

**Wisconsin Veterans Museum
Research Center**

Transcript of an
Oral History Interview with
Dr. JAMES ANGEVINE
Chief, Anatomic Pathology, Tripler Army Medical Center
Cold War Era, Vietnam War
2002

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Angevine, James. Oral History Interview, 2002

Master: 1 sound cassette (ca. 30 min.); analog, 1 7/8 ips, mono.

User: 1 sound cassette (ca. 30 min.); analog, 1 7/8 ips, mono.

Abstract:

James Angevine's family moved to Delaware during World War II. During the war, his father served as a pathologist in the United States Army in the European Theater, and his uncles served in the American Navy and Canadian Army.

Following World War II, Angevine moved to Wisconsin and went to high school in Madison. Angevine attended the University of Wisconsin-Madison, joined the Reserve Officers Training Corps (ROTC) for two years, and afterward became the advanced ROTC Medical Service Corps (later discontinued) and enlisted in the United States Army Reserve in July 1954 in the 334th Infantry Regiment, 84th Infantry Division. While in the 84th, he advanced from E-2 to E-6. While an undergraduate at the University of Wisconsin, Angevine sought a deferment to stay out of the Korean War.

While in the 84th, Angevine attended basic training at Camp McCoy, Wisconsin, then served as an infantryman. Trained by the 1st Infantry Division at Camp McCoy, Angevine recalls his experiences with recoilless rifles, mortar rounds, and Sherman tanks.

Later, in December 1957, while in medical school and an E-6 with the 84th, he transferred to the 44th General Hospital, Madison, Wisconsin. Following medical school graduation and the time of his internship in March 1959, Angevine went into a non-drilling control group, the 5303rd Control Group, and was on the records as enlisted in the Army Medical Service Corps.

Angevine chose a commission under the Berry Plan, where, following a medical residency, he could go on active duty and complete his active-duty service requirement. At the time, Angevine thought the Berry Plan would defer him from service. He served in the 5302nd Control Group while an intern and pathology resident at the University of Chicago. In 1960, the Army commissioned Angevine as a first lieutenant in the Army Medical Service Corps.

As a Regular Army-commissioned Captain in July 1963, Angevine chose to leave the University of Chicago, where he was training, to train at Fitzsimmons General Hospital, Aurora, Colorado, where he did two years of pathology residency. While in residency at Fitzsimmons, he encountered and diagnosed diseases carried by soldiers returning from Vietnam, including Melioidosis Bacterial Disease, Black Water Fever, and resistant malaria. Angevine relates experiences with blood banking and doctors' career decisions at Fitzsimmons.

Originally ordered to Fort Riley, Kansas, the Army changed Angevine's orders to Tripler Army Medical Center, Honolulu, Hawaii. Angevine served the Pacific Theater at Tripler and saw lots of service as a staff pathologist, training residents; he also did forensic pathology. In January 1967, the Army promoted Angevine to major, and assigned him the position of Chief, Anatomic Pathology at Tripler.

Morale at Tripler, according to Angevine, was not good during the Vietnam War. Angevine talks about equipment, personnel, and supply shortages while at Tripler, along with treating malaria and PAP screening. Pilots and doctors filed suit against the Secretary of Defense under the Thirteenth Amendment to get out of their involuntary extensions. While at Tripler in October 1967, Angevine resigned his commission as he felt he had met his service obligation to the Army. Angevine left active service in 1967, with four and half years on active duty and eight years in reserves.

Angevine returned to Wisconsin and served at Marquette Medical School in Milwaukee for eight months. He then returned to Madison, joined St. Mary's staff, and became clinical staff at the University of Wisconsin-Madison. While serving at St. Mary's, Angevine retells the story of his diagnosis of Plasmodium Falciparum Malaria confirmed by the Centers for Disease Control and Prevention (CDC). Following retirement, Angevine maintained several of his connections in pathology.

Angevine briefly comments on the negative impact of the military's continual movement of families. However, overall, Angevine remembers the Army as a positive experience.

Angevine was a Wisconsin Veterans Museum docent and archives volunteer since 1993.

