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"Oh understand, please. I'm aware of her husband. She speaks very highly of him. Apparently he's a very good lawyer. He deals in litigation, mostly in personal injury law, really brilliant ..."

"*Cole*, for Christ's sake, he'll personally injure you if you are not careful."

"Shit, some of us may not even get out of here in one piece. At least seeing all this death gives you the thought of enjoying life while you can. Yeah, I guess he'd have the right to injure me, but she said she and her husband had only known each other a short time and that it had been a mistake to marry him so soon. She said she wishes that they'd had an affair, instead of getting married. She is unable to even think about a husband with all this death and despair going on over here, and she is really depressed and we just talked and talked that night."

"She told you all this that night?" I asked.

"Well no, but a lot of it, and then more later on. I walked her to the nurse's hootch that night - she said not to - but I didn't want to say good bye, and I don't think she wanted me to either - I mean she wanted me to walk her over there even though she said not to. But I didn't go into her room then, and I haven't since then either. That's too obvious. The next day, a group of doctors and nurses planned to go to some other compound around here for a swim and then dinner, and I told her that I would join them, but I chickened out; I didn't go. I truly tried to stay away from her. When they got back, she came looking for me and asked why I'd stood her up. I made some lame excuse about work, but she was so sincere and pretty. She was honestly hurt that I hadn't shown up. I just fell in love with her."

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"Christ, *Cole*," I said trying to bring him back to reality. "What about your wife and kids? What about her husband? Have you ever thought about the mess this could provoke?" I could see that I wasn't making much headway with my argument.

"Look, that's why I'm talking to you," he said expressing irritation, "I don't want trouble, but I'm not sure I can avoid it."

"How does she feel?"

"I know that she cares for me, the same as I care for her. And we haven't gone to bed yet but it's gonna happen. We can't stay away from each other forever. Hell, we've only been alone, in one of the bunkers, for a precious few moments. It's like we are back in grammar school. The suspicions, the gossiping and the lack of privacy are unbearable. This goddamn war, I hate this fucking, goddamn war."

"*Cole*, maybe you and *Sue* should go on R & R at the same time. That may be the only time you'll have alone together." I couldn't believe my advice, but I was caught up in his hate for the war, the unhappy predicament that the war had caused him, and the sobering realization that many casualties of this war would be people remote from combat - those casualties would likely include *Cole*, *Sue* and their families.

CHAPTER 13

SEARCH AND DESTROY

Progress has been made ... We have pushed the enemy farther and farther into the jungles ... We have succeeded in attaining our objectives. General Westmoreland, 1967.

"Gooo-- ed morning, Vietnam." Almost every radio listened to by Americans or Vietnamese was tuned to AFN, the Armed Forces Network. This exclusive English speaking station was not just heard in the offices and hootches all over the country, but it was listened to by the troops on the battlefields as well. A constant detonation of rock'n roll filling the air waves, occasionally fragmented by news, weather or announcements. The announcements were designed, artfully by the American High Command, to inform and influence the listeners by reaching more troops than could ever be reached by dispensing instructions through the command channels. Often the information was dull and routine, but occasionally it was funny.

"Hey, all you lovers out there listen to this news item from Saigon: 'The rumor that your antimalarial pills cause impotency,' that means you can't do that most important thing, you guys, 'is complete hogwash, stated *Robert Romero*, who is a medical doctor at Saigon's 3rd Field Hospital. It's just the opposite, said *Romero*, because if

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these medications are not taken each week as prescribed, a man will become so ill with malaria that the disease will undoubtedly restrict his sexual activity.' So to all of you out there who want to keep that most important thing up, no joke intended, be sure to take your orange chloroquine-primaquine tablets as prescribed so that you will not disappoint that special lady friend of yours."

Every American in Vietnam was under orders to take this medication. If a soldier became infected with the malaria parasite, this once-a-week pill would suppress any clinical signs of disease. Then, every American returning to the States was required to take the medication daily for two weeks in order to eradicate any malarial protozoans that had infected him. Not surprisingly, the troops hated these pills because they frequently caused abdominal cramping, diarrhea, and occasionally, skin rashes. Additionally, some soldiers looked upon these pills as just another "pain in the ass" inflicted on them by stupid "lifers," the professional soldiers. I believe that the rumor that these pills caused impotence may have been an example of psychological warfare, intentional misinformation, spread by the Communists. The success of the anti-malarial program was sporadic, but some American units enforced compliance by requiring a weekly lineup where each soldier was forced to swallow the hated, orange "horse pill" in full view of his commander.

"Goo----d morning, Vietnam," vibrated my small, white plastic radio, turned low because of the late sleepers. Our hootch did not have rooms or walls or any substantial separations between our metal cots. We each had our own space, but sound could travel throughout the Quonset unobstructed. In the semi-darkness before sun-up, the small light

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bulb inside the radio converted the dusty case to a splendid, toilet-bowl yellow.

Mesmerized by the glow, I could almost smell our latrines, twenty-five yards to the east.

But it was probably only my imagination because at this early hour it was still cool and the heat and sun had not, as yet, brought the latrines to full bloom.

"This is Specialist Fourth Class *William Crowley* with the morning news and weather. Operation Cedar Falls, a joint combat task force striking deep into the iron triangle northwest of Saigon, enters its third week today and continues to be a military success. The enemy body count through Friday was over four hundred. Large quantities of weapons, ammunition, medical supplies and rice have been captured. AFN congratulates the 1st and 25th Infantry Divisions, the 173rd Airborne Brigade, the 11th Armored Cavalry Regiment and elements of several ARVN battalions that are participating in Cedar Falls."

