Dr. Lewis Flint

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Sanderson: I'm Edward Sanderson, we're at the Pritzker Military Museum & Library for the Holt Oral History Program, and today we have Dr. Lewis Flint, United States Army, sitting here with us. Thank you for coming out today, Sir.

Flint: Thank you for having me.

Sanderson: Today is the fourth of June 2015, and today we are videotaping and as well as audiotaping. Are you okay with having both the video as well as the audio tape, Sir?

Flint: Fine.

Sanderson: Thank you very much. I guess we'll dive into the questions, the fun stuff. Well, I can definitely tell you have a southern accent, so where are you from initially?

Flint: Yes, I was born in Atlanta, [Georgia], and spent most of my childhood in Rome, Georgia, because my dad was away in World War II.

Sanderson: Oh, nice, guess close to my parts, I'm from Eufaula, Alabama.

Flint: Oh, close.

Sanderson: So, we're definitely neighbors. God knows I go through Atlanta a lot. Nice airport. Were you the oldest, middle, youngest?

Flint: Only child.

Sanderson: Only child. So, on that, well you said your dad was away in World War II, when was he away in World War II?

Flint: Well, he graduated with an ROTC [Reserve Officer Training Corps] commission from Georgia Tech [University], and he finished Georgia Tech in 1932 and then

went back in the service late in 1940, and they offered him the opportunity to stay in, so he became a career officer and retired in 1970.

Sanderson: What did he retire as?

Flint: Full colonel.

Sanderson: Full colonel, nice… Did your family move around with him?

Flint: Yeah, we moved around a lot. He was away in World War II and he was also away in the Korean War, and for a while he was the senior military attaché for the Australian Army, so he was away down there for a while. But when he came back, we lived in several places, North Carolina, Pennsylvania, uh, but he had total of three tours in Georgia at the place that no longer exists, called the Atlanta General Depot and at Fort McPherson.

Sanderson: I actually remember as a little kid when they closed that part down because my uncle was in the Reserves—the [US] Army Reserve, and they were talking about that. Think they moved all of that to right outside of Athens, [Georgia], because the [US] Navy has a big, that's where their supply school is, so I think they moved all of that there.

Flint: Yeah, could have been.

Sanderson: Where was your… what place was your favorite that you lived in?

Flint: I think I enjoyed living in North Carolina, Fort Bragg. It was… an opportunity. My father was an avid Georgia Tech alumnus, so whenever Georgia Tech played Duke [University], we'd go up to Durham, up to the campus, I became convinced I wanted to go to school there, so I was able to convince him and my mother that that would be better for me than Georgia Tech.

Sanderson: Was he a little disappointed that his son was going to Duke over Georgia Tech?

Flint: Well, I think he was, you know, he thought it was a good way to keep the rivalry alive. [laughter]

Sanderson: [Laughter] There you go, especially because I think Duke has one of the premier med schools in the country?

Flint: I think that it has a good reputation. I always thought that if you should be able to have guilt by association you should be able to have prestige by association too.

Sanderson: Oh, definitely.

Flint: And it's gotten a lot better since I went there. It was good when I went there but it's gotten a lot better.

Sanderson: And would you say that your dad, was he an infantry officer?

Flint: He was a tank battalion commander in the 2nd Armored Division in World War II and… after the war he got into the logistics and quartermaster part of it and he had a big interest in education and he became a teacher at the quartermaster school in Fort Lee, Virginia, and served two tours there, the last one as the commander of the school. And he finished up his career working at the quartermaster general's office up in Washington.

Sanderson: Following that, after you got done with your med school, was it one of those that he pushed you to join or was it more of, they drafted you?

Flint: Well, at that time, if you had the MD degree, you had to do military service. Or you had to do service in the public health service, the rule was that if you could practice medicine as a civilian then you could practice medicine in the military. And there were several incentives programs, the one that I participated in was called the Early Commissioning Program, so I was commissioned as a second lieutenant when I was a third-year medical student. And we went to monthly meetings of the reserve unit there in Durham, North Carolina, and went to summer camp, usually at either the hospital at Fort Bragg or the hospital at, can't remember the name of the installation that's right outside Columbia, South Carolina.

Sanderson: That's Camp Jackson?

Flint: Yeah, we either went to one of those places, we went to Fort Jackson right after my third year in medical school and then right after I graduated, we went to summer camp at Fort Bragg.

Sanderson: Definitely can't complain about the hospital at Fort Bragg, I've been there a couple times. Definitely, an interesting area. I had to go there with the [US] Marines, the artillery units, I think they have too much fun. So why did you want to go to med school and be a doc [doctor]?

Flint: Well, I was inspired by the doctor that took care of me when I was growing up, he… was in the era when they still made house calls and didn't take care of just one part of the family but took care of the whole family. And he would call me

down to his office every now and again to just watch what he did. And that's how I got interested in it.

Sanderson: Nice. But kind of going back with your mom, back during that time when you were moving around, was she pretty much, like in the standard military family, there was a rock that the family that kind of kept things normal while dad was gone?

Flint: Yeah, yeah. She sort of took care of everything. She had a lot of sisters and brothers, she was one of ten children, and we sort of rotated around, staying with one or another of her sisters, while my dad was away in World War II and Korea. And, uh, that's how we spent some time in Rome, Georgia, which was where one of her sisters and her husband who worked for Southern Bell Telephone Company, that's where he worked, which was in Rome. So we spent some time there and my aunt started working on my dad to get him to consent to have me go to high school at Darlington High School, which is there in Rome, which was an all-boys school at the time, and she finally convinced him that that was going to be the right thing to do, so I finished high school there in Rome. So, she was a big part of my life along with my mom.

Sanderson: When you're in school, was there anything specifically you excelled at, was it like sports or any kind of outdoor activities, or was it more academics?

Flint: Well, I played tennis in high school, I wasn't ever very good at it. They had six people that played but they had eight people on the team, I was number seven or eight, and um it was fun but I only got to play in one match I think. The– mostly, at Darlington, you had to take care of your academics. And, um, I had the honor of serving as the social chairman of the school for my junior year and my senior year, I got involved in planning all the dances and stuff like that, so that was fun.

Sanderson: Oh, nice. How was it trying to formulate a dance with an all-boys school? Did you have to contact all the various schools in the area?

Flint: Well, there was a girl's prep school there and you know, the girls from the public schools, they enjoyed coming out to the parties, and it was never hard to get everybody dates.

