

Wisconsin Veterans Museum
Research Center

Transcript of an

Oral History Interview with

SIGURD E. SIVERTSON

Medical Student, Army, World War II
Surgeon, Army, Korean War.

1995

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Sivertson, Sigurd E., (1924-). Oral History Interview, 1995.

User Copy: 2 sound cassettes (ca. 99 min.), analog, 1 7/8 ips, mono.

Master Copy: 1 sound cassette (ca. 99 min.), analog, 1 7/8 ips, mono.

Transcript: 0.1 linear ft. (1 folder).

Abstract:

Sigurd E. Sivertson, a La Crosse, Wisconsin native, discusses his service in the Army during World War II and with the 8054 Evacuation Hospital during the Korean War. While attending Luther College (Iowa), he tells of joining the Army Reserves, being accepted to the University of Wisconsin Medical School (Madison), and being assigned to the Army Specialized Training Program (ASTP). He describes premedical school with the ASTP at Yale University (Connecticut), hearing Glenn Miller's Air Force Band, and duty as a corpsman at Fort Devens (Massachusetts). He states the soldiers he treated there mostly suffered from venereal disease. He discusses medical school at the University of Wisconsin Medical School, campus life during and after World War II, and getting married. Discharged in 1946, he talks about finishing medical school and internships in Duluth (Minnesota) and La Crosse. In 1949, he touches on enlisting in response to James Forrestal's "Moral Suasion Program," which asked those who had received most of their medical training in the Army to volunteer for two years of active duty. He describes getting orders for the Eighth Station Hospital in Kobe (Japan), taking a troop ship there with his family, and pulling teeth while aboard the ship. In Japan, he comments on treating drug addicts and working with a criminal investigation group to track suspects with PSP dye. He describes the birth of his son on the day the Korean War began and getting orders three days later to go to Yokohama for staging. He recalls arriving in Pusan (Korea) and being struck by the terrible smell. Assigned to the 8054 Evacuation Hospital, he speaks about converting a school building into a hospital, not having running water, and receiving a wounded soldier from the first helicopter evacuation to occur. He describes treating bacillary dysentery and problems caused by not having enough bedpans, blood, and plasma. He states the corpsmen worked around the clock to treat the large numbers of patients, and he recalls one overworked sergeant who had a cerebral aneurysm. He relates his gratitude to the Red Cross for their blood-gathering efforts. He portrays the limited medical facilities, types of casualties he treated, medical staff, and the informality in the hospital. He tells of being labeled a smallpox expert for diagnosing a case of smallpox and being sent all the smallpox cases, and he hypothesizes how soldiers who were supposed to be inoculated were catching the disease. He states that Japanese B encephalitis was also a problem. He tells of being put in charge of a train to evacuate patients from the 8055 Mobile Army Surgical Hospital in Taegu and being issued a gun, though he hadn't had any weapons training. He reveals they would get surprisingly accurate news from the casualties about where the front was, and he reports that as the North Koreans neared Pusan, morale in the hospital dropped. He portrays a particularly drastic case of parasitical worms and describes using charades acting to communicate with United Nations troops. He touches on what he did with free time and alcohol use. He analyzes the accuracy of M*A*S*H (television show) and shares his impression of H. Richard Hornberger, a surgeon in the 8055 Mobile Army Surgical Hospital and author of MASH (the book). He reflects on heterosexual and homosexual relationships amongst the hospital staff, stating they were not generally

problematic, though one nurse was sent home after becoming pregnant. He addresses enlisted/officer relationships in Japan and Korea and reflects on the racial integration of the Army and its effect on morale. He relates hearing that his wife was ill in Japan, the frustration caused by being unable to help her, and her eventual evacuation to the States. He details being one of the first people in his unit to be discharged, his homecoming, and overcoming a bout of depression after his return. He touches on ward duty at a VA hospital in 1968 and treating veterans who claimed to be suffering health problems from Agent Orange.

Biographical Sketch:

Sivertson (b.1924) served stateside in the Army from 1943 to 1946, from 1949 to 1950 as a doctor with the Army of Occupation in Japan, and from 1950 to 1951 with the 8054 Evacuation Hospital in Korea. After the Korean War, he started practice at the Gundersen Clinic in La Crosse (Wisconsin) and, in 1968, he joined the faculty of the University of Wisconsin-Madison Medical School.

Interviewed by Mark Van Ells, 1995.
Transcribed by W. Belle Peyton, WDVA Staff, 1997
Transcript corrected by Channing Welch, 2011.
Corrections typed by Susan Krueger, 2011.
Abstract written by Susan Krueger, 2011.

Transcribed Interview:

Mark: Today's date is the 3rd of January 1995. Happy New Year everyone! This is Mark Van Ells, Archivist, Wisconsin Veterans Museum, doing an oral history interview this morning with Mr. Sigurd Sivertson. Am I pronouncing that correctly?

Sigurd: Sigurd SEE-VERT-SON.

Mark: SEE-VERT-SON.

Sigurd: Yeah.

Mark: A veteran of World War II, but perhaps more importantly the Korean War. Good morning. How are you doing?

Sigurd: Very good.

Mark: You are the first interview of 1995.

Sigurd: Well, that's a distinguished position to be in.

Mark: It is actually. Okay, so let's start from the beginning as they say. Perhaps you can tell me a little bit about where you were born and a little bit about your upbringing and how you got into the U.S. military in World War II.

Sigurd: I was born in La Crosse, Wisconsin and grew up there, and I graduated from high school in January 1942. I went to Luther College in Decorah, Iowa. That summer we had to join the Army Enlisted Reserve Corps. So I went to the January through spring semester, and I stayed and went through the summer session. So, by fall I had become a sophomore. And then the following year I had been accepted to the University of Wisconsin Medical School here. And there were a bunch of us all over the country in that same boat, and the military needed to have future physicians so they activated us from the Enlisted Reserve Corps and sent us to complete our medical education. Along the way we had some interesting experiences.

Mark: Okay, we'll come back to those [Sigurd laughs]. I am interested in the step by step process in joining the Army as a student in the Reserve then.

Sigurd: When we were activated for active duty we were all put in what is known as the Army Specialized Training Program, A.S.T.P. The Navy had its counterpart as the Navy V-12 Program, and that's what we remained in until we completed our educational time or were separated from the service.

Mark: In that sort of program did you go to boot camp?

Sigurd: Never went to boot camp.

Mark: See, that's what I am interested in.

Sigurd: That was a pleasant experience to avoid [both laugh].

Mark: I am sure it was.

Sigurd: Yeah.

Mark: So you were actually in the Army.

Sigurd: Right.

Mark: Somewhere along the line you had to learn how to put insignia on and wear the uniform properly and get some military training. What sort of training or indoctrination or whatever it involved did you have?

Sigurd: Well, we all came together nationwide, students like myself who were in this Army program at Lincoln, Nebraska, the University of Nebraska, and they had a big new library building built, no books in it yet. So they put us all up on cots on the floors and in the stack areas until we had orders. And at that time we were given the choice of either going to Stanford University or to Yale University to complete our premedical education. I chose Yale University. After finishing the courses at Yale I had a period of two to three months before I came back to Madison to start medical school. There I worked as a corpsman at the Fort Devens, Massachusetts--I forget what station hospital, or I think it was that. That was nice duty because I got on the basketball team. So it broke up a lot of things.

Mark: I am sure. I'm sorry, go ahead.

Sigurd: Then, in April 1944, I came back to Madison and started medical school.

Mark: I see. As a reservist, what was life like at Yale University and then at Fort Devens? Were there a lot of--

Sigurd: Well, we were on active duty then.

Mark: Mm hmm. Oh, I'm sorry. You're right.

Sigurd: And we had to get up at reveille and stand formation, eat breakfast and then go off to our assigned classes, and we were all together in a class, and then we marched as a formation from one place to another. Now, the delightful part of that was Yale University is in New Haven, Connecticut, and in the central part of New Haven is what

they call the Greens. It's a big park, really. And every evening about 5 o'clock Glenn Miller's Air Force Band would march down the street and then have a program on the Green. That was something. Matter of fact, during hot weather once we were in a class room, and the windows were open, and right across the street the Air Force Band, Glenn Miller et al, was practicing. This poor professor up at the head of the class didn't have a chance [laughs]. Everybody was tapping their feet, pounding their fingers, moving around in their seat, and finally he just gave up; he says, "Class dismissed." [laughs]

Mark: Was the campus filled with lot of Army people at the time?

