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assigned to it. We can expand to more beds if they are ever needed, which I pray will not be necessary. Our primary mission is, of course, to provide medical and surgical care for all Army combat and support troops in the Second Field Forces area, but until more Evacs are ready, we actually support a much larger area. Our secondary mission is to assist the South Vietnamese, both military and civilian, in any way we can. This support is mainly medical, and we treat both ARVN and civilian casualties if they are brought to us.

Sometimes, we even treat Vietcong. After giving the initial treatment, the Vietnamese are then shipped to the Bien Hoa Provincial Hospital if they are civilian or to the Cong Hoa Hospital in Saigon if they are military. This helps us keep more beds available in the event of a big battle, in which case we'd receive a large number of casualties."

After a pause, he added "When possible, we also send out MEDCAP teams - Medical Civic Action Program teams - consisting of doctors, nurses and corpsmen to local villages to do what they can - you understand, to win the hearts and minds of the people. I hope this does win us some friends, but I'm not sure that it does. Rumor has it that the Cong move in as soon as we leave and take all the medicine and any supplies we give to the villagers. Any questions so far?"

"No, Sir." I was getting sleepy.

"Our primary mission is, of course, to care for IRHAs - Injuries Result of Hostile Action - the number varies depending on what's going on at any given time. In addition we treat about 5,000 non-IRHAs a month. This includes everything we see in the States plus snake bites, malaria, melioidosis, parasitic infestation and other things peculiar to Asia. Of course, we treat a hell of a lot of injuries due to vehicle accidents. Give a young

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American a truck to drive, and he goes too fast."

Silently, I thought of my ride out from Saigon. The U.S. has no monopoly on youngsters driving too fast.

Bob continued, "This hospital has a very well trained staff, most all specialties are represented. But, you are one of only six Regular Army doctors here; the rest are draftees.

I'm sorry both of the previous radiologists left before you arrived. Their DEROS came up. You probably already know that DEROS stands for date eligible for return from overseas. Since they can't give you an orientation and show you around, I'll get George Allen, my executive officer, to do it. Do you know George?"

"No, I don't think so."

"Thought you might. George has been stationed all over, but I believe he spent most of his time at Brooke. Were you ever there?"

"No. I've been at Benning, Bragg, Schofield, Reed and Letterman."

"George is an internist and a hell of a lot of help to me. I really want you to feel at home here, as much as possible in this place. It's so easy to become depressed over this war, the horrible casualties, the primitive living conditions, the food, the heat and dust, and as I'm sure you already know, the military regs and red tape. Looking forward to your R & R will help you stay sane and of course in about 363 days and a wake up you'll be going home."

Everyone in Nam soon learned to count backwards. Just what I needed, to be reminded of how long I still had in country - only 363 days left.

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"I'd like to see the X-ray department, then I'd like to know where I'm to bunk. I'm really bushed, Colonel." I was suddenly dead tired. I didn't know about jet lag back in 1966, but it had hit me and I had completely lost track of the days or when I had last slept.

"Pres, it's Bob, please call me Bob. You'll have to bunk in an empty Quonset for a few days, no empty bunks in the BOQ. I'll get George to take you there. Anything I can do to help you get settled or get started, let me know. We've really needed a radiologist here for about a week, but first I want you to get cleaned up and get plenty of sleep."

I had forgotten my filth - rings of dried salt crystals crusted my now starchless and crumpled uniform and new moist areas of ooze were caked with dust. I showered, skipped supper and collapsed.

CHAPTER 4

WOUNDED MEN FROM THE FIRST INFANTRY DIVISION

The Communist now realize they can never conquer free Vietnam. General J. W. O'Daniel, January 8, 1961.

I stared at the ceiling. What is that? Grooved corrugated steel and metal rafters. Where the hell am I? The brightness cut into my temples, the sun was high. I rubbed my eyes and then my face. Damn, how long has it been since I've shaved? Groggily, I gazed here and there, nothing but tin on a concrete slab. It was completely empty except for me and this cot. No, there's my B-4 bag and my filthy uniform; what's that sound? Softly, louder, a cadence of whump, whump, whump, then another whump, whump, and more, and louder, blending into a steady vibrating hum. Blasted into reality, I climbed out of my cot, dressed and began my year as a war zone radiologist.

The small but functional radiology department occupied one Quonset and spilled outside into a crusty tent stretched over a crude wooden frame. This tent had been the original dark room, but a better, light safe dark room had been built recently inside the Quonset. On the other end of the Quonset, in the covered space where the four buildings were joined, were the x-ray files which were, in reality, located in the far end of the emergency room. Radiology and Emergency shared a portion of this common space. Here, each patient's x-rays were filed alphabetically in heavy, brown paper jackets. In the

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main part of the department, there were two x-ray rooms and a small combination office and x-ray reading room. The walls separating the x-ray machines from the rest of the department were constructed of concrete in order to shield off the scattered radiation. These walls were painted in a cheerless, blue-gray color. The paint had been stolen, I was told, from the Navy - battleship gray? A formidable stack of x-rays awaited me; they needed reading and were piled high on my desk. I slammed the films up onto the view boxes with skill, honed by three years of intense residency, and carefully studied every corner. I then wrote out my reports in longhand. Later, these reports would be delivered and put in each patient's hospital chart. At this time, there weren't any wounded in the ER, so my technicians were taking x-rays of non-emergency, outpatient clinic patients or ward patients.

"Cotton," squawked a radio receiver in the ER. "Cotton, this is dust-off. ETA 5 minutes. Six IRHAs, one critical. Out."

I learned that cotton was the radio call name for our hospital. We could already hear the faint whump, whump, whump from far off; and as that sound grew in intensity, my lower gut gurgled and knotted, my shoulder and jaw muscles tightened, and I felt flushed and light headed as the Huey closed in on our hospital. This bird was only a few minutes from the jungle and a fire fight. My first casualties; would I know what to do, know what x-rays to take, and could I decipher them correctly?

The slang word for any unarmed, ambulance helicopter was dust-off. Slicks were the lightly armed helicopters that flew the infantry into and out of battle, and gun ships were those armed with heavy machine guns and rockets. In 1966 and 1967 all of these

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choppers were Hueys, the popular UH-series helicopter. Whether dust-off, slick or gun ship, the whump, whump, whump was the same. But when a single dust-off was coming straight in for the hospital landing pad, the sound was unmistakable.