The VC must already know the units involved and all that other information or we wouldn't broadcast it, I reflected. Maybe we want them to know how many we've killed and what we've captured.

The voice continued, "Major *Spurlock*, of the MACV Public Information Office, reports that this operation has broken the back of the Communist forces in the Iron Triangle and the Ho Bo Woods." Fat chance of that bull shit, I've been here almost a year and don't buy that crap anymore.

"Now to the weather. A high pressure center over the South China Sea will continue to bring fair weather to all coastal regions. Scattered clouds with possible local thunderstorms may develop in the central highlands later today. There is a 30 per cent

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chance of thundershowers along Vietnam's western border with Laos and Cambodia, and along a north-south line extending from Dak To to Ban Me Thout this afternoon and evening."

I walked down the aisle between the cots to see if Shelly wanted to join me for breakfast. Many of my compatriots were still sleeping. Some of them had worked most of the night. Some of them were hung over from partying and attempting to forget the war, the legs they had amputated, the many long days remaining before going home. Others were hung over because they attempted to out-drink the nurses and coax them into their beds. Oscar Hammerstein said it well in South Pacific: "There is nothing in the world that you name, that is anything like a dame."

Sheldon Rosenthal, was drafted after his first year of radiology residency at a big New York City hospital and was shipped directly to Vietnam. He arrived at the 93rd Evac soon after I arrived, but despite his easy adaptation to Army life, at times he still seemed to be in a state of shock and confusion. Because Shelly was not only a good radiologist but also a good drinking buddy, friend and learned philosopher, he was always a pleasure to have around.

The morning sun edged the eastern horizon as we got to the mess hall. Ole' Sol would soon turn up the furnace and cook the countryside, rice paddies, base camps, and jungles of this tortured land. No wonder many soldiers discarded, at life's peril, their heavy, protective flack vests and carried 4 or 5 canteens of water instead. Heat exhaustion was common, and getting safe drinking water while on a search and destroy mission was almost impossible. Rice paddy water, alluring when the canteens were empty,

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contained water buffalo and human excrement. Nice thought just before breakfast.

The fare in our mess hall was nutritious but not appetizing, but breakfast was the best of the three meals. After all, what can you do to powdered eggs, bacon, pancakes, juice and coffee? The eggs were runny, the bacon was incompletely cooked because the contents of the packages were dumped into the skillet without separating the slices, the pancakes were hard and rubbery, but the juice was good and the coffee was hot. I'm not complaining - we doctors had little to grumble about because we were not eating C-rations or looking down the barrel of a gun.

Shelly stared at his plate. "I think I'll get my wife to mail me some preserves and other goodies from Geneva. I'd like some pate, smoked oysters, and some good Norwegian sardines." His statement was completely serious and not intended to sound pretentious, but his cosmopolitanism showed. Shelly grew up in New York City, attended medical school in Europe and married a beautiful Swiss lady who was living in Switzerland while he was in Nam.

Several other doctors and nurses joined us. "Does anyone know anything about Cedar Falls?" I inquired.

"No, why? But I think it's in Iowa."

"He doesn't mean the city, he means the search and destroy operation that's going on."

"Sorry, shows what I know."

"Look, how are we to know what's going on when the fuckin Army names a battle or a campaign or whatever for a city in the Midwest?"

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"I just got off the ER shift," said *Kay*, a young RN who would have gotten the constant attention of "Hawkeye" Pierce had he been part of this war. "We only had a few patients all night. One was a young soldier from the 173rd who'd fractured his ankle jumping off a slick as they hit the LZ. He said that his company found some bunkers and tunnels a few days ago but nothing else."

"Christ, another all gas and no shit operation just like all the others," whined a short-timer sitting at the other end of the table.

"Probably so."

Shelly and I were busy all morning with routine cases and a few chest x-rays on newly hired Vietnamese. The chest films of some of the Vietnamese looked like they had tuberculosis, but we'd quickly learned that melioidosis, common in Vietnam, can look exactly like tuberculosis. We reported our findings and left the decision to keep or fire them to the hospital Personnel officer.

At about 1430 hrs., we were alerted to prepare for numerous casualties. Apparently the dust-offs had taken earlier wounded men to the 3rd Surgical Hospital in Bien Hoa, which was now full, so the choppers would soon start bringing wounded to the 93rd. The stretcher bearers began taking empty stretchers down to the helicopter landing pad to toss aboard the one-eyed birds for each stretcher removed. The hospital corpsmen and nurses placed sterile instrument trays in position beside the saw horses that would hold the stretchers. The senior nurse on duty called the nurse's BOQ and ordered additional nurses to the ER. The blood bank was told to send over more type O universal donor blood. We stopped taking non-emergency x-rays and returned all the patients to

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their wards. Shortly, inevitably, we heard the choppers, distantly at first, coming from the west - the direction of Tay Ninh Province.

My mouth was dry. I felt a chill despite the humidity and heat. Would I ever get over this fear, or was it excitement, when hearing the sound of helicopters? I never have - even today my skin crawls and my stomach sickens at the sound of the rapid whump, whump, whump - the drumming of those propeller blades.

