

Wisconsin Veterans Museum
Research Center

Transcript of an
Oral History Interview with
BRIAN MURRAY
Corpsman, Navy (Marine Corps unit), Vietnam War.

1999

OH
419

OH
419

Murray, Brian, (1948-). Oral History Interview, 1999.

User Copy: 2 sound cassettes (ca. 75 min.), analog, 1 7/8 ips, mono.

Master Copy: 1 sound cassette (ca. 75 min.), analog, 1 7/8 ips, mono.

Video Recording: 1 videorecording (ca. 75 min.); ½ inch, color.

Transcript: 0.1 linear ft. (1 folder).

Abstract:

Brian “Doc” Murray, a Waupaca, Wisconsin native, discusses his Navy service as a corpsman with a Marine unit during the Vietnam War. Murray talks about enlisting in the Navy despite being classified 4F for having pins in his hip, boot camp and Corps School at Great Lakes (Illinois), and field medicine training at Camp Lejeune, where they arrived on November 10th without knowing about the Marine Corps’ birthday. He discusses flying to Vietnam, assignment to the Fox Company, 2nd Battalion, 1st Marine Regiment, and going on daytime patrol in the Riviera area near DaNang. Murray speaks of setting up ambushes for gathering NVA troops and characterizes the “professional” method of combat between them. He portrays problems with unexploded friendly rounds in the sand and his platoon sergeant’s “crazy” method of detonating them with grenades. Murray talks about the weapons his squadron carried and only carrying a handgun himself. He reflects on tending to wounded under fire as well as their daily health problems in camp, especially diarrhea and infected insect bites. He comments on lack of bathing facilities, the proximity of his small combat base to other medical facilities, and the medical supplies he carried. Murray contrasts the differences between medical operations in the Vietnam and Korean Wars. He illustrates the Marines’ loyalty to their wounded with an anecdote about witnessing a helicopter medevac crew being held at gunpoint until all his squadron’s casualties were securely loaded. Murray details treatment methods in the field, including using the Marines’ belts as tourniquets and marking received treatment. After three months “in the bush,” he speaks of having problems with his leg, getting the pins removed in Japan, and returning to Vietnam where he was assigned a rear position in the 1st Medical Battalion. Murray states the life expectancy for corpsmen in Vietnam was three months. He reflects on the adequacy of his training and, when under pressure, always praying to do a good job. In the 1st Med Battalion for three weeks, he talks about assignment to a post-crisis malarial ward and keeping an eye on his patients, who spent a lot of time at the bar. He comments on the use of chloroquine-primaquine to prevent malaria and treating diarrhea in the field with peanut butter. Murray talks about his platoon’s recreational use of marijuana and making sure it did not impact their combat capability. He reports on the race relations between Blacks and Whites, saying “in the bush there is no color” but people in the rear occasionally stirred up trouble. Murray portrays the one case he medevaced due to combat fatigue and the current large numbers of veterans with symptoms of Post Traumatic Stress Disorder. He discusses having a wonderful captain and a 2nd lieutenant who made too many mistakes. Murray talks about keeping in touch with some of the

men from his unit, attending Battalion Association reunions, and being a member of veterans' organizations such as the Wisconsin Vietnam Veterans.

Biographical Sketch:

Murray (b.1948) was in the Navy from 1967 to 1969, including service in Vietnam with the Marine Corps from December of 1968 to April of 1969. After his discharge, he became a paramedic and worked in Madison (Wisconsin), Milwaukee, South Dakota, and Appleton (Wisconsin). After his retirement, Murray worked part-time as a cab driver and settled in Madison.

Interviewed by James McIntosh, 1999
Transcribed by Cassandra Kitto, 2011
Checked and corrected by Joan Bruggink, 2011
Abstract written by Susan Krueger, 2011

Interview Transcript:

- Jim: Alright, now we're recording, and this is Brian "Doc" Murray, who was born—
- Murray: 1948.
- Jim: In '48 in Waupaca [Wisconsin] and joined the service when?
- Murray: I joined in '67.
- Jim: Right, and tell me about that. Tell me about how you got started and where you went, and so forth.
- Murray: Well, I graduated from high school in '66, and I had done a fair amount of laboratory work and I was interested in medical laboratory, but I wasn't really sure where I wanted to go in college, so after the first semester I decided to go in the Navy. Hey, what the heck; it's safe. See the world aboard a ship and have a lot of fun. Nice liberty ports and everything else. So I went down to see the Navy recruiter and he says, "Yeah, no problem at all." You know, this was before the draft was instituted and this was before Vietnam was really getting going. What the heck, I don't have to worry about combat. So I went in the Navy, got to boot camp, and—
- Jim: Great Lakes?
- Murray: Great Lakes. Saw a physician there and he looked at me and says, "You've got three pins in your hip; you're 4F." And he says, "How bad do you want in the Navy?" And my comment was, "Well hey, what the heck, I don't have to worry about combat. I'm gonna get some good training. I can use the training when I get out. I've set my life aside. Let's do it." So we did it.
- Jim: What were the three pins from?
- Murray: Slipped femoral epiphysis, right.
- Jim: Must be something [unintelligible].
- Murray: Yeah, but the only thing at that point in time was that one leg was shorter than the other, because with hormonal shots we had kept the other hip from going out. So he says, "Okay, we'll let you in." So I still remember—
- Jim: Did he make you sign a waiver?

Murray: I don't think I ever did sign a waiver, come to think; I might want to look into that. So I still remember sitting there in boot camp and sitting at a cardboard table about like this, and some guy on the other side, after we had taken all the tests—you know, would you rather be a hammer or a nail and the personality tests—and he says, "And what would you like to do in the Navy, boy?" I said, "Well, I'd like to be a corpsman, because I wanna go to lab tech school." And he says, "Oh, I think we can guarantee the corpsman part of it." And I got back to the barracks and found out that three of my buddies who wanted to be corpsman—we were all gonna be corpsman. And about four guys who didn't wanna be corpsman, were also gonna be corpsman, and I'm going, "I think I stepped in something." Then we found out that—now the Marines don't admit this, but as you well know, they're a corps, not a branch of the Navy, and therefore they can't train two specialties, one of them being corpsman, and I think the other one is chaplain, but one of them being corpsman, and [laughs] so we knew where we were going at that point. And I'm really going, "Check please!" So through boot camp, through Corps School and at the end of Corps School they said, "We've got good news and bad news. Good news, extra week of liberty; bad news is your next duty station is Camp Lejeune [North Carolina] for four weeks, so—

Jim: Tell me about that. Now this is departure from the usual Navy, so tell me about this.

Murray: Well it was four weeks of training and it was in field medicine, field sanitary conditions, and we got to run around in the woods with M-14s. We learned how to fire M-14s, as you know, in Navy boot camp. When I went through we fired a .22 on an indoor range and we practiced with an M-1 trying not to rip our thumbs off, puttin' a dummy round in it, but at Lejeune we actually fired M-14s and .45s, and we did see an M-16 even, but we didn't get to hold one. But we did go out on patrols as if we were Marine patrols.

Jim: Was that the difference between the Corps School there and the Corps School at Great Lakes? Field work?