The Huey nosed up just before its skids gently touched down on the hospital helipad. Before its giant rotor blades slowed and drooped, our stretcher bearers, hunching over in the swirls of dust like osteoporotic old women rushing to market moved in below these turning blades and slid the stretchers out and carried the wounded up the slight incline toward the Emergency Room. Several men assisted two walking wounded off the chopper while others threw empty stretchers aboard to replace the stretchers that had been removed. As the last man got off, turbines screeched, fatigue jackets billowed like spinnakers catching an aft wind, and the grotesque, one eyed bird rose and pirouetted. The whump, whump, whump grew louder and more rapid. The dusty machine, with its markings of a red cross on a white field, in clatter and turbulence, lifted its tail, dropped its nose and like an aberration of a bizarre Santa in his sleigh, moved away toward the northwest. This dust-off had been summoned back to the fighting.

These wounded men wore the Big Red One shoulder patch - they were from the famous 1st Infantry Division. In WW II, fighting against the Wehrmacht, this division lost more killed and wounded than the total number of men in the division. This was only possible of course because the killed and wounded were constantly replaced by new soldiers. I immediately thought of the Division's respected history and colorful WW II commander, Major General Terry Allen. His son, Lieutenant Colonel Terry Allen, Jr., West Point Class of 1953, would be killed in action in Vietnam in October 1967.

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In addition to the First Division patch, these soldiers also wore black, boy-scout-like kerchiefs around their necks. The kerchiefs were not part of the official Army uniform, but were tolerated in a combat zone to add and confirm the esprit de corps of this Army unit. This was their mark, their badge of courage, their identification, something to single them out from other Army units, possibly even to the enemy. And if they fought hard and well, these black scarves might strike fear in the hearts of the enemy at their next meeting. The 173rd Airborne Brigade, also fighting in the Bien Hoa region, had a different, but effective identification. They would leave a black ace of spades playing card on the bodies of the Vietcong killed by the Brigade. More wounded arrived and we became too busy to inquire about the black kerchiefs, but I silently hoped that these men had dished out more damage than they had received.

"Chest tube, quick." The crunch of pleura and rib and hiss of air as the tube went in was expected and ignored. Expertly, the nurse, Captain Jo Ann DeBardi, wearing jungle boots and a baggy fatigue uniform that could not hide her attractiveness, connected it to a drainage bottle. The bottle began to fill with blood.

"Start O negative stat."

The soldier coughed - spitting up blood.

An anesthesiologist, fresh from the OR and still wearing his green scrub suit, inserted an endotracheal tube and started bagging air into the soldier's lungs.

"Pump that blood faster, what's his pressure?" demanded the young surgeon, anxiety in his voice.

"Weak, about sixty, can't get a diastolic."

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"Son of a bitch, pump faster, faster, damn it! Epinephrine IV."

Calmly, "I'm getting blood through the ET tube. Give me suction," ordered the anesthesiologist.

"Trendelenburg and get tourniquets on his legs now - damn it move!"

"He has tourniquets on now, doctor," said DeBardi calmly.

During these first few minutes, this efficient Emergency Room team made certain that this wounded soldier had an open airway, cut his clothing off, quickly assessed his wounds, started O negative blood, drained the blood from his chest, placed a catheter into his bladder and treated him for hemorrhagic shock. He lay on the same blood soaked stretcher that was used in the field to lift him into the chopper. This stretcher was now suspended on two carpenter-like saw horses to make a work table. Cloth wrappings from the many sterile trays of instruments that were being used, cardboard containers ripped open in haste, discarded supplies - and his tattered uniform - littered the floor under and around his make-shift ER table. His blood soaked through and spilled over the ends of his stretcher, mixing with the trash on the floor.

At the same time this treatment was going on, administrative clerks quietly filled out the required paper work. In addition to his dog tags, they searched the papers in his wallet. Soon they knew not only his name and other vital statistics but also the name of his wife and children from photographs, as well as the miscellaneous fact that he carried a Trojan rubber in one of the compartments of his wallet.

Some of the less seriously wounded had been examined and their x-rays were ready for me to read. These radiographs showed that one of these soldiers, with bandages

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over his eyes, had metal fragments inside his bony orbits. He was probably blind. I reported my findings and prayed that I was wrong. There were several comminuted fractures, caused by high velocity bullets and by large, irregular metal fragments. Views of one soldier showed a large metal fragment lying in the mid, right abdomen, probably below the liver. His vital signs were stable, he could be prepared for surgery without panic.

But when I returned to the ER, there was panic, albeit controlled. The young surgeon pounded on the chest of the soldier with the chest tube. The anesthesiologist squeezed the bag rapidly trying desperately to adequately ventilate his lungs. Several doctors and nurses stood watching, silently. Everything had been done, but those who already knew there was nothing else left to do watched those that had not yet accepted it.

Several minutes later, the surgeon and the anesthesiologist stopped trying. "Damn it to hell, goddamn it to hell!" shouted the surgeon. Then he stood silently and, drained of further struggle, stared at the dead man, not wanting to accept death, not wanting to accept the awful destruction of organs by fragments and high velocity bullets, and not wanting to accept that strength of will and modern medicine are not enough to save some lives.

Quiet sobbing came from one corner of the room. We did not want to stare, but self consciously looked to see if the source of the sobs needed help. A young soldier sat on a bench hiding his face in his arms. He was one of the lightly wounded men that had walked off the chopper. A nurse walked over, sat down beside him, put her arms around him, and, holding him close, rocked back and fourth and sobbed along with him.

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More dust-offs arrived and departed. The wounded crowded the ER and X-ray Department, and the scene, repeated itself over and over. I read x-rays constantly for many hours. When the wounded stopped coming, long after the sun had set into Cambodia on my second day in Vietnam, DeBardi came into my office.

"I'm DeBardi," she said. She dropped gracefully into the extra chair.

"You did a good job," I told her, "I'm Preston Mayson."

"Yea, I know who you are. Welcome to the 93rd." She was appealing, probably more so because of her tousled dark hair, weariness and obvious competence.

"How long have you been here? You seemed to know what to do in there."

"Four months. I hate this place. You will hate this place soon. This war is total disaster. You saw those men die, you saw the horrible wounds." Then with moisture in her eyes, "the futility of it all, the damn futility," She lit a cigarette and stared at the wall. We sat there for several minutes; she, her eyes fixed on some past or imagined horror and my eyes fixed on her, not knowing what to say.

