver and I, my corpsman and I would go around Kuwait almost on a daily basis to just physically go to places where we were told medical units were, and sometimes we found them and sometimes we didn’t [laughs], and we had to coordinate for MEDEVAC and helicopters that would take out people and what frequency we had to call them up on. We had to do that all ourselves. So it was kind of interesting.

Jim: Did you carry a guy riding shotgun with you?

Steve: No, it was me and the corpsman would be in a vehicle.

Jim: You felt reasonably safe doing that?

- Steve: Well, yeah—we had weapons with us.
- Jim: You did?
- Steve: Oh yeah, I never went anywhere from—when I—when you went off compound somebody—in Saudi when you went off compound somebody in the group had to have a weapon. I usually did because I was weapons qualified. And then when I went up to Kuwait—
- Jim: You mean with a .45?
- Steve: .45 or an M16. And then when I went up to Kuwait I had a .45 with me, and it was locked and loaded the whole time.
- Jim: Sure.
- Steve: I mean, you know, when I slept—we slept in this warehouse right at the pier, next to the building, and right next to my cot on top of my canvas bag that had my clothing in it was my pistol belt and my holster with the—the weapon was in there, and the holster strap was undone so I could just reach right out of my sleeping back and get my weapon.
- Jim: Just like the Wild West here! [laughs]
- Steve: Well, you know, you never knew who was out there; you never knew what was going to happen, and so you always—any place you went you had your helmet and your flak jacket and your gas mask even though the war was over and your weapon. The corpsman had a weapon, I had a weapon. You never went anywhere without a weapon, loaded.
- Jim: Food a problem and that?
- Steve: Nah, we had, you know, we had chow and MREs. Oh, we had hot chow too. We had some Seabees with us, and they found some stuff at the port.
- Jim: They can find anything –
- Steve: Yeah, they found a stove, and they made it work, and they found a fridge, and they made it work and, you know, little things like that. There was an Army hospital out near the airport at Kuwait City which we used for supply. So I'd make a run out there every few days and get some stuff, you know, medical stuff, and it was interesting. It was British, Australian, and American EOD divers, explosive ordnance experts. So it was tri-national; it was three different nationalities working there, and I was the

doc which was kind of interesting. These guys are crazy; EOD is crazy, they're crazy, you understand? They are insane.

Jim: I would have to be.

Steve: And, you know, their idea of fun—if we stopped diving for a day, they'd go out in the desert and try to find a bunker full of explosives to blow it up. And they'd bring some C4 with them and just blow stuff up for fun.

Jim: Havin' fun?

Steve: Yeah, they were nuts. And one day the Aussies—about every week the “Desert Duck,” which was a helicopter that would fly up from Bahrain and swap out the Marines and bring some other supplies up. So the Aussies call down to their headquarters—the Australian Navy headquarters or whatever in Bahrain and “Desert Duck” brought up a whole raft of beer, and so they decided to have a day off and put all the beer in the cooler, and they come up to me and they said, “Hey Doc, you go out to the Army hospital all the time.” I said, “Yeah.” And they said, “They have nurses at the Army hospital, don't they?” And I said, “Yeah.” They said, “Well, we're going to have a barbeque, and we're going to have some water sports, and we're going to have cold beer. What do you think? You think you could get some nurses for us?” So [both laughs]—and of course the other thing the Seabees had acquired, nobody asked how, was a Kuwaiti City bus.

Jim: [laughs]

Steve: You know, just like a Madison Metro bus—Kuwaiti City bus. It wasn't working, but they made it work. They got it running again. [both laugh] So, I had some connections out there at the Army hospital, and—

Jim: So you found some dollies out there?

Steve: I went up to the chief nurse and I said, “Well, we got beer—we got cold beer, and we got barbeque, and we got all these nice young men that are explosive divers and they want to have a little party.” So I drove out there, with the Seabees driving the bus and brought back a bus load [laughs] of nurses for the party.

Jim: Wild party, I'm sure.

Steve: Well, it was—yeah, it wasn't too wild. Let's put it this way, I tried not to know how [both laugh]—I didn't want to know what was going on. I didn't want to know what was going on. I was just—