Sigurd: Oh, yes. It was loaded with military personnel largely going to classes. At Yale, for example, there were special students studying Russian, Chinese. There were engineering students as well as premedical students. A lot of different highly specialized educational programs were in effect then.

Mark: Were there regular students that you even saw?

Sigurd: Well, I don't remember seeing them. I'm sure they were there, but the Army had taken over one of their colleges, Calhoun College, and then placed all of its premedical students there. We had no contact with civilians.

Mark: I see. At Fort Devens, what was that like?

Sigurd: Well, that was a typical Army hospital, and being a corpsman I serviced a ward that probably had twenty to thirty beds in it.

Mark: What sort of medical problems were there on a post--?

Sigurd: Well, at that time I wasn't that knowledgeable about medical problems. However, we did not see wounded soldiers. They had medical illnesses, a lot of venereal disease, particularly gonorrhea.

Mark: Now, did these guys come from overseas or were these guys busted(??) somewhere?

Sigurd: I think this was all talent obtained in the USA. At that time the drug that we had was sulfa which didn't always work, and it was too early for penicillin to be available in sufficient quantities to use in the treatment of venereal disease. That came later.

Mark: I see. So then you went back to Madison—

Sigurd: Yes.

Mark: Came back to Wisconsin and went to Madison and started medical school here?

Sigurd: Yes, April 1, 1944.

- Mark: Oh, '44. Was the UW any different than, say, Yale had been campus wise? You know, the student life--
- Sigurd: Yes, at Yale--Yale University is made up of something like twelve individual colleges. Each college had its own building, which was like a quadrangle with a compound in the center. Here in Madison we had to find our own housing, and I found one down from the University Hospital, about two blocks from it, with several classmates. There we had to cut the mustard as far as studying and our class requirements were concerned. But we were free to mingle with all the civilian students that were on the campus as well.
- Mark: What do you mean, "cut the mustard"?
- Sigurd: Well, if you didn't study and you flunked the course, within two to three days you were shipped out to wherever.
- Mark: A Repo Depot in Europe somewhere?
- Sigurd: Yes [laughs].
- Mark: I see. Okay, hang on a second. Do you have a question?
- Unidentified Woman: Yeah, I need more—
- Mark: Okay, sorry. I always say I don't want to be interrupted. Then I always am. I guess that's the way it is.
- Sigurd: Right.
- Mark: We were talking about life on campus here at UW. When the European war ended you were studying?
- Sigurd: Yes, I was separated from the service in March 1946 and then went on the GI Bill.
- Mark: That was what I was going to ask you. Now, you were separated from the Army for what reason--because the war was over and they didn't need you anymore?
- Sigurd: Yes, and because I had met the requirements for time and active duty.
- Mark: Oh, I see. But you stayed in Madison?
- Sigurd: To finish medical school, yes.
- Mark: I would be interested in your perception of how the campus changed in the post-war era when all the veterans started to come back to campus. You were here during the war and then after the war. Did it change much?

- Sigurd: Yes, I think the most notable example would be Camp Randall, which was filled with small house trailers in which married veterans stayed, and then they also had a married veterans facility up near Baraboo with the powder plant up there. So, there was a lot of commuting back and forth at that time. That was the major thing beyond just the post-war boom and the number of students and the number of new buildings that came up.
- Mark: Did you notice perhaps relationships between professors and students would differ? Did you notice that the student body was a little different perhaps? One of the things I come across sometimes is the professors were use to being sort of gods, then these tough veterans came back and weren't going to put up with crap, and change the way, change the professor/student relationship, did you notice this at all?
- Sigurd: Not in medical school. You are talking about the undergrad school, and we were really apart from that, and there were no discernible change in the instructor and student at all.
- Mark: I see. You mentioned the GI Bill. When you got discharged from the service, how far had you gotten in your medical training?
- Sigurd: I only had one year left. So, my senior year was 1946 to 1947 and graduated at the end of that time. Thereafter, I spent a year of internship in St. Luke's Hospital, in Duluth, Minnesota, and then I came back to the Gundersen Clinic Lutheran Hospital in La Crosse [Wisconsin] and spent one year in training in internal medicine. That probably saved my life.
- Mark: Why is that?
- Sigurd: We'll get to that later.
- Mark: Okay, I'll come back to that. So for your last year of medical school, the GI Bill covered that?
- Sigurd: Yes. I was married at the start of that year, and my wife went to work also. So we got by comfortably.
- Mark: Yeah, I was going to ask did the GI Bill meet your requirements for school? And did it cover all your expenses, or were you—was it deficient?
- Sigurd: I don't remember in detail, but it certainly took care of ninety plus percent. And what my wife earned, why, we didn't require much then, and we were happy with the little that we had. It was a delightful time [laughs].
- Mark: I see. I'm sure your rent was a lot cheaper than mine was.
- Sigurd: Yep.

- Mark: One last thing about campus and the post-war era--there were some veterans groups that were active on campus. Did you ever join any sorts of groups like the Legion or some smaller student groups? Did you have the time for that sort of thing?
- Sigurd: Never did. All I had time for was to do the requirements for the course work, and then in the clinical service where we were seeing patients we put in long hours. And there wasn't much time left for anything else.
- Mark: I see. So if I asked you what sort of social activities did you do, did you associate mostly with veterans or non-veterans?
- Sigurd: Mostly with fellow medical students and their wives.
- Mark: And were there a lot of veterans in that?
- Sigurd: Well, my whole class. For example, both Army and Navy in our class were then finishing the senior year, and in that senior year it required that we go out of Madison for rotations. I had a rotation in Janesville for three months, for example. And there were sort of rotations up to the State Sanatorium in Wales, Wisconsin, the tuberculosis sanatorium. Things like that.
- Mark: Okay. So, you got your medical degree, World War II is over, everything is all set. You went back into the Army then in 1949?
- Sigurd: I was at the end of the year of training at the Gundersen Clinic Lutheran Hospital in La Crosse, and then the Secretary of Defense, James Forrestal, began what he called a Moral Suasion Program. That was for those students who got most of their medical education in the Army and ASTP to volunteer two years of active duty as a medical officer, and that I did. My wife and I and our first born son were at breakfast one morning towards the end of June 1949, it would be, and the door bell rang, and here was a guy carrying a telegram. We couldn't read the gibberish on the telegram, but my wife had a classmate who was on leave from the Navy and we called him to interpret that for us. He did a reasonably good job, even for a Navy man [laughs]. Well, the sum and substance was that we were to report at San Francisco, and our ultimate assignment would be in Kobe, Japan. Mind you, I hadn't been sworn into the Army yet. So I had to travel to Chicago and get sworn in to make those orders legitimate, and then in the summer of 1949 we traveled across the Pacific on a big troopship. And for the first time I realized why the Pacific Ocean is called Pacific, because it is peaceful. On board that ship were a lot of troops going over on rotation. One interesting thing there was, we didn't have a dentist on board. So, I ended up pulling some teeth. I've never done that since [laughs].
- Mark: I see. So you went to Japan with your family?
- Sigurd: Yes. In order to get young medical officers to do that they promised they could go over there with their family. That was very nice.

Mark: I'm sure. Kobe, Japan.

Sigurd: Yes, I was assigned there to the Army's Eighth Station Hospital. That hospital was located downtown Kobe. It is of interest because it used to be the old stock exchange building, and the Army converted it to a hospital facility, and it served that purpose very well. So, we lived very well there. The Army housing area had a series of buildings in which there were condominiums, and we had a two-story condominium for the three of us. And then the Army also provided two Japanese maids. Now, there was a reason for that because it was MacArthur's way of bringing Japan's economy back. What the Army paid those two maids supported quite a few in the family where they lived. Thus it went, that year in Japan was delightful. And then things changed.

Mark: We'll come to that in a second. I am interested in the medical aspects of occupation in Japan. Was it a lot like Fort Devens with bar fights with young guys?

Sigurd: Well yeah, there was a bunch of that, but we also had a drug problem. You could go out and any rickshaw boy would be able to get hard drugs for you if you wanted it.

Mark: Like what?