Eventually she said, "Look, I just wanted to welcome you." Then she was gone. I sat inert, with fatigue and puzzlement. That was sure a happy welcome I thought.

Interestingly, a year or so later when I was back in the world, I heard that Jo Ann DeBardi had volunteered for a second tour in Vietnam.

I again collapsed onto my cot. I could not sleep. My first hours had been puzzling and sobering. I was baffled because the intelligence report *Sterling McCaden* had shown me 2 days earlier about the attack on the ammunition dump and the hospital had been

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completely erroneous, indicating how little we knew about what was going on in this mysterious land. I was depressed because, although I was no stranger to the deaths of accident victims, the number of deaths today greatly disturbed me. I'd heard in lectures at West Point, Fort Benning and Letterman that 96% of the wounded men living long enough to reach an Army hospital would survive. The troops on the battle fields believed this information and counted on making it if they were hit. Today, sadly, we had not done that well. I roughly calculated that we'd saved only about 80%, and some of the other wounded men would certainly die during the next few days. Why had we done so poorly?

Later, when it became clear that the true percentage of survival is considerably lower than 96%, I investigated that statistic and found out a remarkable thing. The statistic is correct and misleading at the same time. For statistical purposes, a patient was not considered a hospital admission until that patient had survived in the hospital for 24 hours. Any departure from the hospital, death or otherwise, short of 24 hours did not count as an admission. In my mind, as hard as I tried to blame such regulations on an intentional attempt to mislead and falsify, I really believe, after observing both military and civilian medical bureaucracy, that such a regulation arose for a different reason. A hospital admission was most likely defined this way because of a bureaucrat's attempt to fix an admission at some point in time. This is important so that the hospital, for any number of reasons, could not claim a patient day in the hospital which was short of 24 hours. Or perhaps, it was like Army leave (vacation), the day of departure on leave counts as a full day of leave, while the day you return counts as a full day of duty. So, possibly the day a patient arrives in a hospital is not counted as hospital time, but the day a patient

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leaves is counted as hospital time. Just the same, for whatever reason, many of us had been misled into believing that a wounded soldier reaching a hospital had a better chance of survival than in reality he actually had.

CHAPTER 5

THE FIGHTER PILOT'S AIR FORCE

Every quantitative measurement shows we're winning the war.... U. S. aid to Vietnam has reached a peak and will start to level off. Secretary of Defense McNamara, 1962.

As we drove out of the hospital gate, I felt as if I were leaving prison. I'd been at the hospital for weeks, and this morning we were forsaking the barbed wire enclosure for a shopping trip. George Allen approached me at breakfast. "We need to get you some furniture," he'd stated simply.

In addition to the government issue cots and metal clothing lockers, almost everyone in the BOQ "hootch" had an assortment of folding beach chairs, small wooden desks, dressers, flimsy tables and shelves. Furniture of any kind would certainly make my living area more comfortable and less Spartan. "Sure, but where can I buy furniture?"

"Bien Hoa. Bring along your extra khaki and fatigue shirts and we'll get the First Log patch sewn on," he said, smirking. The 93rd Evac, and the 68th Medical Group were under the First Logistical Command. This command was a mammoth, nebulous conglomerate - its responsibility: supply everything the American Army needed. Apparently medical care was considered, for the first time in military history, a commodity

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and was under the direction and control of the same general officer that controlled the gasoline, ammunition, food and Post Exchange items.

In all previous wars, the medical command traditionally paralleled the combat command. This was still partially true. There was a medical corps brigadier general on Westmoreland's staff, and other Army physicians served as division, brigade and battalion surgeons. These doctors were part of the combat command and under the direct command of their respective field commanders and the senior surgeon on Westmoreland's staff. In other wars, the hospitals were also part of this command structure. But early in the Vietnam war, the Army hospital's orders and needs had to be passed up and down through the First Logistical Command supply channels. Such an arrangement was inefficient and unsatisfactory. For those of us that were aware of the usual command structure, it was demoralizing to find that we were commanded by a quartermaster corps general rather than a medical corps general directly under Westmoreland. We judged that our orders should come from a doctor directed by the general who commanded the troops. But for the present, we had no choice but to wear the thick white arrow patch which designated us as members of the Logistical Command. This unpopular patch looked like a "leaning outhouse," as it was named by the soldiers.

George turned the weapons carrier, a 3/4 ton light truck, north on Highway 1. After traveling only a quarter of a mile, we turned west on a smaller road, Highway 15, toward Bien Hoa. We did not wear pistols because of the heavy American and ARVN military traffic on the roads during daylight hours. Surely we would be back long before dark. We passed through Tan Hiep, a small farming village, which was partially visible

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from the hospital. Seeing Tan Hiep "close up" for the first time revealed that it was composed mainly of single room shanties constructed of tin and other scrap discarded and pilfered from our Army. Later, on market days, we used to buy pomalo, a bland, thick skin, grapefruit-like fruit from their open air market. On many nights, as our dust-offs flew over Tan Hiep, we would watch orange tracer rounds streak upward trying to reach the choppers. But the villagers were always friendly during daylight hours.

Highway 15 had been paved at one time. The present surface was broken up and deeply rutted. Making our trip even slower were the numerous, characteristically Asian, large-wheeled farm carts pulled along by water buffalo mingling in with the Jeeps and Army trucks. After leaving Tan Hiep, we drove past a few stretches of countryside with rice paddies and jungle bordering uncomfortably close to the road; but more often, corrugated tin shacks lined both sides of the road between Long Binh and Bien Hoa.

At a narrow bridge, George pulled our truck over to allow an approaching 1930 vintage truck to finish crossing. This rusty, black monster was decorated with paper machete flowers and red and gold dragons. A glassed-in section of the truck deck contained a coffin. Wailing, brassy and unrecognizable music, perhaps calculated to drive off evil spirits, blared from a concealed speaker. Who was in the coffin? Had we courteously pulled aside to allow the funeral procession of an ancient matriarch or, ironically, a Vietcong soldier to pass? The Vietnamese in the procession knew. We could not know. We watched, respecting the mourners, but we were as alien as Hindus at a beef barbecue, completely unable to ask any Vietnamese "for whom the bell tolls." I began to realize, more fully, just how remote we were from these people. We, the American Army,

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were entirely uneducated as to any local custom or courtesy. Most of us did not know one Vietnamese word. Had our national compulsion, our stated goal to save these people from Communism, become so acute that there was no time to educate us about the people we were to defend? Yet, in addition to winning battles, our President, Secretary of Defense and Army, and military commanders repeatedly said that American soldiers were winning the hearts and minds of the Vietnamese people. Perhaps a handful of dedicated military advisors, who lived with the people in the villages, were winning those hearts. But, because most of us had not been educated about Vietnam, we were isolated clods, alienated from the people, smugly and incorrectly believing in the superiority of U. S. know how. I don't believe many of us were capable of positively impressing or influencing these people. I am fearful that on many occasions we unintentionally offended them because of our ignorance.

