

Wisconsin Veterans Museum
Research Center

Transcript of an
Oral History Interview with
RAUL WATERS
Surgeon, Army, Vietnam War
2000

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Waters, Raul. (1936-2014). Oral History Interview, 2000.

Master Copy: 1 video recording (ca. 80 min.); ½ inch, color.

User Copy: 2 audio cassettes (ca. 80 min.); analog, 1 7/8 ips, mono.

Abstract:

Raul Waters, a native of Cuba who emigrated to Michigan in 1945, discusses his Vietnam War service as a surgeon with the 67th Evacuation Hospital in the central highlands of Vietnam. Waters talks about being called into army service, serving at Fort Knox (Kentucky) in the urology department, and transfer to Fort Sam Houston (Texas) where he received weapons training and instruction on identifying booby traps. Landing in Vietnam, Waters comments on receiving orders for "up-country," weather at the coast, and his expectations and what he actually saw. Waters mentions treating gunshot wounds and malaria, techniques for treating the high volume of patients, and having plenty of supplies. He touches upon his transfer to An Ke to treat an outbreak of venereal disease, assisting in battle wound surgery, and the bravery of young soldiers. Also mentioned is the dedication of Army nurses, running out of suture material during the Tet Offensive, and his return to Milwaukee (Wisconsin).

Biographical Sketch:

Raul Waters was born in 1936 in Cuba, before emigrating to the United States as a child in 1945. Waters was raised in Detroit (Michigan) and moved to Milwaukee (Wisconsin) for his surgical residency. He joined the army in 1966 and was sent to a field hospital in Northern Vietnam during the Vietnam War. Although Waters was trained in urology, he was a general surgeon in Vietnam and received the Army Commendation Medal for his service. After the war, Waters accepted a position as Assistant Professor of Surgery at Marquette University Medical School. Waters then took a position in Madison (Wisconsin) at the Dean Clinic where he stayed for 37 years. He also became a Clinical Professor of Surgery for the University of Wisconsin-Madison.

Interviewed by James McIntosh
Transcribed by Noreen Warren, 2012
Reviewed and corrected by Amanda Axel, 2012

Interview Transcript:

McIntosh: Darn that camera. There.

Waters: Things are so simple nowadays.

McIntosh: Yeah, they sure are.

Waters: I can't get over these camcorders and—

McIntosh: Yeah, it's really neat. That looks better. Alright, off and on.

Waters: It's kinda interesting, since we moved, we've obviously dug up a lot of stuff. I have a camera, a zoom-8 camera, and a projector that I bought while I was in Vietnam. And all of a sudden I find that we don't have any use for this stuff, you know. There is no film for this stuff any more. [laughs] It's incredible.

McIntosh: Ok, now, you were born when?

Waters: Six, five, thirty-six.

McIntosh: June, '36.

Waters: Yeah.

McIntosh: Where?

Waters: Cuba.

McIntosh: And, when did you come to the US?

Waters: Right after Word War Two, 1945.

McIntosh: Where did you live then?

Waters: You mean, when my parents came back?

McIntosh: Yeah. When you came here in '45, where did you--?

Waters: I think my dad was in Tampa.

McIntosh: In Tampa?

Waters: Yeah.

McIntosh: And then how did you get from Tampa--?

Waters: Oh, then my dad got a job in Detroit, and that's where I grew up really. That's where I spent—

McIntosh: Grew up in Detroit. Moved to Detroit. When did you enter military service?

Waters: Let's see, let me think. It was May of '66, I think. Yeah, '66.

McIntosh: And where did they—what, the U.S. Army?

Waters: Yes.

McIntosh: At that time, you were already completed your urology, or no, you just went in as a General Medic Officer?

Waters: No, I had two months left of my residency.

McIntosh: Of the urology residency?

Waters: Yes.

McIntosh: Well, that was a dirty trick.

Waters: Oh yeah, not only that, they tried to make me come back and repeat the whole year.

McIntosh: You're kidding?

Waters: When I got done, yeah.

McIntosh: Well, when you went in you were scheduled to be in service two years. One year in Vietnam, right? Was that the deal? Or was it--

Waters: That wasn't scheduled, it was, you just went in.

McIntosh: No deal, you just went in. So, you were where? Where were you at the time you were in the Service?

Waters: When I went into service I was assigned to Fort Knox.

McIntosh: Fort Knox, as a General Medical Officer then?

Waters: No, I was assigned as a urologist.

McIntosh: Oh, even though you hadn't completed your training?

Waters: Right. I just had two more months to go.

McIntosh: Sure. Okay, and Fort Knox, what did they teach you at Fort Knox?

Waters: Well—

McIntosh: Not much?

Waters: Not much, [laughs] just did the same thing I did as a resident, you know.

McIntosh: You just had a hospital there, there was a hospital?

Waters: I was pretty much assigned to the hospital.

McIntosh: Was it a big service or not?

Waters: Not terribly large. There were two of us. There was a senior full regular army urologist, who was a very nice gentleman. Whom, he was from Indiana and he was in our section. And I got to see after the service. He, actually retired about two, three years ago. Very nice man.

McIntosh: Was he a good urologist?

Waters: Yeah, he was.

McIntosh: He did a good job and all that?

Waters: Oh, yeah. I learned a lot from him.

McIntosh: Was it busy at Fort Knox?

Waters: Well, it wasn't overwhelming—

McIntosh: I don't know how big Fort Knox was at that time. Twenty thousand?

Waters: Fort Knox, I can't tell you, but we had a Class Two hospital, which was a pretty good size.

McIntosh: Class Two? I don't know about this classification of army hospitals. Tell me, is it by number?

Waters: Class One is their teaching institutions, Walter Reed--

McIntosh: Or Bethesda and the Navy, I see.

Waters: Right, and Class Two are the next type, which are not teaching hospitals.

McIntosh: But they had board men, at the top of all the specialties and so they're well covered.

Waters: Right. That's right, that's right.

McIntosh: By regulars, I assume.

Waters: Well, in normal times, yeah. But then—

McIntosh: Is this guy a regular?

Waters: Yes. He was regular.

McIntosh: Oh, I thought so. Most of those guys on our hospital ship who headed everything were all regular.

Waters: Yeah. Lieutenant Commander, I think Lieutenant Colonel.

McIntosh: Yeah, well we had commanders of our—

Waters: Yeah.

McIntosh: Ok, and as far as the hospital, was it as good as any hospital you've been in?

Waters: Yeah, it was well run.

McIntosh: They had everything? Equipment good?

Waters: Quite good, quite good. We didn't lack anything particularly. For consultation, we had the University of Louisville down the road, thirty miles away. And on occasion we would go there and confer with them. We actually had one guy would come out once in a while and give us a hand with difficult situations or something like that.

McIntosh: Oh, boy, that was a help.

Waters: It was, it was a nice experience for about seven months.

McIntosh: Was that how long you were there?

Waters: Yeah, then they hauled me out.

McIntosh: Your assumption, when you showed up at Fort Knox was you were going to spend your two years there?

Waters: That was my *wish*. I knew darn well that wasn't going to happen. [laughs] Most of us with surgical MOS' [Military Occupational Specialty], we knew where we were going to probably go, so it was almost a certainty.

McIntosh: So, they just did it by phone some day or they send you in the mail, your orders?

Waters: No, it was a standard Army thing, you got it in the mail, yeah. The commanding officer got it. Actually, my superior got the message and then he had the dirty duty to tell me.

McIntosh: How much time did they give you? Ten days?

Waters: Ah, ten days to two weeks, something like that.

McIntosh: You could have taken some time off before that, or not?

Waters: That was it, that was about the whole time. I had to report to San Antonio.

McIntosh: Right. You must have had a few days in there, you could go home if you wanted.

Waters: It was about ten days, I think, yeah.

McIntosh: Were you married then?

Waters: Yes, and I had three children.

McIntosh: You had three children. And that didn't count at all, did it?

Waters: Oh, of course not.

McIntosh: If you had five, it wouldn't make a difference, right? [laughs] But you knew it was coming, so you weren't terribly shocked by it.

Waters: No.

McIntosh: Just disappointed.

Waters: Sure, sure. Yeah.

McIntosh: And so how did we get to Vietnam? Tell me about that experience.

Waters: Well, that was interesting. The situation was that when you first went into the Army, everybody went down to Fort Sam [Houston]. That's the army's medical training area. And since it was on a war footing, they actually processed around six hundred doctors when I went in. I think six or seven hundred, I forgot the exact number. And they put us through a regular course after we spent about a week or two filling out forms, you know, the usual military thing. And the course was, really prepared everybody for the eventuality that you may have to go there. So, we had to qualify with rifles and handguns and—

McIntosh: Oh really?

Waters: Oh, yeah.

McIntosh: Shooting training?

