The Foundation of the American Academy of Ophthalmology
Museum of Vision & Ophthalmic Heritage

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Transcription of audio tape housed within the Academy Archives of the Museum of Vision

My name is William Dale Anderson. This is an accounting of some of my experiences as an ophthalmologist during the Vietnam War.

Although there have been other military conflicts since the Vietnam War, the Vietnam War was the last to produce a large number of wounds involving the eyes. This was due to the nature of the weapons used by the enemy there- booby traps, mines, mortars, all of which produced small fragments of shrapnel. Many times these fragments did not kill the victim but produced multiple penetrating injuries, many involving the head, neck and face. Ophthalmic trauma was common.

I arrived in Vietnam in August 1969 and served a one year tour of duty as an ophthalmologist. We still had about 500,000 troops in country, although the reduction in forces had already slowly started. I was stationed at the 24th Evacuation Hospital located in Long Binh, an American "city" located about 16 miles north of Saigon. It was inland, and the climate was hot and humid. There was a rainy season, and heavy downpours were a regular occurrence during those months.

Casualties were in heavy in 1969 but slowly decreased into 1970. Long Binh did not come under direct attach during my year, but rockets and mortars were heard during the night, especially during the first few months. In early 1969, Long Binh had been the target of a major communist attack, and those who had been there described American helicopter gunships hovering over the base and firing into the perimeter for most of the night. The attack never succeeded in penetration of the perimeter. The next morning bodies of the communists on the barbed wire were many, and some were identified as "friendly" workers at the base, such as barbers and maintenance people.

The hospital was a semi-permanent structure, shaped as a rectangle with an open end. It was one story, and most of the sections were air-conditioned.

Vietnam was a helicopter war and there were not front lines and rear areas. This totally changed military medical care. In World War II and Korea, casualties would usually go from the battalion aid station to the medical clearing company to the surgical hospital to the evacuation

hospital and to the field hospital. In Vietnam there were approximately 10 evacuation and field hospitals and 10-15 surigcal hospitals. There were inter-changeable except for the number of specialists. Much of the time, the battalion aid stations were bypassed because of the helicopter. Casualties were sometimes seen at the evacuation hospital within 15 minutes after their injury. This of course led to the saving of many lives that would have been lost in previous wars. Sometimes this led, however, to the survival of extremely maimed soldiers who were probably doomed to spend the rest of their days in a VA hospital.

Living quarters were adjacent to the hospital and were also semi-permanent structures. They were single story and rectangular, each one holding eight officers in single rooms. The rooms were basically very primitive, but some had been improved by individual effort to include desks, refrigerators, and even air conditioners. As the improved rooms were vacated by the owner completing his tour of duty, they were passed on to the most senior officers (in terms of longevity in country). There were Vietnamese "mama-sans" who daily cleaned the rooms and did laundry. There was a hospital PX and an officer's club. Movies were shown regularly.

Directly adjacent to the living quarters was a POW hospital. The guard tower can be seen in the background. The POWs seemed to be very glad to be out of the war, and many served as stretcher bearers and in other work tasks around the hospital. I was not aware of any problems created by the POWs with only one exception- a hard core North Vietnamese soldier spat in the face of an American doctor who was trying to care for him.

The operating room was a good facility, built as a more permanent structure. It was well air-conditioned. The floors were concrete and the walls very stable. OR equipment was usually modern.

Anesthesia was handled by both anesthesiologists and nurse anesthetists. Pictured here is Major McNally, a nurse anesthetist who was quietly considered the best at the hospital. She was often requested for the most difficult cases.

Also located in the hospital was the Eye Clinic, small but adequate. Half was designated to be used by the optometrist, and the other half by the ophthalmologists. Because we were considered a head and neck trauma center, there were always two ophthalmologists stationed there. We started our "sick call" in the morning, seeing outpatient problems such as conjunctivitis, and minor foreign bodies. We were lucky to have an outpatient sergeant who took great pride in maintaining the clinic and keeping it supplied. While I was doing my tour of duty, he was doing his third consecutive tour- real dedication!

My rank was Major, and I was the senior ophthalmologist in country. Although I was barely Board Certified I was designated to be the "Consultant to the Surgeon" for the entire U.S. force. I was consultant for other area hospitals, and I was also responsible for training newly assigned "ophthalmologists" who had been sent to Vietnam with no residency training and were to be assigned to work alone at other hospitals. Altogether there were only three or four other

ophthalmologists in country who had completed a residency, and until several months after my arrival, no other army trained Regular Army ophthalmologists were in country. To leave army trained Regular Army doctors at home, and send non-trained doctors to serve alone as "ophthalmologists" was indeed a poorly conceived system.

When I arrived at the 24th Evacuation Hospital, I was greeted by Captain Keith Fraser, who was to be not only my fellow ophthalmologist, but my teacher of combat trauma surgery. Keith had not even started in residency before being drafted, but because of his interest was assigned in that capacity. He was indeed my savior, being a brilliant student and a superb surgeon, he quickly made me a competent was trauma surgeon. I have remained his close friend and will ever admire him, but again the poorly conceived plan to provide superior medical care for our troops was exposed.

Even though the medical requirements were sometimes staggering, there were many time periods where things were quiet. The TV show M.A.S.H. painted a very realistic picture of life at a hospital in a wartime situation. When we worked, we worked very hard and often for many hours, but there were times of boredom and relaxation. There were many games of basketball and softball, and in the evening, movies and card games. Most of the doctors at the 24th were draftees and most "hated" the army, but I NEVER saw a doctor do less than his very best in caring for the casualties- again reminding me of the program M.A.S.H.

Our commanding officer was Col. McClure, a neurosurgeon by training, but by now an administrator. He was well-liked and had a good sense of humor. He was nick-named "Col. Klink" after the Hogan's Heroes character. He even had a swagger stick that he used when reviewing the POW hospital inmates.

Medical care was provided to the Vietnamese civilians on a regular basis. Many of the doctors and nurses went on "Med-Caps" which were visits to small villages in the area to provide medical care. In general, these visits were safe and without incident, but it was generally understood that many V.C. took advantage of the medical care.

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