Before reaching Bien Hoa, George stopped our truck at a road-side store. A large, hand painted sign read, "PARADISE - SUNDRY GOODS - LAUNDRY - ALTERATIONS - TRUCK WASH." During a short interlude in the warm tropical sun, we enjoyed a bottle of local Ba Muoi Ba beer and watched passing trucks recycle the dust. A pleasant, elderly Vietnamese woman with badly stained teeth sewed the First Log patch on my shirts. It was impossible not to notice that while several small boys washed trucks, the truck drivers and young Vietnamese girls would disappear into the back room of the aptly named "PARADISE." Perhaps there was more direct communication going on between our Army and the local people than I'd originally believed. Later, I would hear the Vietnamese refer to such communications as "bam bam."

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"Number one, number one," the old lady shouted when she returned the shirts.

"Number one," she continued pointing to her sewing and seeking approval.

As we entered Bien Hoa, John Wayne's stern glare looked down at us from under the brim of a dark sombrero. He was playing at the local movie house that week and his picture was plastered on the marquee. Bien Hoa was a rural town of about 40,000 and vastly unlike Saigon. Most of the streets were dirt, and the buildings were simple, small and without the ornateness or sophistication of the buildings in Saigon. The wealth of Vietnam was obviously concentrated in the larger cities. Bartering for a chair, small desk and a three drawer dresser took very little time. I paid half of the asking price in piasters, the local currency, and, judging from the smile and bow we got when we left, I'm convinced that I paid too much. So much for crafty Americans.

I am now certain that this bargain, and many similar deals that took place in every village and town, helped caused the devastating inflation suffered by South Vietnam during the war years. We affluent Americans flooded the local economy with money, paid too much for everything that we bought and pushed up prices. Because I was willing to pay a high price for my furniture and other things on the local market, prices escalated above what a local family could afford. Although some Vietnamese profited by selling to us or working for us in construction jobs at inflated prices and wages, many Vietnamese suffered financially because of skyrocketing prices. How could we win their hearts and minds when we were rich beyond their imagination and the cause of their loss in buying power? The U. S. government answered this question in two ways. First, it argued that because Vietnam had a rural economy based primarily on barter rather than money, its

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economy would not be hurt by inflation. Second, after stating that their barter economy was immune to inflation, the U. S. government took steps to limit this problem by encouraging American soldiers to send most of their paycheck home and by setting the official exchange rate from dollars to piasters artificially low. The GIs simply by-passed the low exchange rate by swapping their money on the black market or by paying with greenbacks mailed from home causing even greater inflation. Modern warfare is a great deal more complicated than just killing the enemy.

We passed the Bien Hoa Provincial Hospital, where I would later read many x-rays for the South Vietnamese Army, and then drove to the Bien Hoa Air Base. This air field, built by the Japanese during WW II, was rebuilt and expanded by the French. During our involvement in Vietnam, the base was used by the American and ARVN Air Forces. Fighter aircraft took off from here to give close bombing, napalm, and machine gun support to infantry units. Large cargo and troop carrier planes arriving from and returning to Japan, Hawaii, the Philippines and the United States used its runways day and night. The permanent buildings, paved streets, lawns and landscaped grounds provided a beautiful refuge from the dusty Quonset village of the 93rd Evac Hospital at Long Binh. George drove straight to the officer's club.

Air conditioning hit us. What a wonderful relief from the 110 degrees outside. It was mid-afternoon, but pilots in blue-gray flight suits and other Air force officers in khaki uniforms crowded the bar. We sat down at a table in the middle of the room, and because of our dusty jungle fatigues and boots, we thought that we might be unwelcome. A pretty Vietnamese waitress - without darkened teeth - took our drink orders.

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Two young pilots approached us and, after introducing themselves, one eagerly said, "We fly Phantoms and are here for six months TDY from Clark," obviously proud of that fact. "What do you guys do?" Our black cloth sewed on medical corps insignia were difficult to see against the dark olive drab and dust on our fatigues.

"We're doctors, over at the Evac hospital, not far from here. You been in country long?"

"No shit, we thought you'd just come in from combat. We've been here two months. Sure, we fly over your hospital on approach, big red crosses on the Quonsets."

"That's it."

"You must see some horrible shit, I mean bad ass wounds, burns, guts and amputations, and shit like that?"

"We do, but if a guy is really blown apart, he's dead and he goes straight to the morgue. Then we don't get to see him," George said sardonically. It passed over their heads.

"Too bad," one of them said, "that may have been what happened to *Pascoe*. Did either of you guys see him?"

"No, they wouldn't have," interjected the other. "He was choppered to the 3rd Surgical."

"Who was *Pascoe*?" I asked.

"*Percy Alexander Pascoe*, a real blue blood. He graduated from some Ivy League school, his dad had big bucks. There was no reason for him to be here with us peons except his old man was big in the Korean war, a true hawk. He wanted his son to be a

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fighter pilot and war hero before joining the family business. Anyway, *Pascoe* was a good pilot, but he bought it anyway. More drinks? Let me buy, you docs can buy the next round."

"What happened to him?"

"Flamed out on take off. Right over the south end of the field. He was too low to punch out, but he did it anyway 'cause his ship was loaded with HE, you know, high explosive. He had full tanks too. He did it right 'cause the bird exploded and burned soon as it hit. They wouldn't have had a body or nothing else to send home to his family."

"Yea, all he could do, but he wasn't high enough for his chute to open and that was it. I think he was dead before they got him to the 3rd Surg," said the other.

"Wasn't there anything else he could have done?" I asked.

"Not one cock-sucking, fuckin thing."