Waters: Oh yeah, we went through the preliminary training. And when I got my official orders to go to Vietnam, then they sent me to a, I can't recall what exactly it was, it wasn't an armored unit, but I think it was an infantry unit located in Fort Knox. And, one of the sergeants, a couple of sergeants, took me and made me qualify with the M15 [pistol]—

McIntosh: Oh my.

Waters: Oh yeah, and the .45. Because—

McIntosh: You probably have to wear those.

Waters: Yeah. I wore one, a side arm, all the time I was there, even though I was a physician.

McIntosh: Did they tell you that was a necessity, by the way? Did they say "You will," or did they just suggest it, do you recall?

Waters: You mean wearing the side arm? No, it was a suggestion when we left base that it was a good idea to have a sidearm. And, most of us did too.

McIntosh: Yeah, I'm sure it made you a little more comfortable.

Waters: Oh, yeah.

McIntosh: Okay. So, now that you've been through your basic medical experience. You're ready for the—

Waters: They also had an interesting find, now, as I recall. A counter-insurgency course where they showed us the booby traps--

McIntosh: You mean how to recognize one?

Waters: Yeah, where they usually were laid, you know, the—what did they call those, punji sticks?

McIntosh: Punji?

Waters: Punji stick traps, and also ambush. You know, where do you expect it on a trail and all. A lot of interesting things, you know, I mean, you're overwhelmed as a physician because you're not in tune with these things.

McIntosh: This has nothing to do with the system though, right?

Waters: No, but it was really interesting because, you know, you don't know what you're going to get into.

McIntosh: Sure. Well, life is not just one thing, it's a lot of different things.

Waters: Yeah. So that part of it I found exciting. I mean, it really was because I--

McIntosh: Well, it's sorta like being a kid again, isn't it?

Waters: Well, it was and I grew up under World War Two and I remember all the World War Two movies and all that sort of thing and all of a sudden I'm in the middle of this stuff, you know.

McIntosh: Right.

Waters: It was really strange.

McIntosh: That's good. Did you feel comfortable handling weapons? That didn't seem to bother you and it seemed to work all right?

Waters: Yeah, I mean, once, I had never been a hunter or anything like that, growing up in the city and all that. But, you know, once these experts tell you how to do it—

McIntosh: Yeah right, then it's really not complicated.

Waters: No, not at all.

McIntosh: So, then, here we go off into the wild blue yonder. How? Did you fly over?

Waters: Yeah. First I had to locate my family back in Detroit. I was hoping, you know, I thought maybe my family could stay on base or something. That's not the case, I mean, there was no room for anybody. So, I took my family back to Detroit, found an apartment for them, and fortunately, my parents were still in Detroit, so my wife had some support for the kids.

McIntosh: Some support, right.

Waters: And, so that worked out for—

McIntosh: Yeah, that's where my situation too. I went to Korea then and she went back to her folks.

Waters: And so then my orders were to fly to San Francisco. Now wait a minute, how did it, yeah. I reported to San Francisco and I had to spend the night on my own in San Francisco and then I reported to McChord Air Force Base. And they flew us out in a private plane, not in a military transport because there was so much traffic.

McIntosh: 707?

Waters: 707, yes. The military transport service was overwhelmed during those days. So they were chartering—

McIntosh: This is what month of what year?

Waters: This is July '67.

McIntosh: Seven, Sixty-seven?

Waters: Yeah.

McIntosh: Ok, and tell me about the flying. How many jumps?

Waters: Well, it was scheduled to stop in Hawaii, and then go all the way to Vietnam. But on the way there after being in the air for, I never forget this, a couple hours, the cabin started to fill up with smoke.

McIntosh: Terrific.

Waters: I mean, and we were a full load, 707, I forget how many men on board. And it got very hot. I mean, it was something obviously wrong with the air conditioning. So the pilot was trying to figure out whether we were out beyond the point of no return—

McIntosh: You're halfway between Hawaii and the United States?

Waters: Yeah. I mean, it was a lot of things and so he, they started playing around with the mechanism and somehow they got it fixed. But, we had already turned back. And so he says, whatever, he calculated that we had enough fuel, so instead of going to Hawaii, we went to Wake Island. And we landed. I remember it was at night, and I remember, again here's World War Two. I don't know if you recall, there's a movie called *Wake Island*.

McIntosh: Of course. A terrible movie, but I remember it.

Waters: Yeah, and here I am on Wake Island and we fueled—

McIntosh: You've heard about it all your life, right?

Waters: We fueled and we had enough time, I had enough time to walk around it. Because, Wake Island is nothing. So I walked around Wake Island and came back and we got on the plane and then because of whatever reason we stopped at Clark Air Force Base before we came in.

McIntosh: In the Philippines.

Waters: Yeah, and I don't understand why, because he had thought he had enough fuel but all of a sudden, I don't know what happened. But, we stopped at Clark. And we were at Clark for about three hours or so and then on to Bien Hoa in Vietnam, Bien Hoa is just north of Saigon. It's one of the major airports for Saigon. And we were there, like about, a half hour and then we were on buses out of Bien Hoa towards what they called LBJ Junction. Seriously that's what they, and what it was it was a kinda an assignment center. What did they call that in World War Two like a—

McIntosh: Replacement depot.

Waters: Replacement depot, that's what it was. And they just, it was a hole in the wall. It was—

McIntosh: Tents?

Waters: --tents and hooches.

McIntosh: Yeah, I know the hooches.

Waters: You know what I mean, and it was totally without any creature comforts, I mean, it was—

McIntosh: One hundred and twelve degrees.

Waters: Oh it was one hundred and twenty-three.

McIntosh: One hundred and twenty-three—Jesus Christ!

Waters: It was a shock when you first land.

McIntosh: I bet. Out of the air conditioned airplane.

Waters: Yes, that was, I mean, you literally melt, I mean, you wilt. But anyway, we were there, and by the way it wasn't all doctors then, you had a mixture of all different kinds of officers there. They separated the enlisted from the officers at this point. I don't think it made any difference, I mean, the conditions were the same, you know. And I was there for about three days with no idea what was going to happen to me.

McIntosh: No orders?

Waters: Nobody knows anything when you get there.

McIntosh: Did they give you a bunk?

Waters: Yeah, that's right.

McIntosh: You bunk over there and then we'll let you know when—

Waters: Yeah, you got a bunk and that was it. And it was just kinda, you just kinda wander around. You know, when I think about it, it was sorta a good thing because physiologically, it gave you time to adapt.

McIntosh: Probably, yeah.

Waters: You know, and by the time I got out I was getting adjusted to the heat a little bit. It was really overpowering.

McIntosh: I bet.

Waters: And you really feel, I mean, you're exhausted all the time. I didn't eat for a couple of days. I didn't want to eat.

McIntosh: Oh really.

Waters: Yeah, I mean, I lost my appetite completely. The other thing that I have to be very candid about is when you first land, you start to get scared. Because, here you are in a land of combat and you think there is a Vietnamese with a gun right behind every tree that's going to poke you off.

McIntosh: Oh, yeah.

Waters: And so, I think everybody was looking over their shoulder, particularly since the bus that took us from the airport to this replacement depot place was guarded by a jeep in front and a jeep in back with machine guns.

McIntosh: That would make me nervous.

Waters: I was very nervous, you know, I mean. You could see that the soldiers were also, you know, they were kinda twitchy. So they were looking all around and I, because that was a little bit, so the stay at the replacement depot was not, was not a comfortable. It was very—

McIntosh: Well, you didn't know anybody, either.

Waters: --unstable, unstable. I mean, it doesn't matter that you don't know anybody because, you know, people get to know each other right away and you start making friends and all that because you're all in the same boat. But not knowing where you're going was something. So then finally every day they would post names and orders. But--

McIntosh: To do what?

Waters: Well, the orders were not actually typed out. They just would put a name and they would say "up country" or "Saigon." "Up country" meant you were going up north somewhere.

McIntosh: In the bush somewhere.

Waters: Yeah, you don't know where. And so, finally my name came up and I was going "up country". Which was fine with me, you know, I mean, anything was better than where I was at. And then, when you got your name posted there, I think, you had to report somewhere and then you got your orders cut. And that's when I found out where I was going. I was assigned to the 67th Evac Hospital in Qui Nhon. This--

McIntosh: How far is Qui Nhon from Saigon?

Waters: It's gotta be, oh I bet it's gotta be two hundred miles.

McIntosh: North?

Waters: Yeah, maybe even more, I'm not sure.

McIntosh: In the middle of the country?

Waters: It's in the middle of South Vietnam on the coast.

McIntosh: Oh, on the coast.

Waters: On the coast. Now, we were supporting the Seventh Cav and the Fourth Division, the IV's. We were at the, on the coast, but most of the activity was in the Highlands, at Pleiku, An Khe, and points north and south. But, I mean that was our area of activity. That's where we took casualties from primarily.

McIntosh: Describe the hospital that you were assigned. This is a pretty stable hospital?

Waters: Well, yes.