Biographical Sketch:

Following World War II, Angevine moved to Wisconsin and went to high school in Madison. Angevine attended the University of Wisconsin-Madison, joined the Reserve Officers Training Corps (ROTC) for two years, and afterward became the advanced ROTC Medical Service Corps (later discontinued) and enlisted in the United States Army Reserve in July 1954 in the 334th Infantry Regiment, 84th Infantry Division. While in the 84th, he advanced from E-2 to E-6. While in the 84th, Angevine attended basic training at Fort McCoy, Wisconsin, then served as an infantryman. Later, in December 1957, while in medical school and an E-6 with the 84th, he transferred to the 44th General Hospital, Madison, Wisconsin. Angevine chose a commission under the Berry Plan, where, following a medical internship, he could go on active duty and complete his active-duty service requirement. In 1960, the Army commissioned Angevine as a first lieutenant in the Army Medical Service Corps. As a Regular Army-commissioned captain in July 1963, Angevine chose to leave the University of Chicago, where he was training, to train at Fitzsimmons General Hospital, Aurora, Colorado, where he did two years of pathology residency. Originally ordered to Fort Riley, Kansas, the Army changed Angevine's orders to Tripler Army Medical Center, Honolulu, Hawaii. In January 1967, the Army promoted Angevine to major, and assigned him the position of Chief, Anatomic Pathology at

Tripler. While at Tripler in October 1967, Angevine resigned his commission as he felt he had met his service obligation to the Army. Angevine returned to Wisconsin and served at Marquette Medical School in Milwaukee for eight months. He then returned to Madison, joined St. Mary's staff, and became clinical staff at the University of Wisconsin-Madison.

Interviewed by Russell Horton, 2002
Transcribed by Joshua Goldstein, 2012
Reviewed by Channing Welch, 2012
Abstracted by Jeff Javid, 2015
Abstract rewritten by Luke D. Sprague, 2023

Interview Transcript:

Horton: James Angevine who served in the Army during the Vietnam era. This interview is being conducted at the Wisconsin Veterans Museum Research Center on June 18, 2002. The interviewer is Russell Horton. Now, could you tell me a little bit about your background before entering the service?

Angevine: I was born in New York City. My family moved to Delaware during World War II, and my father was a pathologist in the American Army in Europe. We moved to Wisconsin after the war, where he was on the faculty of the medical school here. He had met the dean when they were both consultants to the Army in Europe. I had an uncle, one uncle left home to join--my maternal uncle left home to join the Navy before the war and was at Pearl Harbor when it was bombed. I had another--my father's brothers: one was in the Reserve Canadian Army, the other was in a Canadian Army tank unit in Africa and Italy. So always had some knowledge of what was going on. I was very aware of what was happening in World War II. Always made an effort to get the weekly Esso maps to find out what the world situation was. So, I was always quite interested in what was going on militarily in the war at an early age. Went to high school here in Madison. Then at the University joined the ROTC, which was military police, the unit I joined. So, I served for two years in the ROTC and then hoping to be deferred while the post-Korean War episodes were going on, enlisted in the Army Reserve in 1954. They had discontinued our Medical Corps ROTC, which I had planned to get into. That was discontinued, so I enlisted in the 84th Division here. It was the 334th Infantry Regiment. Served there during my undergraduate and part of medical school and eventually transferred to the 44th General Hospital while I was in medical school. Then when I graduated from medical school at the time of my internship, dropped out of the Active Reserves and was placed in a control group [Reserve soldiers with a training obligation who do not belong to an Army unit] at the time, which was used to kind of keep track of us all. So, I was still being kept on the records as an enlisted at that point, Army and Medical Service Corps or Army Medical Service. So, when I interned I was still concerned about being deferred as long as possible. There was a program available called the Berry Plan in which you could--you had some options. You could finish your internship then elect to go on active duty right away and get your active duty out of the way. You could do one year of residency specialty training and then elect to go in or you could try to complete your specialty training. So, I elected to do that, elected for a four year deferment, but was commissioned by the Berry Plan. Got the date on some of the paperwork. I think it was in '59 I was commissioned in the Army Medical Corps as a First Lieutenant. Then I decided after three years of training that I could get better clinical pathology training, blood banking,