After an appreciable pause, he added, "You know really, *Pascoe* was one hell of a guy. That's not just 'cause he's dead. He was a nice guy and a hell of a good pilot. We all are," he said grinning. "But that fucker really was, and what a cocksman. Back at Clark, he was dorking the daughter of some big shit in Marcos' government."

"Ferdinand Marcos, like the President of the Philippines?" George asked, astounded.

"Shit, yes, no ordinary meat for *Pascoe*, live dangerously!" yelled the inebriated pilot.

His buddy told him to hold it down.

"She didn't know he was married and had kids," he continued whispering, "and this

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influential Filipino family used to have him over for dinner. Probably expected him to marry their daughter. No big deal to *Pascoe*, a clean piece of ass, you know, wheels up, ring off and rubbers out, in the highest tradition of the Air Force of course."

"No shit," I said, "that's two sad stories, with tragic endings."

"Doc, that ain't the half of it. Wait 'till you hear the rest. More drinks, Susie," he slurred, "another round."

"I'll buy."

"Thanks, doc. This Filipino girl was really busted up when she heard he'd bought the farm. She and her family started making plans to go to the funeral back in the world. Can't you imagine the shit that would have hit the fan both ways? Crying wife and little children, crying girl friend and her grieving big shit papa. It would have been an international incident."

"No kidding," whistled George. "What happened?"

"The fuckin State Department had to send some Assistant Secretary around to talk to the girl's papa and tell him the truth, diplomatically of course," snickering at his own joke. "All that fucking cost *Pascoe* an Air Medal, which he should have gotten, but who cares when you're dog meat. What the shit, I bet he'd have thought it was worth it."

"What happened then?" I asked.

"How the fuck do I know? The fuckin State Department don't talk to us. But I do know this, that Filipino piece of ass didn't go to the funeral, and *Pascoe's* wife never found out. Great guy that *Pascoe*."

That was some eulogy, I thought silently.

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"Let's have a steak," George suggested. We agreed and enjoyed an extra fine dinner. We also downed several bottles of red wine. Despite my inebriation, I could see that it was starting to get dark, and became concerned about getting back to the hospital. George agreed that we should start back, and after thanking our new friends for their hospitality, we pulled out of the air base at dark. The aloofness of fighter pilots that I'd felt in the States now seemed very remote. Each of us faced different, but real dangers and these unspoken fears somehow united us in brotherhood.

"Where the hell are you going, George? This isn't the way we came into town."

"I want to show you another way back, this road runs through the rubber plantation and hits the highway a little north of the road we used earlier. There is not as much traffic on it, and we can make faster time."

I'd learned in ranger school that when in enemy territory, you should not return by the same route you used going out but this was ridiculous. We'd be much safer on "the route more traveled" than on this deserted, more rural road through a rubber plantation. But George was a lieutenant colonel and he'd been in country longer than I had, so I did not argue. It was completely dark, and our headlights raced over this primitive dirt road as the shadows of mature rubber trees flashed by. We were entirely alone. At least I prayed that we were.

"What was that?" I asked as we raced by some spotlights and barbed wire on our right.

"A prisoner of war camp for VC."

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I could tell by his voice and the way he was driving that he was also concerned that we might meet people from the wrong side of the tracks that night. All Americans, except combat units that needed to be there, were constantly cautioned to stay off the roads at night. We passed a black steeple, silhouetted and almost lost against the dark sky and then turned south on Highway 1. Shortly, the lights of the strongly defended Second Field Forces compound came up on our left and we probably would have been wise to stop there and stay the night, but George kept on driving. Lights from the 90th Replacement Battalion disappeared to our rear after we crossed Highway 15. A few minutes later, he took a left turn and we passed safely through the hospital gate.

"Shit, George, I didn't think we'd make it."

"I wasn't sure we would either. The Cong must be somewhere else tonight."

CHAPTER 6

BODY BAGS

There are definitely encouraging elements ... the ratio of casualties ... indicates some turning of the situation.
Secretary of State Rusk, 1963.

There were five, maybe seven, an odd number anyway, neatly lined up on the Emergency Room floor against one wall. Heads were to the wall and the floor space between each body bag was the same as if the bags had dressed-off. In my mind's eye I can still see that they were not empty. The heavy, dark green rubber bags stretched awkwardly and stiffly over their chests - the highest part of any man's body when he is lying on his back, even when there is no air moving in and out of his lungs. These occupied body bags, closed completely by their heavy zippers, had arrived sometime during the night. It was unusual for them to be in the Emergency Room. Dead bodies, bodies beyond any hope of a medical miracle, went straight to the nearby morgue; a strange complex of tents, trailers, refrigerators and silent, stooped shouldered attendants and pathologists. I never ventured near there.

Two nurses were talking, hushed like, as if they were standing guard or as if they were representatives of the families, waiting for mourners to arrive. It was early morning.

Mayson - 65 - Vietnam

I was passing through on my way to X-ray.

"What happened?" I asked quietly, adopting their demeanor.

"They brought them in last night, some investigators want to see them before they go to the morgue."

"Yes," said the other nurse, "something about a Special Forces fortified village. They were all killed there. The entire team, every American in the camp."

"Where?" I asked.

"Near the Cambodian border in the mountains, I think."

"I believe it was at a Montagnard village, but I'm not sure," whispered the other.

"The Cong or NVA must have completely overrun the camp, must have been a massive attack" I ventured. "Strange that we didn't get any wounded."

All morning the bags lay there. They were there when I returned from lunch. But about mid-afternoon an OD sedan arrived from Saigon and three men, two in khaki uniforms and one wearing civilian clothes - everyone at Long Binh wore fatigues - came in and started opening the bags and examining the bodies. The examiners were business like and mysterious at the same time; they talked quietly and wore no evidence of rank or other insignia. The ER nurse said that they told her they were here to see the bodies and had flashed an official looking paper signed by some colonel in Saigon.

I approached them, "hello, I'm the radiologist here, can I be of any help."

"No thanks, Major. I don't even know what Saigon expects us to find - just a wild goose chase as far as I'm concerned. It's over, they were dead men as soon as the village changed sides. They didn't have a chance."

Mayson - 66 - Vietnam

"What happened?" I asked, dreading his answer.

"Let me show you." He walked over to the nearest bag and, bending down, reached out and turned the head of the body to the side. There was a small bullet hole behind the ear. "They were all killed exactly the same way, shot in the same place. They were executed. The village went over to the VC."