McIntosh: I mean the buildings were stable and all this?

Waters: Yeah, this was the thing that fascinated me. When I landed, first of all, I don't know how much detail that you want but I mean, when we took off, it was a C-130 and that's a wonderful airplane.

McIntosh: Yes, I know.

Waters: Ah, it's just wonderful. Even though we were packed in like cattle, I mean, there were no seats, you just sat on the floor type of thing and you carried your stuff with you.

McIntosh: Sure.

Waters: But, we flew to Pleiku, up in the Highlands and that was wonderful, because that was cool up there compared to where we were at. And I saw my first ravages of combat, you know, what the bombing had done and all that sort of thing.

McIntosh: The civilians, you mean?

Waters: Well no, I mean, just from the air; the effects of, you know, bomb craters and that sort of thing. Then from Pleiku, they dumped some people there that were assigned there. Now, you have to, this wasn't all medical personnel there were a mixture, infantry and everything else.

McIntosh: But Pleiku was just an army base as far as you know. Airport?

Waters: Pleiku was a major Highland Army/Air Force. The Air Force had to continue through there. Most of the major bases that had an airfield had a

component of army and air force. The Air Force ran the airfield usually and the Army, the perimeter. So from there—

McIntosh: They were mixed with the Marines?

Waters: No, the Marines weren't there. The Marines were at Da Nang, just north of us.

McIntosh: They pretty much stayed separate?

Waters: Yeah, for the most part, yeah. There were, later on before I left, there were some combined action between Army and Marines at Quan Tre, which is north of Da Nang. I was due to go up there but I didn't go there. Then from Pleiku, the plane continued on to Qui Nhon. Now Qui Nhon was a big town by Vietnamese standards, I mean, nothing like Saigon. But it must have been, I would say, five or six thousand permanent people there. And it was beautiful. It was right on the South China Sea and the coast was beautiful. And the hospital was a great surprise to me because it was actually clean and it was an old, what it was was an old French villa of some sort that we had taken over. And it was really very pleasant, I mean it was—

McIntosh: How many beds? Do you recall?

Waters: No I don't, no I don't. We had about two wards, two big wards that—

McIntosh: Maybe about fifty beds?

Waters: Probably more than that. Maybe close to a hundred I think, yeah. Yeah, I think we probably got close to a hundred beds. And we had a K-Team attached to us. A K-Team in army parlance, I mean in the army medical terminology is the specialty team. And this K-Team was neurosurgery, it had two neurosurgeons and I believe an orthopod [orthopedic surgeon]. They were attached to us. And, we had four to six general surgeons, myself, and—

McIntosh: You were the only urologist?

Waters: Yes. Well I replaced a guy and we overlapped for about a month. And he kinda clued me in on what was going on. That was very helpful.

McIntosh: Oh yeah. We're not in Kansas anymore. [laughs]

Waters: It was just incredible. You know, I having done general surgery in Detroit, I thought I knew the gun and knife club pretty well. But, this was incredible.

McIntosh: Something else.

Waters: Incredible, that high velocity round is so destructive. So, I had to learn.

McIntosh: Did you have to do the general surgery too?

Waters: Well, I volunteered. Sure.

McIntosh: There wasn't enough urology to keep you busy full-time.

Waters: Yeah, no, I just thought that was the right thing to do and everybody needed help. So, it was worthwhile.

McIntosh: You didn't have to leave the hospital, everything came to you, is that right?

Waters: Yes, well, I'll go into that later on. I'll tell you some interesting stories about that.

McIntosh: Sure, that's what I want.

Waters: But even though we were designated an evac hospital, we were we were really a surgical hospital because of the helicopter. Our casualties came directly from the field.

McIntosh: In essence it was a big M.A.S.H. hospital.

Waters: That's what it was.

McIntosh: Yeah, I mean a specialized M.A.S.H. hospital, right.

Waters: That's what it was. I mean, we took casualties directly from wherever--

McIntosh: Within minutes.

Waters: Twenty minutes was the latest. Sometimes within five minutes.

McIntosh: You had a helipad out there?

Waters: We had in our area, and the hospital was located right on an airfield. And the army had some helicopter companies assigned to that area. Now, some of these helicopter companies were actually gun ships, but we also had medevac units with us.

McIntosh: Some of them doubled, did some do both?

Waters: I'm sure, I'm sure.

McIntosh: Probably.

Waters: I'm sure. I don't know for a fact. So it was kind of a medical center, you know, for this area for the I-Corps. We were in the up North.

McIntosh: You were, yeah. What was the name of the evac, what number was the evac?

Waters: Sixty-seventh.

McIntosh: Sixty-seventh, yeah. Did you have any internists or anybody doing anything?

Waters: Yes.

McIntosh: Did you do any of the more hard-core stuff?

Waters: Yeah, we had some internists, and it was God-sent because there was so much malaria.

McIntosh: And you didn't want to fuss with that.

Waters: Well, I didn't know how to fuss with that, first of all.

McIntosh: Yeah, right. [laughs] That's one problem right there.

Waters: So the internists, we had three or four, they varied, because the way that the replacements were worked out in the Vietnam conflict, it wasn't by unit. In other words, a unit didn't just go over, they replaced people.

McIntosh: Alright, like you.

Waters: Yeah, exactly. So that sometimes you'd have three or four internists and sometimes you'd have a couple. Sometimes—

McIntosh: It was a constant rotation of personnel then.

Waters: Yeah, sometimes you'd have FPs, you know, Family Practitioners. You know, it's great to have because there was just so much stuff. There was a lot of medical problems.

McIntosh: Everybody was really busy then, I can see that.

Waters: For most of the part. It was busy. Now, on occasion, you know, when the monsoons came a lot of operations—

McIntosh: It would stop.

Waters: Slowed down, didn't stop. But the big pushes and all that—

McIntosh: That's how we know it's not a hospital ship. Because when we were driving forward, up—when the army was moving then we got casualties.

Waters: Oh sure.

McIntosh: But when nothing much happened, and, you know, when they were just defending, then not too much.

Waters: Right.

McIntosh: But, boy.

Waters: Yeah, but those lulls were wonderful.

McIntosh: Sure.

Waters: But boy, I tell you--

McIntosh: I got my sun tan then.

Waters: [Laughs] Well, not when it rained, because a monsoon would rain for three months.

McIntosh: Oh my.

Waters: But, it was really nice to get those days off where we'd just kinda goofed off because, you know, sometimes we would go two, three days without sleep. You know, you know how it is, they just kept coming, just coming, you know.

McIntosh: Pretty soon you're just sorta marching through without thinking.

Waters: That's true.

McIntosh: That's when it's danger time.

Waters: Boy, it was, it was really, really, sometimes you were so beat.

McIntosh: I know it. And, you didn't think much and you just—

Waters: You just did it.

McIntosh: And you should have been, you know, but you can't. Wow. So when you got there you had something to do and you just sort of had no schedule, just get up in the morning and get over there and start work or what?

Waters: Well we tried to have schedules. What we did is, two surgeons were the guys on call.

McIntosh: Who would receive the incoming?

Waters: Who received everything.

McIntosh: Oh.

Waters: In other words, these two guys did the triage and operated, until they were overwhelmed. Then the next two guys up would come in and relieve. Not relieve them but just pick up the slack. And then the next two guys. You know—

McIntosh: Constant rotation, so—

Waters: Yeah. So on a given, you may go twenty-four hours and it's just the two of you take care of everything.

McIntosh: Because it wasn't so busy.

Waters: It wasn't so bad. But most of the time there'd be about four or five of us going all the time.

McIntosh: Then of course you'd never know when this was going to happen. You didn't have any warning at all.

Waters: No, well, sometimes we did.

McIntosh: You'd have a few minutes at certain times.

Waters: Sometimes we did because we would hear through the grapevine that the Seventh Cav was going to—

McIntosh: Do something.

Waters: --was gonna do something, you know. Or, there were LZs or Landing Zones and we would hear about LZ-Larry would be hot. So that meant we were going to be taking some stuff in.

McIntosh: Right.

Waters: And, we did, I mean it's just. **[End of Tape One, Side A]** What I found interesting as a civilian surgeon is that the high velocity round, what it did. You'd have this little hole, entry hole. It didn't look like much, you know, but I soon found out about ballistics.

McIntosh: Turn them over and—

Waters: There was a hole out the back that big, because the round would 'yaw'. It wasn't that it went straight, it had this energy that it—

McIntosh: Ripped out everything.

Waters: So it just ripped up everything. So whenever we, first it's just a superficial muscle wound, we would never close it primarily; we would debride it and delay primary closure.

McIntosh: Sure.

Waters: We did everything that way. Otherwise—

McIntosh: You didn't close anything?

Waters: We didn't close anything on the periphery, on a primary basis. We closed everything delayed, four or five days later.

McIntosh: Now, before we leave that one, would that patient stay with you and you would do the secondary closure, or would you push them back further?