The first chopper contained walking wounded and one stretcher case. The injured man on the stretcher was a young sergeant with a large wound involving his pelvis. The ER personnel processed the walking wounded quickly. The lightly wounded were placed to the side for more complete care later, but those with more serious wounds were cared for immediately. Some of them were sent for x-rays before going to surgery. Several doctors and nurses worked on the sergeant with the pelvic wound. Blood gushed from the catheter when it was inserted up his penis and into his bladder. In x-ray, we injected opaque liquid contrast material through the catheter and took several pictures. A single bullet had shattered the hip and had then passed through the bladder. The injected contrast clearly showed the holes in the bladder. He was sent to surgery immediately.

More helicopter ambulances arrived and several nurses and the triage doctor moved quickly and quietly among the many stretchers now resting on the floor. When one of the earlier wounded men was taken to x-ray, to surgery or to the morgue, the triage doctor decided who was the next to get priority. The less seriously wounded men had to wait. Triage is a system of selecting which, and in what order, wounded patients will be treated in an attempt to get the greatest benefit for the whole group. This is accomplished

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by choosing which wounded men get treated first and which wait or don't get treated at all. Generally, this system is used when there are mass casualties and limited medical facilities. When necessary, those who are seriously wounded and not likely to survive even if administered to and those who will survive without treatment are not treated. However, with the seriously wounded, triage worked better in theory than in practice, and at the 93rd Evac in 1966 and 1967, the doctors seemed to always find time to try and save even the most hopeless cases. Triage worked well with the slightly injured. Unlike a doctor's office in the States, there were no appointments. The wounded soldiers without life threatening wounds stood, sat or lay quietly, respecting the professional decision to by-pass them and let those with serious injuries be cared for first.

The sounds of many choppers combined into a symphony of blurred whump, whump whumps and saturated the air. More wounded arrived. Nurses and corpsmen rushed from one wounded man to another, desperately checking each one, doing the necessary things - starting fluids, keeping air ways open, calling for assistance when needed - trying to keep them alive, sometimes against desperate odds.

Without asking for additional help, off-duty doctors, nurses and corpsmen came from their hootches to help. They understood what so many dust-offs meant. Within twenty minutes, the hospital was overwhelmed with bleeding but still breathing men. These disciplined infantrymen, in pain and in fear of dying, who were in desperate need of medical care, patiently waited their turn. The Emergency Room floor, filled with closely packed bleeding men on stretches, reminded me of the railroad station scene from Gone With the Wind. But this real scene was without the moans and cries inflicted on the movie

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audience by Hollywood. These young Americans, many still in their teens and lifted out of their classrooms and neighborhoods only a few short months ago, were now soldiers. Their courage immensely impressed those of us caring for them. The only wounded soldiers I ever heard cry out or complain during my year in Vietnam were those who became disoriented, confused or mentally unbalanced.

The floor in the ER and the X-ray Department became slick from blood spilling from stretchers despite the constant mopping by our Vietnamese maids. Blood dripped onto, down the sides of and into the machinery of the x-ray tables. We ran out of the metal hangers used to air dry the recently processed x-ray film. We took and read the films faster than the earlier films were drying. As an expediency, we considered simply discarding the x-rays after Shelly and I read them. But, we sent someone to the Post Exchange for safety pins and strung the wet film on a line of string stretched across our end of the ER.

The dust-offs kept arriving. As one unloaded, another would slow its approach and hover like a giant, impatient dragonfly, waiting its turn. Then each dragonfly, after disgorging the mangled cargo from its belly, would depart in a fury of turbulence and gracefully sweep westward toward the setting sun.

When we could care for no more wounded, miraculously, the giant dragon flies stopped coming. The battle was over for that day.

It was now time for the less severely wounded men to be examined and treated. These faithful and courageous men had silently suffered physical and emotional pain during their long wait. They could now be treated and, unlike their more seriously

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wounded friends who would be returned to the States and their loved ones during their recuperation, most of these soldiers would be returned to their combat units to face the enemy again.

A young trooper from the 173rd Airborne Infantry Brigade who had assisted carrying stretchers for many hours, was one of the last casualties to be closely examined. It was almost midnight and some of the ER and x-ray personnel were curled up asleep where they had last been working. This young soldier had not known that he'd been hit until his platoon sergeant noticed that he was bleeding from a wound in the middle of his chest. When he arrived at the hospital, the bleeding had stopped. The nurse that initially examined him found a small metal splinter lodged in his sternum, but judging that it was only a small scratch, she had him wait to see a doctor.

"What happened, soldier?"

"Don't know, sir. Guess a ricochet grazed my chest, but I ain't hurt."

"You've got a small piece of metal stuck in there. Nurse, give me a hemostat. I can pull it out." The surgeon carefully grasped the metal and clicked the hemostat closed. He pulled. The soldier, who was sitting, was pulled forward, but the metal did not move. He pulled again. This time the hemostat slipped off the moist metal. He tried again. The metal would not budge.

"Better get an x-ray," he said as he turned to look at another patient.

"Oh hell," I said under my breath as I stared at the x-ray. The frontal view of the chest looked completely normal - the thin metal fragment was obscured by the "whiteness" of the mediastinum. But the lateral view showed a large, three by one inch piece of metal

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penetrating the chest all the way to the base of the heart. A very irregular edge of steel rested where the pulmonary artery was located. I could imagine that this sharp edge was sawing away at the wall of this big blood vessel with each heart beat.

"Christ, I thought all this shit was over," shouted the surgeon when I showed him the films. "Get this sombitch to the OR now and be sure we have at least 6 units of blood ready." The trooper, surrounded by several buddies, had been sucking on a warm beer. He stared at the surgeon, not understanding.