Sigurd: Well, it was the opium derivatives, and I don't remember specifically. I'm sure there was cocaine there also. But we had addicted soldiers, and I tried to work with the criminal investigation group. There is a dye called PSP. It's a type of thing we inject into people, and then after a period of time we take urine samples and so forth, and it comes out. And blood samples. Well I put this PSP dye on dollar bills and so the CID [Army Criminal Investigation Command] could use it in tracking down suspects. If they thought there was an exchange going on and one of the party that was buying the drug, one of their plants for example, would pass on a dollar bill or currency that had this PSP dye on it. You couldn't see the dye; it was colorless on the dye. Then they would transfer the money, and they would come in and arrest the people who accepted the money. And then by putting water on their fingers it would change the color of the dye because they had handled the dollar bill.

Mark: It sounds pretty ingenious. I had never heard of this problem. Is it wide spread?

Sigurd: In the Far East?

Mark: Yeah.

Sigurd: Oh boy, that's where the drug problem probably really originated from: China, Japan. China was full of opium. They had a big war a number of years called the Opium War, drug war or something with England.

Mark: Okay, so it is June 1950, and the North invades the South Korea.

Sigurd: Let me give you the entree to this. Harry Truman was sitting at home in Independence, Missouri having a good time with his family. The telephone rang; it

was Dean Acheson, Secretary of State. He said, “Harry, the North Koreans have marched into South Korea.” You could imagine what Harry Truman said, “God damn horseshit.” Well, he said, “Call an emergency meeting of the UN Security Council right now, and introduce a motion to declare that an act of aggression had occurred against the Republic of Korea.” And then on his way back, three-hour trip flight, to Washington, D.C., he thought, “This is not the first time in modern times where the strong had invaded the weak and the free world did anything about it.” So, he determined to do something about it. And that’s what that motion was. Well, that was the beginning. About that time my wife was pregnant for the second time, and the actual invasion took place about 4 a.m. Korean time, June 25, 1950. They marched across the 38th parallel. My wife went into labor at midnight that same day, so we hopped in the car and had to go about thirty miles to Osaka General Hospital in Osaka, Japan. And the second son was born in the early hours of June 26th. A couple of days later I saw the Army newspaper, *Stars and Stripes*, with a picture of MacArthur on the front page. Underneath was the caption in bold letters, “We go!” and he was pointing. I didn’t think anything of it, certainly couldn’t apply to me.

So, three days after delivery I brought the family home to Kobe. Because I had duty in the hospital at night, I had to leave the family and spend the night at the Eighth Station Hospital. About 6 o’clock in the morning the phone rang, and I am not very good when I’m sound asleep answering the phone, but I always managed and the voice at the other end said, “Is the medical service officer available?” I said, “He isn’t here.” He said, “Who’s this speaking?” “This is the medical officer of the day, Lieutenant Sivertson,” and there was a pause, and the voice came back and said, “These orders are from Far East Headquarters Command. You’re to take the next available train with no excess baggage. This will be followed up in writing promptly.” Well, I didn’t quite know what that meant [laughs] but I had a pretty good idea it wasn’t good. So, I ate breakfast in hurry. At that time, the rest of the personnel would come to duty at the hospital, and with those orders, why, the medical service officer quickly cleared me of my responsibilities at the Eight Station Hospital. And I kind of drove home in a funk. When I got there, of course my wife was expecting me home for the weekend, but how we broached all those things that morning, it went better than it probably should have gone. But anyway, by noon I was on a train headed for Yokohama. Yokohama was a staging area for all personnel from the Far East Command who were coming together and going to Korea. And I must say we knew it by then. You’d walk around, and people had a look on their face. I have since come to call it an expression of philosophical anxiety, probably best put in that old song, “What will be, will be,” that Doris Day sang [laughs]. Well, I don’t remember all the details of that staging, but we nevertheless were formed into two groups. One was the 8054 Evacuation Hospital, and the other was the 8055 Mobile Army Surgical Hospital, subsequently known as MASH.

Mark: Gee, where have I heard that before? I don’t know.

Sigurd: That’s right. The book, the movie, and the TV series.

- Mark: Ah. I'll have some questions about that later, of course. Anyway, I'm sorry. Didn't mean to interrupt.
- Sigurd: Well, we were issued minimal combat equipment, K-rations and C-rations and hopped on a train and journeyed to the southwest Port of Sasebo, in Japan. Then it was just a short hop by boat, over water to the Port of Pusan, Korea where we disembarked. We quickly learned to call Korea the asshole of Asia because of the smell.
- Mark: Can you describe the smell? I've heard about this.
- Sigurd: The signature for that smell was an ox-drawn cart with about four big barrels on it. And the streets of Pusan had deep gutters that were open, and these carts would come along, ladle all of the human excreta out of these gutters, put them in these barrels and then take them out to the fields and dispense them as fertilizers. So it was really piss and shit. That's what it was.
- Mark: Could you identify it as that?
- Sigurd: Yes, sir [laughs]. Well, at Pusan, because of my extra year of training in internal medicine at the Gundersen Clinic Lutheran Hospital, I was assigned to the evacuation hospital and stayed in Pusan. The MASH went north trying to find where the troops were. Do you want to ask something at this time?
- Mark: No, no.
- Sigurd: Oh, okay. I'll catch up to the MASH later on. But we took over a schoolhouse in Pusan and turned it into a hospital. We had no running water. We didn't have any running water for some time. In the meantime we all were unable to take baths or showers. So, we had a few crawly creatures on our anatomy for a while.
- Mark: You mean like scorpions [Sigurd laughs] or just general bugs?
- Sigurd: Body lice, things of that nature. Anyway, for some reason I was, along with two other young medical officers, was asked to accompany our commanding officer to a meeting with the mayor of Pusan and his representatives. This was really a formal state dinner. We all sat on the ground. There was a cushion in each place, chopsticks, a glass, and a young Korean woman, the counterpart to the Japanese geisha. She kept our foods, plates filled, and our glass filled. The glass was for sake. Well, we decided to be on good behavior so we didn't drink much of that stuff. That happened later. Well, some medium exchanged, and I wasn't privy to that, but we got water into the hospital so it could run through our purifying system. So we had drinking water and shower water, and so our cleanliness quickly improved. For quite a while, though, our drinking water was in large canvas bags into which halazone had been put. That made the water safe but sure wasn't pleasant drinking.
- Mark: I can only imagine [Sigurd laughs]. Now, at the time when the North was just first invading the South, I would imagine this was a very chaotic situation.

Sigurd: It was something. Because the North Koreans were so far better trained and equipped than the South Koreans they just overran them. We'll get back to the military situation a little bit later. Let me tell you more about the medical implications of this. After we'd been there for a few days in this schoolhouse hospital there was a big noise out in the schoolyard. The schoolyard did not have grass. It was a fine, powdery dust. That fine powdery dust was characteristic of much of Korea, particularly along the highways and so forth. And we went out to see what it was. And here it was this big, inscrutable cloud of fine dust. When the dust settled there was a helicopter. And we could see two litters strapped to the outside of the helicopter just above the wheels, and in it was a wounded GI. That was the first helicopter evacuation to occur.

Mark: Ever in the history of warfare?

Sigurd: I guess that's right, yes. And that is how we were introduced to the helicopter service which expanded greatly after that. Our first few patients really, they started the first few days, came in rather slowly. But a lot of them had severe bacillary dysentery, which caused loss of fluids, blood, and water, and they were severely dehydrated and anemic. And here was this hospital that had been in storage, this evacuation hospital, which should have had x-number of bedpans, and there were only three or four [laughs]. Well, the guys that were able to get up from the cots and make it to the latrine, you know, did that, but there were a lot of mishaps. You'd see some body hurrying to the latrine, and all of a sudden they'd kind of sag and slow down and just give up. I thought of my little son back in Japan who would of said, "Too yate, Mommy, too yate." [laughs] That's what it was.

Mark: That's probably not what the GIs said.

Sigurd: No [laughs].

Mark: How does--I don't know this kind of dysentery. Is it something--?

Sigurd: It's a severe form of dysentery.

Mark: How was it acquired? Was it environmental or--?