Murray: No, the Corps School I took at Great Lakes.

Jim: Ah.

Murray: This was an additional four weeks of training after Corps School.

Jim: It was different then.

Murray: It was Marine tactics and emergency field medicine, so to speak, and just sanitary conditions, that type of thing, whereas Corps School was mostly

hospital work. This was an extra four weeks of combat medicine. That's what, ah, FMF, Fleet Marine Medical or Fleet Medical Training, or something. I forget what it was called; FMFF. But it was, I think, Fleet Medical Field Force or something, something like that. So we got to play Marines for four weeks, which was interesting because they put us on this Marine Corps base and we come walking in in Navy uniforms on November 10th, which is the Marine Corps birthday. We're sittin' in a bar in town and a couple guys in this table next to us hold up their beers and go, "Happy Birthday." And the four of us sit and go, "Happy birthday. Whose birthday is it, anyway?" A guy looks at us and says, "What are you guys?" I says, "We're corpsmen; we're here for training." He says, "You're lucky I know what a corpsman is or else you'd be dead." If anybody says, "Happy Birthday," it's the Marine Corps birthday today; just remember that. [laughs] So that was our introduction to the Marine Corps. Then I went back to Great Lakes; I spent almost a year as staff there before going to Vietnam.

Jim: What was there? Just working in the wards?

Murray: Um, most of the time I was at Great Lakes I was on the general medical ward.

Jim: Okay, so now on to something a bit more adventurous.

Murray: Quite a bit more adventurous. [laughs] Vietnam. Let's see, I went in country in December of '68.

Jim: How'd you get there?

Murray: Actually I flew. At that point in time most of us were flying back and fourth.

Jim: From?

Murray: Out of Oakland [California].

Jim: Oakland?

Murray: Um-hmm. Landed in Da Nang, was assigned to the 1st Marine Division. They just kinda lined us up and, you know, "Count off," and you guys go here and you guys go there and just split us up. We were, of course, all corpsmen. Flew in the country with several friends of mine from Great Lakes. One went with the 26th Marines, a couple of us went with the 1st Marine Regiment, and I wound up with the 2nd Battalion, 1st Marine Regiment. At that point in time—the battalion was, I don't know, ten clicks, ten kilometers, outside of Da Nang, and the area of operation

included everything, ah, inland for, I don't know, fifteen, twenty kilometers and south of Marble Mountain for about twenty kilometers—up to the point where, ah, the rocks were just south of us, and then south of the rocks was, I think, the 5th Regiment.

But I was assigned to the Fox Company, and when I first got in country, ah, our main job was to go on, we'd go on a daytime patrol. We'd go out in the morning, and we'd go out into the area we called the Riviera, which is a very sandy area right on the South China Sea. We'd go out there in the morning, we'd spend the day, we'd spend the night, we'd come back the next morning and another platoon would go out. Basically what we were doing was that Giap, General Giap, was marshaling large forces south of us, on Ganoi[?] Island, and he was gonna literally overrun Da Nang, and so instead of—we didn't run into major units because we were spread out in these listening posts so that he had to move his people in small units. And on Ganoi[?] Island, ah, the NVA [North Vietnamese Army]—these weren't Viet Cong, these were NVA—they had bunkers and flags and, I mean, NVA flags. It was a large, large, ah, marshaling point for him, so we were north of that and going out on listening posts where we'd go out and we'd spend the night on a—we'd set up an ambush and we'd sit there and wait for somebody to walk into the ambush.

Jim: What size group would they put there?

Murray: Ah, this was usually a squad. This would be anywhere between four and six, depending on whether we took weapons with us, and me. We basically had—in a platoon we would have three squads and the gun.

Jim: Corpsman inside of each?

Murray: No, we only had two corpsmen to a platoon, and we had three squads and then the gun squad. So, ah, we didn't always go on patrol because that would mean that every other day we'd have to go on two patrols, and we were constantly going—the platoon was constantly going on patrols. So, sometimes they'd go out without the corpsman; they'd take our battle dressings and go out without us, so that we didn't have to go on too many patrols. And quite frankly, what we ran into in our area, in the Riviera, ah, our biggest problem was booby traps because it was so sandy. We'd call a fire mission out there and the rounds would literally hit the sand and not blow up. We'd find them the next day buried upside down.

Jim: Your own rounds?

Murray: Our own rounds: one-five-five, sixty mortar, eighty-twos, you name it.

Jim: Boy, those are big guys.

Murray: Yeah, one-o-fives. We had all this stuff for support and every once in a while the rounds wouldn't go off and the—

Jim: So then what would we do?

Murray: What would we do? We'd hope we didn't step on them if we found them. [laughs]

Jim: Is that so? Did you tag them? That's what they did in Korea.

Murray: Yeah, we tagged them alright.

Jim: [unintelligible]

Murray: Though, actually, we did it a little bit differently. Stormy, our platoon sergeant, who was crazy, who is still crazy, would pull the pin on a grenade, set it on the round, and run, [laughs] and he usually got far enough away he didn't get peppered too bad.

Jim: I'd think if you just went flat you'd be alright.

Murray: We pulled a lot of shrapnel out of Stormy. [laughs]

Jim: You really did? Boy.

Murray: We had to send him—

Jim: He had a death wish.

Murray: He still does.

Jim: Is that right?

Murray: Oh, the man spent seventeen years with the Miami Police Department doing undercover work against the drug cartels on a sting.

Jim: He must be totally fearless.

Murray: Nuts. I saw him last fall for the first time in thirty years.

Jim: Oh my goodness.

Murray: It was an experience. [laughs]

Jim: He didn't change—

Murray: He hasn't changed a bit, no. No, the man would literally pull the pin out of a grenade, drop it on the ground and run, and normally he got far enough away. Every once in a while he'd catch a couple pieces of shrapnel, but he never got hurt—well he got hurt to the point we had to send him to the rear a couple of times, but he never really got hurt. We'd just pull the shrapnel out and, "Well, another Purple Heart for you, Stormy," "Ah the hell with the Heart, just get the shrapnel out of me so we can go back to work." Yeah, he was nuts, still is. But, ah, when we were set up in ambushes we were small unit versus small unit. We're professional soldiers, they're NVA professional soldiers. Hell, neither one of us want to die, so we'd just kind of shoot at each other. I mean, we're trying to hit each other, but we're professionals—

Jim: Nobody is charging anybody else?

Murray: Nobody is charging, nobody is doing anything stupid. We're all hidin' behind trees shootin' at each other, so there weren't a lot of people getting hit, and when we started running low on ammunition, we'd both go our separate ways because nobody—

Jim: What would you do during these firefights? Just wait for something to happen, or did you do anything or shoot anybody?

Murray: No. I carried a .45 for defensive purposes only. You know, I am not then, nor am I now, a conscientious objector, it's just that it was my job, I was issued—

Jim: They didn't expect you to?

Murray: No, they didn't expect me to. I was issued an M-16 when I got in country and, ah, I just found because it was such a sandy area, if somebody got hurt, the first thing to go on the ground was this M-16, because it's in my way. And it kept jamming up on me because of the sand in there, so I finally got rid of that and carried a .45; I even loaded it once or twice. You know, it wasn't my job to shoot, and, quite frankly, if it came down to the point where I was still alive and had to shoot, there's weapons available, so why should I carry the weapon and the ammunition and everything? I've got enough to carry with the medical supplies.