Waters: It depends, it depended on what was happening. If we were overwhelmed—

McIntosh: Right, how busy you were.

Waters: If we were overwhelmed there would be a C-140 there—

McIntosh: Back to Saigon?

Waters: Some to Saigon, some right to Japan.

McIntosh: Oh really.

Waters: Yeah, a lot of our stuff went right to Japan.

McIntosh: So, my guy with an open wound might be on a plane flying to Japan.

Waters: Yeah, we would pack it, and it held. If we weren't too overwhelmed we would do our own delayed primary closures.

McIntosh: Sure.

Waters: And that's where we used the internists and the FPs, you know, that weren't—

McIntosh: Doing anything?

Waters: They were—

McIntosh: It's not hard, just give me, you know. They even jawed up at--

Waters: Well, some of them did, some of them did. But, that was the kinda the plan. You did, you pretty much did, you stopped the bleeding, you resected bowel that needed to be resected. Some vascular surgery we did, too, not a lot. We did some vascular surgery, particularly--

McIntosh: You had blood extenders??

Waters: Yeah, we had one anesthesiologist who was wonderful and about five nurse anesthetists. And they would, the anesthesiologist would triage with us, so he would know how to plan the blood. Blood was available fresh. Everybody donated blood.

McIntosh: That was not a problem?

Waters: That was not a problem. We had a lot of ancillary personnel, not just in the hospital, but surrounding the airfield, and we could always get blood.

McIntosh: You ever take blood from any Vietnamese?

Waters: Not routinely.

McIntosh: No, because you're worried about the malaria.

Waters: Malaria, yeah. That was—

McIntosh: That was surely endemic there.

Waters: Yeah, that it is.

McIntosh: Well that's good that you have the blood available. It makes a big difference.

Waters: Yeah, it was wonderful. We also had a pathologist, interesting enough.

McIntosh: Oh really.

Waters: And he did all the blood banking. That was his job.

McIntosh: Boy, that was a big job.

Waters: It was, it was.

McIntosh: The time was so important to you. You can't be dinking around.

Waters: Jim, I can remember we also took care of some Vietnamese. It was a Vietnamese man who was our ally and got medevaced and we gave him fifty-five units of blood.

McIntosh: Jesus, wow.

Waters: Yeah.

McIntosh: [Laughs] That's a bunch.

Waters: Yeah, and there was another young GI who eventually died. He lost both extremities. He got over one hundred units.

McIntosh: What did he die of? Blood interaction?

Waters: Well he died of—

McIntosh: The problem he had when the blood—

Waters: No, not really. It wasn't so much that, because he was young and he had a lot of reserves. But, he had this shock of, lung shock syndrome which is real. That really killed him.

McIntosh: Is that right?

Waters: Yeah. That was a bad one.

McIntosh: You couldn't get him out of there?

Waters: But we didn't have the support system he needed. The only way you could get him out of that was a pulmonary bypass, you know.

McIntosh: Yeah. You weren't Bethesda there.

Waters: Once he got that pulmonary shock, boy there was this white-out of the lungs—

McIntosh: You couldn't do anything about that.

Waters: Now that was bad.

McIntosh: And that would be precipitated by sudden loss of tremendous amounts of blood, do you think?

Waters: Well. It was a combination of things, Jim. Sometimes it was traumatic if they had a round of one of those high velocity rounds that hit the chest, that usually set them up even though the other lung was okay.

McIntosh: Is that right.

Waters: So that was not good.

McIntosh: Your chest wounds then, who dealt with those?

Waters: Well we had most of the time, we had the general surgeons usually did but luckily all the time I was there, there was one guy who had thoracic training.

McIntosh: I was gonna say.

Waters: Yeah. And he was very helpful.

McIntosh: We had a, when I first got on my hospital ship, we didn't have anybody that had any chest work and so after a couple of unpleasant experiences the captain said "No more of that. Until we get one, we're shipping them all back." So anytime, we saw one was coming we just didn't keep him on the ship, we'd just send them back to Japan.

Waters: We did have an unpleasant experience, I'll tell you about that. Because it was a rivalry between services. We had a, our group, by group I mean the combination of hospitals. We had, I think, there were about three hospitals under this command, the 44th Medical Group. And this was under a full bird colonel, a MD, a guy from Minnesota. And, to make a long story short, we got an injury that required that the guy could be saved if we put him on pulmonary bypass. None was available, obviously. But the good ship Hope was off-shore.

McIntosh: Sure.

Waters: As a matter of fact, Barry Greenberg was on the good ship Hope, while I was on shore. Well, anyway, so we immediately requested to get this guy transferred to the Navy. And this—

McIntosh: Wouldn't have any part of it?

Waters: This guy, this colonel would not allow it.

McIntosh: Oh, the army colonel?

Waters: The army colonel would not allow it, to the transfer.

McIntosh: What a shame.

Waters: I mean we really, we fought this.

McIntosh: How did it, to them, how could he imagine that would reflect on his career? Because, I'm sure that's what he's worried about.

Waters: Boy, I tell you, that really soured us.

McIntosh: I'm sure.

Waters: We were really upset about that.

McIntosh: That's ridiculous.

Waters: I don't understand; I didn't understand. To this day, I don't understand the politics of that. But, it had something to do with the fact that they weren't going to send the Navy anything.

McIntosh: Well, obviously it threatened him, in some way in some fashion.

Waters: Yeah, that was very worrisome. But that was—

McIntosh: Because we didn't, we got army stuff from M.A.S.H. units on our hospital ship all the time. And I got a couple of these guys when they had some time off they come visit us because they'd sent us so much work, that we got to sort knew each other.

Waters: Oh yeah, yeah. But I don't understand what the hell was going on--

McIntosh: I don't get any of that service stuff.

Waters: Because we got along just great. We took care of some of the Navy Swift Boat guys that were in our area.

McIntosh: Yeah, sure.

Waters: I mean, there was no problem.

McIntosh: Right.

Waters: Also the Air Force guys, I mean. But I never understood that. That was a sore point with me.

McIntosh: That was pretty bad. I've seen one of those M.A.S.H guys, he ran the surgical team; he's in pediatric residency. They pulled him out of pediatric residency and they said "Well, you're a surgeon." He said "I'm a pediatrician." "You're a surgeon," and he did that and he did it for six months. And I kept contact with him and he went back and did surgery, he didn't go back to pediatrics. He enjoyed it so much.

Waters: Is that right?

McIntosh: But, he's a pediatric resident, they made him the head of, they put him in the M.A.S.H. unit there. Jesus Christ.

Waters: I'll tell you an interesting thing that happened. The army in its wisdom decided there were, as you could imagine there was a lot of venereal disease every war has—

McIntosh: I saw a bunch, you did too.

Waters: Well, but when I went over, I had never seen VD. In all honesty—

McIntosh: Oh my goodness.

Waters: I just—

McIntosh: Well, mark my training was in New Orleans so I knew all about that disease. [laughs]

Waters: But I was in Milwaukee—

McIntosh: I understand. We don't have that in Wisconsin. [laughs]

Waters: No, but I thought, you know, as a urology resident, you never saw any. But, anyway all of a sudden there is the overwhelming infestation everywhere. So the army in its wisdom decides that me, as an urologist

I'm an expert! And so this colonel calls me in and he says "I want you to do something about this--".

McIntosh: Get rid of this disease, yeah.

Waters: Yeah, "--and do it in a hurry." So I said, "Colonel, in all honesty, I have never even seen a case of gonorrhea." He says: "I don't care, it's your job!"

McIntosh: Figure it out.

Waters: So, and the first thing he does is, he sends me to An Khe which the second surgical hospital was at, and this was in the Highlands, this was between Pleiku and Qui Nhon. So, I go up there and I have to talk to the other medical officers about VD. And I'm sure they knew more than I did.

McIntosh: Sure.

Waters: But, here they risk my arm and limb, you know, to go up there to do something that I wasn't really qualified for. But while I was there, interesting enough, they start taking casualties and they needed an urologist because they had a transected bladder, I mean a bladder, I mean the membranous urethra was transected on somebody that took some—

McIntosh: Sat on a grenade?

Waters: Well, actually it was flack. And, so there I was. I solved the problem. So, it was a good thing. [laughs]

McIntosh: It was a trade-off.

Waters: It was a good thing. So, I got to know the local guys there.

McIntosh: What were they treating the GC [abbreviation for gonococcus] with coumadin-4, one injection, single injection?

Waters: Yeah, that—let me try to think what we were doing back then, because it was a long time. Well the main problem was that it hadn't been realized. Two things: one is that the gonorrhea was developing resistance, I mean big time, secondly it was the post-gonorrheal syndrome, which is the, what's that—

McIntosh: Stricture?

Waters: No not the stricture, there is another; I went blank, I'm having a senior moment.

McIntosh: Sure.