Sigurd: Yes, yes. You know, all this excreta that was dumped in the fields for fertilizer and our GIs had to go across those fields. So they were exposed to all of these things, including all the worm infestations and so forth, and we'll touch on that later. We started to get them in large numbers, evacuees, helicopter and ambulance, and from the time we arrived and set up shop until, oh, into October I guess we handled nearly 30,000 patients. At peak we would have a thousand-in and thousand-out in twenty-four hours. We worked literally around the clock. The corpsmen and all were setting up army cots in all the school rooms, and the rest of us were busy triaging, and one of the sad things at that early time was to see a, you know, a beautiful specimen of American manhood lying on a stretcher in shock, a barely perceptible pulse, unconscious, and blood pressure was practically zero. You knew that it was due to

largely internal hemorrhage and other causes. We couldn't do a damn thing about it because we didn't have enough blood, plasma, intravenous fluids. So you couldn't think, take time to think that this was the son of some mother and father back in the States. You just had to keep going and get those that were salvageable taken care of as soon as possible. And this is a rather sad recollection right now because I remember a buck sergeant who was working with me. God, he could work like hell, and we'd work until you couldn't go anymore. Then you'd stop and get three or four hours of sleep and come back. Well, I came back after such a break, and the sergeant wasn't there, and he didn't show up for a couple of days. So I talked to my pathologist friend who had done an autopsy on the sergeant and found that he had ruptured what is known as a cerebral aneurysm, causing a massive hemorrhage in the brain that killed him rather quickly. Well, I don't have a Memorial Day goes by—[chokes up].

Mark: Okay.

Sigurd: Well, those long hours took their toll. We all lost weight, and there weren't any handlebars around the loins anymore. I lost about five pounds a week for five weeks and then kind of tapered off at about a hundred and forty pounds, which is what I weighed in high school. I'd like to get a plug in here for the American Red Cross.

Mark: By all means.

Sigurd: They were fantastic. We didn't have blood and plasma, and so we called that situation irreversible shock at that time. It pertained to the example I gave you earlier. Well, within days the American Red Cross back here got people giving blood. All over the country they gave blood like crazy. So, not long after that I was giving blood to a GI, and that blood had been labeled three to four days earlier in Pennsylvania. You know, private blood banks just weren't able to deal with that, but the Red Cross was. Yeah, they were great.

Mark: I've got a couple of topics I'd like to touch on, and they're kind of interrelated, and you've brought them up already before.

Sigurd: Yeah.

Mark: Maybe you can comment more specifically. One is the shortage of supplies and the massiveness of the effort that doesn't seem to have been anticipated. You mentioned shortages of plasma or such things. I was wondering if you'd comment a little more specifically.

Sigurd: That is also the old Army game.

Mark: What's that?

Sigurd: Let me tell you. These units like evacuation hospital was put in storage. Now, you have an ongoing Army hospital, and this storage hospital is nearby. If the ongoing Army hospital was short on supplies they'd go and dig some of the supplies out of the

storage unit. That's what happened to the bedpans, I think. So they went to the ongoing hospitals that were close by, probably back in Japan or even in the States, I don't know. Well, we had most of everything else.

Mark: You had enough bandages and that sort of thing?

Sigurd: Well, but they came quickly. We used up what we had rapidly, and fortunately those types of supplies came in very promptly as we needed them from Japan and then ultimately from the States. Anything else there that you--?

Mark: Yeah, I'm interested in the types of casualties. Now, you've mentioned some of the more internal type, dysentery and those kind of things.

Sigurd: Well, in those early days they were battle wounds of all types.

Mark: You couldn't characterize head wounds versus leg wounds or whatever--?

Sigurd: Well, I don't know the proportions, but they sure came in with through-and-through gunshot wounds of the extremities, chest wounds, belly wounds, head wounds, all. But after a while we began to see a lot of the diseases that were peculiar to that part of the world, and I can mention those later. Let me--the surgeons were just working around the clock, plus the surgical nurses. We did have an x-ray there that we could take x-rays of bones and chests and abdomens, even have them swallow some barium enema to look at the esophagus, stomach, duodenum, and the like. We had a laboratory there. It was limited, but we could do all the routine blood and urine tests which we were able to do, and then, too, if we required specialized laboratory procedures we were able to fly specimens to the big--I think the big Army specialized lab was in Tokyo, might have been Yokohama. Where we could get highly specialized tests done and this was helpful later as you will see.

That might be good for me to start at this point and take you back to the year 1946 to '47, my last year in medical school here. At that time, Dr. William Shainline Middleton, after whom the VA hospital is named out here, returned from the Army where he was the chief medical consultant in the European Theatre of Operations. We knew he was there because we saw this short, rather stalwart individual in his Army uniform, wearing his full bird insignia, and we soon realized who he was and then rapidly were impressed with his brilliance. Well, in the fall, I think it was 1946, an order came out of the dean's office. He had been dean of the medical school before he went into the Army duty and then came back and resumed that responsibility. So we all were to report to the front of the University Hospital, and there was a bus, the motor humming away, and we all had to board that bus by alphabet. It took us out East Washington Avenue to a brick building, which I think is now the Neurological Institute but at that time was called the "Pest House", 'cause that's where all the people with highly contagious diseases were put. We got off the bus and filed down this corner to a large window, and the other side of that window there was a Mexican migrant worker, and he didn't look like anybody we had ever seen before except as a

picture in a textbook. This worker had full-blown smallpox. Well, needless to say, that was imprinted firmly on our memory cells, particularly on mine. Now, let me take you back to July 1950 in Pusan, Korea. They were unloading ambulances and this corpsman saw this black soldier, and he yelled out to me, he says, "Hey! What the hell is this?" I went over and looked at it, and I said, "That's smallpox." It was the replica of that Mexican migrant worker that I saw back in Madison. And from then on--they weren't supposed to have smallpox. They were all supposed to have been vaccinated. So this diagnosis held up because we sent materials from the pustules and the blood back to the labs in Japan and confirmed it, and I was thought to then be an expert in smallpox, which I wasn't.

Mark: Relatively speaking perhaps.

Sigurd: Yeah, but I soon became one because then they sent all cases of smallpox to me there in Pusan, and I had a big tent with nothing but smallpox patients in it.

Mark: Were there a lot of them?

Sigurd: Well, at one time--well, the total must have been about thirty, thirty-five at any one time. I guess I had about twenty patients with smallpox in that tent.

Mark: Which I suppose is a lot for American.

Sigurd: Well, there were some others, too, that came in occasionally. An occasional civilian popped in. And some of these GIs had old smallpox vaccination scars that they had from childhood. Well, they'd all been vaccinated before they went to the Far East. But what was obvious was that two things happened to explain why they got it. One was that the vaccination had not been preserved properly and had lost its potency. The other was the GI who came through and had a buddy, you know, who was a corpsman and said, "Hey! You know, for a steak from the commissary, just sign my card that I have been vaccinated for smallpox, and you can have this steak." Anyway, the Far East Command there was big hullabaloo about all this, and what it amounted to was that we had to re-vaccinate with different lots of vaccine everybody in the hospital compound. We did that to everybody who came in as a patient. And eventually, [**End of Tape 1, Side A**] I guess, eventually the number of smallpox cases disappeared, but they were still present when I left Korea.

Now there was another disease that popped up. This was the late summer and fall in Korea, and we began to see GIs with headache, bad headache, fever, but no paralysis. It smacked a bit of polio that we were all familiar with back in the States. So putting a needle in the back, called a lumbar puncture, on the first of these patients-- took the fluid down to the laboratory and encountered a lot of inflammatory cells. So we knew we had inflammation around the spinal cord and the brain. And sending specimens back to the laboratory we were able to confirm that this was Japanese B encephalitis, which occurred at this time of the year and was endemic to this part of the world. Now, we got a lot of them at the peak of that. I remember one night I did twenty

lumbar punctures and all positive with inflammatory cells. About nine percent of these patients died, and of course the autopsies confirmed the presence of Japanese B encephalitis as well. Now, during those first three, four months we stayed pretty much right in that hospital schoolhouse except for one exception. We received word from the MASH unit that came over with us and then went north that they were located in Taegu, which was a short, relatively short distance northwest of Pusan. We didn't know the exact location, but the Army commandeered an engine, an old passenger car, and a freight car because that MASH unit had a buildup of patients that exceeded what they could take back by ambulance or helicopter. So we turned that passenger car into -- so it would accommodate many stretchers. Guess who they put in charge of it? Me! [Laughs] So off we went, sometime in the afternoon. Well, a short time before that, things were getting closer and closer to Pusan, so they issued .45 automatic pistols to all of us. And we young medical officers, like myself for example, I shot a Daisy BB gun, and that was it.