Jim: Your weapons squad, what did they carry?

Murray: They had a sixty machine gun, a .60 millimeter machine gun, and, ah, they'd also carry a .60 millimeter mortar.

Jim: Oh, .60, a .60 machine gun and a .60 mortar.

- Murray: [laughs] Not the big mortar, the smaller mortar.
- Jim: The one you could carry?
- Murray: Actually the one you can fire off your knee.
- Jim: Is that right?
- Murray: Yeah.
- Jim: I thought—I understood that a lot guys had broken legs who tried to do that; but maybe they didn't do it right.
- Murray: They didn't do it right.
- Jim: They didn't fix their knee or their foot in the ground well enough?
- Murray: I'm not sure what the trick is, but we had one guy, we were ambushed once and our mortar man was a-gunning for himself and firing it off his leg and I talked to him here a couple of years ago at a reunion and he says, yeah, he was the only one who could do that—the only one who the skipper had said could do that.
- Jim: So there is a technique involved?
- Murray: So there is a technique, and in his case there was luck. He was practicing one day and the skipper said, "If you can hit that tree out there, you can fire that mortar that way." So he dropped a round, dropped the tree, and the skipper says, "Okay, you can fire your mortar that way." He says he couldn't have hit that tree again if he had to. [both laugh] But my job was if somebody got wounded, of course I was to get up and move to where they were. Typically when—
- Jim: Tell me again what your orders were to come and deal with these things? They had a standard routine they wanted you to follow?
- Murray: Now wait a minute; you're asking two different questions. My orders were, the standard procedure was that if a Marine got wounded, several Marines would bring him back to where I was.
- Jim: Oh.
- Murray: Those were the standing rules. Now, [laughs]—
- Jim: In reality—

- Murray: In reality, whenever we'd hit a firefight I had two Marines; there'd be one on each side of me to protect me, or—
- Jim: While you were treating this guy?
- Murray: No, just plain to protect me.
- Jim: Oh, okay.
- Murray: As we're taking fire these guys are right here protecting me. They're also there to remind me if somebody gets wounded, "Doc, there's somebody who needs you out there." "Doc, there's somebody who needs you out there." "Doc! Get your ass out—[laughs]" It didn't quite work the way—the Marines did not bring them back to you; the corpsman was expected to go out, and, you know, you've been there, you know that if you had time to think about that, you would never do it. But it's just the reaction—it's just the adrenaline of—when they holler, "Corpsman up," hey, it's my turn. This is my job, this is what I've got to do, and if I had to think about it, I'd just sit there and say, "Take two aspirin, call me in the morning." But no. The camaraderie, the interlocking between the corpsman and the Marines. These were my Marines; I took care of their daily needs. They came to me and said, "Doc, you know I don't feel right," "Doc, I've got this—" We had a big problem, being in the tropics, with gook sores, mosquito bites or something. They'd scratch them and they'd wind up being big, open, seeping wounds. We treated those in the field as much as we could before we sent them back to the rear. Before we sent anybody back to the rear, we, of course, had to check 'em out and do the day-to-day medical care that we could do, and at a certain point we had to say, "Okay, you've gotta go back and see a doctor." You know, "I can't treat you anymore because it's beyond my scope, or beyond the equipment I've got."
- Jim: You were expected to triage these patients on the spot?
- Murray: Oh yeah. Of course the biggest thing was diarrhea. Being in the tropics, diarrhea and gook sores were the two biggest things, and so we were cleaning out the gook sores and we were also, ah—
- Jim: The gook sores were open wounds due to bites that have been scratched?
- Murray: Whatever, yeah. Scratches, bites—
- Jim: Then you'd open them?

- Murray: Yeah, and just because we were in the tropics and dirty they would just grow. They'd just—
- Jim: You did what to treat them?
- Murray: Ah, treated them usually with penicillin and, ah—
- Jim: [unintelligible] ointment?
- Murray: No, no, we very rarely used an ointment. We'd put them on an oral dose of penicillin and then just keep the wound clean, clean it out daily, and wrap it. We didn't—
- Jim: Did you instruct them to wash it out?
- Murray: They couldn't. We couldn't. We would just put a little peroxide or something in it. We didn't have the facilities to—hell, we weren't takin' showers.
- Jim: Okay, right.
- Murray: That was part of the problem. We didn't have bathing facilities, so we couldn't—you know, we kept things as clean as possible.
- Jim: [unintelligible]
- Murray: None of that. And we were basically—shortly after I got with the unit we were—instead of going on patrols out into the Riviera, we actually moved out into the Riviera to a combat, to a platoon.
- Jim: [unintelligible]
- Murray: Oh, it just refers to the area. It's fifteen klicks south of Da Nang. It's right on the South China Sea, and—
- Jim: It's a coastal area, is that why they call it the Riviera?
- Murray: That's why they call it the Riviera. It's beautiful.
- Jim: I'm sure that's not the original name. I'm sure that's the Americanized version of that.
- Murray: I'm not sure. I think they still may refer to it as the Vietnamese Riviera.
- Jim: Oh really? That was a coastal area?

- Murray: It was a coastal area of sand and conifers. We built a small combat base out there. Behind the coastal area was the rice paddies, and then back behind that was, ah, the jungle, and where we were we were basically, ah—inland from us by about six klicks was Hill 55, which is quite a well-known Marine base; that was actually in the jungle, so I mean this area was only five klicks wide from the ocean, through the rice paddies, to the jungle. We didn't go back in the jungle but we did the, ah, coastal area and the rice paddies.
- Jim: Where's the doc for all of this?
- Murray: Where was I?
- Jim: Where was the doctor?
- Murray: Oh, where's the doctor? He's back at battalion aid station. Yeah, which is at—
- Jim: [unintelligible]
- Murray: He was, ah, battalion was, yeah, about three miles from us.
- Jim: How many physicians?
- Murray: I think there was only one at battalion aid.
- Jim: Just one?
- Murray: I think.
- Jim: So is he—
- Murray: Him and several corpsmen took care of the battalion.
- Jim: No nurses?
- Murray: No nurses at battalion. Course, see, we were, being fifteen klicks from Da Nang, we were within easy helicopter of the naval hospital at Da Nang.
- Jim: So he really didn't run much of a MASH [Mobile Army Surgical Hospital] unit?
- Murray: No, he was not a MASH unit.
- Jim: Yeah. He looked at them would say, either sew them up here or put them on a plane.