Sanderson: You were probably the most popular person on campus! When your father was deployed, was there ever time when you would go long periods of time without being in contact with him?

Flint: No, he was pretty good about keeping in touch, even though he was, you know, a long ways away. I don't know exactly what he did, I know he was, his specialty was logistics. But he had some duties that he couldn't talk about, so we never knew very much about them. But no, he was not out of touch. You know, wrote regularly, and when he could call he called.

Sanderson: Oh nice, especially those days when it's pretty much letter, and if you didn't get the letter in…. or one of those when they didn't have time to write letters most of the time, and families would go days or weeks without hearing anything about their family member. How would you describe your time at med school?

Flint: It was a lot of fun. We had an–our class was very cohesive. We all were friends with each other. And you know, medical school is a competitive place, you competed to see who was going to be the best at who they could be. And if we found out one of our classmates was close to breaking some of the academic records, then we would do whatever we had to do to help that person break the record. I remember one example, we had one member of our class who was on the verge of having the highest grade point average in the history of the medical school, and um, as part of one of the final examinations, you had to prepare slides of blood smears, and that was in the day when you would take two cover glasses and a drop of blood, and put one cover glass on top of the other and then pull them apart to make the blood smear. He had been up all night studying and he had a terrible tremor. So, three or four of us got all together and did his blood smears together, and he wound up having the highest grade point average in the history of the medical school.

Sanderson: Oh, very nice, you still keep in contact with him?

Flint: Oh, I haven't talked to him in quite a while. I run into some of my classmates that are surgeons. I run into them maybe once or twice a year. We're going to have our fiftieth reunion in November, I think a bunch of people will try to get together for that.

Sanderson: That'll be good to probably see some old friends. Does he still hold the record for the highest grade point average?

Flint: I don't know the answer to that, but I'd doubt that's held up for fifty years, but you never know.

Sanderson: That's pretty awesome knowing that you helped someone maintain and get the highest grade point average in the school's history.

Flint: Well, like I said it was a lot of fun. We enjoyed being together and we socialized together and had dinners and, you know, it made the studying part easier.

Sanderson: Oh, definitely. What year did you graduate med school?

Flint: I finished at the end of September 1964. I didn't go through my graduation ceremony until June of 1965. But between the time I finished my course work and the time that the graduation occurred, I did an initial year of residency, and that was when I found out that I wanted, truly wanted to be a surgeon, and not an internal medicine person. Did the internal medicine year, primarily because I was invited to do that and it was a great honor to be invited to do something like that, so. You know, it was fun, but found out that all the interesting medical patients were in the surgery service. So, when I graduated, then that July I started in surgery.

Sanderson: Definitely, surgery is a little more fun. Internal med can get a bit boring after a while. Definitely, the surgery and then the critical care is more fun on that side. Where did you do your surgery intern?

Flint: At Duke.

Sanderson: At Duke?

Flint: Mhmm.

Sanderson: And how long were you at Duke before you were drafted into the Army?

Flint: I did two years before joining, and entered the service on the eighth of August, 1967.

Sanderson: Where did, when you were brought into the military, where exactly did they bring you into it?

Flint: At Fort Sam Houston, Texas.

Sanderson: Fort Sam Houston. Did you, was that when you had your initial officer corps training, during that time?

Flint: Yeah, the medical officer training, and the basic course was eight weeks long, and you know mostly it was, uh, some introduction to the way that the military medical service operated and it was some basic instruction in what you needed to do to be an Army officer. And, um, you know, how to wear the uniform, how to keep your hair cut, how not to insult your superiors, that sort of thing. We

had, um, this is probably true in other branches of the service, the sergeants run the service, the officers if they're smart let the sergeants run things, and we had some really good sergeants [as] our instructors in some of the basic courses and they did their best to make it fun.

Sanderson: During that time, were you considered a squad leader or a division commander?

Flint: No, they didn't have us any kind of command or supervisory role, we were split into groups of fourteen people, and we had a sergeant who was the leader of our group, that was all the hierarchy that there was. I think they were doing their best to make the transition easy. I had been introduced to what it was like to behave in the military because I had been in the Reserves, but most of the folks who were in the class had not been in the Reserves so they were pretty new to the experience and some of them didn't' have any idea what it was going to be like, so, um, the sergeants really worked hard to make it as easy as possible.

Sanderson: Did you guys live in barracks?

Flint: No, they, uh, they let us get apartments and so we lived off base after the daily work was done. And they, you know, you did the mandatory four day out at, I've forgotten the name of the camp that's outside…

Sanderson: Camp Bullis [in San Antonio, Texas].

Flint: Yeah, Camp Bullis, the four-day camp out at Camp Bullis, to get used to living outdoors and living in tents and stuff like that. Which is something we had done as reservists, so it was not an entirely new experience. And since we were all doctors, we pretty much all spoke the same language, so it wasn't really a hard training course. It was more, you know, this is what you need to do get along. For the vast majority of physicians who were joining at that time, you had a two-year commitment. The sergeants and the people in charge of the training course, they realized that you were there and you were going to do what you needed to do for two years, but you weren't gonna be in the Army forever, and, um, that to an extent that was an advantage, because you had a lot of really smart people, and you didn't have to subject them to being in an unpleasant environment for month after month and year after year, like you do. I know I have friends who are surgeons; actually, I have two good friends who are surgeons who have done multiple deployments to Iraq and Afghanistan, and who have really struggled with Post-Traumatic Stress Disorder, and I think that is in part because of the need to do multiple deployments. And you know, we didn't have to do that, and I am prejudiced to believe that the quality of the medical care in the military in

that era was very good, because in part of the fact that people knew they weren't going to be there for more than two years. I think the combat medical care nowadays is outstanding. You know, they have taken the lessons that were learned in World War II and Korea and Vietnam and then combined them with the lessons that have been learned in the civilian trauma systems, and then taken that to the combat area and made it better. Taken all the good parts of all those experiences, blended that with the current military medical experience, and created what is an unbelievable injury care system, that, um, is–you know when I think of the fact that we took care of patients in Vietnam that stayed with us for three, four, five months, before they could be evacuated to the United States, and what the average stay in Afghanistan now is thirty-six hours, um, and they're doing operations in those aircrafts, that they're evacuating patients in, they're doing surgical procedures inside the airplane, so it's, you know, gotten developed to a really spectacular level. And while I hope every day that the war ends, but the fact of the matter is that the quality of that casualty care system is not going to be maintained without the investment of a lot of resources, and I'm afraid that once the war is over then those resources aren't going to be there.