"Stop drinking that goddamn beer. Soldier, I'm sorry but I've got to open your chest."

He still didn't understand. A corpsman tried to get him to lie down on a stretcher.

"I ain't going to lie down on that fuckin, bloody thing. Shit, you crazy, doc, ain't nothing wrong with me."

"Son, you've got a big, sharp piece of metal sawing away at your heart. If you want to die, O. K. If not, then I have to cut you open."

He now understood and slowly lowered himself onto the cold, dried blood coating the unwashed stretcher.

"Sir." I hardly heard him because I was so absorbed with the young man on the stretcher. "Sir," the voice addressed me again. Reluctantly, I slowly turned toward the voice. A very young soldier wearing jungle fatigues caked in dried, gray-black mud from some far away rice paddy was speaking to me. I had trouble hearing him.

"What did he say?" I asked Shelly.

"I wonder if I can get a new helmet before I leave here? I don't think I can get a

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new one back in the field." He had been examined and found to have only a superficial head wound and was ordered back to his unit immediately. Shelly had read his x-rays which demonstrated a few small metal fragments in his scalp without a fracture or any other bone injury.

Believing he had lost his helmet in the confusion of evacuation, Shelly said, "sure, we'll see if we can find one for you." There were always boots, uniforms, helmets and odd pieces of equipment lying around that the original owners no longer needed. "What happened to your helmet?"

"Oh, I have it right here, but I want another one because this one has holes in it." He showed us the holes. The entrance hole was small, round and slightly to the left of center in the front of the helmet. The exit hole was larger and had lifted a sharp spike of metal outward in the right rear of the helmet. If the bullet had taken a straight course, it would have hit this soldier in the mid-forehead and blown his head into a thousand pieces. Examining the helmet more carefully, it was apparent that the bullet had entered at a slight angle, been deflected and then traveled a curved trajectory inside the helmet on the right side and exited in the rear. For most of its path, the bullet had traveled between the metal of the helmet and the hard plastic helmet liner. The small metal fragments in the scalp had come from either the bullet, from the helmet or from both. Because the bullet actually penetrated the helmet, it was most likely captured American ammunition. American bullets were encased in a steel jacket, but the communist bullets were usually only lead. A lead bullet would have broken into many pieces upon hitting the helmet and gone in many directions.

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I don't believe this young man completely understood the significance of his narrow escape. It was a miracle that he was alive. He did return to his unit with a slightly used but intact helmet. We never saw him again, but with a guardian angel of that quality, I'm sure that he eventually returned home safely.

I do not recall the number of casualties brought to the 93rd that day, or the number of x-ray examinations that were done. But I do recall, after the first two hours when we ran out of x-ray film hangers, that my chief technician told me that we had already completed over eighty cases. Operation Cedar Falls had searched and found the enemy.

As I slowly walked through the cool darkness toward my bed, the words of the Ancient Mariner, "Oh sleep it is a gentle thing beloved from pole to pole, to Mary Queen the praise be given, she sent the gentle sleep from heaven that slid into my soul," kept going through my head. I needed sleep. The surgeons were still operating, and would be standing at their bloody tables long after the sun was high. How did they do it? Didn't they need sleep? The South Vietnamese and the Vietcong needed sleep. Everyone, everywhere needed sleep, the world over, "from pole to pole."

When would the next of kin be notified about the death of a loved one? We were 12 hours ahead of the eastern United States. It was past 1 AM in Vietnam. Then it must be past 1 PM yesterday on the east coast. Therefore, at the time this fighting was happening in Vietnam, that part of the day had not arrived in America. When these men were killed, the families of these men were peacefully sleeping in their safe beds the night before today, or they were rising to the new day on which their loved one would be killed,

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when he had already died in Vietnam. Confused by my attempt to understand the time difference, I also gave up trying to figure out how long it would be until they would be visited by an Army chaplain. Would their relatives continue to receive their soldier's long ago written and mailed letters, still believing that he was safe?

As I passed by the surgical Quonsets and the blood soaked stretchers piled outside for hosing and washing off in the morning, I was momentarily outlined in the dull electric lights beaming through the door. A small group of soldiers sitting in the dark started to get up and salute - these infantrymen didn't see many majors in the field - but when they saw that I was a very tired doctor, they relaxed and sat back down. "Hey, Doc, how 'bout a smoke?" one said extending a cigarette to me. "We sure appreciate what you done for our buddies in there."

I sat down on the dirt with them and leaned back against the building. "What happened out there?" I asked.

"Shit. Oh, excuse me, sir."

"That's O.K.," I said.

"Well shit, goddamn it, those fuckin gooks really sucked us in. About zero eight thirty, our company was lifted into a big, overgrown clearing somewhere north of Cu Chi, near Ho Bo woods. It must've been part of a Frenchman's plantation years ago. A real easy insertion, no shooting, everything real quiet, no sign of Charlie."

"Tell him about *Clink*."

"I'm getting to that, shithead. This open area was about a mile long, less than that wide, our platoon was sent to secure the far - the western side."

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"Cocksucking, gooks. They knew we'd sweep that area sometime."

The ground was wet and cool; it chilled me through my butt as I sank deeper into the mud as I became heavier and leaden with fatigue and depression, slumping against the ribbed and uncomfortable Quonset side wall. A screw-like rivet caught me in the side and punched me back to consciousness.