- Murray: He would handle things that came into battalion; things that happened in battalion. Anything else we'd medevac into Da Nang, and that was by—the Marines use CH-46s, the helicopters with the two rotors, fore and aft. They didn't use, ah, the Slicks like the Army did, the Hueys. But everything I saw—everything that had to be medevaced was medevaced directly to Da Nang. If it was a medical problem that was not an emergency, I would send 'em back to battalion with the resupply run, which was done routinely.
- Jim: The organization is a little different than from the Army then. I was in the Navy but several of my friends were in the Army MASH units and I visited there on several occasions so I knew how they operated.
- Murray: Korea and Vietnam were a little bit different. Ah, Korea you tended to have the MASH units fairly close to where the action was. In Vietnam, they had—well we had the naval hospital in Da Nang and we also had the 1st Med Battalion in Da Nang, but they didn't have MASH units—oh, well, we didn't have front lines either.
- Jim: Right.
- Murray: So they didn't have MASH units spread around. I think there was only one, maybe two physicians back at battalion and a number of corpsmen back at battalion.
- Jim: Hey, I was always impressed with the Marines in Korea. Several patients that were on our hospital ship, a seven hundred bed hospital, said if you got wounded when you were in the Marines you knew that they wouldn't leave you. The airmen never knew that, and a couple of guys that were in the Army battalion aid station said, "We operate with one hand and one eye and with the other eye look out the flap," because they were never sure that anybody was still there.
- Murray: Yep.
- Jim: They didn't trust them not to leave them, to stay there. He said the Marines never leave them. They would never leave their physicians or corpsmen or whatever, their medical unit; they would never leave them. That was impressive.
- Murray: We had one situation where, ah—this was just before I came home—we were trying to get onto Ganoi[?] Island, where the NVA had their big establishment, and we were on what we called "No Name Island," I have no idea what the proper name of it is, but it was an area just before Ganoi[?] Island. And this area had been under the control of the NVA for

so long that the booby traps were all overgrown with vines, and we had engineers with us that were literally taking Bangalore torpedoes, you know eight foot lengths, screw them together, push them out there about forty feet and blow them up. And we were running patrols on No Name Island, and I had to medevac the other corpsman that was with. We were there in platoon strength and we had set up a platoon-size combat base there and we didn't have concertina or anything but we had foxholes and everything else, and we had a pit toilet. And somebody had sent out gasoline instead of diesel fuel to burn the pit toilet.

Jim: Jesus.

Murray: Yes. The other corpsman didn't realize this.

Jim: Wow, did he get burned?

Murray: Dumped it, threw the match in—no, he was very lucky. He got back far enough when it went off, ah, that it—he got a flash burn across his face, and his face wasn't badly burned, but his eyebrows were singed and all the fluid was taken off his eyes.

Jim: [unintelligible]

Murray: It probably wasn't even second degree.

Jim: Oh.

Murray: Yeah, the burn itself was minor. The problem was that his eyes were open when he got the flash and it took the fluid off, so ophthalmic ointment, and let's send you back to the rear just to make sure.

Jim: Sure.

Murray: So that left me as the only corpsman there, and we were running patrols at the same time in two different directions, so I'm not going on patrol. And we had this crazy Indian, his name was Soto, now lives down in Arizona, stepped on one of these 60 millimeter mortar rounds out there and, ah—

Jim: Blew his foot off?

Murray: No, it didn't blow his foot off. It peppered the hell out of him with shrapnel, ah, hit, hit—let's see, it hit Clark pretty bad, and Bean, the third guy, got peppered just a little bit. Clark was—actually, out of the three, Soto was the least wounded of the three. And so when I got out to 'em, did my shtick, and ah, that's when I found out that they don't always send an escort when you're running through the woods. [laughs] I get out there

and obviously they're gonna have to be medevaced, so with the personnel we had, we had this little open area and we figured, "Hey, this is big enough for a helicopter to get in, we've got a tree line around us, we can protect the helicopter." We didn't figure—the Vietnamese very rarely messed with the medevac helicopters because they had a .50 caliber machine gun on each side of the fuselage; I mean this is a big helicopter, this is a CH-46 and they did carry armament on it. And so the helicopter came in, saw what the situation was, started to come into the landing zone that we had set aside. The pilot didn't like it, saw what was going on, threw three stretchers out the back end of the chopper and lifted up and over the tree line, and that tree line was, I mean, like three trees deep, not a very thick tree line, and landed in a dried rice paddy on the other side of the tree line. And so we've got to load these three guys on the stretchers and carry 'em out to the helicopter. Well, this is taking everybody that's in this patrol to do this. So we got two of the guys aboard and I'm loading the third one on the stretcher and getting him ready to go; the helicopter is starting to lift off. And the squad leader, who is carrying an M-14, just kinda placed some muscle between the crew chief's eyes, [laughs] right at the bridge of his nose, and just started going, "No, you're not gonna take off." [laugh] The crew chief decided that discretion was a better part of valor and decided to hold.

Jim: Rethinking that.

Murray: Yeah, maybe we'll stick around. And we got the third guy aboard, and I'll tell you, I had a bunch of Marines who were gonna go into Da Nang and find a helicopter crew and tear 'em apart, but that's the way Marines feel about their wounded. They were not gonna let that helicopter—and we weren't in danger.

Jim: That's an Army helicopter?

Murray: No, this was actually a Marine helicopter.

Jim: Oh it was.

Murray: Yeah, the Army used the Slick version of the Huey, without the guns on it. But, ah, a Slick with fifteen, that's crowding it quite a bit. You got a couple sitting on the runners out here. [laughs] But with the 46, it will easily carry twenty people with full combat gear, and that's what the Marines use for medevacs.

Jim: [unintelligible]

Murray: About the save rate?

Jim: It was so low; they could only save so many.

Murray: I could have somebody in Da Nang in fifteen minutes.

Jim: Yeah. If they were really bleeding, how did you manage that?

Murray: Ah, we carried Ringer's lactate. We also carried 250 ml bottles of Plasmanate.

Jim: How about some hemostats?

Murray: I carried a surgical kit with hemostats, but—

Jim: Some of those arteries _____[?] so you gotta put a clamp on something there.

Murray: Yeah, if we had to clamp off we had the hemostats and the surgical kit.

Jim: They would just go and leave the wound open with the hemo sticking out so they could see that.

Murray: Yeah.

Jim: Right.

Murray: Or put a battle dressing on it.

Jim: With compression.

Murray: Depending on the injury. You know, you know about treating—if the vessels have gone into constriction then you don't necessarily need hemostats; direct pressure can do it.

Jim: For a while.

Murray: Yeah, for a while, but course I don't wanna send my hemostats back either unless I have to.

Jim: Wouldn't be wise to send those and you'd have trouble getting more, wouldn't you?

Murray: I might not have trouble getting more, but it would take me a while to get more, so the hardware like that I didn't want to send back. As a matter of fact, I made sure that all my Marines wore a webbed belt with the Marine Corps buckle on it because it wasn't the typical military slide buckle, you

know, with the little pin in there; this is, this is, ah, where you could pull it.

Jim: I see.

Murray: And it had a little catch there. You know, like a tightening down strap. And so I made sure all my Marines wore a belt with that buckle on it so that I'd have a tourniquet if I needed it. And I made sure that all my Marines carried several battle dressings.

Jim: That was your supply house.

Murray: Yeah it was. And I'd carry—well, most of what we did was we took M-16 bandoliers that the ammunition came in and there's eight pockets in there and we'd put two battle dressings in each pocket. We'd take two of those, tie 'em together, and then just throw 'em over our shoulder like this so that we would have ah, what'd we have, thirty-two battle dressings there, and of course we had the unit one where we carried medication, surgical kit, the larger battle dressings, and whatever else that we needed, the morphine, the atropine, ah, scissors—

Jim: [unintelligible] the morphine.