Waters: Prolease[?] What is the, what's that? Oh God, It's a non-gonorrheal. It's non-specific urethritis, remember it? Ok, that organism.

McIntosh: Yes.

Waters: There's a couple that I can't think of right now. But, anyway, they realized that there was a problem. So even though they were treating them they continued to have a discharge which was not gonorrhea, which was this other organism.

McIntosh: Right.

Waters: So, what we figured out is that we'd have to treat them, and after we treated them with a penicillin, it was aqueous penicillin we used to use at least four point, either bicillin four-point-eight million, or--

McIntosh: One injection.

Waters: One injection or we sometimes we'd have to go to aqueous IV when it became resistant.

McIntosh: Oh my.

Waters: I remember giving a kid once around fifteen million IV.

McIntosh: Oh wow.

Waters: Yeah. I mean it was really bad stuff. Now, some of these things were complicated because they got re-infected with resistant stuff, so it was kind of a problem. And, in the other thing was that we were then using tetracycline for the non-post-gonococcal.

McIntosh: Non specific, right.

Waters: Non-gonococcal.

McIntosh: That should have taken care of it.

Waters: And that solved the problem, eventually. Though that was kinda of hairy.

McIntosh: So you had to set up a program for your colonel and you came back to the real life, huh?

Waters: Yeah, I mean it was, fortunately, the lucky thing for me, I thought, was that my wife was sending me journals and one of the journals, actually the *AMA Journal*, one of the lead articles in the *AMA Journal* talked about post-gonococcal syndrome.

McIntosh: God, heaven sent.

Waters: God, it was just, I ran all over the place, “I got the answer guys!”

McIntosh: I know of what you’re doing’s right?

Waters: So that was real helpful.

McIntosh: Boy!

Waters: Yeah.

McIntosh: That was lucky.

Waters: Yeah, it was. And it’d kept that guy off your back besides.

McIntosh: Well, yeah. I didn’t have to go traipsing around the countryside after I got that problem solved.

McIntosh: So, tell me about what urology you—exciting, besides that urethra? Did you suture that up or just put a catheter in it?

Waters: Well, I did the old railroad track thing. You know, where you fed the—once you debrided the injury, you fed the urethral catheter in the regular way. And then you already had a laparotomy incision where it came out. Then you fed back another catheter that you already passed through the bladder and the prostate. And then you--

McIntosh: How big a gap was there? Did you recall?

Waters: Oh that particular case, oh it wasn’t bad. It wasn’t bad at all.

McIntosh: So probably with conservative management you could—

Waters: Yeah, I think, and actually I got feedback on that particular case because one of the general surgeons that I was helping that day, because he didn’t even know what was going on after he patched up the bowel then he found out this thing. So anyway, when he was going home, he came through Qui Nhon. And he spent the night with us and he gave me some follow-up. He said the guy did okay.

McIntosh: Hey, terrific.

Waters: Yeah, he did alright. That was nice.

McIntosh: Yeah, right, if you'd done that in Detroit, he'd probably still be infected or something.

Waters: Who knows?

McIntosh: Right. Who knows, right. So, what else did you run into there, I mean of urology nature?

Waters: Well, with the one thing I did a lot of, and I enjoyed tremendously because there was nothing in the literature is partial nephrectomies for--instead of nephrectomy for trauma.

McIntosh: That's gutsy.

Waters: It was. It was. I mean--

McIntosh: Not knowing whether that had been the right thing or not.

Waters: I know, I know. But I just felt so bad, these young guys losing the kidney with a lower-pole injury. And I kept saying to myself, I mean the army literature—

McIntosh: Three-quarters of it looks pretty good.

Waters: The army literature said "Do nephrectomy."

McIntosh: Was that the standard dogma?

Waters: That was the gunshot of the kidney.

McIntosh: Any gunshot of the kidney, out.

Waters: Out.

McIntosh: You see, they didn't want to deal with it.

Waters: Well, it was a situation that was the right thing to do because that was based on the experience of Korea, you know.

McIntosh: Right. I didn't follow the urologist because I was doing the plastic business there so I didn't know what his experience was. But, I'm sure

that if that renal artery was in shape it's just ridiculous to take the whole damn kidney out.

Waters: Exactly, exactly. And, I had vascular instruments, so I would isolate the artery and—

McIntosh: If it looked good--

Waters: I did a partial. I did a lot of partials.

McIntosh: By the time you got them that thing the zone is already demarcated, it should have been, you can see right where what to remove and what not.

Waters: Yeah, it was pretty good.

McIntosh: Should work, yeah.

Waters: What I did routinely since because of the high-velocity round you always didn't know how much--sometimes the normal tissue you didn't see, you know, it didn't demonstrate itself till later.

McIntosh: I see.

Waters: I would always add a centimeter whenever I could and you know, I think I did like ten or twelve partials while I was there. I recorded all that but I lost it and now. And, I only had to go back in on one for a nephrectomy that got infected.

McIntosh: Oh, just to drain the infection.

Waters: Well, I had to do a nephrectomy.

McIntosh: Oh.

Waters: On one of those partials, one proceeded to get infected and I had to do a nephrectomy.

McIntosh: It compromised the—[pause in tape]

Waters: It wasn't enough it was still some—I was trying to save the kidney. That was bad judgment I think perhaps. And, so, a couple of days later he got septic and I had to go back in and do a nephrectomy.

McIntosh: Right, was that—nobody oversee your work?

Waters: Well, yeah.

McIntosh: Of course nobody was really qualified—

Waters: No, nobody was qualified, but we sorta worked, I mean, we always worked always with another surgeon so we—

McIntosh: There must have been a colonel on top of you.

Waters: Oh yeah, we had a commanding officer who happened to be—he was a urologist come to think of it.

McIntosh: Well.

Waters: Yeah, but he was busy administrating you know and he didn't—

McIntosh: He didn't interfere at all?

Waters: No, every once in a while he'd come by and see if we were in need of help, but—

McIntosh: He didn't object to the partial nephrectomies?

Waters: Well, when he found out about it there wasn't much he could do.

McIntosh: He know you done well—[laughs]

Waters: And I said, "You know, here."

McIntosh: Hey look what we done, right?

Waters: Not only that, the guys in Japan never complained. And you would hear if you weren't doing something right.

McIntosh: You left what, two drains there, or three? Two or three drains?

Waters: Always left a drain.

McIntosh: Oh sure, you had to.

Waters: Yeah, and they'd take them out in Japan. And they would never—

McIntosh: Now after you did that would you keep the patient?

Waters: Yeah, we would keep them until they were perfectly stable, sometimes—

McIntosh: You'd have to worry about secondary bleeding.

Waters: Exactly, we were at least five to seven days for anything like that.

McIntosh: Right. And then you passed on the secondary hemorrhage and the infection part.

Waters: Yeah.

McIntosh: And they'd be safe to transport to Japan.

Waters: Yeah. Usually they went right to Japan. Most of those went right to Japan.

McIntosh: There was no point in sending them to Saigon.

Waters: Yeah, they, at first some of them went to Saigon, but they realized—

McIntosh: That they were not much better than you.

Waters: Well, not only that, they, it was a situation that most of these guys when they got that severely wounded, they were going to be rotated home anyway.

McIntosh: Yeah, they're never ready for duty, so what's the point of keeping them.

Waters: Right, so they figured that out so they would go directly to Japan. The ones that were going to stay in country went to Saigon for recuperation. And mostly for holding, you know.

McIntosh: Did you have to have this discussion with these patients on the borderline about whether to go back to duty or not? Was that a problem? You know, they'd say "Doctor, doctor, do you think I could go to Japan?"

Waters: Occasionally, but most of them didn't even know about that.

McIntosh: Oh they didn't.

Waters: And most of the, I'll tell you, you had to be proud of these kids. I mean—

McIntosh: They were gung ho.

Waters: They were just wonderful kids. I mean, I was a kid myself, I was only thirty years of age, but these were eighteen year olds.

McIntosh: Yeah, I understand.

Waters: You know, they were just wonderful kids. Oh God, I just—

McIntosh: Yeah, your heart goes out to some of those kids, how much they tolerated. You know, they're just too young to have this much happen to them. You know what I say, they're just children.

Waters: Yeah. Exactly.

McIntosh: So, this went on for how long now?

Waters: Oh, almost a year.

McIntosh: Almost a year. Do you ever recall, how many cases you did, for instance? Did you ever bother?

Waters: No, I don't have a clue.

McIntosh: You had to keep records, of course, I'm sure.

Waters: All by hand. Handwritten, we dictated them—

McIntosh: Well, what kind of business is that?

Waters: Everything—

McIntosh: I had a clerk that typed that stuff I gave him.

Waters: Oh, no, this was really—

McIntosh: The Navy takes better care, I think, of their personnel.

Waters: Oh yes, by far. By far. That's one thing that I was always envious of. That the Navy guys always had—

McIntosh: They had a lot better everything. Better equipment, better food.

Waters: Even the Air Force.