Sanderson: Amen to that one. Hopefully, it's one where those resources continue. Looking back, you can see how, once you guys got done in Vietnam, you didn't have that continuity of care. Once you were out: "All right see ya." Now it's more of, they've become a lot better at trying to make sure that once someone is out of the military, they still have some continuity of care. Definitely a lot of it is and owed to you that were there beforehand, especially in Vietnam. Looking at the statistics, it's almost mindboggling how the life expectancy, the casualty rate out in the battle field in World War II, Korea, and how over the years it just got better and better, Vietnam went to almost a 98 percent, definitely in the nineties. I think it was 97 percent casualty survival rate. And now it's gotten even better, with the efforts of the American College of Surgeons and the various other organizations that are just making it to the point now, with the type of medical training we receive, it's almost to the point where we do, well we do full blown surgeries there, on the battlefield, where it was still kind of limited even sixty years ago fifty years ago. When you got done with Fort Sam Houston, [Texas] kind of going back to when you were there, what did you all do during your down time? Was it just a normal type of day or did y'all do anything special?

Flint: Well, we, uh, we got together with some folks, I had two medical school classmates who were in my officer school class, so I had a group of people we

could hang out with. We played tennis, and played basketball, and you know, there were a lot of pretty good places to eat in San Antonio, especially if you like Mexican food and BBQ. So, you know, we'd go out to eat and we kind of got the impression that we were kind of looked down upon if we went to the Officers Club, you know, like these guys are only gonna be here for two years, so they're not really Army, you know. So, we would kind of get the impression that you weren't entirely welcome at the officers' club, so we didn't spend a lot of time there. But um, you know, the evening after we had our graduation ceremony, they had a party for us at the officers' club, then that was fun.

Sanderson: What day did you arrive, well, when did you leave to go to Vietnam?

Flint: Well, after I finished at Fort Sam Houston, I was transferred to Fort Bragg, and, um, they wanted to – the perception was that they needed anesthesiologists, so they were training people with three month courses in anesthesiology, and that was what they asked me to do. So, I went to Fort Bragg. So, I did the anesthesiology training most of the time, but I wound up doing support, medical services support work for the 82nd Airborne [Division] and for the [US Army] Special Forces groups there. So, I would go out on camping trips with those guys occasionally. I had to tell the major that I was working with in the 82nd that he had to write on paper that I was not going to be required to jump out of an airplane. He was good enough to agree to that. So, after doing that for about three months, right after Christmas, in 1967, I got my orders to go to Vietnam. They gave me four weeks off before I had to leave, so I got my family settled and then I left for Vietnam I think on the tenth or twelfth of January 1968.

Sanderson: Were you married at this point?

Flint: Yes.

Sanderson: When did you get married?

Flint: In 1964.

Sanderson: Where did your wife and the family stay at?

Flint: Well, my wife was getting her master's degree in nursing, and she was going to American University in Washington, D.C., to get her master's degree, so we got her an apartment in Washington. So, she went to school while I was in Vietnam.

Sanderson: Did she ever serve in the military?

Flint: No.

Sanderson: We did notice, well, you were assigned to the 71st EVAC [Evacuation]?

Flint: Right, I was, you know as everybody you flew into Long Binh, the MACV [Military Assistance Command, Vietnam] Headquarters and they dispersed you from there. So, um, we spend a couple of days in Long Binh, and they told us right after dinner, on the second day that we were there, that we would be leaving at about ten o'clock that night to go up to, I'm blanking—it's the place on the coast, they did the TV show there?

Sanderson: China Beach?

Flint: Yeah, they did China Beach there, um, but we flew up there that night, we got there, to the [US] Air Force base there at about midnight that night. It was an interesting experience, they opened the backdoor to the aircraft, pilot said, "I'd appreciate it if you can get out as quickly as you can because we need to leave, the airfield is under attack." So, they pulled a truck up there and we all got out, guys in the truck helped us get all our stuff up in the truck, loaded us up and took us to the hospital there, and, uh, we spent the night in the hospital. The next day I got to meet with the medical group commander, and he told me that I was, that he was sending me to the 71st Medevac Hospital, which was sixty miles away. It was, um, in Pleiku [Air Base] which was sort of up in the mountains. We were down on the coast. So, I got a helicopter ride up to the 71st, arrived there I think the beginning of the third week in January. It was four days before the 1968 Tet Offensive started. But it turned out to be one of the best things that ever happened to me. Because of, there were three of us there that were partially trained, all of us had been in university surgery residency programs before we entered the service, and as it turns out the hospital commander, Colonel Dave Greene, had been before he came to Vietnam the residency training program director at Walter Reed [National Military Medical Center in Maryland], and, uh, so he got all three of us in his office and he said, "I'm going to make sure that you gentlemen , have an experience that is very much like your experience in residency, so you're going to be on call every third day." And there were eleven surgeons there that were general surgeons, and we also had a neurosurgeon, we had two orthopedic surgeons, we had a otolaryngologist, and interestingly enough an OBGYN specialist who took care of the nurses, but he also took care of a lot of the Vietnamese women who came in there with complicated pregnancies. And we had two oral and facial surgeons that were dentists, but they were also surgeons. And I can tell you that they were

absolutely the best help in the operating room that I have ever had anywhere. And we had a bunch of really talented corpsmen [enlisted men who typically provide first aid] who helped us out and a bunch of good nurses, so, um, it was a terrific educational experience for me. It took six months for the Army to find out that they had assigned partially trained surgeons to the 71st EVAC, and that was against the rules, so after we'd been there for about six months, they dispersed us out to the infantry. But during that six months I did four-hundred-thirty operations. And we had an interesting time when the Tet Offensive started. On the second day of the Tet Offensive, they started bringing us casualties in Chinook helicopters that were capable of bringing in fifty-five casualties at a time, so we worked very hard. We had a very talented pathologist who went to the commander of the Pleiku Air Base –the hospital was on the corner of the airbase –and our pathologist went to the commander of the Pleiku Air Base and asked him if he would be able to supply people to donate blood, and he said, "Sure, call and tell us how many you want." So, this pathologist would harvest units of blood from a hundred to a hundred-and-twenty of these soldiers in the case of about eight hours, and we never ran out of blood. As you may know, it is fashionable nowadays to begin whole blood very early in the resuscitation process. We were doing that at the 71st Evacuation Hospital in Vietnam. We had no idea why we were doing it, we just knew the blood was available, and sometimes we had more blood than we had IV fluids, because we were occasionally in short supply because we were taking so many casualties. So, we did early blood resuscitation, we weren't smart enough to figure it out, but looking back on it we had very few episodes of post-injury coagulation abnormalities and it may have been because we were giving early blood transfusions, I don't know. But it's interesting how that turned out. But on the fourth day of the Tet Offensive we did two-hundred-and-twenty operations under general anesthesia in twenty-four hours. We had one big operating room with ten operating tables in it, and then we had another room that had twenty stretchers in it where we did minor operations, and then we had anesthesiologists in the room with twenty stretchers, they would just go down the rows giving anesthetic nerve blocks. It was a highly efficient operation.