Murray: It was in syrettes.

Jim: Yeah. You kept that in a separate pocket?

Murray: Nope, just kept it in unit one; kept everything in the unit one.

Jim: Unit one?

Murray: It's a neat little three pocket, there's a big—it's about like this, one big pocket and then two pockets that fold down, all three of them have zippers on the top.

Jim: This was something you carried?

Murray: Yeah. This is standard issue.—[End of Tape 1, Side 1]

Jim: In other words, when you went forward into the woods you were carrying that and what?

Murray: Ah, carried that and then I carried, as far as Ringer's lactate and Plasmanate—I would carry that in a grenade pouch; a three pocket grenade pouch that I'd hang from my flack jacket.

- Jim: And those were a couple of thousand cc liters—
- Murray: Ah, we didn't carry thousands; we carried 500s on the Ringer's, and the Plasmanate was 250. But Plasmanate is a much better blood volume expander because it's artificial plasma.
- Jim: Right.
- Murray: So we could dilute that.
- Jim: Yeah, that was something I was never familiar with. They didn't have that in Korea.
- Murray: It was something fairly new in Vietnam. It came in a—it literally came in a tin can with a cardboard liner in it.
- Jim: You had to mix it yourself?
- Murray: No, because it was glass. It was a glass IV bottle, but it was only 250 ml. And then the Ringer's, we carried 500 cc bottles of those, and those came as regular bottles.
- Jim: Your needles were on the Ringer's IV tubing?
- Murray: We had a separate tubing.
- Jim: And from this Plasmanate?
- Murray: Same thing, had a regular IV kit; a boxed or a bagged IV kit.
- Jim: So what did you use for a tourniquet? You must have had a rubber tourniquet somewhere.
- Murray: Nope, just used whatever I had. Didn't carry a—
- Jim: Anything special to wrap the arm in?
- Murray: Didn't carry the Lilley[?] tourniquet.
- Jim: You didn't?
- Murray: Nor did we carry surgical tubing. Ah, we just—
- Jim: But if you wanted to start an IV you'd have to wrap something around the arm.

- Murray: I would just take—actually, [pause] we didn't carry—I have trouble differentiating between what I did then and what I did as a paramedic, but now that I think about it, no, I did not have a tourniquet. I had—
- Jim: Just take their arm and twist up there. Just to hold the blood back a little so you could see the vein.
- Murray: I must have, I must have. Yeah. Either that or take their belt and use their own belt as a tourniquet, but I did not carry surgical tubing. Now that I think about it. I don't know what I did. I must have taken their belt off and used that as a tourniquet, because you're right; it would have been very difficult to start an IV without a tourniquet.
- Jim: When you gave them morphine would you mark their forehead?
- Murray: Ah, usually took the syrette, put it through their collar, bent the needle over and put it through their collar and took mercurochrome and put the time and—
- Jim: So you did put something on their forehead so they knew?
- Murray: Yeah, put an M and the time on it. And of course if we put a tourniquet on, we'd put a T on the forehead and the time the tourniquet was put on.
- Jim: Oh that's right, yeah.
- Murray: We carried med tags also and would also mark that.
- Jim: Describe briefly what—
- Murray: What had happened and times, approximate times.
- Jim: Okay, so, ah, you managed to stay here for the duration of your year in there?
- Murray: Actually I was only in the bush three and a half months.
- Jim: And then?
- Murray: Then I was having some problems with my leg, and I went back to the rear and doctor looked at me and he says, "What are you doing here?" [laughs] He says, "You're 4F." I said, "Well I know that, but—" [laughs]
- Jim: We discussed that already months ago, right?

Murray: Yes. And he says, "I'm gonna send you home." I said, "I'll tell you what, you send me home, I'll go." So I got as far as Japan and then an orthopedic surgeon in Japan saw me and says, "We're gonna take those pins out." "Wait a minute." [laughs] He says, "We're gonna take those pins out." So they took the pins out in Japan. I spent three months in Japan, then they sent me back to Nam. And I got back in country, I went to the chief for the 1st Marine Division and I said, "Look chief, I'll stay in country, I'm not trying to skate out of anything, but I can walk, but I can't run." I said, "I've had this surgery on my leg, I've got a problem with my leg. You know, it's not gonna harm, it's not gonna bother me if I'm in the rear, but if you put me in the bush, I'm not able to do it." Besides that, a corpsman's life expectancy in Nam was three months. I was due for rotation out of the bush when I left. The next corpsman that came into our company, or into our battalion, was coming out to take my place, so I was done with my tour in the bush.

Jim: So the usual tour in the bush was three months for the corpsmen?

Murray: Well, the official tour was six months, but they pulled us out as soon as there was a replacement for us, because corpsmen tended to not live over three months. The life expectancy was three months; the tour was six months. Ah, so the chief said, "Fine, you can go to 1st Med Battalion."

Jim: Was that higher than the regular Marine?

Murray: Quite a bit higher.

Jim: And because you're exposed more?

Murray: If you look at the records for the 1st Marine Division from 1900 to the present time, and look at the list of the Medals of Honor—remember corpsmen are two to a platoon, two corpsmen to sixty Marines—over ten percent of the Medals of Honor in the 1st Marine Division have been awarded to corpsmen.

Jim: In this century?

Murray: In this century. And in World War II, the corpsman life expectancy was from the time they left the landing craft until they almost hit the beach is not a real healthy. [laughs]

Jim: This is what kept me studying when I was corpsman; I was sent back to medical school. This kept me studying because the word was out, that if you flunked out of medical school you would pick up your suitcase because you were over.

- Murray: Pick up your duffle bag and—
- Jim: [unintelligible]
- Murray: Join the Navy, see the world, from a foxhole?
- Jim: Right, so that was World War II, the corpsman's life was well understood.
- Murray: But this was my job, and this is the way I looked at it: When I went to work, people were shooting at me; I can live with that. Getting hit, well that's a little bit different story, but it just became part of the job, and this happened to be, this was my job. My job was to take care of my Marines whether they were wounded or whether it was a day-to-day thing, and they're still my Marines to this day. And it just—I mean, the Marines always say, "We really respected you guys, and you're more Marine than you are Navy." No, I was in the Navy, I enlisted in the Navy—I went back and saw my chief before I went to Nam too and I had words with him, the chief that recruited me [laughs].
- Jim: It wasn't like you said?
- Murray: Yeah, "I really like this canoe club of yours;" almost my exact words. But, I'm very proud that I was in the Navy, but I'm also proud that I served with the Marines and that I served in combat and I was tested in combat and I was not found wanting. I was able to perform my job to the best of my ability. And I can honestly say, to this day, with all the years of experience I've had, in Vietnam, in the hospital, and as a paramedic, I have never once—you know, they say there is no atheists in foxholes—I have never once said, "Lord, you know you get me out of this and I'll be a good boy the rest of my life." My prayer has always been, "Lord, help me help them, because I'm doing a job—I don't have the equipment, I'm not in the proper facility and I don't have the skills. I'm not a doctor; I haven't gone through med school. I'm doing technical activities here without the benefit of the book learning. You know, give me the ability to do this." And that's the way I felt in Vietnam too.
- Jim: Do you feel that the training you received before you went to Nam was very good, or adequate, or—
- Murray: Actually no, the training was real good.
- Jim: You were prepared?
- Murray: Well, you're never prepared, but yes, the Corps School training was very good. As a matter of fact, when I was in, after going through Corps School we could write the test in Illinois for licensed practical nurse, which at that

time was, I believe, a two year program. But after Corps School we could write the test for that, and then most corpsmen spent at least a year in a hospital or someplace where they were under supervision; and that, of course, is where the real learning took place, and the four weeks of training with the Marines gave us some idea of Marine combat techniques and everything. You know, it was kind of a mini boot camp without the harassment, because we had all been in the service for close to a year by that time. Ah, but the training was good, and we had a pretty good idea what we were getting into in Vietnam, and we had enough experience. That's why we tended to be older than the Marines; we had some experience, and that's the important thing.