- Jim: How'd you get them back?
- Steve: Put them on the bus. A couple of guys weren't going to—the deal—anybody on security, anybody carrying a weapon couldn't drink, of course. And, you know, we had one of the "Bees" said he wasn't, which surprised me—got a Seabee that was willing to give up drinking at least long enough until he could drive the bus back. So, you know, we had sober people to ride shotgun and drive the bus.
- Jim: No problems then? And the alcohol didn't stir up anybody?
- Steve: No, in Kuwait, you can have alcohol in Kuwait. In Saudi Arabia you can't. In Bahrain you can, and in Kuwait you can, but you can't in Saudi. So, you know, that was a—that was one of a number of cross-cultural things with working with the Brits. And then I had to deal with the French because I was the only naval officer in Kuwait who spoke French. So the French—
- Jim: You speak French?
- Steve: Yeah, I speak French.
- Jim: How'd you learn that?
- Steve: From school.
- Jim: I know, but I took German in school, and I can't speak it.
- Steve: I had five years of French, and I had written a thesis in French. I had it a long time ago, it's rusty now. So anyway, I was the only guy that spoke French that was a naval officer so I had to—the French, like usual, were doing their own thing in another part of the town, but when we had to work with them they always dragged me along because I was the only guy that spoke French, which was kind of interesting. Just a lot of --
- Jim: How'd you get along with those folks?
- Steve: With the French? Oh, it was fine. It was interesting. We trade -- I trade -- I still have a French ration pack in my closet. I traded them some MREs for some French ration packs with some French docs, and they came back the next day and they said, "Man, how could your military make you eat that stuff?" [laughs]
- Jim: That's not edible [laughs], right.

- Steve: They're really not bad, but you know the French. I ended up dealing with—in Saudi I did a deal with the British hospital, and we made some deals—we traded some equipment back and forth. We had some stuff that that wanted that they didn't have, and they had some stuff that we wanted that we didn't have.
- Jim: You mean retractors [surgical] or –
- Steve: Oh, external fixator parts [used to stabilize bone fractures] and stuff like that. So we just sort of—you know, supply officer closed his eyes, and we just did a little backdoor trading and—
- Jim: It worked.
- Steve: Yeah. It was interesting. So we worked with the Brits, and it's always interesting to work with those guys and the Aussies, and there was a Danish surgical team attached to the British hospital which was about fifteen kilometers from us. There was a Norwegian field hospital down there. One of guys was talking to one of the Danish surgeons. They were living in these sort of trailers in a trailer park, and the Danish had two or three of these – was their compound, but they were attached to the British hospital through NATO, and it was like a co-ed, you know, they didn't separate the women and the men. Our guy's sitting there talking to this surgeon -- all of the sudden this 6 foot tall blonde walks down the hall on the way to the shower wearing nothing but a towel around her waist. The guy said he damn near broke his neck turning his head to look at her [both laugh].
- Jim: Oh, my, my!
- Steve: And then she walks right by the open door, and, you know, wow! That was interesting. And Kuwait was interesting. It was an interesting experience; Kuwait City was trashed, everything had been looted.
- Jim: I read about how bad they were torn up—
- Steve: I was up at the “Highway of Death” [Highway 80 from Kuwait City to Basra, Iraq] were they had been caught up, and it was pretty messy up there. It was—of course the oil fires—
- Jim: How did that affect your practice of medicine?
- Steve: Well, it didn't much. But, I mean the thing was the main oil fields were a little bit south of the city, and the wind usually came—but it was still oil fire smoke. It wasn't totally dark, but if you went in the oil fields where it was burning, in the middle of the day it would be dark as night. Even in

Kuwait City if you were standing outside for a while and you ran your hand through your head like this, and then you looked at your hand it was like you ran it over an engine block because of all the oil and grease falling out of the sky. And every time for, I don't know, a week after I left Kuwait, every time I blew my nose it came out black.

Jim: Wow.

Steve: It was all upper airway stuff. None of it went down; it was big particles so none of it ever got down into the alveoli, but it was all upper airway stuff. You'd blow, and the snot was black.

Jim: Jesus.

Steve: Plus in Kuwait City what had happen was the city services had broken down during the occupation. They used some of the parks as open air dumps, and those were on fire, too, so you had burning garbage, the wonderful odor of burning garbage throughout Kuwait City.

Jim: Mixed it with the oil.

Steve: Yeah, it was real ambiance [laughs] if you will.

Jim: Charming.

Steve: Yeah, it was charming. It was an interesting experience, and I was—it was interesting, it was very interesting.

Jim: It happened so quick. That's the thing, all of this was jumbled right at you so rapidly.

Steve: Well, you know, I had done a lot of training, and I'd spent time in the field, and I'd taken a lot of correspondence courses. You know, it's funny. I'd tell the guys, the junior guys, you never know—just for the hell of it I took a correspondence course, you know the medical correspondence course for the Navy in insect and rodent control, okay? You know, it was for medical people for preventive medicine. So I took the course. This was before the Gulf War. I said, "I have nothing better to do. I'll take this course. I've taken all the other ones; I'll take this one." And sure enough, when I got to Kuwait City one of the problems—we had a tremendous fly infestation problem in the port, just flies all over the place so we had to deal with that, and I had to do rat surveillance because I was concerned about rats and disease in the port. All the sudden all this stuff from insect and rodent control came in handy, so you never know.

Jim: Wow. How did you protect your supplies from an infestation like that?