"... was getting hot and we fanned out and went real slow, covering each other and looking for trip wires and that kind of shit. Didn't look like anyone'd been there for years 'cause it was kind of growed up, not jungle, but like it had been cleared long before. Sergeant *Clinkscales* was a little to my right in some high grass and short bush like trees, but I could see him good. *Adams* there," he said pointing to a dark silhouette, "was right behind him."

"Fucking A," said the shadow. A few cigarettes burned and danced in the blackness as if they were suspended fireflies on puppet strings. The flare plane to our north-east dropped its osculating tungsten lights several miles away. They looked closer. The stark, antiseptic brightness within the surgical Quonset spent its intensity escaping through a painted over window at the far end of the building - its glow was there but didn't penetrate the murk around us. Inside, all four operating tables were occupied. Green robed surgeons, nurses and technicians were silently engaged in their sanguine ritual - repairing the ripped and shattered organs, bones and tissues, and removing what was beyond salvage. Each wounded soldier, neatly covered with pale green sheets, slept in a quiet, anesthetically controlled slumber - out of consciousness and pain. Except for the hiss of the respirators, the only sound was an occasional subdued request or question,

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"double O silk, Deaver, curved Kelly, suction quick, how's he doing?"

At one far table they were working on the lieutenant. There were undoubtedly other lieutenants wounded that day - even other lieutenants brought to our ER that day, but he alone was called "the lieutenant." Not that he didn't have a name or that anyone didn't know it, because his heroics would soon become a legend in his unit and then within the entire Army. His sacrifice would soon be recorded in the stiff business like military jargon of the "After Action Report," and he'd be rewarded officially by a citation and a medal for his extraordinary bravery - and by a medical discharge and pension. To us he was "the lieutenant," a young American hero who was terribly mangled. The orthopedist ligated the lieutenant's right subclavian artery and vein and then cut through what little soft tissue remained that held the arm to the shoulder. The explosion had disarticulated the arm at the scapulohumeral joint, and the glenoid fossa glistened as the circle of cartilage reflected the glare from the lights above. The fossa was as clean and as anatomical as a picture in an anatomy book, but the skin, muscles and other soft tissue of the shoulder and chest were cooked and blackened. The hiss of the respirator was the only sound and it delivered measured oxygen through a tube canting the lieutenant's mouth to the left, stretching and distorting his right cheek, face and the exposed masseter muscle. The right zygomatic arch was exposed and blackened. The blast had torn away the skin from below the right jaw to the temple: fortunately his eyes were not badly damaged. The oral surgeon, dressed and ready with his gloved hands folded in a sterile towel, looked on quietly and waited his turn.

A general surgeon, assisted by a nurse, silently used Lambert's painstaking suturing

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technique to rejoin a section of jejunum. The gut lay exposed, outside the lieutenant's body on sterile towels, and its usually glistening serosa was dull and cloudy as it dried under the hot lights. Occasionally, as if to say, "I'm parched and that last suture irritated," the gut would contract with peristalsis slowly. "Give me a big lap. No, soak it in saline first - here just give it to me and fill a bulb syringe with saline."

The lieutenant's right superficial femoral artery had been severed by one of the white-hot grenade fragments. When the company medic reached the lieutenant, he was blood soaked and already in hemorrhagic shock from his shoulder and leg wounds. The metal that had torn into his belly wasn't life threatening yet. Fortunately, no fragments had entered his chest and he was still breathing. The medic saved the lieutenant's life. He put a tourniquet on his leg and miraculously got enough pressure on the shoulder to stop the bleeding. Our vascular surgeon slowly and precisely replaced the destroyed femoral artery with a vein graft.

This lieutenant had picked up a VC hand grenade and was trying to throw it back, away from himself and his men, when it exploded.

I was brought back to my physical presence outside the operation Quonset by, "the fuckin gooks knew we'd be there sometime - maybe they even knew when, and they were ready for us. All of a sudden, *Clink* yells something an when I look over I seen two cocksucking slope heads wrestling him down into a spider hole an he was gone just that quick. Nobody had time to shoot or anything."

Everyone was silent. The cigarettes burned in the dark.

I waited as long as I could. "What do you mean he disappeared into a hole?"

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"Just what I said, Doc. He's gone, dead or worst, a fuckin prisoner if he's still alive
- they probably cut his prick and balls off."

I felt sick.

"They pulled him into a tunnel complex. Then the AK's opened up an all hell
broke lose. They had us in a cross fire an their mortars already zeroed in."

A beer popped and a shadow handed it to me.

"Damn, couldn't he shoot or do something," I groped, as the horror of it played on
my mind. The beer was hot and biting and terrible.

"It happened before any of us could do anything. The hole was well hid in the
grass and next to some bushes. It was over before we knew anything."

They needed to talk to someone. Oh, why me?

Another voice from the black. "Shit, if we'd shot we might have hit *Clink*. It
happened so fuckin fast, gone from the face of the earth."

"Might have been better to shoot Clink."

Silence.

What a way to fight a war, I thought.

Chapter 14

HALF BROKEN-HEARTED, I GRIEVED, BUT I WAS GOING HOME

I expect the ... war to achieve very sensational results in
1967. Ambassador Lodge, 1967.

Shortly before I left Vietnam, several more radiologists were temporally assigned to the hospital, including Douglas Sheft, who had been on the teaching staff at Letterman while I was a resident and now was awaiting a hospital assignment, and Dave Dixon and *Al Twine*, who were assigned to the 24th Evacuation Hospital which also was located at Long Binh but was not open for business yet because their buildings were not ready.