Sanderson: Sounds like it, especially, I can't even fathom taking care of that many patients in that amount of time.

Flint: We had one intensive care unit that had forty beds in it, and for the forty beds we had one respirator and no artificial kidney machines, even though you know the artificial kidney had been developed in the Korean War. We didn't have

access to that, so we had the patients either go to Long Binh or Saigon, to the field hospital to get dialysis, because we didn't have it available at the 71st. But we had just about everything else available. And as I said the surgical education experience was excellent. I found out when I got back to the United States and started my formal residency that I had done more craniotomies than the senior resident of neurosurgery had done. And he pointed out to me that his were elective and for complicated problems like aneurisms and brain tumors and that sort of thing, and all I was doing was taking a blood clot out and washing out the debris, and I said, "Yep that's true, but you know, that's fine." As I said, it was a wonderful educational experience, and it was interesting that one of my medical school classmates who turned out to be a neurosurgeon was with the 1st Infantry Division in Vietnam and when I left the 71st I was assigned to be the commander of Bravo Infantry 1st Medical Battalion, the 1st Infantry Division, it was the post that he left, and he actually was assigned to the 71st. They made another mistake and assigned a partially trained surgeon to the 71st. But he has just published a book about his experiences called "Sword and Scalpel", name is Larry Rogers. He's a great person, we were really good friends during medical school

Sanderson: Definitely talking about swapping out careers with that one that would be interesting. What were some of the thoughts when you first got there, especially during the case of taking care of that many patients? You know, basically you are still in a residency program, still kind of new to the game. All of a sudden, almost like a trial by fire of, "Hey, here's all the patients, have fun."

Flint: Well, uh, it was not exactly like that because all of the senior surgeons who were there had either been trained in university programs or military hospitals. They were all used to teaching residents. And they knew that you just didn't leave a resident by themselves. You hung around, and so they were not ever far away. So we weren't out on a limb by ourselves. It got to be pretty lonely when you were with the infantry, because you were having to provide the initial care for some of very badly injured people while you waited for a helicopter to come and evacuate them, and you really didn't have any senior help then. All you had were the medics, who were very, very good, and we've always said that if you had a very experienced medic or a very experienced nurse and they hand you an instrument, you'd better find something to do with it because it's what you need whether you realize it or not. So we had a lot of help there, we were never–we were sometimes short of supplies but we were never short of brainpower to help us. And we didn't operate by ourselves. They let us do cases but there was always a senior surgeon there to help us.

Sanderson: I know during the Tet, during some of the research [I learned that], the 67th [Evacuation Hospital] out of Qui Nhon, had some relief nurses and doctors to help out. Were you able to interact with any of the members of the 67th?

Flint: There were a couple who worked with us, they sent them actually to several hospitals, because Qui Nhon was actually the airport we flew into, that I was referring to before. There were two other hospitals, one south of Qui Nhon and one north on the coast and they sent surgeons there. It was really one surgeon and two nurses from Qui Nhon that came to the 71st. And I think they stayed with us for a couple of weeks, but I did not actually get to work with the surgeon very closely. We were kinda teamed up very closely with one or more of the group of eleven surgeons who were there all the time, and the surgeon who was with us temporarily, they were there to help out, knew they weren't going to be a permanent part of the team, so they were just there doing what they could to make things easier for us. But I didn't get to interact closely with them at all.

Sanderson: One of the reasons why I also brought that up is, we've also done an interview with a Diana Ramsey, at the time Diana Marshall, and she was actually sent up to the 71st at the same time. When [she] brought that up, we did a little research on that, and yeah, thought it'd be an interesting thing if you two had actually met in that time frame.

Flint: We may have, I –you know, you meet a lot of neat people, and I don't remember all of them. I do remember that I'm not sure what we would have done without the nurses, they were terrific help.

Sanderson: She actually, eventually –one of the anesthesiologists at the 67th, she ended up marrying him.

Flint: Well, good.

Sanderson: So definitely, always interesting finding some for the friendships and relationships that develop in a war zone. Some, they last forever. Some… you can see them twenty, thirty years later and it's like you never stopped talking to them.

Flint: Well, I had the opportunity to have a conversation with Dave Greene, who was the hospital commander, about a year ago, actually closer to two years ago now, and he's still doing pretty good. Got a chance to thank him for all he did. I don't think I realized how much it was going to help me at the time, but it really was a pivotal point in my career.

Sanderson: Definitely sounds like you received a lot of good training. You definitely put it to a lot for good use, especially with your continued career. After six months, you said you became the company commander of Alpha Company, 4th Medical Battalion and then also Bravo at 1st Med., 1st Infantry?

Flint: Yeah, I actually was in the Alpha Company, the 4th, right after the Tet Offensive kind of calmed down a little bit. The surgeon who was the commander of Alpha Company came down with hepatitis, they weren't going to be able to get a replacement for about three weeks, so I went up to. They were at Quon Loi at the time, which was very close to Quai Tun? which was still a very hotly contested place, so I went up and replaced him. That was not as much fun as being at the 71st, but it was still an interesting experience. They had widened a road to make it possible for aircraft to land in this area. And when I think about it, it was kind of like being on the football field at the Rose Bowl and the Viet Cong were in the stands, and they would just occasionally lob things down on top of us. And I remember that our first sergeant from the company almost cried, because he [had] spent a lot of effort getting all those materials together to build a shower where we had our aid station, and it had been finished for, I think, forty-eight hours when a shell hit it and blew it to smithereens. Poor guy, I really felt sorry for him.