McIntosh: Oh really?

Waters: The Air Force, like I said, the Air Force ran the airfield and there were, actually it was run by enlisted personnel of the Air Force. Occasionally, an officer would come by and supervise something or take records or something. But, the food that the Air Force ate was superior to ours. I mean, the way it was prepared, everything, it was just always superior. I mean, don't get me wrong, we ate ok, but it was—

McIntosh: You'd see there was a difference though.

Waters: Yeah, it was classier, you know.

McIntosh: That was one nice thing about being on ship because we had all of the good stuff, you know.

Waters: Oh, I bet.

McIntosh: 'Cause we had good cooks and lot of meat and you know, we never run out of anything and had ice cream all the time. You know that's our main, which is a premium, well, among the Army. Because many times we'd have so many Army patients aboard, you know, they were in no hurry to leave the ship, you know. They were quite comfortable there and just would assume to spend the rest of the war there. You know, they had nurses to talk to and—

Waters: It makes sense to me.

McIntosh: Yeah, right. [laughs] It works. Tell me about the nurses, now.

Waters: Wonderful. Yeah, we had, it varied, we had I imagine about ten female nurses.

McIntosh: Pretty young?

Waters: Oh, yeah. Well, we had a couple of senior nurses there, a couple of lieutenant colonels that were, I would imagine they were in their forties, maybe even fifties, a couple of those ladies. But, I'll tell you, you had to be proud of them. They were really dedicated.

McIntosh: Worked hard?

Waters: Very, very hard. Just as hard as we did if not harder.

McIntosh: No kidding?

Waters: Yeah, yeah. You had to be proud of them.

McIntosh: Sure.

Waters: And morale-wise, they were wonderful. I mean, the soldier shifts—I mean they really did well with the nurses.

McIntosh: That really helped, yeah. Did they help in the surgery?

Waters: Oh, of course, yeah, they--

McIntosh: You didn't have allied[?]?

Waters: We had a lot of--

McIntosh: We had techs, we had a lot of techs in the Navy.

Waters: Well we did to, but—

McIntosh: They were all men.

Waters: We had pretty much all men but there were a couple of, why the chief nurse, the chief OR nurse was a female. And I think they had one. Again, you know, things change all the time. But occasionally there was more than one. But most of them were male techs.

McIntosh: Yeah. Because there were no females were in the Navy when I was in Korea.

Waters: Yeah.

McIntosh: We didn't have techs anyway. But the nurses we had were very good. And they were hard working and they were really nice.

Waters: It was wonderful.

McIntosh: Did you fraternize with them?

Waters: Oh, sure, I mean—

McIntosh: They were there; and their place that they stayed was as comfortable as yours and so forth?

Waters: Well, we were, they had their own quarters, of course. And we were all around the air field. They, sure there was some serious fraternization that shouldn't have gone on.

McIntosh: Sure.

Waters: You know, there was some of that—

McIntosh: Yeah, we had a problem with that.

Waters: Yeah we had something like that. But for the most part it was pretty straight arrow.

McIntosh: Did you have access to alcohol?

Waters: Yes. I'll tell you a story.

McIntosh: Tell me a story.

Waters: We were running short of supplies once during the Tet Offensive, and the supplies weren't getting in as rapidly as they normally did. And I must say we were always well-supplied, but there was a period of time for about a week or two where we weren't getting anything. And we were running a little short of suture. And we just had enough suture and somehow the Army got through and stocked the PX with booze. But, we didn't get our suture. [laughs] And that's a true story. The booze got through and—

McIntosh: You should have called a near hospital and traded them.

Waters: Oh we did a lot of that. I mean we did a lot of that. But, we were okay, but we were running low. But the booze got through and the suture came next. [laughs]

McIntosh: Did you have a regular hospital kitchen or was it attached to the—

Waters: No, yeah, we had a mess hall.

McIntosh: A full standing mess hall and kitchen?

Waters: Yeah, because we had, the main reason, it wasn't because of the personnel per se, but because of the transient soldiers. They had to be fed. There was always soldiers that were going to go back and so they had to be fed. So there was always a mess hall going on.

McIntosh: And you said the food was okay.

Waters: It was fine.

McIntosh: Yeah, yeah.

Waters: It was not gourmet.

McIntosh: I understand, I understand that.

Waters: But it was edible. The worst part of the food is was it tasted lousy. Not because it was lousy but because we had to take these malaria pills. And that usually—

McIntosh: Cloroquine?

Waters: Yeah, CP, yeah, cloroquine. Yeah, that's what it was.

McIntosh: Yeah, everyday.

Waters: Yeah—

McIntosh: God, I hated that stuff. But it worked though.

Waters: Oh, yeah. It worked.

McIntosh: You never caught anything like that.

Waters: No, no.

McIntosh: You said malaria was a problem, was that among the troops?

Waters: Everybody.

McIntosh: Everybody.

Waters: Everybody, among the troops--

McIntosh: You assumed any Vietnamese you came in contact with would probably have or had.

Waters: They were all carriers. They were all carriers.

McIntosh: How about worms? This is a big problem in Korea.

Waters: Same thing, lots of them. Roundworms.

McIntosh: Yeah, we had a few civilians we took care of aboard ship that was a problem. Because when you feed them American food, those worms would suddenly get big on this healthy diet. And there was this large problem with doing emergency bowel resection because they had acute bowel.

Waters: Oh wow.

McIntosh: That they had. I ran into some Army guys at a prisoner of war hospital in Poisson and we used to go drinking. It was amazing, they invited me out do some plastic surgery on these little things. They wanted to get them the hell out of the hospital and I said "Sure, I have nothing to do right now." And they were doing one to two or three bowel resections every day on

these prisoners of war because of the diet. They would swell up and they become, they'd have a bowel obstruction. He said they'd pull out the worms by the handful.

Waters: Holy Cow.

McIntosh: And he said there was just no end to them. It was a real problem for them.

Waters: You know, those roundworms get pretty big.

McIntosh: Oh, huge.

Waters: Oh they really get long and—

McIntosh: And with steak and eggs they even get bigger, you know. [laughs] They're okay on a little rice, they could manage but, they just couldn't handle the American diet.

Waters: Yeah, everybody had parasites.

McIntosh: There is nothing you can do about those.

Waters: No sense treating them because—

McIntosh: No.

Waters: They'd get them right back.

McIntosh: They'd pick them up again. That's good. You never ran out of any medical supplies of any kind?

Waters: Not really, we were always pretty well stocked.

McIntosh: You had a general assist?

Waters: Yeah--

McIntosh: A suite?

Waters: No, not a suite, but I had assist to equipment.

McIntosh: How was the equipment?

Waters: Oh, it was fine. It was up to par for those days. You know, this was 1966.

McIntosh: Yeah, I understand but it was as good as you had in your residency?

Waters: Oh, yeah.

McIntosh: Yeah, the Army, yeah. The Navy supply was all I'd ask for.

Waters: Yeah. Of course, all I had was a cystoscope and I could do retrogrades type of thing. And occasionally, I did; I did very little of that work as you can imagine.

McIntosh: Yeah, did you encounter many ureteral injuries?

Waters: Oh, I did, I reconstructed, I mean I did initial repairs of some penile injuries and scrotum and testes.

McIntosh: But the ureter, no.

Waters: Oh yeah, oh some ureters too.

McIntosh: I'm sure you're mixed in with the general case, you'd find this too.

Waters: Yeah, exactly.

McIntosh: They'd call you in and say, "Come over and look at this."

Waters: Well, and sometimes I'd be right there, obviously. But, the danger of the ureteral injuries was that because of the high velocity rounds, sometimes you didn't recognize it until after the patient was closed. In other words, the proximity, the blast injury of the round or whatever went through would not necessarily cut the ureter, but the blast effect was there. And then they would slough the wall of the ureter.

McIntosh: And then they would close it. So it would be a stricture there.

Waters: Well, no, they would leak.

McIntosh: Oh, my.

Waters: See what I mean?

McIntosh: Oh my goodness.

Waters: That was a problem sometimes, that you didn't recognize an injury. Let's just say that the, whatever the missile was, went through the colon and it went very near, as it exited it went right close to the ureter. It didn't perforate it, but the blast effect caused damage to the wall and that did not manifest itself till a couple of days later when it started—

McIntosh: It didn't help. When you had to open you really didn't know that.

Waters: Didn't know, yeah. That happened on a few occasions.

McIntosh: So, you'd have a drain in there and you'd notice that urine is coming out then what was your next move to be then? Send them to Japan. [laughs]

Waters: Well then we had to go back in, occasionally, what—depending on how things were, if we—if you could resect a segment of the ureter [**End of Tape One, Side B**] and patch it together, fine. But, a lot of times, you couldn't. And, so on a few occasions, I put in some nephrostomies to see if they could later on do something to—

McIntosh: Then send them back to Japan and let them deal with that there.