The tendency for doctors to form medical societies is similar to the propensity for lawyers to organize committees, so we founded the Long Binh Radiological Society. Our plans were to meet, eat, drink and show each other our interesting and difficult x-ray cases. We held our early meetings in the 93rd X-Ray Department. Like many such gatherings it degenerated rather quickly.

"Did you see that scout dog out there?"

"What scout dog?"

"In the ER."

"Yeah, I saw him," I said. "He looks like a yellow lab, but his handler said he's a

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mixed breed."

"What scout dog?"

"Yea, his hair is too short for a lab, and a lab is too gentle to be a war dog," said Dave. "Labs have plenty of intelligence but they are friendly and not at all aggressive. I doubt they would make a good scout dog."

"Aren't most of them German shepherds?" asked Doug.

"Most are, I think, but that is the first one I've seen up close."

"But they don't need to be attack dogs," I said. "Their job is to alert you that the enemy is out there, just outside the wire. It's not to rush out and take on the whole Vietcong unit. Hell, the Vietcong would shoot the poor dog first, anyway. And that's exactly what often happens," I added, "I talked to his handler."

"What did he say?"

"He told me to stay the hell away, that's what he said. Really, that's true, but he said it nicer than that. He said, 'Doc, you better keep your distance,' cause this dog is only handled by me and is unpredictable around other people."

"What else did he say?"

"Well, I told him that this was the first scout dog we'd seen at the hospital and asked what was wrong with the dog. He said that the dog was sick and they'd been sent in from the field. They are waiting for a chopper to Saigon to see a vet. Did any of you see what that handler was wearing and what he was carrying?"

"He looked like he was loaded for combat, but nothing special," said Dave, twitching his mustache.

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"He had four live grenades on his web gear, plus his canteens, flack vest, a pistol, and an AK-47."

"So what, so do many of the troops."

"No they don't. Did you hear me? I said a Russian assault rifle, and four grenades, ready to pop. That dog and handler came from a very hot area."

"Wonder where?"

"He wasn't wearing any patches and I meant to ask him about his unit but never got around to it. What he told me about the dogs upset the hell out of me."

"What do you mean?" asked *Al*, and I could tell he was already as upset as I was and he didn't even know what I was talking about.

"I asked him about the dog's training. He trained with the dog in the States before coming over here. These dogs use their keen smell and hearing to sniff and listen for the approaching enemy. They don't bite or attack unless they sense an imminent threat to their handler. All a scout dog does is tense up, raise his ears and point his nose toward the place they smell or hear something. Then the handler can warn the rest of his unit. The bad thing, the thing that upsets me is, if the handler is killed, the dog must be killed by our troops because no one else can control him. They are trained to obey just that one man. That's why the handler must go with the dog to see the vet."

"What happens to the dog when the handler goes home?" asked *Twine*.

"I asked him. He said that there is a handler's school in the country, somewhere in the Delta, that takes these dogs and matches them up with new handlers and retrains them. But, the dogs don't have a DEROS - they never get to go home."

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"You're kidding," said Dixon. "You mean that these poor dogs are here forever?"

"That's the worst thing - worse than being shot if their handler is killed. These dogs don't ever get to go back to the States. They don't ever get out of the service. They will, for the rest of their lives, be on constant patrol or guard duty in this stink hole, until they take a bullet or get blown apart by a mine."

"Or eaten by a big snake or captured and cooked for a VC supper," said the imaginative Sheft.

"What happens when the war is over, if there are any dogs left?" It was *Al* again.

"The handler didn't seem to know the answer to that one. He didn't think that the Army would fly them back to the States."

"I got an x-ray to show."

"Hell yes, I don't want to think about the dogs any more."

The glare of the view box hurt our eyes. By now each one of us had consumed several strong drinks. There was no tax imposed on whiskey in Vietnam and the best, world class fifth was about a dollar and a quarter. In the daytime we drank beer. At night, we drank Dewer's and Beefeaters.

"What's that there?"

"You dumb ass, that's a bullet."

"I know that, I'm talking 'bout this dark line."

"What do you think it is?"

"Yea, it's air."

"O.K. so it's air. Where the crap is it?"

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"It's under the diaphragm."

"Look, the bullet's in the chest. How can the air be under the diaphragm?"

"Two wounds."

"It ain't that easy. There is only one wound, in the left flank."

"The bullet is over the heart, have you got a lateral?"

"Damn, you are a smart SOB, thought you'd never ask."

"What the hell, that bullet is still over the heart. Almost out, anyway far posterior, but still over the left ventricle. That must be projection. That bullet can't be inside the heart or even in the heart wall."

"Why not?"

"Cause he'd be dead."

"Want to see some more films?"

"O.K.; the chest films that I just showed you were taken the day after he was brought in. The first films we took, when he hit the ER, also showed free air in the belly, and the bullet projected over the left upper quadrant of the abdomen. Look, see that, it is projected below the diaphragm. We reported that he had a hole in a hollow viscus and a bullet somewhere in the left upper abdomen. The surgeons repaired a hole in his splenic flexure but didn't find a bullet. So, the PA and lateral chest films I first showed you were taken one day post-op."

"I know what happened. The bullet went in, punctured the colon, then perforated a big vein and embolised to the vena cava and then into the heart."

"You idiot. What vein is big enough for a 30 caliber bullet to travel inside it?"

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Also, how could the bullet pass through the lungs and get into the left ventricle?"

"The vena cava is big enough for a bullet and the patient could have a congenital foramen ovale defect so the bullet could pass from the right atrium into the left atrium and then into the left ventricle without going through the lungs, smart ass."