Sanderson: Especially someone that late.

Flint: But the other thing he had built was a bunker, so we were down in this bunker and perfectly safe, it was far enough down that there wasn't any shell that the Viet Cong had that would get to us. But when we came back up there was nothing but pieces of the shower out there. He really took it hard.

Sanderson: When you were at the infantry units, were you the only doctor there?

Flint: No, there were usually three of us who were doctors. At Alpha Company, the 4th Medical Battalion, one of the doctors had been in pediatric training, and the 3rd was, had been in internal medicine training, so I was the only person with any surgical training there. When I got to Bravo Company, the 1st Medical Battalion, one of the other two doctors was a psychiatrist who had been in his psychiatry training before joining the military, and the third one had been in a urology residency, so he had had some surgery training.

Sanderson: What was it like? How many people were you in command of?

Flint: The medical company had four officers, there were three doctors and then a Medical Service Corps officer who was sort of our administrator. We had a mess sergeant and his crew. We had probably close to a platoon and a half, maybe fifty enlisted guys. And they weren't all medics, they did maintenance for the buildings and the equipment, they drove the trucks and took care of getting us supplied and all that. So all of them were not medical people, but I was fortunate to have a supremely talented first sergeant who, unfortunately, after I had been there about three months he was promoted to sergeant major, and became the sergeant major of the medical center at Long Binh. That was bad, it was bad to lose him, because his replacement was an older gentleman, who was pretty much just living out his time, just waiting to retire. So, he wasn't really taking an active role in leading the men or taking care of their problems or that sort of thing. So, it was tough for a couple of months. The good part of it was, when I got ready to go home, the sergeant major heard I was going to have to ride in a jeep up to Long Binh, and he arranged for a helicopter to come pick me up. And then I stayed in a room in the first sergeant's barracks in Long Binh, which, believe me, was palatial, and they gave me a ride out to the airport, got me on the airplane and everything to go home. So, I had a really great experience with him. He taught me a lot about how to interact with people and how to get people to do what you need them to do. I don't think I'll ever forget him.

Sanderson: Did you ever have any contact with him after the military?

Flint: No, uh, we've never crossed paths. After I got back to the States, I was assigned to Fort Belvoir in Virginia where they wanted me to be an anesthesia person. And I hadn't done it the whole time I was in Vietnam. So, they had to retrain me, [but] by the time they got me retrained I was ready to be discharged. But the – was, it was then, you were in the military, you gave it what you needed to give it while you were in the military, but you knew that there was going to come a time when you were done, and then you were going to continue with whatever career that you were in. And for me that meant going back to being a surgery resident, and when you are a surgery resident that is pretty much a full time job and you don't have a lot of time to keep up with people, unfortunately, so we never made contact after I shook his hand outside his quarters on the way to the airport.

Sanderson: It's one of those that on the Navy side of the house, the chiefs run the Navy, and on the Army side the sergeants run the Army. But for him to pick up the phone

and say, "Nah, we're gonna do this," which definitely meant that he liked you, Sir.

Flint: Well, it was mutual. I, he came to me when I arrived at Bravo company and said, "Doctor Flint, I'm here to do whatever you need for me to do." And I said, "I only need for you to do one thing, First Sergeant, and that's to make sure I don't make any mistakes," My father had told me that when you have a good sergeant you let them do things. And he took care of me, that's for sure.

Sanderson: Outstanding. When you were getting ready to leave –well actually, one question I did have, did yourself and the other doctors do any specialized training with the corpsmen who were at the battalion aid station, did y'all do anything to try to hone their skills a little bit more?

Flint: We… there were actually two clearing stations, one on each side of air strip at Lai Khê. We would get together with the doctors at the other clearing station and use their talents to help train the corpsmen from both units. And, so, we did courses on rapid control of bleeding, we did courses on initial management of wounds, we did courses on recognizing symptoms of snake bites, because that was actually a relatively common problem in that part of Vietnam. And we worked with the medics that were assigned to the DUSTOFF [Dedicated Unhesitating Service To Our Fighting Forces] helicopter unit that was located next to one of the clearing stations, to help them get patients ready for evacuation, make sure that fractures were well splinted, and the patients were fixed on the stretchers so they wouldn't move around very much in the flight. So, we did some education, but it was combined. We didn't do unit specific education because we were trying to maximize the talent that we had and get as many people involved in the educational programs as we could. The medical battalion commander was actually across the street from us, there were some tents that sort of were the division headquarters area, and he was in that area, and he was very interested in training and getting the most effective results that we could from the training effort. So, he helped us organize the courses and make sure that we had the necessary equipment and stuff like that so we could do the training.

Sanderson: Outstanding. One of the things – I always trusted a doctor or nurse that loved to do the trainings. The ones that didn't love to do the training, you'd think, hmm… Unfortunately, I think you've probably seen some of that as well over the course of your time. At the time when you were at the BAS [Basic Allowance of Subsistence], were there times when you would have to do minor surgeries?

Flint: Yeah, it was mostly for the troops, it was mostly splint fractures, get the wounds bandaged up, make sure the bleeding stopped, then get them evacuated. For some of the local people who would wander into the area, we'd have people that would have abscesses. And we actually did it when we had a nurse, Anastasia, who was with us briefly, we did a couple of appendectomies, but that was very unusual. But we did drain some abscesses and we did take care of some wounds that these folks had. We did have a Montagnard village that was pretty close to us, we would go out to them, what they wanted more than anything else was our dentist, because none of them had ever had any dental care, and so the way it turned out was, we might see a child with a sore throat or a child with an ear ache or something like that, but the dentist would see fifteen, twenty, thirty patients while we were out in the villages. Most of the time the first sergeant would say, you know, "Everyone keep your eyes open, if the women start to pick up the children it means we're about to get ambushed. So just keep your eyes open, make sure we don't get surprised." The only surprise we had was, we had to move the company headquarters out of Lai Khê and up to another location that was not really a village, it was sort of in-between villages. The only time we ever got close to getting into any sort of trouble, other than during the Tet Offensive when there was some grief over who owned our real estate there over at the 71st, was moving from Lai Khê to this other location. We got sort of peripherally involved in this ambush. I remember that when we got to the new location the sergeant who was driving the jeep came in and said, "Doc, come on out, I want to show you something," and in the spare tire in the back of the jeep there was a bullet that had hit it. So, you know, that was not really a lot, but really thrilling to find out that you were that close to getting shot by somebody who, maybe weighed ninety pounds and didn't have any idea who you were.