Mark: When you were about twelve or something?

Sigurd: Yeah. Well, that .45 automatic, I shot it once and only once, and when you pull the trigger that shot went up with quite a force, and each successive shot made that gun just go climb right up in the air. Well, there is no damn way that I would ever be able to hit a target with that, but I had that thing strapped on my hip, you see, and we took off in that train and got some distance, and the engineer stopped the train and went into a little train station there. Well, our mission was to get to that MASH unit as quickly as possible so I didn't know why he had stopped there. So I thought I'd better get out and see what I could learn. Well, that was foolish because all they were doing was talking their native tongue. It might as well have been Eskimo as far as I was concerned, but I had to put on an act, so I put that .45 lower on my hip and my hand down there for a quick draw just like old Louis L'Amour [author of Western fiction] would describe [laughs]. Well, those guys in that station kind of gave a sidelong glance to that-- I call it the big iron on the hip--and we took off. And we found the MASH unit just south of Taegu in a little schoolhouse not far from the railroad tracks and were able to, with the ambulance help, to bring the patients to the car, but the other interesting thing was, unknown to me until later, was that the freight car had been loaded with ammunition [laughs]. Now, on the way up I was standing-- we were going through these beautiful, picturesque sunlit valleys, through farms and villages, and I was standing on the steps of the open door to our car, passenger car. All of a sudden there was a "zing zing" and the old Army nurse, who had been in World War II, he said, "You better get back in here. They're shooting at you." The reason they issued us ignorant, stupid, young medical officers these .45 automatics is that the North Koreans had taken on the garb of civilians, and you couldn't tell friend from foe, and obviously what I took to be some friends waving at us from along the tracks were somebody else. I will always remember that because the kids along the tracks would wave, and they all had runs of mucus down each side of the nostril over the lip into the mouth. So I called it the "railroad track sign," and it's universal everywhere. Yeah. Well, we disconnected the ammunition car, and then we chugged on back to Pusan without any further event.

And, ah, you know, taking care of those people as they came in, we all talked to each one of 'em. Where were you, you know, where did you get it, and they'd all tell us the locations. And day by day, you see, they had to-- the troops had to move south as the North Koreans advanced. So, from what they told us we knew where the front line was, and on the school board, blackboard, we'd draw our crude maps, day-to-day, and we could see that thing getting closer and closer to Pusan until eventually it was called the "Pusan Perimeter," a radius of about roughly thirty miles around Pusan. Now, ah, we'll go back to the military now for a bit. Major William F. Dean was the commanding officer of the 24th Infantry Division, and they were stationed in Japan, and they were the first to go to Korea to stop the advances of the North Koreans. And their target in which to do this was Taejon, T-A-E-J-O-N. There the stuff really hit the fan for them, and it was there that Major-- or General Dean was captured as he was riding out of Taejon in his jeep. And we learned that right away from the evacuees. So we were aware of it long before it became known to high military command. 'Cause some of the guys said, "Oh, we saw him get it." He didn't get wounded, but they saw him removed from the jeep. And, ah, those -- contrary to what, you know, catastrophic rumors are in combat, they had a lot of accurate information as well. This is an example of one of them.

Mark: A couple more things about Pusan. I wondered if you could comment on the staff. I am interested in how many doctors there were, what specialties were. I have neglected to ask you what your medical specialty is. The nursing corps, the enlisted men, that sort of thing. How did--

Sigurd: You know, I don't know the numbers, but it was sufficient to staff, say, a 400 bed evacuation hospital. And there were surgeons, radiologists, pathologists. We even had some OB gynecologists there-- obstetrician gynecologists.

Mark: By accident or on purpose?

Sigurd: Well, they were just in Japan, and they were of the age group and all, and they were needed, and they went with us. I was, because of my training at the Gundersen Clinic Lutheran Hospital in La Crosse, had one year of training in internal medicine, and that's why I stayed there and became more and more involved with the non-surgical problems that we dealt with. I should tell you that a—well, let me go to the military, and we'll come back to the hospital and medical. You see, well, I guess it was in the fall, General Walton Walker came in command of the Eighth Army. About this time the perimeter was getting closer and closer to us, and morale was getting low everywhere. Well, he didn't help it at all when he got there and he said, "This isn't going to be another Dunkirk, not another Corregidor, but it might be a hell of an Alamo." [laughs] At that time I had a patient in a respirator, called an iron lung, and I had all kinds of horrible fantasies after that. But, you know, that guy, old "Bulldog" Walker, he did the job with everything that was pouring in through the Port of Pusan and another smaller port just north of there. They built up military facilities and many more medical facilities and more MASH units. They stopped the North Koreans at the perimeter line and then slowly began to push them back towards the 38th parallel.

Well, then all those medical units that came in at that time moved north with the advance of the UN troops. I forgot to tell you, you know, this wasn't a Korean war because the Congress and the United States never declared war. It was called the United Nations Police Action. So we had troops from all nationalities that we were taking care of. Well, anyway with the advance of the military situation to the north, and in a more favorable situation, our medical clientele changed in Pusan. We took care more and more of those in and [approx. 12 sec. pause in tape]

Mark: Okay, I'm pretty sure we're back on. We left off—

Sigurd: Because our clientele changed we took on a humanitarian role in our little schoolhouse hospital with the great approval of the International Red Cross. So we began to see more and more prisoners of war rather than United Nations troops and civilians as well. They presented medical problems that were bizarre, exotic to this part of the world: paragonimiasis, salmonellosis, typhoid.

Mark: Things you had never seen?

Sigurd: Never seen.

Mark: Never expected to see in your life?

Sigurd: And one that was particularly dramatic because I happened to see the first case, being there first, with this GI with a febrile illness. And at first we thought he might have Japanese B encephalitis. But the whites of the eyes turned a brilliant red, and then the kidneys started to go bad. That was the first case of epidemic hemorrhagic fever, which was I think dramatized in one of the MASH programs.

Mark: It was.

Sigurd: It wasn't me, though, the medical officer, but I happened to be on spot when the first one came to light. But I did interview the physician after whom that program was stimulated some years later at the University of Cincinnati Medical School. But that's another thing.

Mark: I've got some questions about the TV show and everything, so we'll come back to that.

Sigurd: Yeah. Okay.

Mark: These sorts of exotic diseases, did they eventually effect the Americans as well?

Sigurd: Well, some of those GIs that were out there in the fields—you know, one the most tragic guys I ever saw was running across a rice paddy, and he fell into a big hole that had been filled with nothing but piss and shit, and he almost drowned in it. Well, he was a very sensual and fragrant guy when he came in [laughs], but after he got cleaned up--but that type of exposure also led them to acquire many of the intestinal parasitic infestations. That's another thing, when we operated on those prisoners of war and

civilians and wounded of that type. When the surgeon opened the belly he would find the abdominal cavity crawling with worms, I mean long worms, six, eight inches.

Mark: In the North Korean soldiers?

Sigurd: Yeah, right, and they had escaped through the gunshot wounds, the perforations in the intestines, and escaped into the cavity. So the surgeon had to scrape all those worms out and throw them in a bucket on the floor, and he had to be sure to get them all because he didn't want to leave any of those buggers behind in the intestinal cavity. That was rather dramatic, and we never saw anything like that again either [laughs].

Mark: I can only imagine.

Sigurd: Well anyway, with the advance of the military situation north and our situation improving, we for the first time were able to have some free time.

Mark: And what did you do with it?

Sigurd: Well we had an old typewriter in the laboratory, and I began to analyze our cases of smallpox and Jap B encephalitis, and then I typed up those analyses, turned them into manuscripts and submitted them for publication. I'd had a high school course in typewriting. Well, all my female classmates were great, but I never got beyond the lowest number of words per minute, but I remembered the alphabet on the keyboard, and that was a great help. So, I had that thing smoking when I got through with it [laughs]. Eventually those papers were published, and I've given those references to my offspring in the event that any descendant goes into medicine in the future.

Mark: I'd be interested in them, too, when we're finished here. One last thing about Pusan and that involves what happened to the patients after they left your evacuation hospital. Where did they go from there?