Shortly, the zippered fronts of the body bags were closed up and the bodies were sent to the morgue.

What were their families going to be told? Were the families going to be told that these men were killed in action or told that they were shot while being held as prisoners of war? Were their families to be told the complete truth - that they were executed by turncoats, the people they were trying to help? Would the families be told that they were executed while they were winning the hearts and minds of the people?

CHAPTER 7

THE GRAND EXPERIMENT, THE 45th SURGICAL "MUST" HOSPITAL

I am hopeful we can bring back additional ... men ... because I personally believe this is a war the Vietnamese must fight. I don't think we can take on that combat task for them. Secretary of Defense McNamara, 1964.

I glanced away from the black and gray shadows of the x-ray film on the view box, and there he stood, grinning at me from the doorway. It had been well over three years since I'd been an intern on his surgical ward at Walter Reed Hospital.

"Gary, damn, what the hell are you doing here at the 93rd?" I hoped that he was to be one of our surgeons.

"I'm here with the 45th Surgical Hospital. Actually, I'm the commanding officer. We're going to be at Long Binh for a few weeks, until things are ready for us at Tay Ninh."

"Tay Ninh, damn, there's been a hell of a lot of fighting up that way. Why Tay Ninh?"

"Well, I think we're going there because of all that fighting. Seems that they need a surgical hospital and they want to test this MUST unit."

"What the shit is that?"

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"You probably don't know about it, Pres, but the 45th is the first MUST hospital, a new concept. You blow the damn things up like a balloon, and those balloons are your hospital, your buildings."

"What?"

"All our buildings; surgery, x-ray, the wards, all our stuff is inflatable, the walls inflate. Deflated, the whole hospital can be transported on deuce-and-a-half trucks. When we get where we're going, we inflate the hollow, ribbed walls with air pumps run by generators, and constantly blow air into the walls to keep them up."

"I'll be damned. But, what happens if a piece of shrapnel or a bullet tears a hole in a wall?"

"They tried to deflate one that way at Brooke, it stayed up. See, the walls are ribbed, they are compartmentalized, so even if one section gets a hole blown in it, the other sections stay inflated. The buildings look kind of like short, fat caterpillars."

"Maybe they'll scare the shit out of the VC."

"I doubt that."

"Anyway, why do they call it a, what did you call it?"

"A MUST, a Mobile Urinal & Shit Tank," he said with a big grin, "No, just kidding, Medical Unit Self-Contained Transportable."

"Leave it to the Army to come up with such a name. Where have you been all this time? Everyone who finished residency this summer got here long ago."

"I was at Brooke. They've been messing around with this concept for months, probably for years, but I only got involved when your father-in-law asked me to command

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the 45th. At Brooke we would inflate it and then take it down and then do it all over again. It wasn't much fun. I'm eager to get back to doing surgery, but with all the problems of command I may not get to do much operating even over here."

"I bet you'll get to do plenty. They really needed a hospital up there a few weeks ago when the 173rd and the 25th ran into a lot of VC."

"Yea, I heard about that. We're billeted just up the road, and when I told my hootch maid that we were going to Tay Ninh, all she could say was, 'beaucoup VC, beaucoup VC.'"

I silently thought, Gary, you were not suppose to tell a Vietnamese where your hospital is to go, but what the hell, Charlie probably already knows anyway, or will know soon. Her use of "beaucoup" certainly demonstrated the lingering influence of the French in Vietnam.

Gary Wratten was a short, aggressive and self-assured surgeon who had tried and failed to convince me that I should become a surgeon. He was a Montgomery Cliff look alike. At Walter Reed, Gary had the reputation of being one of the best surgical residents ever to pass through that hospital's demanding training program, and the Army Medical Corps expected him to become one of their outstanding leaders.

Later I learned that the 45th Surgical Hospital was indeed a very special hospital. This inflatable concept was to be the type of field hospital for the future; for disasters all over the world as well as in combat. Gary had been chosen to be its commanding officer by the Army Surgeon General. After becoming the Army Surgeon General, General Heaton, not wanting to give up surgery and be limited to administration and command,

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had continued to teach and perform surgery with the residents at Walter Reed one day each week. He had known and operated with Gary for years and was impressed with Gary's surgical and command potential. I discovered later that there had been considerable discussion and indecision by the U. S. Army Command in Saigon as to where this new and experimental type of hospital should be located for its real war testing. The 45th was to get its live battle field test sooner than any of us believed.

I didn't see Gary again for several weeks. Then I ran into him at the occasional Thursday night party sponsored by the nurses. These affairs, which were held in a brightly illuminated utility room that served many purposes including that of a small library, were nothing special - booze and a few trays of snacks. But such a get together did allow the doctors and nurses a chance to relax and visit with each other away from work and away from the more seductive and romantically intimidating darkened officer's club where some wild parties occasionally evolved when tensions were high and needed release. These Thursday nighters were sterile. There were a few, not many, doctors and nurses who stayed away from the officer's club. Even the hospital's chief nurse, a graying, portly lieutenant colonel with the air of "you goddamn doctors better stay away from my nurses," usually attended these get togethers.

Gary and I ended up sitting on a refreshment table, next to the shelf with the bottled snakes. These snakes were brought to the hospital by soldiers who were the snakes' victims. Although we'd heard stories about how deadly Asian snakes were, all of the bitten soldiers I was aware of had survived.

"Who else from Reed, who finished their surgical residency this year, is in Nam," I

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asked?

"Everyone but *Wyrukavich*, who went to Germany, and *Ulrick* - he's in Denver for thoracic. I think that *Poole*, you remember him - always wanted to do hernias under local - is at the 85th in Qui Nhon. *Holly* is in Saigon."

"What about *McInerny*, that boy wonder, junior assistant surgical staff member, is he ever going to be sent over here?"

"I doubt it. They depend on him to do all the diplomatic and administrative stuff that *Willis* and the other chiefs don't want to do. He's too good at shining brass and keeping the VIPs happy."

"How's the MUST?"

"Delays, and more of the same. It took days for all our stuff to get to Tay Ninh. That's got to be a lousy road and we had more stuff to take than they gave us trucks, so there had to be several round trips."

"Also slow because they had to travel with an armed convoy?" I questioned.

"Yea, I think so, but I've always flown up there; been twice. We flew real high, couldn't see much of the roads. Most of our inflatables are up now. My XO (executive officer), Lynn Glass, is in charge at that end and we're gradually sending the doctors and nurses up there. The enlisted men have been there for several weeks. We've also built floors for our sleeping tents and the tents are up."