"Damn, what an imagination. Look, a soldier humping around in the field won't have a septal defect and congenital heart disease. That's why they get physical examinations before getting in the Army."

"Have you ever seen one of those fast, quota filling, induction physicals?"

"Good thinking as to the septal defect, but that's not what happened. Want to see a chest films taken the third day?"

"My God, the bullet is now over the right heart and to the right side of the spine. How'd it get there?"

"You tell me. That's why I'm showing you these films."

"Do you know the answer?"

"Hell yes, I figured it out, and at the second surgery I was right. You don't think I'd have shown you something I screwed up, do you? Give up?"

"Hell yes, this scotch makes my head hurt."

"The bullet first entered the abdomen and put a hole in the colon. It then passed through the diaphragm and through the pericardium but stopped there and did not perforate the myocardium. The bullet was simply loose inside the pericardium along with some blood on the first films and did project below the diaphragm - but it was inside the blood filled pericardium. The next day, it had moved posterior, behind the heart but

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projected just inside the cardiac shadow on the lateral, and then the third day, it moved from the left side to the right side. It was always inside the pericardium."

"That is one great case."

"Hey wait a minute. On the first abdominal film, the bullet was in the left upper quadrant."

"Didn't you hear me! It did enter the abdomen and put a hole in the colon, but it then passed through the diaphragm and pericardium. We believe that it was inside the lower part of the pericardium at that time, just projected over the abdomen."

"We had another similar case. The bullet pierced the heart wall and the bullet was banging around inside the left ventricle. The patient lived. But, we lost the films because he was immediately air evacuated to the Repose, the hospital ship, and we had to send the x-rays along. They did open heart surgery. It was a good chest film, but the bullet looked fuzzy, like it was moving. We fluoroscoped him and it was in the left ventricle."

"Exactly how'd the bullet get there?"

"He was lying down facing the VC's fire when he was hit in the base of the neck. We speculate that the bullet traveled down through the mediastinum and pierced the heart and that the blood in the mediastinum tamponaded the hole enough to allow him to live. It took several hours to get him to the Repose because he was choppered to Bien Hoa, then flown by fixed wing to Na Trang, and then choppered out to sea to the Repose."

"I quit. I ain't going to show my case, all I got is a big worm in the gut."

"Lets see it."

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"No. All I want is another drink."

"Did any of you guys hear about that captain that was relieved because he cried in front of his troops?" asked Dixon.

"Yeah, and that's the biggest bunch of crock I ever heard of. He cried because he was angry at the system that let him and his men down. He didn't cry because he was afraid or anything like that. I talked to our psychiatrist, he's got him as his patient," I volunteered.

"What happened?"

"They are going to try him before a military court for cowardice before the enemy," said Dixon.

"Will someone tell me what happened?" asked Al and Doug at the same time.

"This guy's company is out on a search and destroy mission. When they get to this hamlet, someone or several gooks start to shoot at them with automatic weapons. The fire is coming from the hamlet, and the ground between the captain's troops and the village is open, so he asks for artillery or an air strike."

"Yeah, so what happened?"

"Well, he's on the radio to battalion and they tell him to wait. So they lie there, flat on the ground and anytime one of his men sticks his head up or moves, they get shot at. No big deal, no one's been hit and in a few minutes they'll get air and the gooks will 'de de' and then the company can move on. After about twenty minutes, he calls battalion again and they tell him they are trying to clear an air strike with regiment or battle group, someone who can say it's O. K. to hit the village. So they wait longer and longer. The

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captain calls several more times, and here I'm not sure of the details but apparently our command won't give the order for an air strike on the village unless the Vietnamese Province Chief says to do it. They can't find him, or he says no or something like that. The captain is then ordered to attack the village without air or artillery support. His company gets shot up bad - several killed and many wounded. After the fiasco is over, the captain blows up, and I don't blame him - good combat commanders try to look out for their men and not unnecessarily expose them without air support. I think the battalion CO had flown in after the shooting died down, and the captain exploded and shed tears of frustration because some of his men had died due to the bureaucratic bungling of this war. The Battalion CO must be an ass hole - he relieved the captain of his command on the spot and is pressing charges of cowardice."

"Maybe there is another side of the story," said *Al*.

"True, we've only heard the captain's story, but it will all come out, hopefully, at the captain's court-martial."

"O. K., you guys, look at this case."

"What's so special about this? He's shot through the head, see the bullet entered in the temporal area on the right and came out on the left."

"Hot light the scalp."

"So, the bullet is under the scalp. It ran out of steam after it got through both sides of the skull. That's not unusual."

"That's true, but suppose I told you that he's right handed, does that make any difference?"

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"Not unless he shot himself. Is this a suicide?"

"Not really, but sort of. He did shoot himself. They brought him in a few night's ago. Story was that he was drinking in a bar in Bien Hoa and played Russian roulette to impress his girl friend. He lost."

"Stupid ass GI, there is enough danger over here already without adding more."

"I may have some interesting cases that I'm collecting. We've had about four cases of ruptured appendices causing intestinal obstruction," I said.

"What's so unusual about that?" said Doug. "Inflammation, abscess formation, adhesions, obstruction - it's the natural and expected course."

"Yeah, that's true, but how many did any of you see stateside?"

"Very damn few. Hell, the diagnosis is made early and appendiceal rupture is rare today, and even rarer for it to sit around long enough to cause obstruction."