Sigurd: In the beginning I said that probably about 30,000 patients were seen during the first three to four months, and about half of those were evacuated to Japan. In the meantime by boat, and then subsequently by air because they built an airstrip in Pusan. The other half were able to go back to duty, which was a pretty good track record under the circumstances.

Mark: What sort of mortality rate did you have?

Sigurd: Well, I can tell you that of the smallpox cases, thirty-eight percent died, and of the acute phase Japanese B encephalitis, about nine to ten percent died while in our care, and there were over 200 of those cases that we took care of at the hospital in Pusan. The mortality rate for the wounded in all, I don't have any approximate good figures. For example, we would find a chest wound and take a chest X-ray, and we would see a piece of shrapnel inside upon arrival. Then within twenty-four to forty-eight hours, that shrapnel would cause fluid to form in the chest cavity. We were not equipped to do open chest surgery so we would ship that type of problem to Japan. There were a

lot of bad burn cases that we did what we could and then we shipped to Japan, and then eventually they went to the large burn center at Fort Sam Houston in San Antonio, Texas, where major burn problems ended up for highly specialized care.

Mark: Still do, actually.

Sigurd: Yeah.

Mark: When they came to you at your facility, where did they come from? Was it the MASH unit that was up close to the fighting?

Sigurd: They came from everywhere. The MASH unit, but by then helicopters were going in and picking up those wounded in the fields or close to the line. You remember I said that year of training in internal medicine at Gundersen Clinic Lutheran Hospital probably saved my life? Well, if I hadn't had that year of training I would have been assigned to a battalion aid station, which were right with each division. They were often overrun and either killed or captured by the North Koreans. So, we got many by ambulance from the battalion aid stations as well.

Mark: So they could come right from the front to your facility?

Sigurd: If they could make it, yeah. Well, the stretcher bearers carried many, many out to where they could get on to ambulances or helicopters. And a lot of those guys just slugged it out and walked with wounds until they couldn't go any further. Yeah.

Mark: So eventually the Inchon invasion was launched, and North Koreans were pushed back deep into North Korea. How did your situation change then? Is this when you became—when you went to the 8055?

Sigurd: No, I stayed always with the 8054.

Mark: Oh, you did.

Sigurd: Yeah. And that was just that one trip by train from the 8054 to go up to the 8055 to get a bunch of their patients to take back to the 8054 Hospital where I was assigned. As everything moved north, as I've intimated, our situation improved, but the one thing we still had--you know, it was fantastic. What was it like to care of the United Nation troops? [laughs] Well, let me set the scene on that one for you. You take a classroom that's got thirty Army cots in it, and some soldiers of all different nationalities in those Army cots. And you know, they didn't speak English, so in order to get any type of medical history I played the game of charades, acting out symptoms. I remember one morning I was acting out urinary tract symptoms, and I simulated a penis in front of me and acted out painful urination. Well, the whole room went into an uproar of laughter, and I was dumbfounded. I looked around and there over my shoulder was an Army nurse. She was looking over my shoulder down the front to see what I was doing. Her reaction added to the hilarity.

Mark: One of shock or disdain?

Sigurd: That was a moment in medical history where there was great international camaraderie [laughs].

Mark: What was the nurse's reaction? Was she shocked?

Sigurd: Well, I couldn't see all of it. I think after a while she was quite amused [laughs]. The mere fact that she was looking over my shoulder to a lot of those Turks and Frenchmen and Englishmen and other all around—Indians and Vietnamese—oh, there were a bunch of different nationalities. Sure shook 'em up.

Mark: I bet. This also raises the theme of the U.S. Armed Forces and the integration—Korea is known as the first war in which we fielded an integrated fighting force. But it's my understanding that this didn't happen right away. Only later in the war were truly integrated units activated. From your perspective were these integrated units?

Sigurd: Let me give you a kind of a classical story that might exemplify this. IN the beginning there were just Black units, and there was a kind of a song, of a jingle that came out. I don't remember it all. "When those shells begin to thud, we GIs being to bug," Black troops. The Black troops up there in the front lines didn't trust the guys, Black troops that were close to 'em, 'cause they knew when those thuds start getting' loud they were gonna start takin' off. Now, with the blending of Black troops and White troops this type of reaction greatly diminished. There was much more confidence that your buddy who was close to you on the front line was gonna stay there with you. Now, that's an oversimplification, but I remember we talked about it at the time in our medical unit, and there was probably wuite a but of truth in that 'cause I think with integration of the troops there was a much better esprit de corps, camaraderie, as far as combat was concerned.

Mark: I see.

Sigurd: Yeah.

Mark: And so there was some integrated units that you came across?

Sigurd: Afterwards. Yes, we kind of saw the transition.

Mark: I see.

Sigurd: Yeah.

Mark: Free time you had. You mentioned publishing articles.

Sigurd: Yeah, when we finished our day's work, you see, we didn't have casualties coming at night, so our nights were pretty free. We'd have one or two officers to take care of what was needed at night, and the rest of us could sack in. That's when I was able to

type. And then the mail started coming. Packages were a great delight for me in particular 'cause contained tins of King Oscar [Norwegian company] sardines, shrimps, and anchovies.

Mark: These came from your family in the U.S.?

Sigurd: My father sent them to me. He was a physician on the staff at the Gundersen Clinic. Well, when the evenings with appropriate beverage turned in to be much more comfortable, and at Christmas and New Year's they enhanced the celebration quite a bit.

Mark: Now, you mentioned "appropriate beverage."

Sigurd: Yeah.

Mark: What was that?

Sigurd: Well, early we began to get a few cans of beer, and then later after everything moved to the north, hard liquor became available. So you know, there was Scotch, and there was bourbon, and gin.

Mark: This seems, perhaps, an opportune time to bring up the whole *MASH* TV show.

Sigurd: Sure.

Mark: Hawkeye and Trapper had their still and everything. I am interested in—I suppose we could start, you know, bringing up movies and TV. I generally don't like that; it's unscholarly and that sort of thing, but with your experience you can't help it. So let's just do it.

Sigurd: Well, you can't—anybody who hears the word "Korean War" thinks of *MASH*.

Mark: Yeah, that's about all they think of.

Sigurd: They are inseparable.

Mark: Yeah, and from your perspective, so I am interested in your views of the show. So I suppose the place to start would be to basically ask you how accurate or inaccurate or whatever was that show.

Sigurd: Well, let's—you know, the movie came out. Well, I didn't see it until years later 'cause everybody said, "Well, you ought to go down and see it." I was at a medical meeting in Chicago, and it was playing. So I saw it and I got a big charge out of it. I really laughed, and I can come back to the appropriateness of that a little bit later. Because the guy who wrote the book was in the 8055 *MASH* unit, and I vaguely remember him, but I never got to know him. Subsequently, I have learned, however, that his name was H. Richard Hornberger, H-O-R-N-B-E-R-G-E-R. He was a surgeon

in that MASH unit, and he wrote the book--did it for fun. He had seventeen rejections before it was accepted for publication, and then it took off from there. He saw the *MASH* movie, and he thought that they did a pretty good job as far as the book was concerned. His pseudonym was Richard Hooker, H-O-O-K-E-R. Did you know that?

Mark: Yeah, I have seen the book.

Sigurd: Yeah, and I guess he wrote a couple of sequels to that, but I am not familiar with them, but he had nothing to do with the production of the movie or the television program. He was really a kind of crusty old surgeon, and obviously the character of Hawkeye. Hawkeye's full name was Benjamin Franklin Hawkeye Pierce. Do you remember that?

Mark: Yeah.

Sigurd: Oh, you do? [laughs] Okay.

Mark: Oh, I grew up on *MASH*.

Sigurd: Oh, did ya?

Mark: I've seen every episode, I swear.

Sigurd: [laughs] Well, obviously, Hornberger put as much of his personality into Hawkeye Pierce because that's the kind of guy he was. He practiced in Waterville, Maine, and I guess he's been retired for awhile by now. He is the same age as I am. The TV programs I got to enjoy, but I didn't get to enjoy them until I had some granddaughters who got hooked on them. They said, "Pappa, didn't you know the *MASH*?" I said, "Yeah, I knew 'em a little bit." And they became—my god, they'd come home from school as fast as they could to watch all the *MASH* [laughs] programs. So then I got more interested, and I got to enjoy them, too. Now, you want to know about the relevancy.