Waters: Right, right.

McIntosh: Okay, so not too many nephrectomies then?

Waters: Oh, there were some. I mean, some kidneys were just shot.

McIntosh: I would think that a lot of those would be associated with severe bowel wounds too.

Waters: Oh, yeah. Everything was associated with something. All the perforated—

McIntosh: The combined wounds was the rule, rather than the exception.

Waters: The rule. There were very few isolated QU injuries. Very few. There were some, but very few.

McIntosh: The bowel, you just put a colostomy in everybody?

Waters: No, actually we did a lot of primary—

McIntosh: We weren't allowed in Korea. They had every bowel wound, period. No discussion, all had a colostomy.

Waters: Well, you mean large bowel?

McIntosh: Yes, right.

Waters: Oh, large bowel. Yeah.

McIntosh: We weren't allowed to do any primary work.

Waters: We did a lot of colostomy, yes. But we did do some primary that we thought was safe, and got away with it. The small bowel of course, we did primary repairs on, you know. But you're right, we would tend to err on the side of colostomy. So, for instance if we opened up and it was the left upper quadrant splenic flexure injury that was all necrotic, what we would do was just mobilize that flexure and do a Michaelis and bring the whole thing out. Just bring the whole—and then that would be the colostomy.

McIntosh: Well, they're not going back to duty, so this is not the time to do that kind of repair anyway, so somebody else will deal with that.

Waters: Right.

McIntosh: Do you think your death rate was pretty low?

Waters: Yes. Actually when somebody died, it was really, really—

McIntosh: A tragedy for everybody.

Waters: Everybody took that very hard.

McIntosh: You know that they reduced the, you know, the death rate for patients getting to a hospital in World War Two was about four percent. It was down to two percent in Korea. And down to one percent in 'Nam.

Waters: Now was it? I never knew the exact figure.

McIntosh: It was an incredible record and this was [due to] helicopters and blood. Two very successful, I think.

Waters: Absolutely. We had blood like you wouldn't believe.

McIntosh: You need it.

Waters: And this might be of interest to you. When we got somebody in, I mean, that needed blood, we never put in needles. We would do cut downs and put the IV tubing right into the vein so that we could pump blood.

McIntosh: Right, so you want a bigger vessel than just a vein.

Waters: Oh yeah. We would do cephalic vein or basilic vein cut downs. And put the IV tubing right into the vein.

McIntosh: The tube?

Waters: The IV tubing.

McIntosh: [Laughs] Not the needle, the tube.

Waters: The tube, never a needle.

McIntosh: Jesus, you could pump 500 cc's of blood in about four squeezes.

Waters: That's right. That's right. That's why they made it.

McIntosh: Sure. I didn't know that. See now, that's neat.

Waters: Yeah, it was neat. I mean, I learned that in 'Nam. We never used needles where, I mean in serious injuries.

McIntosh: I understand.

Waters: We went right to the IV tube and into the vein.

McIntosh: The guy that's doing the triage, they learned to be pretty smart, I would think. Because, like you say, the wound exterior might not seem much, but he's gotta have some, you know, sense of what might be on the other side here.

Waters: Well, after about a month, you got pretty damn good, because you were seeing it everyday.

McIntosh: Yeah. And you knew who had the [inaudible] now, right?

Waters: And then you knew how to do it. I mean you could—when one of the, when the C-130 landed and when we got more than—usually it was the helicopters that brought in the wounded three or four at a time, which is fairly easy to deal with.

McIntosh: Sure.

Waters: But when a C-130 came in with all kinds of injuries, then you literally, you had to move very rapidly with that.

McIntosh: Yeah, I mean there might be sixty guys.

Waters: Might be yeah, thirty to sixty, depending, thirty to sixty.

McIntosh: Just don't know where to turn with that.

Waters: Right. And so the decision had to be pretty fast because we only had about four operating rooms. And so we had to move and the ones needed surgery right away; that was the beauty of it, we could get somebody in the operating room within minutes. Just literally within minutes. We could move right along. We had everything set up so it was a straight shot.

McIntosh: Straight shot and a—

Waters: Straight shot. You went from pre-op where we got you stabilized, went right to X-ray where we got a KUB [radiograph of the abdomen] just about on everybody.

McIntosh: Just an opinion?

Waters: Yeah, mainly to localize—

McIntosh: Looking for air, or?

Waters: Air, fragments, you know stuff like that.

McIntosh: Fragments, sure.

Waters: Exactly, and then from X-ray right to surgery. That was the, you were already stabilized when you went to surgery.

McIntosh: Well, your post-op ward must be pretty big then. You're needing post-operative—

Waters: Oh yeah. I mean, we could hold, I think it was around—it was a Quonset hut we had, so it must have held twenty, maybe?

McIntosh: Twenty. Well, that's terrific.

Waters: Yeah, it was. You know, obviously I didn't volunteer for this but I don't regret it.

McIntosh: Regret it?

Waters: I never forget; I mean I really felt I needed to do this.

McIntosh: Me too.

Waters: My duty. I never regretted that. No grudges.

McIntosh: I never did. And I learned so much that I never would have learned otherwise.

Waters: I agree. I learned a tremendous amount. It was wonderful.

McIntosh: Tell me about the day when they gave you the good news and say you're leaving. Or whatever that covers.

Waters: It was a surprise, because I wasn't supposed to leave that early. What happened was that apparently a replacement was found for me way before. Not necessarily for me, but they had, they would ship in so many docs per month or whatever it was. And that shipment they had an extra urologist and they sent him up to me. And so, he spent—as usual, they kinda overlap. And, so, when he was ready to go, they got me orders out of there. And so I left—

McIntosh: Fantastic. Oh I bet you gave it to the other boys. They really kidded you about leaving early.

Waters: Yeah.

McIntosh: I'm sure.

Waters: But I wasn't the only one. I mean, It happened periodically they'd let you out a month early or something like that.

McIntosh: So where did you go?

Waters: Then I went to Fort Lewis in Washington. And they discharged me then, early.

McIntosh: Oh, oh boy.

Waters: Yeah. They asked me if I wanted to stay and I said, "No, thank you."

McIntosh: Thanks a lot but—

Waters: I appreciate everything, but I want to go.

McIntosh: So you went back to Detroit?

Waters: Yeah, back to Detroit.

McIntosh: And then how long did you spend there?

Waters: Well, then I started, I called my chief right away to finish my residency and he said, "You know,--"

McIntosh: I know what's coming.

Waters: He said--no, I'll tell you, I was very surprised. He said, "You never took a vacation when you were a resident. As far as I'm concerned, you completed your residency".

McIntosh: Hey, terrific.

Waters: It was the best thing, I mean. That was so nice of him, because he went to bat for me.

McIntosh: You would have been under stress if you'd had to go back into that.

Waters: Oh that would have been terrible. You had to—

McIntosh: You would be unpleasant a little; after all this experience, you know. Putting up with the chicken shit you had to put up with.

Waters: Oh yeah, yeah. But that was ah, that was Norm Hodgson.

McIntosh: Norm?

Waters: Norm Hodgson, remember him?

McIntosh: Sure.

Waters: He was my chief.

McIntosh: Oh, I didn't know that.

Waters: Yeah.

McIntosh: I always thought of him in Milwaukee, is he?

Waters: Oh, I trained in Milwaukee.

McIntosh: Oh, I see. I see you were in Detroit—

Waters: I did general surgery in Detroit.

McIntosh: I see, ok, we sorta missed this little—

Waters: Oh, I'm sorry. I did my residency in Milwaukee.

McIntosh: Oh, Okay. We sorta skipped over that.

Waters: Yeah.

McIntosh: And, well that's nice. So then after that did you get a job shortly after that when you came to Madison?

Waters: Well, no, I actually went back to Marquette. I went full time, academic.

McIntosh: Oh.

Waters: Yeah. And because I was, I always had in the back of my mind to be academic. And then I did it for about a year. And, I realized that I wasn't cut out for it. I—

McIntosh: The paperwork got to you?

Waters: The paperwork and the politics. I just found that—

McIntosh: More pressure.

Waters: Just totally wasteful and instead of taking care of people they were taking care of themselves. So I just, I had to get out. Then I came to Madison.

McIntosh: In many ways a university setting like that are more uncomfortable than in the service. You know, in the service they have a lot of this hierarchy—

Waters: By far, by far, it was the worst than the service.

McIntosh: At least you knew the chief, about what he was like. But in the university you never knew. You couldn't trust any of them.

Waters: Exactly, I mean, the people you thought were your friends were undermining you. You know, all kinds of stuff.

McIntosh: You didn't see too much of that in the military.

Waters: No, not really, at least not during the war.

McIntosh: Yeah, that's right. That's my experience. So then you got hold of Art and away you went.

Waters: Well actually, Art got a hold of me. [laughs]

McIntosh: Well, that's nice. You had a good experience in practice? You still working full-time?

Waters: Oh yeah.