microbiology, and that sort of thing if just went on active duty. So, I elected to leave the University of Chicago, where I was training, and went to Fitzsimons Army Hospital, where I did two years of residency. Prior to that, they commissioned me as a Regular Army Captain, Regular Army Medical Corps. The experience at Fitzsimons was very interesting because the war in Vietnam was really beginning to heat up. First thing, we began to receive very unusual diseases that we hadn't heard much about since medical school. The most memorable was a man with a disease called melioidosis bacterial disease. It was endemic in donkeys in Vietnam, very unusual bacteria, and one of our medical service officers was a world expert on the subject. So, we all learned more about that than we normally would have. We did a lot of blood banking. Also started to get the first cases of malaria. Resistant malaria was a real problem, and so we had a man with what was called black water fever who was brought in, Special Forces from Vietnam. He actually required exchange transfusions. They decided to just do an exchange transfusion like you would do a new born infant. He woke up from what was a coma induced by malaria involvement of the brain. So, those were interesting experiences from that standpoint. Then, of course, as far as the blood banking goes that was kind of an important problem, and there were questions about Vietnam, which was a malaria endemic area. Could you use blood from that area? Could you use troops as donors? The previous experience with the Army had been in Italy, where they actually tried to screen people for malaria before they would donate, but then they just eventually drew the blood after treating them with quinine or something like that. So, I guess the other things that were interesting in Denver were the fact that although there wasn't very much known about what was going on with the war in Vietnam and how the buildup was going, we would get hospital units being activated. So, Reserve officers, Reservists would arrive in Denver for their training, and then they would kind of go off on their way to Vietnam. We'd have soldiers brought in off of troop trains at night to be certified as to whether they were mentally able to continue to go west. And then I was actually assigned after my residency to go to Fort Riley, Kansas, but the 44th General Hospital, where I had been a part of, came out to Denver for their summer camp training. We were having a party the night they were going home. And one of our psychiatrists had been to visit Fort Riley and came home and said that 1st Division had left Fort Riley and was in San Francisco. Nobody in, you know [laughs], nobody in the Regular Army at Fitzsimons even knew that had happened, that he had been there for trial of a helicopter company participant or something, and he came back with his eyes wide open. My assignment then was changed from Fort Riley to Tripler Army Hospital in Hawaii, because the boards of pathology had decided they needed an extra staff pathologist there for residency. They had a residency program, and I had had an extra year of training, so I was lucky enough to get that assignment. There, I started out--we had four staff pathologists and eight residents. It was a big

thousand bed hospital, busy. It served not only as a veteran's hospital for the area, but it served for the entire Pacific, but also served for, oh, people from the protectorates such as Samoans and all kinds of, you know, the native peoples of the Pacific. So, we had lots of stuff coming in: big surgical path service, big surgical service. My duties there were to train residents in anatomic pathology where I was assigned. We did certain types of forensic pathology work such as—well, there would be homicides, and suicides, accidents, things that would normally happen. Murders, you know, all sorts of things, very busy service. Resident morale was not particularly great. We had some personnel problems. The war in Vietnam, of course, was not a declared war, and those of us who had had training in the Army had a payback obligation. So, we were in the Regular Army, serving sort of at the pleasure of the president, so several of us felt we were kind of locked into a situation that we weren't going to get out of for quite a while. So, we had some morale problems there, I would say. Finally, I decided it was time. My payback time was out. I had to start over. We were all pretty much frozen, but I decided to put in a resignation anyway and see what happened.

Horton: And when was this?