Mark: And on what level.

Sigurd: Yeah. Now, the helicopters coming in with those on stretchers to us. Authentic, that's the way it was. Later on the helicopters were enclosed, the more luxurious ones, but that's the way there were in the beginning. And they took 'em right to their facilities, all the way it was. And those that had to go into surgery went to surgery right away. The triage had to work and was effective, and the hilarity and the dramatization of the script and all was great [laughs], although the surgeons I worked with weren't that colorful. And I suspect that Hornberger was more colorful in his crusty comments and his comments about this damn war and all these things denigrating all battle time things, why we humans get ourselves into such a horrible mess. I suspect that was true of him. And the nurses of course worked right around the clock with you. They were tremendous. I remember one of our nurses, Ann Steele, after about the first five months in Pusan was brought back to the United States to serve in a recruiting capacity

in the country to recruit more nurses for the Army and the military. She was a good worker.

- Mark: This brings up a couple of themes I wrote down, the theme of drinking where we got started in the first place. Now, they do a lot of drinking in the off hours. One of the problems that you hear consistently among military people in all different conflicts is that there is a lot of downtime when you are not doing anything. There is a lot of boredom and subsequently they turn to drinking. Was this your personal experience?
- Sigurd: Well, that's an occupational disease, no question about it. I got to know the counterintelligence people, the criminal investigation people of the Army, because many of them became alcoholics. I used to bring them into our hospital there in Pusan and dry them out, and the first time I realized that drinking will cause high blood pressure. As they sobered up, their blood pressure came back to normal without any medication at all. There is no question about it, that's there. If you keep 'em busy in combat they don't have time to drink, but there's a lot of down time. I was a little concerned for myself for awhile, but I weathered it through.
- Mark: Okay. Discipline—you know, no one salutes anyone. Everything seems fairly informal in the movie and on the television show. Was it that way in your opinion?
- Sigurd: Uh huh. Well, in our unit we didn't salute. There wasn't any point in it. We were all colleagues involved in the same challenge, in the same overwhelming work. If visiting dignitaries came in from higher command, you walked into the--your commanding officer's office, we would salute. We would salute the visiting higher echelon as well.
- Mark: What was your relationship to the rest of the military? Because when I was in the service, there wasn't a lot of discipline in things like that either in the hospital I worked in, and the rest of the Air Force was kind of a strange world in a sense. Is it--
- Sigurd: Well, in the medical units we were very informal. I can't say in an infantry battalion—I know the infantry groups stationed in Kobe, those GIs set to and saluted their commanding officers and said, "Sir," and they sure did where it was required to expedite decisions and execution of decisions. There wasn't any-- unless there was a revolt amongst the infantrymen, they had to follow their--. I remember one tragic—when on that train ride back from Taegu. There was a full colonel, and I really didn't get to know him, but the little bit I did, he had to walk in front of a tank and beckon it on into battle because the tank commander or somebody driving it was afraid to go. And this poor old guy--and he was old too, but he did it. He came back I think with a through-and-through gunshot in his thighs, but at that time the troops in Japan, you know, they weren't combat-ready at all. They had a plush life, and many of them were drug addicts. So they were not reliable. We had to fall back on the old, Regular Army people.
- Mark: How about morale?

- Sigurd: At the beginning morale was terrible. When [General] Walton Walker came in--
- Mark: What were the complaints? Why was morale so terrible?
- Sigurd: Well, they were losing and retreating. You know, it was common, "I am the only one alive. All the rest of my unit was killed," or that type of thing was frequently heard. And the expression on their faces, the way they talked. You know, they were depressed. That's low morale in my book. Yeah.
- Mark: That changed as the--?
- Sigurd: Well, they started moving forward, upward, northward. With Walton Walker morale just soared. So did mine at that time. And it was in December that he was killed in a jeep accident, and that was a stupid accident. Another Army vehicle ran into 'em. They came around the corner, didn't see each other as I understand it. He was killed in the resulting crash, and then I think it was Matthew Ridgway that came and took over for Walker. Then Ridgway wasn't there too long. You see, in April 1951 MacArthur got fired, and then Ridgway was put in MacArthur's job. [General Matthew Bunker Ridgway replaced General MacArthur at the head of all UN forces in April of 1951.] Then General James Van Fleet came in and took over the troops in Korea.
- Mark: Were there any Corporal Klinger-types?
- Sigurd: No, no.
- Mark: Discipline problems like that?
- Sigurd: [laughs] Let me tell you something else. We didn't have "Hot Lips Houlihan" [head nurse character in *MASH* book, movie, and TV show]. That must have been--
- Mark: Okay. Let's-- I have a question about male and female relationships.
- Sigurd: In our hospital unit we had a different problem altogether. We had a lot of lesbians in our nursing clientele, I mean nursing corps. The officer of the day every once in awhile had to go over to the nurses' quarters and separate a big fight which was going on because "Twosome[??]" was cheating and going with somebody else and so forth and so on. It wasn't very—that wasn't "Hot Lips Houlihan." [laughs]
- Mark: That doesn't sound like it. Now, this is a topic that's a hot topic today, the gays in the military thing. Was this a problem in your unit? Did it affect morale? Did anybody really care?
- Sigurd: No, there was no problem, no problem. Those who were gay kept it to themselves and never said anything. We weren't aware of a problem and they were good soldiers. Yeah.
- Mark: Were there any sort of romantic male/female type things?

- Sigurd: Oh, yeah.
- Mark: I don't want to get personal or anything, but I'm interested in how--
- Sigurd: There were bisexual [heterosexual?] relationships, yes, no question about it.
- Mark: Sneaking off to the supply tent as I think they do on the TV show. I mean, this sort of thing did happen?
- Sigurd: Oh yes. It did happen. Maybe it wasn't the supply tent, but it was something comparable to it, yeah.
- Mark: I see. Was this a problem for morale?
- Sigurd: No.
- Mark: Was it good for morale [laughs]?
- Sigurd: It probably was good for morale, but it certainly wasn't a problem. I remember, however, one of our elder chief nurses had to be sent back to the States because she lost weight, and as she lost weight her belly line got bigger. She got pregnant as--
- Mark: And back in those days, they could dismiss you from service.
- Sigurd: I don't know what happened to her, but she had to leave our unit and went back to Japan. I assume that-- I don't know if she was dismissed from the service.
- Mark: What about officer-enlisted relationships?
- Sigurd: Well, when you were working, boy, you worked together and it was really beautiful, and you know, that old Army rigid-brass type of thing just didn't exist. As things got easier, then I guess you began to feel the separation between enlisted personnel and brass, and eventually the enlisted men formed their own little club, and the officers formed their little club, as best you could. So that separation took-- occurred.
- Mark: I see. Now, do you think this was based on rank itself? Or did it have to do with education perhaps?
- Sigurd: I think it's strictly rank. One person working with me in the care of a smallpox patient was a chiropractor. There wasn't any particular problem. He knew what to do and did it, and we worked well together.
- Mark: It sounds almost like a kind of self-segregation, that there wasn't--enlisted guys would just naturally hang around with fellow enlisted people and vice versa.
- Sigurd: Let me give you an example of back in Japan, which was peace time Army of Occupation. One of my colleagues, a single medical officer, young, kind of naïve, invited an enlisted man to be his dinner guest at a dining area in one of the better

hotels in Japan, really a dining area for officers in effect, and, jeez, the next day I was a guest there too. Next day I was called in by my commanding officer, grilled all about this. My wife and I both were there as guests. The commanding officer said, "You know that shouldn't happen. Bob"—that was the name of the other medical officer—"should have never done that." Well, he got called in and reprimanded, and I think the enlisted man was transferred somewhere else. So, if you broke the rule in those circumstances you had to pay the piper.

Mark: I see. One last nub(??) here, and then I think you were about to do home. We getting' towards 1951 here, and that involves your family. Did they stay in Japan while you were in Korea?