Sanderson: That's, definitely here on that one, you just kinda breathe. Take a deep breath, you kinda don't even want to think about it, you just kinda want to continue on. When you left Vietnam, when was this?

Flint: It was in January of 1969.

Sanderson: Did you go directly home, or did you go directly to Fort Belvoir?

Flint: Well, I met my wife at her home, which is her family's home which is in Philadelphia, and we lived in the apartment she was living in in Washington for the –I guess we were in Fort Belvoir for five months. Then I had decided while I was in Vietnam that I wanted to take care of injured people. So I spoke to Dr.

Sabiston who was the chief of surgery at Duke. And he said, "What do you want to do?" And I said, "I want to be a trauma surgeon," and he said, "Well, to be truthful with you, Duke is not a very good place to learn to be a trauma surgeon, and I would like to suggest some better places." And he suggested several places, but the place that I decided on was the Medical University of South Carolina for two reasons, one was the chair of surgery there, Dr. Artz was the leading burn and injury surgeon, and there was another surgeon there named John Moncrief who had been the commander of the burn unit at Fort Sam Houston. And his brother had actually been the commander of the Fort Bragg hospital when I was assigned there, so I had gotten to know his brother and they had faculty there all of whom had some interest in injury care. So it turned out to be the best possible follow up to Vietnam for me. I was able to finish my training there. In the middle I did a two-year research fellowship at the University of Texas Southwestern in Dallas. They were building on the experience that people had had in Vietnam with resuscitation and blood loss and coming up with some really terrific ideas about how to maximize the benefits of resuscitation and blood loss. That was a lot of fun. It really prepared me for a career where my main focus has been the care of injured patients.

Sanderson: When you finished your internship at the University of Texas, Southwestern in Dallas, where did you go to from there?

Flint: I had one year of training left at the Medical University, so I went back and finished my training there. I was–after I finished training, I became the first director of the Charleston County Emergency Medical Services system. That was in 1974. The Emergency Medical Services Systems Act, which was passed by Congress, which provided money for municipalities to buy ambulances and train emergency medical technicians. That had been passed in 1973, so Charleston had been awarded a grant to do that, so I became the first medical director. And we started training emergency medical technicians and deploying ambulances, trying to make sure that they were doing what they needed to do. I did that for a year and then was recruited to the University of Louisville, which was another major trauma area. The Louisville General Hospital was the first hospital to have a unit that combined a resuscitation unit, radiology, and operating room, and intensive care unit. That was created at the Louisville General Hospital in 1966. So, I got there in 1974 and they had a long running tradition of really being on the forefront of injury care.

Sanderson: Nice, definitely sounds like you got in the right places at the right time?

Flint: Well, there's an old rule in academic surgery: if you want to have the best chance for success, because all academic surgeons work hard, there aren't any of us that don't work hard, so if you want to have the best chance of success, you hitch your wagon to the star. And the gentleman who was the chairman of surgery at the University of Louisville was one of the rising stars in American surgery.

Sanderson: Outstanding. So then, what eventually brought you up here to Chicago and also into the American College of Surgery?

Flint: Well, that's an interesting story. When I was a trauma fellow at the University of Texas, there was a faculty member there named Dr. Robert McClelland who was very interested in reviewing the medical literature and summarizing it for the residents, so they did not have to plow through huge amounts of information to get the information they needed. So, he would tear articles out of journals, staple them together, copy them, and put them together with a typed summary of the articles on a single topic, and then present that at a journal club for the residents. So, he asked me and the surgeon I was sharing a laboratory with if we would help him put the articles together. And, in return, he would give us each a set of the articles and the summary and let us come to the journal club. So, I got involved in that and, in 1974, the year after I left the University of Texas, he made that a national subscription service called "Selected Readings in General Surgery." In late 2004, when he was getting ready to retire, he gave the intellectual property rights for Selected Readings to the American College of Surgeons and they started recruiting an editor for the publication, and I was fortunate enough to get the job, and that's what brought us to Chicago.

Sanderson: That's outstanding. Since you've been doing that, are you still practicing, do you still get into the O.R. [operating room]?

Flint: No. No, I go to conferences over in Northwestern [University], but I haven't taken care of patients in eight years.

Sanderson: Do you miss it?

Flint: I don't miss the phone ringing in the middle of the night, I can tell you that. I am fortunate that a lot of the Northwestern [University] medical students and residents who live in my building, so I get to talk to them, we walk to work together and I get to talk to them about what work they're doing and what's going on, so I get to keep up with that a little bit. But I really had such a great time in my professional career taking care of patients that when I finished doing

that, I wanted to leave that with good memories, so I don't want to take a chance on it becoming a bad memory.

Sanderson: I'm definitely with you on that one. Like we were talking [about] before, I know with a lot of the work that you've done previously, especially with the College of Surgeons, especially when that comes down to, like I was saying we have the Tactical Combat Casualty Care course that we go through, in OEMS, Operational Emergency Medical Course. I know that we have really relied a lot on the American College of Surgeons for a lot of the input on that.

Flint: Right, well, you know, we, I got involved with the committee on trauma in the American College of Surgeons at the time when the Advanced Trauma Life Support course was being developed. And I got my certificate in the second course that was ever given and was able to work through three or four iterations of the Advanced Trauma Life Support Manual. One of my best friends in surgery wanted to export that concept to pre-hospital care, so he started developing what became the Pre-Hospital Trauma Life Support course, both of those courses have been extremely successful. And I mentioned earlier what I think what has happened for the understanding of optimal combat casualty care has been the lessons of previous wars, combined with the lessons learned in the civilian trauma systems that became –you know the trauma system business started in the 1970s, and the first state trauma system was in Illinois, and the second one was in Maryland. And we don't have enough state trauma systems yet, but we have a lot more than we used to have. And I think the approach to combat injury care has been to take the lessons from the previous wars and the lessons from the civilian trauma systems and optimize that for management of combat casualties. Now, I used to have to tell medical students and residents all the time, you know, you have seen injured patients, but you've never seen anything like a combat injury. I said, you take the patient that we took care of last night and you multiply that injury and that severity by ten, and that's a combat injury. And that's hard for them to grasp, it's hard to grasp how badly injured people are from combat. And particularly with the explosive devices that they had now. We had the advantage of having an early warning system most of the time, you know, we knew during the Tet Offensive an attack was coming. When an attack was coming, two things would happen: the radar at the Air Force base would pick up a rocket when it was launched. And they would tell us, you know, they just launched a rocket, [and] about fifteen seconds later we would hear the sound of the launch, so we knew something was coming. That advantage is frequently not present in current combat care, because you may