Jim: The second time in Vietnam then—

Murray: I was signed to 1st Med Battalion. That was something else. They put me on a post-crisis malarial ward. In other words, I had twenty-five Marines in there who are just waiting to go back to the unit, and I was working second shift. Well you've got to keep an eye on your patients, and my patients were all over at the bar [laughs], so I kept very good eye on my patients.

Jim: So you went from one extreme to the other?

Murray: I would literally—my patients were all—

Jim: Ambulatory?

Murray: They're ambulatory, they're not in crisis, they're all malaria patients, and they're going back to their unit within a matter of a couple of days and so from three till eleven there was nobody in the bay. [laughs]

Jim: So, how long did you do that?

Murray: About three weeks. I saw the doctor that sent me home and he says, "This time I'm going to send you home and *you are going all the way home.*" [laughs]

Jim: And, ah, tell me about the treatment of malaria. What was the preventative that you used then?

Murray: Ah, at that time we were using chloroquine-primaquine.

Jim: That's what I did in Korea.

- Murray: That's how I knew it was Sunday. The senior corpsman would call me up and say, "Time to pass out the pills," and then we'd make sure that every Marine took that big, orange tablet.
- Jim: You know that the additive in there they used in WWII caused ten percent permanent tinnitus.
- Murray: Really? Of course chloroquine-primaquine, ah, that had some prophylactic use, but there was still a lot of malaria.
- Jim: When the atabrine first came out in World War II the soldiers balked at taking it because somebody had started a rumor it would interfere with their sex life.
- Murray: [laughs] You mean like salt peter in the meatloaf?
- Jim: That's right, a rumor like that will spread like wild fire. The truth goes along slowly, but rumors like that—
- Murray: Well didn't atabrine cause a little bit of—
- Jim: That's what I said—
- Murray: No, not the tendonitis [or tinnitus?], but some yellowing of the eyes.
- Jim: Oh sure, they all turned yellow.
- Murray: They all turned yellow [laughs].
- Jim: Oh yeah, you could always tell a who wasn't in Europe, he was in the Pacific because—
- Murray: Because of the yellow tone of the eye. At least the chloroquine-primaquine didn't have side effects that we know of.
- Jim: [unintelligible]
- Murray: More than anything. Hey, it was the same as gamma globulin. I mean, you got a blood level for forty-eight hours, but it's—
- Jim: [unintelligible]
- Murray: No, I used to sign off a lot of—when we had to do shots they'd send the stuff out; I'd sign off the gamma globulin and throw the stuff away.
- Jim: Tell me about the prevalence of malaria.

Murray: Ah, my area wasn't too bad. I wasn't in the jungle, so—prevalence of malaria in Vietnam was very, very high.

Jim: It was high.

Murray: It was high. I don't know the numbers, but, ah, it was quite high.

Jim: And you did say that a lot of them got diarrhea?

Murray: Oh, diarrhea constantly.

Jim: From?

Murray: From, ah, from the water. From, ah—

Jim: Figure you're out in the bush, they'd drink whenever they found.

Murray: Yeah. About the only thing we had for water purification was halazone tablets which—

Jim: [unintelligible]

Murray: No, and we weren't of course gonna take the time to boil the water.

Jim: So what did you do for those guys?

Murray: Would you believe two tins of C-rat' peanut butter? I couldn't keep Lomotil; I couldn't keep enough Lomotil, so I don't know how I hit upon this, but everybody who didn't like peanut butter would give me their peanut butter and when somebody came to me with diarrhea I'd say, "Take two of these," and hand them the two tins of peanut butter. [laughs] It was the same peanut butter you had in Korea. And if you're a normal constitution—

Jim: We never used it like that, though.

Murray: [laughs] If you had normal constitution it binds you up. If you've got diarrhea, it brings you back to normal.

Jim: It brought you back to normal?

Murray: Yeah. But I couldn't get enough Lomotil, so I just—

Jim: You mean they didn't provide enough of it?

- Murray: I just couldn't get enough out there, yeah.
- Jim: And ulcers, you said, we talked about that, and the diarrhea, and the malaria. Any other illness that you recall was a problem over there that you had to deal with?
- Murray: No, not so much. Just, you know the usual.
- Jim: Okay. Now there's always talk about the drug use in Vietnam. Would you care to comment on that?
- Murray: Ah, let's see, I went in country in December of '98. I left country the first time in April of '99. Ah, we could at that time go back to the PX and buy a pack of cigarettes for twenty cents—fourteen cents, excuse me, I think it was. We could, from the villagers, buy a pack of twenty joints for twenty cents and they were already stuffed into a cigarette package.
- Jim: Just like a regular one?
- Murray: Yep, just like buying cigarettes.
- Jim: Twenty cents a pack?
- Murray: Twenty cents a pack for marijuana. Um, my Marines—and now remember, we were at a platoon-sized combat base.
- Jim: Right.
- Murray: There are sixty of us out there, and everyone—*everyone*—would occasionally go back to one bunker and—
- Jim: Smoke some pot.
- Murray: And smoke some pot. Ah, those that had a problem, we got rid of. Those that overdid it—those that overdid it, we got rid of.
- Jim: You mean smoking too much or too often?
- Murray: Smoking too often and too much. Now remember, we didn't have alcohol or anything.
- Jim: I understand.
- Murray: So this was, this was a recreational use and to the point where it was only a few people at any one time. It did not diminish the combat capability of the platoon. If the members of the platoon felt that one individual was

diminishing the combat capabilities, because we could be attacked at any time, that person—

Jim: [unintelligible]

Murray: Something was done. Either they were sent back or they were just informed you ain't gonna be doing this because we gotta count on you. We had to count on each other. So the drug use in my unit was extremely minimal; it was a very small recreational use of marijuana. Now we did have one kid, we had a Vietnamese platoon with us, and he went over and saw the Vietnamese corpsman, and I don't know what this Vietnamese corpsman gave him, but it put this kid off. I mean he gave him something and this kid's running around and he's gonna kill everybody. Well we've got live weapons all over the place, so we finally tackled him. We had to tie him up and medevac him. I don't know what the Vietnamese corpsman had given him. So in the bush, the use, yes, there was occasional marijuana use.