McIntosh: You're not going to give it up?

Waters: Not right away. I don't know, I still enjoy it. I still do.

McIntosh: Still work as hard as ever?

Waters: Yeah. I think I do.

McIntosh: On call regularly?

Waters: Yeah.

McIntosh: So how old are you now?

Waters: Sixty-three.

McIntosh: It's time to quit.

Waters: I'm thinking of that.

McIntosh: Well, you should.

Waters: But I'm still enjoying it though.

McIntosh: I understand.

Waters: Yeah. It's a hard—I don't—Jim, you obviously planned your situation very well. But, I'm having a hard time with it, this phase in my life. It's very difficult for me. I'm dealing with it but—

McIntosh: It's not easy, your retirement. Because you, unless you have something to do, you come with depression. Unless you have some to lead you along, to keep you busy something to do everyday. You can't play golf or that stuff. Golf is not the kind of thing you do when you retire. That's what you do on a weekend when you work.

Waters: Yeah. I mean, that never was a stimulant for me.

McIntosh: Me neither, I never golf. I was never interested.

Waters: Yeah. It just to me was an aggravation; there was the few times that I did it, you know.

McIntosh: Yeah, reading is what I spend most of the time with.

Waters: I'm a reader too. I do a lot of that now.

McIntosh: That's the biggest comfort I have. Reading, reading, reading. And then this stuff.

Waters: And this is wonderful.

McIntosh: Yeah, I get a kick out of that sometime. Well, touring these kids around, you know, thousands of kids come by here, you know. You show them around the museum, that's where I spend the most time.

Waters: Do they show any interest in all this?

McIntosh: Only one percent.

Waters: So I figured.

McIntosh: Yeah. Well, the fourth and fifth graders are pretty good. They still have bug eyes, you know, and they have interest and everything. But once girls become—they figure out that girls are different than boys—then you might as well forget it.

Waters: [Laughs] Yeah.

McIntosh: Then coming down here is a day off, you know, but their interest is zero.

Waters: Sure, sure.

McIntosh: So, that's about the way it is. But, you know, I really enjoy that. Hey, did you keep in contact with any of these guys from Vietnam?

Waters: I did for quite a while. As a matter of fact, actually one patient stayed in contact with me for quite some time. He was the young man that, a young captain, that I had to take back and take his kidney out.

McIntosh: Oh my goodness.

Waters: Yeah. He became a lawyer, just a wonderful young guy.

McIntosh: Where is he?

Waters: He's in Virginia. And he wasn't a lawyer, then he became a lawyer. Just a wonderful guy. We stayed in touch but I've lost contact. I just--

McIntosh: But the other docs?

Waters: The other docs? Yeah some of them we did. Most of them were from out east, interesting enough. And, at this point, I don't still keep in touch. But one guy I did stay in touch quite a long time. But I just, you know. Just, the distances just sort of--

McIntosh: If you don't have anything in common it's hard to stay in touch, isn't it?

Waters: Yeah.

McIntosh: Because you have nothing to talk about. You can't talk about what we did in Vietnam, because after fifteen minutes, then you have nothing left.

Waters: Exactly. That's kinda what happened.

McIntosh: Your best friends are the ones you deal with everyday.

Waters: Exactly, yeah. I think we would have remained real good friends, if we would have been closer. I mean, geographically—

McIntosh: You could have traveled so you had something.

Waters: But, the distances were too great.

McIntosh: And the other urologist, your—you see them at meetings around?

Waters: Oh, yeah. He's retired now, the guy that I replaced.

McIntosh: Sure.

Waters: And the other guy that came after me was a regular army urologist. And, he's, I think he's in one of the teaching hospitals. I don't see much of him anymore.

McIntosh: Right. Your experience at the service, then would say their training that they'd gave you to do what you're supposed to do was quite good? They prepared you as well as expected?

Waters: Oh yeah.

McIntosh: Given the time they had?

Waters: Given the circumstances, and the time, I think they did a remarkable job.

McIntosh: Did you join any veterans organizations?

Waters: No.

McIntosh: Not interested?

Waters: I wanted to put that behind me, you know. Even though I got a lot out of it, it was something that I didn't want to be part of anymore.

McIntosh: Most guys feel this way.

Waters: Really? I mean, I don't have anything against it, don't get me—

McIntosh: I understand.

Waters: It's just I, I don't.

McIntosh: Everybody has a different take, but I noticed the guys who are enlisted men, tend to people the veterans organizations more than the guys who are in the officers level. I don't know why.

Waters: Yeah, interesting.

McIntosh: I'm sure there's an explanation for that. But, I never explored it, but I noticed that. But, you know, everything has to do with the degree of education. And I think that the people with the lesser education tend to flock to groups like this.

Waters: Probably.

McIntosh: The good old boys get together, you know.

Waters: I hadn't thought of that.

McIntosh: Yeah, because when I go out into the state and see these guys, they frequently hang around clubs. You know, there'd be a VFW club and that's where they'd spend their time. All the other guys are there, you know, and it looks just like going out to Oakcrest, you know. Oakcrest Tavern where we eat all the time, because I like the food, but, you know that could be in the middle of Rio, Wisconsin, you know. They all look the same. Everybody with their seed cap, you know and all that. But, those kinda guys they tend to be big into it. And the guys who come here from around state who are head of local veterans organizations, then out come the seed caps. You don't see any lawyers, physicians. They're sorta beyond that. It just doesn't have any meaning for them.

Waters: That's probably it. It's just probably hard to identify with it.

McIntosh: It's just a different life.

Waters: Yeah.

McIntosh: You don't need it. Whereas these other folks seem to need it, that's what I think.

Waters: Yeah, I think that's probably even more descriptive, they need it.

McIntosh: I think so. And of course you didn't need a GI Bill. Because you were going back to work, you never used it for a loan or anything like that?

Waters: No.

McIntosh: Alright, I can't think of anything else to ask you. You've done a good job.

Waters: Oh, thanks. It was very enjoyable. I try to avoid the unpleasant things about it.

McIntosh: Of course.

Waters: But, you know, I'll tell you something interesting.

McIntosh: Oh, good. Okay, do it.

Waters: Oh, the saddest part that I had on a personal level—we were pretty well protected. We got shelled once in while, mortar rounds, that came in and stuff like that. But--

McIntosh: Yeah, we were talking about that. You weren't really worried about it though.

Waters: I really wasn't worried. Because, I think the Vietnamese, the Viet Cong knew that we were taking care of their prisoners. And we did. So, I don't think they made an effort to hit the hospital. But, they did hit the facilities of the engineering company got hit and they were right next to us.

McIntosh: With what? Mortars?

Waters: Mortars, yeah. Things like that. But the saddest thing that I recall is during one of those pushes that we had a lot of--Pleiku was taking a lot of casualties. And they asked for help from us. So we sent a contingency of, I can't tell you the number of nurses, but it was three or four nurses, maybe five nurses, and, one neurosurgeon, a couple of general surgeons, and an orthoped, I think. They all went up to Pleiku to help out.

McIntosh: To help Vietnamese soldiers, wounded?

Waters: Yes, I mean, but it was mostly Americans being treated, you know.

McIntosh: Oh.

Waters: Yeah, Pleiku had a hospital and they were taking casualties up there.

McIntosh: Oh, I see.

Waters: It was an American hospital. So that we sent—

McIntosh: Team up there.

Waters: --this group of personnel to help them. And they did their job and on the way home something unusual happened. The nurses, everybody was going to fly home on one plane. And, but, the doctors were asked to stay on to help out a little longer, a day extra. So the nurses took off and were going to land back in our place, which was about a hundred miles away, well, maybe sixty. And on the way in a big tropical storm came in. And to make a long story short, the plane ran into a mountain.

McIntosh: Oh my gosh.

Waters: And they—

McIntosh: Lost all.

Waters: Lost all.

McIntosh: Oh my. That was a good chunk of your nurses.

Waters: That was so sad. That was the toughest part of—

McIntosh: I bet. Boy, that put everybody in tears.

Waters: Well, and when I went back to, I mean, I visited Washington D.C and I made a point to go to the wall. That was—

McIntosh: Did you find some of their names? Yeah, tough.

Waters: Yeah.

McIntosh: That's tough.

Waters: That was tough.

McIntosh: Did you ever see that movie *Purple Heart*? You should rent that from the video store. It's about a doc in Vietnam who goes out into the bush.

Waters: Oh really.

McIntosh: Yeah, it's ah, you know, it's a movie, you know. But, it's still pretty good. It's pretty good stuff in it. You would enjoy seeing it, *Purple Heart*.

Waters: Oh, I think I will.

McIntosh: Yeah. Alright, that does it.

Waters: Okay, Jim.

McIntosh: Thanks so much. It's really wonderful.

Waters: It's a pleasure. I hope I didn't rant on.

McIntosh: I like ranting on. That's what you're here for.

[End of interview]