Sigurd: Oh, gosh. My wife and two kids stayed in Kobe. Shortly after she arrived there she became severely ill with high fever, shaking chills. She developed a breast infection called mastitis. It really took her down. They gave her antibiotics, and as she was clearing up from that she got one in the other breast, and that really took her down. Previously, we had visited an Army Signal Corps officer in another city in Japan. He was a high school classmate of my mother's and a football teammate of mine in high school. Fortunately, she was a registered nurse, so my wife called her and she came and took care of my wife for a good week or more until she got back on her feet. I am in Korea now. All of a sudden I hear somebody say, "Hi Sig." I looked around, and here's Kenny, this old high school football teammate. With his expertise as a signal corpsman, he took me up on the side barren hill and was able to plug me into the telephone at our place in Kobe. There I could talk to my wife and the first time I realized how really ill she was. You know, there was not a damn thing I could do about it. It was the most hopeless, horrible feeling I had. Fortunately, the facilities at the Eighth Station Army Hospital were close at hand. My wife got orders that she had to be ready to go on the spur of the moment with the older child on a backpack and the other one in arms to be breast fed and ready to take off to be evacuated to the States. Now, they had a rule, though, that no baby less than seven weeks could fly. So she had to stay and gave her more time for convalescence. Another interesting thing though, she got on her feet and had to go [**End of tape 1, side B**] to the Army commissary, the Marines had stopped off at Kobe en route to Korea. Well, they had the motto then, or appeared to, that anything was fair game [laughs], but the Army was wise to them. They put MPs at the commissary and around the housing area because those Marines were trying to get to anything that walked, that looked White, even if it had a babe in arms [laughs]. My wife flew out of Tokyo, and fortunately the Eighth Station Hospital had provided her an escort, a Black nurse from the hospital who I'd taken care of after she'd nearly died in a fire at the Chosun Hotel, and put her on the plane in Tokyo. And before they left they had lunch at the officers club in Tokyo. Remember, this is 1950, and that Black Army nurse got red carpet treatment. There was no segregation or discrimination at all. Well, you see, the Army was getting far ahead of civilian life at that point, and we spoke earlier about the integration of Black and White troops that happened in Korea. So on the way out, flying out of Tokyo, lightning struck one of the engines [laughs]. Remember this plane is filled with nothing but mothers and screaming kids and babies. God, that must have been terrible.

You, as a man, you couldn't have been able to take it. Neither could I [laughs]. Well, they had to do an emergency landing in Wake Island, and then from there they flew to Hawaii, and then from Hawaii to San Francisco, and that went reasonably well.

Mark: And she ended back in Wisconsin?

Sigurd: And then, you see, we'd had a 1949 Plymouth coupe that we had taken over with us, and you couldn't sell it in Japan. There wasn't any market. Everybody wanted to sell everything so the Army shipped it back, and fortunately my wife had an uncle who lived in Mountain View, California. So she spent a week there waiting for the car to come and join her. In the meantime her mother joined them, and they drove back to La Crosse, Wisconsin in the car. There weren't any four lanes then, you remember, this was the famous Route 66 and that's what they took. Yeah.

Mark: So you left Korea, then, in the summer of '51?

Sigurd: Let me tell ya. I told you that I volunteered for two years of duty. That was a contract with the Army. In a combat area, I really didn't think they'd live up to that contract, but you remember this wasn't officially a war. It was a police action, and they made good on their contract. The end of June, which was the end of my two years, my orders arrived, and, ah, I took off. I was the first to leave. All the rest of my colleagues were green with envy, and I never had such, you know, an exhilarating feeling and I got a jeep escort out to the airfield by the counterintelligence people, the criminal investigation department, and they bid me, "Bon Voyage!" Well, that was very nice of them. I guess that's because I sobered up enough of them they thought they'd do me a good turn [laughs].

Mark: So you flew back to the U.S. then?

Sigurd: Yes.

Mark: I am interested in your discharge process. Perhaps you could just walk me through it. Where did you go, and what happened, and when did you get your final discharge papers?

Sigurd: I think it was -- I think -- I just landed, and I think it was at Letterman General Hospital that was right there at the port of embarkation in San Francisco, and I met a lot of young medical officers, some of them I had interned with, and they looked at me and said, "Well, you're joining us too, aren't you?" And I said, "No, I'm coming home. I've been there for a year." And their mouths dropped, and their eyes got big, "You lucky son of a bitch." [laughs] And from there I just flew to Minneapolis, Minnesota, and my wife met me there, and we had a reunion, and then we went to La Crosse and joined the boys. In my historical report to my family I ended by saying, you know, that after combat and after a battle there's usually a letdown, and I mentioned that in my document. Apparently the cortisone and the adrenaline and all builds up high during the stress of combat, and then afterwards it subsides. It leaves you in a rather

depressed and vulnerable mood. So when I got home I could hear them thinking, “Well Dad, did you have a letdown?” And I sure did. I'd been home several weeks, and I found that my tolerance for the petty grievances of the people at home grew less and less, and I got more and more irritable and liked myself less and less. And then one evening I just went out into the hall of the apartment building where we lived, and I just wept and wept and wept. And with that somehow I got washed clean and I was okay afterwards. So, ah, you know, it was tough getting used to two little boys. You can call that -- what do they call it-- environmental --ah--

Mark: Stress?

Sigurd: Yeah [laughs]. Well, I had it, yeah, but I was fine after that.

Mark: I see. So, one of my standard questions is to ask about Vietnam veterans and the problems that they experienced that were splashed all over the news media. I was wondering, I'll ask-- one of my standard questions is to ask did you have any readjustment difficulties?

Sigurd: That was it. That was it. It didn't last after that.

Mark: About how long?

Sivertson But I knew that I—well, that must have been, oh, maybe three weeks after I got home, and, ah, but I knew it was going to happen. So I anticipated it. So I just went out, and I let it all hang out in private. And, ah, you know, God, I remember some colleagues after World War II, after a battle and so forth. Those physicians up there, after the battle was over, particularly after the war ended, you know, the incidence of flu and respiratory illness just reached a new high, and that was the theoretical explanation for a lot of that. ‘Cause all of those internal defenses that the body had built up had now subsided and made them more vulnerable to things of that nature.

Mark: Now, is there a documented physiological relationship to this, do you know?

Sigurd: Well, they tried to in Korea in a few cases to measure the cortisone levels as best they could -- the adrenaline levels and so forth. And there was a suggestion that they were high, and then they dropped to lower levels, but those were very limited studies and not really conclusive because, you see, it depends on how long after the battle that they were able to do their studies. Now, you're talking about the aftereffects of things like Agent Orange and chemical things of that nature. Well, World War I, of course, mustard gas had a profound effect, and gas of those types also had their impact in other wars. I really don't know about Agent Orange, but when I was - you see, I joined the faculty of the Medical School here in 1968, and I had medical duty, ward duty, at the Veterans Administration Hospital, and we saw people coming in claiming to be victims of Agent Orange.

Mark: Back in '68 already? Or '69?

Sigurd: Ah, yeah, on the years after that. As I recall, the symptoms they had were no different than somebody with a regular depression, emotional depression, that everybody almost to a greater or lesser degree gets at various times of their life. Whether Agent Orange caused that, I don't know. To my knowledge, to this date, it's never really been proved. It could have been, but I was never impressed with any direct relationship.

Mark: Between the depression and the Agent Orange?

Sigurd: Right.

Mark: I see. My last area that I cover involves veterans organizations and reunions and those kinds of things. Did you ever join any sort of groups after Korea?

Sigurd: No, I didn't.

Mark: Have you stayed in contact with people you knew in service or anything like that?

Sigurd: I have lost contact with all the people in that evacuation hospital. I've often thought I'd go to the American Medical Association's Directory of Physicians and look their names up, and see where their address is, and try to get in touch with them. But I wouldn't try to get in touch with Richard Hornberger, the guy who wrote *MASH*.

Mark: Why's that?

Sigurd: Well, he got so sick of people asking about it -- and, for example, he'd be seeing a patient that was going to have a lung out in the morning, and he'd see them the day before, and all they wanted to do was talk about *MASH* instead of about their surgery. So he just said, "Well, I'm not that guy at all." He'd give them somebody else's name. "You talk to him." [laughs].

Mark: So that covers my general areas of questioning. Is there anything you'd like to add? I know you have some notes. I don't want to leave anything out.

Sigurd: Ah, no. I think I did my homework and marshaled up my memory and organized it. So I—I could say I've got ninety-eight percent of what I was thinking about covered, and I don't know as I can find the other two percent.

Mark: Well, thanks for stopping in.

Sigurd: You're welcome.

Mark: Thanks for being number one in '95.

[End of Interview]