Jim: But it didn't interfere really?

Murray: But not to the point of interf—no, it couldn't, because we were in a position at any point in time we could be attacked, and we had to have everybody at a hundred percent. In the rear it was a different story, and here you're talking people who aren't in combat, you're talking people—and most these people hadn't been in combat, the ones that the real drug problems were with. Ah, you know, we were starting to see in late in '68 and into '69, we were starting to see some of the racial problems, we were starting to see some of the drug problems in the rear, but most of these people were non-combatants.

Jim: How did they treat those?

Murray: I don't know. I wasn't back there.

Jim: Do you know if they shipped them out, or they tried to deal with them there?

Murray: I assume that they tried to dry them out there. I think probably sent them to Long Binh jail to dry out. I don't know. Now I know from my time in the hospital at Great Lakes, we did not see a lot of drugs. We did not see a lot of addicts coming back. I don't know if they were treated elsewhere or what. I really don't know what they did with them in the rear.

Jim: It's my understanding they went to hospitals and then they were discharged.

- Murray: I'm sure they were.
- Jim: Then you had to seek civilian hospitals or treatment centers. Tell me about the black problem. You mentioned a problem. What kind of problem?
- Murray: Oh, in the rear? Now remember, in the bush we had no problems; it doesn't matter what color your skin is.
- Jim: Did you have many in your unit?
- Murray: Oh, yeah, we had a lot. I don't know, I don't know how many. I remember one night, we used to do this—we used to do goofy things. You know, hold up your cigarette lighter at night, light it and go, "Sniper check!" And we were sitting on top of bunker one time and I did that, I go, "Sniper check!" And there is about eight of us there and all eight of them at once said, "Shoot Doc, he's the only one you can see without him smiling." And I look around and I'm the only white guy there. [laughs] But, ah, you know, in the bush there is no color. You either do your job or you don't do your job; if you don't do your job you're gone. There was no harassment. I mean, this person is my brother, no matter where they're from, what their religion is, believe it or not, what their sexual preference was, ah, we were all brothers.
- Jim: Was that a problem?
- Murray: No, as far as I know we didn't have, we didn't have any gays but, hey, what the hell; as long as they perform their job, that's the important thing.
- Jim: [unintelligible]
- Murray: Yep, it's a non-issue issue. In the rear, where the pressure of combat was not on them, ah, there were individuals who stirred up problems. Ah, you had your black contingent, you had your Hispanic contingent, you had this contingent, you had this contingent, and there were people who stirred up problems just like they were doing here in the states, but in the bush there is no color.
- Jim: And, ah, were any people psychologically messed up while you were in the bush?
- Murray: I had one. I had one that just—
- Jim: Describe what happened to him as far as you can tell. Did he start shaking or—

- Murray: It's just, every time that anything would happen he would literally bury himself in a bunker and try to dig deeper into the sand. He just, he just couldn't handle it. He just—that was the only case I had. I had to medevac him for his own good.
- Jim: So you talked to him?
- Murray: I talked to him, yeah. He just couldn't handle the stress.
- Jim: What would he say?
- Murray: "I just can't take it." And I don't think the kid was, I don't think he was pretending. There was just something in his makeup. It's not that he was a coward; there was just something in his makeup that he couldn't handle the pressure of combat, of getting shot at. Which is pretty tough to handle. But, um, I finally had to medevac him for his own good because he wasn't, he wasn't doing us any good.
- Jim: He was a liability?
- Murray: And—yeah, he was a liability, and liabilities aren't tolerated in combat, and it was just something in his makeup that he could not handle this. Not everybody can handle things.
- Jim: That's right. You were in a position where you could find out how you stand up to stress, and most people don't have that opportunity.
- Murray: Most people function and do their job.
- Jim: Was that your impression of the average guy?
- Murray: The average guy, it's a job.
- Jim: He'll handle it.
- Murray: Yeah, and—
- Jim: There is a lot of stuff written about the number of days it takes, there is a tolerance level that no one can exceed on the line.
- Murray: Well, see now, remember in Vietnam, we were never off the line; we didn't have lines. We were going—we didn't have firefights everyday. We had *long* periods of boredom interrupted with violent fire fights.
- Jim: Well you'd on the line, maybe for a day or two, and then you'd be off?

- Murray: No, no, no, we were at a combat base. We were at a platoon-sized combat base and eventually a company-sized combat base out in the Riviera, and we're running patrols every day.
- Jim: So you're in contact?
- Murray: We're not necessarily in contact, but we don't know what we're gonna hit. We don't know if we're gonna hit a booby trap—we were finding booby traps all the time. We don't know when we set up an ambush if somebody is gonna break this ambush or not. So every time you go out, there is the possibility—
- Jim: Of all these things.
- Murray: —of many things happening, yes. So we were never truly off the line. As a matter of fact, they've found now that, ah—we're seeing a lot of PTSD [Post Traumatic Stress Disorder]—World War II, Korea, Vietnam, even some peacetime. Ah, I don't know, somebody came up with—
- Jim: [unintelligible]
- Murray: Ah, well just PTSD in general, Post Traumatic Stress Disorder, not necessarily flashbacks. Ah, some people it's anxiety attacks, but we're seeing a lot of this, and somebody came up with a magic number of heavy combat is being shot at twice. Well everybody who was in combat in Vietnam, Korea, World War II, [laughs]—I mean if you were in combat, twice is nothing, exactly. But somebody came up with this magic number: twice is heavy combat. So we're seeing a large number of the true combat veterans showing up with these problems that are directly related to combat, and I don't mean just Vietnam.
- Jim: Problems?
- Murray: Anxiety problems.
- Jim: Depression.
- Murray: Depression, anxiety that's been buried for many, many years, tobacco use, drug abuse, alcohol abuse; all of these. And you've gotta remember in Vietnam that, yeah, there were eight million people in the military at the time of Vietnam, five million people were in Vietnam, but only five hundred thousand of those were in combat because about ten percent of the people in Vietnam were in actual combat. A lot of the others were in combat slots, but they were, they were back of battalion or something, back in the rear. Only about ten percent of the people served in Vietnam served in combat.

- Jim: The combat soldier, of course, the one that gets most the wounds. Fifteen percent of the United States Army in World War II were in combat. Seventy percent of the [unintelligible].
- Murray: Same with Vietnam.
- Jim: I wasn't sure the percentage was the same.
- Murray: Well the percentage has actually dropped; it was ten percent in Vietnam, because they made a lot of—because of the political correctness and whatnot, they had a lot—like the guy running the club back at the rear was actually a combat slot, was a combat infantryman, but he was back in the rear with the club. Well, some of the them, usually—the captain we had was pretty good about this. He tried to get people out when they were close—
- Jim: Your leadership was good?
- Murray: In my particular case, leadership was outstanding. The captain was extremely approachable, ah—
- Jim: Your rank was what?
- Murray: Ah, well actually, I was—I didn't know it, but I was a petty officer [laughs]. I didn't know it. The minute I step foot in Vietnam I picked up my petty officer stripe; it was an HM-3.
- Jim: HM-3 that's—
- Murray: But I didn't know that when I was in; it wasn't until I got back from Vietnam that I found that out. But, ah, the leadership, the leadership in my case—our captain, this was his second tour in Vietnam, and his first tour he had seen most of his company wiped out. Ah, he was very approachable, he was very good, he cared about the individuals under his command, he didn't send people out to do stupid things. Now our lieutenant, Scar Face, um—he did have a big scar on his face—was just the opposite. 2nd lieutenants make mistakes, they always do, they always will, that's part of the job.
- Jim: Is that a Marine adage?
- Murray: It's a fact of life. Because they come right out of OCS [Officer Candidates School]. they're a 2nd lieutenant, they really don't know what they're doing. But a good 2nd lieutenant, and we had several very good 2nd lieutenants, and then we had my 2nd lieutenant—ah, to the point that my

2nd lieutenant showed up at a couple of the reunions and he was told not to come to the last one because a number of us who knew him from in country were gonna be there, and I don't know how I'd react if I saw the man. And so he was informed, "You may not want to come to this reunion." But see, he made mistakes, but he didn't care. He was just out there for the glory; he was out there for the ribbons.