- Steve: Well, everything was sealed up and you had to put it away. We were fortunate; we didn't have a bad rat problem. I don't know why, but we didn't. We had a lot of flies; we were very concerned about that. We had fly bait out, and we had to be—it's kind of gross. You sat down to eat, you had to brush the flies – you had to kinda go like this while you were eating to keep the flies off your food. You got to brush with one hand and eat with the other.
- Jim: Gee, there was the sand when you were out in the desert, brush the sand off the food, and now you have to brush the flies off.
- Steve: Yeah, yeah. It was not a luxury tour, that's for sure. Not a five star resort.
- Jim: So when did they let you come home?
- Steve: Well, we came home in—I was released from active—came home the very, very end of April beginning of May. I was released from active duty the 5<sup>th</sup> of May. And sort of resumed my life at that point.
- Jim: What was your next adventure then?
- Steve: Well, my next adventure was getting in a big fight with the senior guy in my group and moving out to Wisconsin within a year after I came back from the Gulf.
- Jim: Oh, you went back to your same practice?
- Steve: Right, went back to the same practice, and that didn't last very long. I had a major fight.
- Jim: Oh, my. Over money or personalities?
- Steve: Well, it was everything, but it was, you know, like, well, you got to get out of the Navy because it was so horrible for us when you were gone. It was a four man group. It got ugly. It got ugly about a lot of things.
- Jim: Obviously they resented you taking the time—
- Steve: Well, it was one guy in particular. It's long and ugly and behind me now, so—
- Jim: It's certainly nice you got rid of that.
- Steve: So it worked out okay.

- Jim: Then you came to Madison?
- Steve: Came to Madison. Been in the Navy; stayed in the Navy; stayed in the Reserves. Probably going to retire this year or next after thirty-one, thirty-two years.
- Jim: From the Navy, you mean?
- Steve: From the Navy, yeah. Not out of practice, but out of the Navy. My wife's kind of saying, you know, thirty-one, thirty-two years is enough.
- Jim: Your wife happy here?
- Steve: Yeah, she likes Madison. She's an artist, and she's—
- Jim: And you?
- Steve: Yeah, I love Madison. I love Wisconsin. I like four seasons a year. I like—you know there's a lot to do in Madison. Very good practice, you see a lot of stuff, and it's a nice place to live. There's art, and there's culture, and there's good food, and there's no crime, and, you know, if we keep people from Illinois out then we'll be okay [laughs]. It's a nice place to live.
- Jim: Jack Tiedeman is a good friend of mine, has been for many, many, many, many years—I know he's very pleased with you.
- Steve: It's fun. I like it out here, and it's a nice place to live, and so I'm very happy things worked out. You know, they say everything always works out for the best, but—
- Jim: How's John Rogerson doing? I can't believe he could stay alive all by himself, but people tell me he's got a practice.
- Steve: Well, he has a practice. How well he's doing that's, you know—
- Jim: I mean he has no base other than—
- Steve: Well, you know, there are people—basically the two groups of people he can see—he can see people with Medicare who don't have a Medicare HMO thing, and he can see people who have the traditional third party indemnity insurance. He can also see worker's comp, too.
- Jim: Oh, yeah, I hadn't thought about that.
- Steve: But how many people—Medicare, you can't make a living on Medicare, especially as a surgeon because your expenses are higher than primary

care, much higher with malpractice and everything, and then what Medicare pays for a total hip or something like that is—

Jim: Not much.

Steve: So, how John's doing, you know--

Jim: I felt sad when he decided to do this.

Steve: Well, he made his choice.

Jim: Oh, I understand. He's a nice guy, and he's a good doc—

Steve: Yeah, he's a good surgeon, and he decided to do this—having been in private practice before I went into a group, and then the group was, of course, subsumed into the university—but having been in private practice I looked at what John was doing, and I didn't think it made a lot of sense from a business standpoint given the environment in Madison, you know, being how heavy managed care is here. Yeah, I mean you got the big gorilla. You got Dean clinic and you have PPIC, PPMG, you got the university, you got the gorillas here. There's one small ortho group, but they do a lot of their work in Columbus and Fort Atkinson and—

Jim: Yeah, they're out of town.

Steve: A lot of their work is out on the road, which John isn't doing and doesn't want to do, which I don't blame him.

Jim: Yeah, he ought to make some inroads with that group, but I don't think he gets along with that one guy.

Steve: Well, he decided—he could have gone with them, but he decided not to. He decided to do what he decided to do, and he says he's doing okay and if he is he is; he says so. What can I say.

Jim: That's right. Like you say, he made his bed and, he's got to sleep in it. Okay, I can't think -- I am running out of questions to ask you.

Steve: So, that's where I'm at.

Jim: Well, that's terrific. I really appreciate it. It's a good interview. I take these home.

**[End of Interview]**