Angevine: This was in—this would be about '67. I was going through my files, and I suddenly found my discharge as an enlisted man after eight years of service. So I thought, well, you know, along with that and the fact that I completed my payback time, I thought I might as well just run it through [both laugh] the system and see what happens. The Army was having some problems as far as the Medical Corps went in that they had always had a highly regarded residency program in surgery and internal medicine, and they had not filled their residencies that year. They were concerned, but this was due to the freezing of the regular people. There were also some pilots who were trying to get out. About fifty pilots were suing to get out under actually the 16th Amendment that freed the slaves, [both laugh] being held involuntarily. One of my pathologists at Tripler was also suing the Secretary of Defense trying to get out under the same clause. So, there was lots of activity going on at the time. So, morale in the department was quite bad. Actually, probably because of what was going on with these pilots and with the medical situation, they did accept my resignation. So, I got out without having a job lined up or anything else, and I was quite delighted at the time, actually. So, between Reserve time and Regular Army time, I had about thirteen years total service and about four and a half years of active duty in the Regular Army.

Horton: You kind of knew that you wanted to get into the Medical Corps upon entering. Did you ever have to go through Regular Army basic training?

Angevine: Well, yeah I did, yeah, with the Reserves I was in an infantry. I guess they enlisted me as a Private E-2 which was sort of a bonus because I'd had two years of ROTC so I had some shooting and map reading and so on. So, yeah, I went through Reserve infantry basic at Camp McCoy which was an abbreviated program obviously. The 84th Infantry was actually was a reserve, like a cadre unit. So a company would be twenty-five men, and the idea it would be a training unit if there was an activation of all the Reserves. So we were basically filling these cadre positions. So I did infantry basic and then each year we did some other form of more advanced training. So I learned to operate heavy weapons such as the--well company and platoon level weapons, the smaller mortars. We fired the recoilless rifles, .30 caliber machine guns. The recoilless rifle was interesting to us because the Korean War had just sort of ended, and so we'd hear these horror stories about how the Chinese would capture a recoilless rifle, and they would load it and fire it with everybody standing directly behind it. They'd be all injured [both laugh], and so we were--that was drummed into us, we were trained by the 1st Infantry Division. They had a light infantry company at McCoy. So the fire order was when the weapon was loaded since the--once the first round was fired the gunner did hear anything. So to let you know that the gun was loaded the loader would hit you on the helmet. So of course we were all worried about when that thing was fired. We wanted to be sure our arms were all the way in and so on. We had heard a lot of horror stories about that. I guess the other thing with the heavy weapons was we had the chance to see a 1st Division mortar squad do a routine where they would fire—they would actually get thirty rounds in the air before the first one hit down range; the idea being that if an infantry unit was coming through the woods the rounds would bounce. They would try to scatter but wouldn't be able to get out of the way. Well, anyway, the round hit the hand of one of the gunners as it went out of the mortar, and we'd been told if that happened to stay in the foxhole. The mortar was in a pit. Well, this Regular Army 1st Division team disobeyed all the rules, went out of the foxhole, just scattered as fast as they could. So if the round had gone off they would have been mincemeat. So that was quite interesting. So they came out with an armored vehicle and picked up the round, and an ordnance man wearing armor [both laugh] sat on the back of the jeep, and they transported the round back to the ordnance depot to find out what had gone on. The other interesting thing I thought was the tanks up at McCoy because the soil was quite sandy, and one morning they gave us a very detailed discussion of how to dig a foxhole. So you would dig it very properly, six feet deep with a grenade sump at the bottom. Then they showed the poster of a man sitting on the grenade sump with his rifle sort of over his shoulder as this tank was grinding down just to the tip of the rifle. So that is what you did if a tank went over you. You got down in the hole and waited it out. So after the demo we were just sitting around having a smoke and four Sherman tanks came through the sandy soil at Camp McCoy, and they

would do these turns where they would rotate their tracks, reverse and they would dig down what looked like seven, eight feet [both laugh] as far as we were concerned. So we figured do went the foxhole. If you were in there you would have been curtains.

Horton: So you had this basic training in the general infantry. At what point did you get separated into the medical branch? How did that happen?