know that you've stepped on an IED [improvised explosive device], and, you know at that time when you take your foot off it that it's going to explode, and most of the time what the guys do is say, "Okay I've just stepped on an IED, everybody get out of the way." And they, unfortunately, wind up with these mutilating leg injuries and arm injuries, and I think in a lot of respects the surgical care of combat injuries has gotten somewhat easier because the injury is so severe that you can't do any repair. You know, there are some situations where you may be able to salvage the extremity, but often all you can do is complete the amputation, stop the bleeding, and get them on to a place where they can start rehabilitation. So in some ways, the surgical care of the patient has gotten easier. And I wonder, when I've sat down and spoken to my friends who've had Post-Traumatic Stress Disorder, I wonder if the fact –if they had it because they never really got to see the patient get well. They only got to see the patients when they were very sick. And you know the reward for a surgeon comes with seeing the patient get well. But I think the intensity of the experience, the fact that they have to repeat it over and over again, and be separated from family, and that sort of thing has made the Post-Traumatic Stress problem significant for doctors that are returning from combat as well as the individuals who have been involved in the combat.

Sanderson: Definitely, yeah. Ten years ago, communications were still slow. Nowadays communications are so fast, I've noticed even when I was out there, we had people dealing with stuff along those lines, but also one phone –it used to be one phone call every couple of weeks, once a month, whenever you can get a line out. Now some people are calling home almost every night. A lot of times, coupled with that, it's definitely nowadays we get them, do what we can, stop the bleeding, basically keep the patients alive as much as possible, and put them on the first C-130 out of there. Or C-17.

Flint: Well, that's how I remember in Vietnam, we used to wait for the 8-track tapes to come in that our family had recorded their messages on. And we would then erase it, record our message, and send it back.

Sanderson: Now, people almost freak out when they go into what we call the "River City." When they shut down the communications, you know, people are like, "Oh my God, oh my God, I can't email anybody." And I'm just like, "Thank God!" I'd be happy. I'm good. And they're like, "Well, why aren't you sad, why are you happy?" And I'm like, "That means I don't have to email twenty emails tonight when we get off. I can actually get some sleep for once." We definitely

appreciate all of the work that the American College of Surgeons has done, like I said, it's definitely helped a lot on our end.

Flint: Well, we have formalized our relationship about a year ago. We now have a military liaison at the college who is a surgeon, Dr. [Margaret] "Peggy" Knudson**,** who's worked for a long time with the military. And she is working very hard to develop a partnership that will be based on preservation of knowledge and skills so that we can do our best to make sure that what has been learned is not forgotten and that we can make sure that the surgeons who've served in the military have a chance to share their knowledge. And I think one more important thing that may come out of this is –that I'm hopeful will come out of this –is if we combine the resources of the active military medical staff, the Veteran's Administration medical staff, and civilian trauma systems, we can probably deliver care to almost every veteran no matter where they are. You know right now, distance is somewhat of a problem for people who, you know, they may live a hundred miles from the nearest VA [Veteran's Administration], so getting there is difficult. But if they could go to their nearest trauma center –even in places like Wyoming and Montana, there is a trauma center about every forty-five or fifty miles –then they can go to a knowledgeable surgeon rehabilitation person at the trauma center [and] then they may not have to go the VA. So I'm hopeful that one of the things to come out of this will be we will be able to get cooperation between the veterans' health services, active duty military medical services, and the trauma systems. So that we can not only make sure that what's been learned is not forgotten but we can make sure that people who need care get it. And that's been the goal of trauma systems all along: to get the right care to the right patients at the right time. And I think we're within striking distance of having that for, especially for folks that have served in the recent conflicts.

Sanderson: Outstanding. That would be awesome, that would definitely help a lot. That was bringing now to, our, you're still currently an adjunct professor at Northwestern [University], correct?

Flint: That is correct.

Sanderson: And is it one of those, what are some of the key things that you like to pass on to the students?

Flint: Well, what I spend a lot of time telling them there's never been a better time to be a doctor than right now. And there's never been a better time to be a surgeon

than right now. Because the things that they are able to do for patients, using things like molecular medicine and genomic typing and using the knowledge that we've learned from combat casualty care and using the advances in technology that are available for surgical instruments nowadays. I tell them, "You're going to be able to do things for patients that I used to only be able to dream about." So, I say, "I'm envious." And if you want to do something really good for me, make me even more envious. And that's the consistent message that I try to transmit. They shouldn't listen to all this stuff about doctor burn out and the problems with the electronic medical record and the difficulty doctors have being employed and student debt and stuff like that. I say, "Those are problems, yeah, but you know, you became a doctor to solve problems, focus on the fact instead that you've got the opportunity to really do some great things for patients. And the reward you get from that is gonna be so important to you over the long haul, that it will make all of these other problems tolerable."

Sanderson: Do you think your service in Vietnam helped to sort of propel you towards a professorship?

Flint: It was a major influence, yeah. I had known that I wanted to be a surgeon, and I hadn't really decided what kind of surgeon I wanted to be before I went to Vietnam. I figured out about two-thirds of the way through the Tet Offensive that I wanted to spend my career taking care of injured people. It helped that I had a one surgeon that I worked very closely with that worked in a community hospital in Durham [North Carolina], and the community hospital was the place where injured patients got taken, they didn't get taken to Duke. So, I had some experience before I went to Vietnam covering emergency calls with him. And I remember now that there was a thought that sort of got planted deep in my brain from working with him, that gee, working this emergency stuff is really kind of fun.

Sanderson: One of the questions I did write down, kind of looking back at some of the experiences you had during the Tet–I'm a big military anything fan, especially any type of series, but I'm a huge "M.A.S.H". fan. And how Hawkeye was always talking about meatball surgery, did they give a somewhat accurate depiction of what it was like in an OR [Operating Room] during a battlefield scenario, or a M.A.S.H [Mobile Army Surgical] Hospital?