"When will you open and start admitting wounded?"

"In a week or two, but I'm going up there tomorrow to stay for good."

"Why? Why don't you just stay down here for at least a few more days? What the

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shit will you do there, you can't do much until you open and really become a functioning hospital. The food is better here, we've got a big PX and more air conditioning; besides, you can't go fishing either place," I said, remembering that Gary liked to fish.

"Hell, I don't want to go now, but I'm sick of doing nothing. I wish I could stay here and do nothing but surgery. I know I can't do much there until later on, but I am the CO and kind of feel guilty living down here when most of my people are up there."

Two days later, Saturday morning, I left the X-ray Department and strolled up the line of dusty Quonsets to the headquarters complex. I cut through the chapel, a wing of headquarters, and entered the administrative area. There were five or six desks in there, each piled with the paperwork deemed necessary for the extensive record keeping.

George Allen, my furniture shopping friend, worked at one of these desks, one desk was for the personnel officer, another for the chief nurse, and others served different functions. Whatever my business was, it was over quickly. As I was leaving, the personnel officer, a young MSC 1st lieutenant asked me, "Did you know they had a hell of a fight in Tay Ninh last night?"

"No."

"Our reports say that the CO of the 45th was killed."

"What did you say?" not focusing on what I'd heard.

"Sir, the information we have is that the CO of the 45th Surgical Hospital was killed in a mortar attack last night."

There must be times in everyone's life when the impact of unexpected information numbs a man's senses and the realization of what is happening does not register. So it was

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with me at that moment. I knew something was wrong, but my mind refused to let me fully understand or let that information inside my conscious. If he had said almost anything else twice to me, I would have understood. But I somehow refused to allow myself to understand this information. I remained stunned and confused.

The young officer said something else. I did not hear him. I could see his mouth forming words, but the words were not getting through. Slowly, it came to me. He was saying that a hospital commander, a doctor, had been killed in the fighting near Tay Ninh. My mind told me there must be a mistake. Gray was the CO, he was a doctor, he was protected from death because he wasn't a combatant, his role was to care for those soldiers that did the killing, but his role most certainly was not to be killed himself. It would not be fair for him to die that way. I knew it was a mistake, and I knew how to expose this mistake. I'd ask for the name of the dead man, and it certainly would not be Gary Wratten. "What was his name?"

"I don't know, Sir," concern showing in his eyes, "did you know him?"

A single phone call to Saigon confirmed that Major Gary Wratten had died instantly as the result of hostile action in Tay Ninh Province the night before.

CHAPTER 8

"SOME MUTE INGLORIOUS MILTON, HERE MAY REST"

We have stopped losing the war. Secretary of Defense
McNamara, 1965.

A few days later I jumped aboard a dust-off headed for Tay Ninh and the 45th Surgical Hospital. The chopper crew was perversely happy to have a doctor on board. Every day these dust-off crewmen flew into combat, and to bring the wounded out, they would frequently take enemy fire from hot LZs (landing zones). Having me on board allowed them to share their risk with someone they correctly perceived to be in no danger most of the time and to impress me with the constant danger they faced. Fortunately for me, for them and for the grunts on the ground, there were no hot LZs for this chopper that day.

The chopper rose easily in a cloud of dust and swung away from the hospital, turning west over the Saigon-Bien Hoa highway. As it passed above the Vietnamese Army compound directly across the road, I was surprised to see huge, heavily armed bunkers facing our hospital. These bunkers were no more than seventy-five yards away and their 50 caliber machine guns and 105 mm recoilless rifles were pointed directly at the

Mayson - 75-Vietnam

hospital. I could understand the necessity for that Vietnamese Army unit to arm and defend its perimeter, but it became obvious to me that there had been no coordinated or thoughtful consideration given to the placement of either their or our units. Our hospital perimeter, with our bunkers and weapons, faced their perimeter just across the road. Only this public road separated the two units. Neither of us controlled that road at night. How easy it would be for the Vietcong to silently move down that road and start shooting at the ARVN and at our hospital and get each side shooting back and forth. Americans shooting at the South Vietnamese and them shooting back. The logical tactical solution would have been to incorporate this highway into our perimeters, with appropriate road blocks each night, thus reducing hundreds of yards of facing perimeter for each unit to defend, but this logical solution was never adopted while I was there. Some weeks later, the Vietcong infiltrated similar open ground lying between the 90th Replacement Battalion perimeter and the Ammunition Supply Depot perimeter just north of the hospital. The Cong started firing into both compounds and during the night they withdrew. The two American compounds continued to shoot at each other until the sun came up the next day.

The Huey whined and whump, whump, whumped rhythmically as we climbed slowly to the west. Bien Hoa Air Base stretched out before us to the north. Its surprisingly large size and runway complex meshed with splotches of light green fields and rice paddies and gradually blended into the darker green of the surrounding jungle and rubber plantations. There were many gigantic cargo planes in one part of the field, and there were other areas filled with fighter, reconnaissance and helicopter aircraft. We'd even heard that there were U-2s at Bien Hoa Air Base, but if so, they were hidden in

Mayson - 76-Vietnam

hangers or well camouflaged.

The chopper rose higher, flying away and the hospital became small and appeared insignificant from several thousand feet. At that time, and as I have done many times in more recent years, I marveled at how irrelevant and small things on the surface of the ground appear from high in the air. Certainly this realization should, as much as anything else, make us realize how inconsequential we are to the total universe. But at the same time, just because we do understand that each of us is unimportant at any particular moment in the infinity of time, we cannot stop trying to do our jobs and reach our goals. To stop trying would be to admit how unessential we are. We continue to believe in our importance, for if we did not, our deaths would have no consequence or meaning. We may be inconsequential in gigantic space and infinite time, but Gary Wratten and other Americans killed in Vietnam were of great consequence to us so close to the war.

It was early in the morning and the black smoke from the oily fires from latrines burning feces in every American Compound over the entire surface of South Vietnam rose into the air to meet us. The country seemed to be on fire. What so terrible, I wondered, could possibly happen if we neglected to burn all that human excrement? Nothing much. The Vietnamese that we hired as shit burners would be out of work, and they might join the VC if they were not already affiliated with them, but nothing more drastic than that. What additional harm could the unburned feces of 500,000 Americans add to the unburned feces that 20,000,000 South Vietnamese regularly dumped on this rural country? Many American compulsions continued to baffle me; were we there to fight a war or practice sanitation where it wasn't needed?