Jim: [unintelligible]

Murray: Ah, no, he didn't stay in a full twenty. I don't think he would have lived a full twenty. So, you know, you saw both ends of it; saw very good 2nd lieutenants who listened to the experienced people, who cared about their troops, who took proper care, and then the other end of it, the 2nd lieutenant who just didn't care. **[End of Tape 1, Side B]** After I left, he made a couple of very serious mistakes, got a number of Marines killed, and I know that he wound up in the rear after that, so I don't know how the captain did it, but he did get him out of the bush.

Jim: Did you see anything of the USO [United Service Organizations] folks over there, when you were over in Vietnam?

Murray: Not myself. I know at Christmas time—

Jim: But where you were, you didn't see it?

Murray: No. I do know at Christmas time that if we wanted a corpsman to come out with a medevac chopper it would take forty-five minutes for the chopper to get out to us, and if we'd call for one without a corpsman, ah, it would only take fifteen minutes, because the corpsman were at the USO show [laughs]. The guys back in the rear were at the USO show, so I did in fact have that happen; had a guy get wounded while Bob Hope was in country, and, ah, that's exactly what they told me: "We don't have a corpsman available to come out with the chopper."

Jim: 'Cause he's at the show?

Murray: 'Cause he's at the show, so we had, I had to send—

Jim: How about the Red Cross?

Murray: Ah, never saw them, of course.

Jim: [unintelligible]

Murray: No. No.

- Jim: And how many of these folks [unintelligible].
- Murray: Um, at this point in time, I saw—last November I saw two of the other corpsmen I worked with for the first time in thirty years. I saw Stormy, the platoon sergeant for the first time in thirty years. Now remember, I've known where Stormy is for years, but he was undercover. Ah, Soto, the crazy Indian who tripped off the booby trap and still reminds me that I left part of his finger laying out there, and why didn't I pick that up, ah, is down in Arizona, as is Clark, one of the other guys wounded that day. So there's five or six guys that—
- Jim: That you're still in touch with?
- Murray: —that I'm in touch with; that I see routinely.
- Jim: Are there regular reunions? Any organized reunions?
- Murray: Ah, the Battalion Association has a reunion every year. Yeah, every other year it's in D.C. and then the odd year they'll have it somewhere else. So—
- Jim: Is it well attended by people that you know?
- Murray: By people that I know, not extremely well attended, but, ah, we usually get about eighty guys together at any one of them.
- Jim: And did you join any veterans groups?
- Murray: I belong to a number of them. Ah, the major group that I belong to is the Wisconsin Vietnam Veterans here in town. We're all in-country Vietnam vets and, you know, we share the camaraderie of being there. And too, I didn't have the situation of being spit on when I came back and that sort of thing, but, ah, if I wanna have a drink with my father, I'll go have a drink with my father, and that's kind of what I—[pause; blank tape] We're just a different age, and I think that's one of the reasons the Vietnam vets tend to form their own units.
- Jim: [unintelligible]
- Murray: Exactly.
- Jim: I contribute to the VFW but I never really [unintelligible].
- Murray: Well, see, I work with, ah, with veterans and help them get back together.
- Jim: I know this is sort of a project for you.

- Murray: It is.
- Jim: And, ah, who do you deal with professionally? Those guys, do you counsel them and do you offer them training counseling, or what kind of counseling? Emotional guidance?
- Murray: No, more of, it's more of, it's where to look for the records that they need. Ah, how they can work around the government.
- Jim: How did you get into a business like this?
- Murray: A number of years ago I became interested in a couple of guys that I was with in the service and found out the roadblocks that you run into.
- Jim: [unintelligible].
- Murray: Yeah, it is. It's just very difficult because we know each other by nicknames and what not, and, ah, I just started doing research and picking up stuff, and as it turns out now, there's only a couple of us that have this kind of information.
- Jim: Oh really?
- Murray: And I get, ah, oh I get, depending on the time of the year, I'll get two or three phone calls a week from people. "I'm looking for somebody." Well here's what you do, here's where you go for information, here's what you do with the information when you get it.
- Jim: Professionally, after you got out of the Navy, what did you do next?
- Murray: Ah, moved to Madison. My parents moved here while I was in Vietnam from Indiana, where I grew up. "Dear Son, we have moved," that was my letter, "somewhere in Wisconsin, we don't know where yet." And so I came to Madison and saw an article in the paper about the first EMT [emergency medical technician] program in the state of Wisconsin, went through it just on a lark, wound up working for the Ryan Brothers Ambulance here in town, ah, took a job with Wyeth Laboratories, wound up going to Milwaukee with them, where I was on the Grafton Rescue Squad, and then got transferred to South Dakota with them. [laughs] Yeah, that's about what I said too. Nice place but there's not many trees. Believe it or not, I worked with a guy in Nebraska for a week and we went out to Wounded Knee reservation and I looked around and I said, "You know, if I didn't know better I'd think I was back in Nam," 'cause that's what it looked like, the red clay and all that. I spent several years in South Dakota, and then I had an opportunity to go to the Appleton area and become a

regular paramedic, and so we moved back to Wisconsin and I became a paramedic.

Jim: And do you still do that?

Murray: Nope, I retired a few years ago and I drive cab part time and do—

Jim: Run for office?

Murray: When I get crazy [laughs].

Jim: Why is that?

Murray: I just happened to be in a position, and Terry Musser up here kinda talked me into it. It was quite an experience, but no, I don't think I'll run for office again.

Jim: Musser? Jo Musser?

Murray: Terry. Terry Musser, not Jo. I did in fact help Jo with her campaign.

Jim: Gene [unintelligible].

Murray: Gene is my cardiologist.

Jim: He and I were partners and you know, he was one of the founders of Physicians Plus.

Murray: Oh, okay. He knows me very well.

Jim: Yeah.

Murray: He's my cardiologist. He's cardiologist to the Wisconsin Vietnam Vets.

Jim: Is he?

Murray: He's got three or four of us as patients. [laughs]

Jim: Well, can you think of anything we didn't talk about? In your experience? We seem to have covered it pretty well.

Murray: I think we've—out of that you can distill that down into—

[End of Interview]