Flint: I think that a lot of what they showed in the "M.A.S.H". TV series and in the movie was pretty accurate. As you recall, what they were focusing on was the psychological reactions of people. And the social interactions of people. And I

had the honor of serving as the president of the Southern Surgical Association, and my presidential address was entitled, "The Surgical Legacies of Hawkeye Pierce." And I talked about some of the lessons that surgeons said that they learned from their experiences in combat. And a lot of it was focused on taking care of patients, but a significant portion of it was how I learned to interact with other professionals, because we were in this situation together. You know, I think the "M.A.S.H" TV series was–a lot of it was accurate, and a lot of the craziness that they depict in there was not as overt as it is in the show, but it was there. It, some of it was funny, and some of it was kind of sad. I think the, you know, every place that you went, you were really lucky if you had a Father Mulcahey around. And you were really lucky if you had somebody like Hawkeye Pierce to keep you sane. And, you know, make you see something that you were doing that was funny.

Sanderson: That's one of the things that I always look at when I'm watching the show, is, I can definitely relate to some of the stuff that they're going through, but it's always good to get that perspective of how accurate were they really. He focused a lot of time, Alan [Alda] and all them, I'm trying to think of the guy that wrote the initial book [i.e. Richard Hooker], and also Robert Altman when they made it into the official movie, they really wanted to be as accurate as possible.

Flint: Yeah, I think they were really accurate. And obviously they were, you know, you can't really graphically depict someone taking care of an injured patient. You can do it from a thirty-thousand foot view and I think what they did to kind of show, what the system was, you know, the rapid evacuation, the getting the patient to the operating room right away, that sort of thing, I think all of that was right on. And I think they really made a pretty terrific contribution to the understanding of how things were in Vietnam. Because when we came back from Vietnam, not just me but all of us, the welcome we got from a lot of people was: The war was your fault. How could you have participated in this war? The fact that so many people got killed was your fault because you participated. And you know, I remember coming into the San Francisco [International] Airport, we flew into Travis Air Force base south of San Francisco and they put us on a bus to the San Francisco airport to then fly home. And I remember people standing outside the airport yelling at us and trying to spit on us and stuff like that. Saying, you know, you guys are savages for participating in this war. And I think shows like "M.A.S.H." began to tell a story to folks so that they could understand that you were there in the middle of the war you had no choice but to participate. You participated or you died. And I think that message that was depicted in that TV

story and in the movie, that helped people understand, and other movies, like "Platoon", helped people understand what it was like. And helped people understand it wasn't the soldier's fault. That, you know, they had no choice in the matter.

Sanderson: Kinda going back to when you did get back to the States, I know a lot of times once they landed back in the States, they told everyone, "Take off your uniforms, try to be as un-militarily as possible to try to alleviate some of the things," but it still happened. Did they ever give you that brief coming back? What happened?

Flint: Well, they told us that, you know, we might encounter some people that were unfriendly, but we moved around in groups, so we weren't ever in danger. And they had people that met us at the airport, made sure we got directly on our airplane. And I can't remember when I took my uniform off, I can't remember if I did it before I got on the plane in San Francisco or when I got back to Washington, but they never told us to take your uniform off. In fact, we had to wear our uniform in the plane coming back. We wore the uniform that we wore in Vietnam on the plane coming back and then we changed in Travis to a regular uniform. The episode at the San Francisco Airport was really the only one that was negative that I encountered. It was one of those, where people just think what they think, and you can't sway them with facts.

Sanderson: Since then you've never had any type of reaction, since that time in San Francisco?

Flint: No. As time goes on, I have more and more people who come up to me and who, when I gave the talk I talked about the surgical legacies of Hawkeye Pierce, I probably had about fifty people come up and thank me. And as time has gone on it happens more and more often.

Sanderson: I'm glad it is happening, I definitely do the same, especially when I see someone who I know was in Vietnam, I always hold out my hand and thank you. You guys, you know, when we came home it was the exact opposite. It's almost to the point of, I didn't do anything, bye. Thank you but, let me just get home, whereas it's the exact opposite for you guys.

Flint: Well, it was a, I think that the one thing that the transition to the all-volunteer force has done is make people understand the magnitude of the sacrifice. You know back in the Vietnam era when we had the draft, a lot of times people served in the military because they had no choice and, um, now the people who

do serve do it because they have a choice, [so] there is, I think, a better understanding of what the sacrifice is.

Sanderson: I did have one quick question I wanted to ask you then. Now that you're a professor, do you have students that come up and want to join the military? Have they come up and asked, "Should I join it, should I not?"

Flint: I think there are, oh, I'd say ten to fifteen percent of every medical school class that have an interest in the military. Some of them have either had family in the military or they have served as enlisted people in the military or even as officers in the military and then decided to go to medical school after they left the military. And they want to go and get trained and then go back into the military, and I think that's terrific. I tell them that, you know, my stint in the military was short, but my exposure to the military has been significant since my dad was a career military officer, I had been around a lot of people who had served in the military so I can't speak from the perspective of someone who's made a career of it. But it's a very rewarding thing to be able to practice medicine, especially surgery, to care for people who are making a sacrifice for their country.

Sanderson: One final question, on the Navy side of the house we have what we call, "sea stories," you know just like goofy anecdotes or something we really fondly remember. Is there any specific bond stories that you remember when you were there, other than the first sergeant coming to tears at the shower?

Flint: Well, I think the story that I remember is a story of the care that we provided for some Vietnamese and Montagnard patients who had, two of them had cerebral malaria. Three of them had typhoid fever. I had never seen either disease in my entire medical career. And I have always appreciated the fact that they were there to teach me about the disease and that there were some senior doctors there who had–one of them was in his second tour in Vietnam, and he had seen some of it before, and he was willing to teach me about it and to help me understand what the disease was like. And it was an opportunity to learn about problems that you would never see in the United States. And I, that was an experience that was as valuable to me as the experience of taking care of combat injuries. Because I think it made me a better doctor, because I learned about types of diseases I had never seen before, would never had seen if I had never been to Vietnam.

Sanderson: Looking through, I've actually been through all of the different questions I had. Is there anything else that you would like to add to this story, Sir?

Flint: No. You know, I think I hate it that war has to happen. But I think war benefits people, it sure benefited me.

Sanderson: Amen on that one, it's definitely gone from there. With that being said, Sir, we thank you for coming out and thank you for being here today.

Interview ends: 1:46:50