Mayson - 77-Vietnam

I was brought back from my mental ravings by the squawk of the radio discussing something about Tay Ninh, but the message was unintelligible to my ears. Tay Ninh Province is north-west of Saigon and its western frontier protrudes ominously into surrounding Cambodia. Tay Ninh City is only 60 miles from Saigon, about the same distance as West Point is from New York City, but the chasm between the two is much greater than the mileage suggests. In the 1920s a strongly nationalistic religious sect sprang to life in Tay Ninh. In 1966, Cao Dai, as the sect was called, was composed of warriors who followed a religion that combined Buddhism, Taoism, Confucianism and even some tenets of Christianity. Their God was represented by a large, single eye peering through a triangle. These believers had a Pope and their saints included not only Buddha, Confucius and Jesus Christ, but Julius Caesar, Joan of Arc, Victor Hugo, and Sun Yat-sen. They worshiped their sacred mountain, Nui Ba Den (Black Lady Mountain), lying north of Tay Ninh City and worshiped in an opulent cathedral, dominated by the large eye on the facade. At least three-fourths of the province's 600,000 people were Cao Daists and these extremely nationalistic warriors periodically supported and periodically opposed Saigon. Today, as we flew toward Tay Ninh, the Cao Daists were in disfavor with the Saigon Government. I hoped that I'd be able to see their temple.

A large meandering river sparkled far below. Its turns seemed to take it everywhere, as if to water the entire plain between Cambodia and the South China sea. The land's altitude varied little, thus accounting for the river's seeming lack of direction. The beauty of the countryside mesmerized me and my thoughts, until far below my gaze was interrupted by shadows, clipping along at high speed. I realized that there was a flight

Mayson - 78-Vietnam

of troop carrying Hueys cutting across behind us on their way to deposit those troops into the jungle in a search and destroy mission. I made a mental note to ask the dust-off crew what was going on when we got on the ground and away from the noise, but once we got down, I forgot all about those helicopters.

A tattered ribbon of road ducked in and out between patches of trees and tall grass. Every so often an old French tower fortress would loom above that road and the countryside. Apparently, the French Foreign Legion built these forts along the Saigon to Kampuchea road in an attempt to control and protect this highway from the Viet Minh and other hostile groups which probably included the Cao Dai. Legends tell - and legends grow fast and die slowly in Asia - that many legionnaires died trying to defend these isolated outposts.

The dust-off crew had business at Chu Chi so we landed there and stayed on the ground for about an hour. They may have delivered secret dispatches or a vital part for a grounded helicopter, or perhaps they simply wanted to take advantage of an opportunity to check out the Chu Chi Post Exchange. While we were on the ground, I thumbed a lift on a three-quarter ton over to the Headquarters of the 25th Infantry Division, the unit in which Walt McCarthy and I had served together back in 1956. I'd heard that a family friend, Bill Roosma, West Point class of 1958, and a close buddy and high school basketball teammate of my brother was on the staff of the 25th. But, as so often happens in war when visits are momentary and unplanned, Bill was out in the boondocks and I missed seeing him. Bill's brother, John, was also in Vietnam flying fighters for the Air Force. Bill made it home safely, after earning two Bronze Star Medals for valor, and later

Mayson - 79-Vietnam

became a Major General and commanded the 82nd Airborne Division. Either Bill or John could have requested to be sent home because of a government policy of not having two brothers in combat at the same time. But they were both professional soldiers and expected to do more than their share, so they disdained making such a request.

A few minutes after leaving Chu Chi, I saw what had to be Nui Ba Den, the sacred Black Lady Mountain, looming to the west. It rose from the flat Tay Ninh plain, which was only several hundred feet above sea level, to over 3,000 feet and looked like a world class, misplaced and isolated chocolate drop. It seemed odd and desolate because of its dislocation from the mountains far to the north. No wonder the Vietnamese believed it was sacred. Recent reports indicated that the ARVN controlled the base of the mountain, the Cong controlled its slopes and the U.S. Special Forces (lifted in by chopper) controlled its peak - a three tiered military operation!

On our approach into the landing zone of the 45th Surgical Hospital, I caught a glimpse of the double spires of the Cao Dai Cathedral that I longed to visit. That was all that I would ever see of it because it was well after dark when I caught a chopper out, transporting a badly burned soldier to the 93rd. Just before we settled onto the landing pad, the chopper passed over a canal and a dusty road. Then, for the first time, I could see several half inflated but still standing black, accordion like, tubular buildings - the inflatable MUST hospital. Gary was right, they had not been knocked down, but they had enough holes in them to cause considerable sag.

From my bearings, and I'm not certain of this even after many years, the hospital was most likely on the south-western part of the base camp. The 45th Surgical Hospital

Mayson - 80-Vietnam

occupied only a small portion of this large base camp at Tay Ninh which was also the home of other support units and the 196th Light Infantry Brigade.

Lynn Glass, an agreeable surgeon who was still stunned at Gary's death and now was acting CO, told me what happened. On the morning that Gary arrived and put his belongings in the doctor's tent, "If we get mortared tonight, I'm going to get in that ditch," he said to Lynn pointing to a very small drainage depression and culvert along the road in front of the tent. That night the VC started "walking" 60 mm mortar shells across the base camp, beginning at the part of the camp most distant from the hospital. When the attack started, the electric generators were shut down and the camp was doused into total darkness. The combat units, of course, sprang into action. The hospital personnel, assuming they would have casualties to treat even though they were not officially open and because the explosions were away from the hospital at that moment, got up and dressed in their fatigues and boots. The explosions got louder as the "walking fire" moved across the base camp toward the hospital. As the doctors were leaving their tent, Gary exclaimed to no one in particular, "son of a bitch, where are my glasses?" He turned back into the intense darkness of the tent to search for them. The explosions passed over the hospital and then all was quiet. If the mortar barrage was followed by a ground attack, it came at a location away from the hospital.

Some time after the explosions were over, small groups of doctors, nurses, corpsmen and technicians gathered and talked in the dark. These groups called out in muffled voices and found other groups and these men and women were of course happy to be alive and uninjured. Lynn did not know who first asked, "Hey, where is the CO?"