"That's my point. I didn't see one obstruction due to appendicitis in my residency. Here, I've seen four in a little less than a year. Why?"

"What are you getting at?"

"That for some reason somebody is missing the diagnosis of acute appendicitis here in Vietnam. My guess is that the troops have so much abdominal pain from the food, the malaria pills, the water, that no one - not medical corpsmen, not doctors, not the troops themselves - is paying much attention to abdominal pain and when the real emergency comes along it is ignored and missed."

"Probably so."

"What are you going to do when you get back home, Al?"

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I asked. *Twine* seemed much more interested in academic medicine than the rest of us.

"Are you going back to Philadelphia to teach?"

After a lengthy pause, he said "No, the scars are too deep. Please don't get me wrong, I had an excellent residency, but the way they teach radiology - by humiliation and ridicule -

is not the way I want to teach it."

"What do you mean? My residency was conducted in a gentlemanly manner, no one was embarrassed. And without ridicule, we all did our best to stay current and well prepared."

"We were intimidated and embarrassed frequently. We kept up because we wanted to learn radiology, but we also read and studied because of fear."

"That's a surprise, I knew many surgical residencies taught by intimidation, but I didn't know that there were any radiology residencies that were taught that way."

"A few of them are that way. I'll look for a teaching job, but not where I trained."

"Anyone play poker?" asked Dixon.

"DuBois does and frequently," said Doug.

"I know he does," I added. "Back at Letterman he played in a weekly poker group, and as for me that's better than when he was interested in bowling."

"Why?"

"He entered a radiology team in the hospital bowling league and we were terrible, but every Tuesday night we had to be there and bowl. Actually, it was fun getting together after work, but as a team we were in last place. I'll guarantee you that if there

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were an alley here at Long Binh, he'd have a hospital league."

"Back to poker. Why did you ask?"

"Those guys are fanatics," interjected Dave. "Some of them go straight to the Officer's Club after work every night because only six can play and they are afraid of not getting a place at the table. They skip dinner." Dixon liked to eat, even if it was Army chow.

"Listen, when I knew that I was on my way to Vietnam, I almost took the game up because I was told that a good poker player can make a fortune over here."

"How can that be, the stakes are small?"

"From what I understand, one or two guys, the same guys, win most every night. Here at the hospital, the usual winner picks up around thirty dollars a night. If he only plays five times a week, that's an extra hundred and fifty a week, tax free, or an extra six hundred each month."

"That's not a fortune."

"No, but that's here at the hospital. There are some big games in Saigon and other places. There are probably some real big games right here at Long Binh, if you know where to find them."

"Speaking of making a fortune and no taxes, did you know that the civilian construction workers over here work tax free?"

"How can that be? The troops get shot at and have to pay taxes, why the hell should noncombatant civilians get a tax break?"

"Because that's the way a democracy works. The poor draftee who doesn't have

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any choice in the matter comes here and is taxed. The civilian, who doesn't have to come over here, is given a big tax-free salary to induce him to come here and work. I hear some of these men almost never return to the States. They work here and in other out-of-the-way places around the world and are exempt from taxes and accumulate that fortune."

"That's not the only inequity that goes on over here. Did you know that our mess sergeant is suppose to get enough steak for our mess hall to have it once each week? Did you know that some units have steak almost every night?"

"You are shiting me, we haven't had steak in at least two months." Our language was deteriorating with each additional drink.

"Well, the combat units do get better food than the rest of us and I think that's fair."

"I'm not talking combat units. The supply system, the food service especially, is corrupt. Oh everyone, every mess gets enough food, powdered eggs, bread, concentrated orange juice, potatoes, ham, etc., but the only way a unit gets steak is to trade for it. I'm not lying. It's the you scratch my back and I'll scratch yours game. The hospitals just don't have stuff that is easily traded, so we don't get steak, and some units are more corrupt and aggressive about trading than others."

"Damn, I'm famished. I'd love a good steak."

"Get yourself invited to the frequent cook-outs that the brass and those with influence have around here. The mess sergeant saves what steaks he can get for those occasions. You see the small groups with the charcoal grills going. I was invited to one

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and enjoyed a great steak, but I did feel guilty. I didn't go back anymore because I believed that it was corrupt and unfair."

"Oh, hell, who cares. I just want to get home alive and in one piece."

"Me too."

A few nights later, a few doctors and nurses piled into a jeep and hit some of the Officer's Clubs around Long Binh. The evening was nothing special. All we did was sit, listen to music, talk, and play footsy under the table with pretty nurses. Unfortunately, footsy through combat boots is not very satisfactory.

But that evening was one of the few pleasant evenings during my entire year. Good drink, stateside music, friends and the realization that tomorrow I would leave Vietnam made me relaxed and happy. Just the same, the realization that the pain of the war would continue, day after day, left me quietly disturbed, hollow inside and as Lord Byron said so long ago, "even I regained my freedom with a sigh."

The next morning, I reported to the 90th Replacement Battalion. I changed into a clean khaki uniform, put on poorly polished, low quarter shoes and left my jungle fatigues and boots in a pile on the floor - never to look at them again. The civilian airliner lifted smoothly off one of Bien Hoa's runways, and on this trip, we turned east and not west. I looked down from several thousand feet and could faintly see the hospital. Its huts looked like dead starfish, their short effervesce over, stranded on a parched beach waiting for high tide to wash them back into the sea for burial. Oh hell, did I care? Was the year a terrible waste? Half broken-hearted and in silence, I grieved, but I was going home.

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THE END