Angevine: Well, it was a good deal for me actually because my--most of the officers in this unit here in Madison were college grad students who had been on active duty. So my company commander was an engineering grad student so it was great for both of us. He could skip the meetings. We could work on the weekends. I worked as a supply--I did the supply work for them for awhile. Eventually became the Company First Sergeant, but at a certain point I decided, well, I, in my—I think it was my junior year in medical school probably I decided I should transfer in the 44th General. I did enjoy going—actually at the end of the summer, you know, you'd have two weeks kind off at the end of your summer job. It was fun to go up to Camp McCoy and run around [laughs] in the woods up there. I enjoyed it. I was what you'd say kind of gung ho in those days. I had been interested in ROTC. I received the *Chicago Tribune*--they had an award for ROTC students that were interest in the military, and I managed to win that. So I was quite interested in the actual workings of the infantry and that sort of thing as well.

Horton: So around '67 you got out?

Angevine: '67 I got out, yeah.

Horton: What did you do then?

Angevine: Well, I toyed with the idea of staying in the Reserves of some kind, but just decided to avoid to [two ??] entangling alliances [laughs]. I'd known people who had been what they called two-time losers. Korea, people who were moved into Korea having gotten out early from World War II. One of my intern colleagues had been pulled on active duty as a first year resident. So that kind of disrupted unexpectedly during I think probably the Berlin Crisis. So I thought, well, you know, I had a young family and I thought I would just not stay in. Occasionally, thought it would have been interesting to continue with the medical. There was an evacuation hospital here in the 44th General so there would have been interesting units to be with, but I just decided that I had spent enough time doing that.

Horton: Sure. So you came back to Madison?

Angevine: Well, went to Milwaukee first, was on the faculty at Marquette Medical School and was there for about eight months. The Medical School and the Hospital were kind of going through some turmoil, and I wasn't real happy there so I came back to Madison and joined the staff here at St. Mary's. I was on the clinical faculty at the UW for that period of time.

Horton: Did you take advantage of any veterans benefits after you got out? G.I. Bill?

Angevine: Not really, no. Didn't really think about—I was pretty well—I had really finished my training that I was going to need.

Horton: Sure.

Angevine: So I didn't make use of anything like that.

Horton: Have you continued any friendships or contacts that you made while you served?

Angevine: Well, yeah we've kept track of a number of people. Actually people from the Medical Corps are pretty closely knit. The pathology community is pretty closely knit so everybody in the pathology service knows everybody else pretty much. So I have kept in touch with a number of the residents that I trained and some of the Medical Service Corps people I knew at Tripler. So we exchange messages at Christmas time and run into them now and then at meetings or run into them at meetings while I was still working. I'm retired now. So we've kept in some contact, yeah. The chief of pathology now at the University actually knew my father. After my father retired he served with the Atomic Bomb Casualty Commission in Hiroshima and then went to the Armed Forces Institute of Pathology which is the old Army Medical Museum. So the chairman of pathology here was there when my father was there serving. So, yeah, everybody kind of knows everybody one way or the other.

Horton: Have you gone back to visit any of the bases that you served at or the hospitals that you served at?

Angevine: No, actually Fitzsimons was closed probably ten years ago, and they are now going to be a medical facility for the University of Colorado. It's east of Denver. It was a great assignment, a small old hospital, a post really. It was the Army chest center at one time and kind of pretty sleepy most of the time, although they did receive casualties coming back from Vietnam eventually. Tripler was much larger and more active when I was there of course. And it also suffered--it wasn't really funded as a thousand bed general hospital. It was funded more like a post hospital. So we had a lot of shortages of equipment and staff. Staffing wasn't always optimal. Occasionally you'd have things that would happen like one—over one

period we had over 300 cases of malaria in the hospital at once. I mean, that just practically closed the place down, everybody was so ill. Everybody had to be attended to with maximum care. So that was little bit different.

Horton: Are there any other cases you can think of like the malaria where supplies really became a problem?

Angevine: We had problems with like—screening Pap. You know, we did not only the military part of it but, we provided services for the dependents and everybody else. I know our Pap screening service was pretty stressed. We had a lot of dependents so we ended up--the pathologists did a lot of the Pap screening just to fill in because they didn't provide us with enough technicians. So we felt the technical support was a little tough at times. I think overall we probably had enough to get the work done, and I think we did a pretty high level of care. With residents we did quite a bit of teaching, and so a lot of pretty outstanding—especially a lot of two years guys would come in. So we'd have pediatricians from Johns Hopkins and Columbia, these guys serving a two year tour. Then the problem—or you'd have lots of outstanding guys who had been through an Army residency, but the problem would be that when they finished their residency they'd say "Well, now you've got to become an administrator for a while." All these outstanding guys would say "I didn't go to medical school to run a hospital." So that was a real cause of attrition I think among some of the outstanding people.

Horton: After coming back to Wisconsin have you become involved in any veterans organizations?

Angevine: No, I have never been much of an organization type guy anyway; I wasn't in fraternities or whatever. I was always sort of never too involved in that. So I guess I was probably--other than serving as a docent here, really never got involved in any of the other organizations.

Horton: Have you ever attended any sort of reunions with your colleagues?

Angevine: No, they had a reunion at Fitzsimons at the time it was closing and didn't get to that, no.

Horton: So looking back on your experiences in the military, what kind of effect do you think that it's had on your life?

Angevine: Oh, I think it was a real interesting experience. I—it probably—I often in retrospect have thought, well, I could have done--there two things that it affected. I was never quite sure whether it was necessary for me to join the Berry Plan to be deferred. So I thought, gee maybe I might have gone in

some other direction rather than getting into the Army. But I did--I was well trained in the Army I think, and then occasionally wondered whether it might have been interesting to have stayed in. Moving of dependents around and so on wasn't a very stabilizing thing for families and we saw some families that were having some real major problems. But one of the fellas I was co-resident with a guy who left, became a Brigadier General and commanded the Armed Forces Institute in Washington, who wasn't particularly well qualified [laughs] I would think. So anyway, I often thought that might have been a real different career for me. At one time I thought of doing forensic pathology, but I got enough of that in the Army and decided that wasn't something I really wanted to do for the long haul. So I would say it was a positive experience. I think my wife enjoyed it, and my kids didn't suffer from it. We got out at a time when school wasn't disrupted particularly, and so I think it was a positive experience.

Horton: Is there anything that we haven't touched upon that you would like to add, any experiences or stories?

Angevine: Oh, I guess one--having seen quite a bit of malaria actually I--one of my intern friends ended up at Joliet Prison as a doctor not as an inmate. The University of Chicago had worked a lot on resistant strains of malaria, so they had a prison unit at Joliet Prison, prison hospital, where they had segregated wards, and for five dollars commissary privileges you could become a malaria victim. Anyway, I went down there to visit him after we got out of service and he gave me this beautiful collection of slides, malaria slides where they you could actually count the number of organisms. So anyway, I was quite interested in malaria, so when I did get into civilian practice I taught the—we had med tech school initially. So I would teach the section on malaria so I got to be pretty conversant with it. So the State Lab of Hygiene would be one of our consulting services on difficult cases. One night at St. Mary's Hospital our hematology supervisor called, and he said they had a case of malaria and he wanted me to look at the slides. So it turned it wasn't real well made, and they'd used an anticoagulant so it wasn't an ideal prep, but I determined it was falciparum malaria which was the most dangerous form and really lethal. Well, the clinician wanted it to be reviewed by the State Lab of Hygiene. So we sent, we sent the slide over there and they said, "No it was falciparum malaria. It was a milder form." And I said, "Well, it's falciparum malaria and I think maybe the anticoagulant has disrupted the organism." So I said, "Well, I think we better send that to the CDC [Center for Disease Control]." So, the CDC said, "Yes, it was falciparum malaria." So anyway I was—so the State Lab offered a course on malaria to all the local pathologists so they could learn how to identify it, and they made their own parasitologist attend the course. So I was vindicated I was delighted. So we went to the course, and my techs went to the course, too, just to do it. But we felt real good about—so that was kind of a benefit of

military experience. We saw a lot of the stuff you would have never seen in civilian life. And now with people traveling more and more a hospital like St. Mary's would get malaria you get a lot of organisms that you don't expect to see anymore.

Horton: Excellent. Anything else?

Angevine: I think that about does it.

Horton: All right.

Angevine: Pretty close.

Horton: Thank you very much for your time.

[END OF INTERVIEW]