



Transcript of Royce Moser Interview
Salt Lake City, Utah

Interviewer

We are here with Russ Moser, tell us your name and spell it for us, please.

Royce Moser

It's Royce.

Interviewer

Or excuse me, Royce.

Royce Moser

Moser. Like Rolls, but no connection unfortunately. Okay. And what else did you want?

Interviewer

It's R-O-Y --

Royce Moser

C-E.

Interviewer

M-O-S-E-R.

Royce Moser

Correct.

Interviewer

And you are an Air Force veteran.

Royce Moser

Yes.

Interviewer

You've been in the Air Force for how many years?

Royce Moser

Twenty-three years.

Interviewer

Say I've been in the Air Force for.

Royce Moser

Oh, I'm sorry. I've been in the Air Force for 23 years.

Interviewer

And you were in Vietnam in '70 and '71.

Royce Moser

Yes. I arrived in Vietnam in July of '70, and departed in July of '71.

Interviewer

You are a 23 year U.S. Air Force veteran, former commander of the United States Air Force School of Aerospace Medicine, professor emeritus at the Rocky Mountain Center for Occupational and Environmental Health, University of Utah School of Medicine.

Royce Moser

That's all correct.

Interviewer

Say and spell your name.

Royce Moser

Royce, R-O-Y-C-E, Moser, M-O-S-E-R. Actually, with a junior, J-R.

Interviewer

Royce Moser, Jr., all right. So '70, '71. Tell us about being in charge of a medical unit.

Royce Moser

Sure. I was in charge of the medical facility at Phan Rang, Republic of Vietnam, which was located close to the east coast of South Vietnam. And in that organization, we had a fighter wing composed of F-100 aircraft that flew daily missions in South Vietnam. We did not go into North Vietnam because the F-100 was not a good combat aircraft against the MiGs that they were using up north. And we also had a transport squadron there and a PSYOPs, a

psychological warfare aircraft there that would fly over the enemy at night and broadcast requests for surrender and also drop leaves that were written in Vietnam that would float down onto the troops trying to get them to surrender.

Interviewer

You flew as a flight surgeon over 140 combat hours.

Royce Moser

Yes. I was a flight surgeon, and I flew in the F-100, I flew in our transport aircraft, the C-130s, and we also had a gunship, a C-47 gunship, so I flew in that one, and I flew in some other light planes as well. So I was fortunate in having quite a bit of varied experience in flying in the different kind of aircraft. However, my primary aircraft was the F-100, and I completed 99 hours in the F-100 as a flight surgeon. And I am not a pilot, but flying that much you gain a great deal of information on how to control the aircraft, at least. And I could fly formation in the F-100 as we were going along about 590 miles per hour, and we'd stay about 12 to 18 feet from the other aircraft throughout that flight. But I'd make sure I always turned it over to the pilots before any dive-bomb pass because I'm not interested in doing dive bombing as a physician, or in attempting to land. I sure wouldn't want to try to land the aircraft myself.

Interviewer

You got behind the wheel, which is what you originally wanted to do but your eyes were bad, right?

Royce Moser

You're exactly right. I grew up during World War II, and "(Tearing? 06:01) the Pirates," and some of the books that came out, Dave Dawson books, those people were my heroes and I wanted to be an Air Force pilot. And then I found out in high school that my eyes were too bad to be an Air Force pilot because I was too nearsighted. And it wasn't until I was in medical school that I happened to find out by chance as I was working in a respiratory physiology experiment that one of the fathers of aerospace and aviation medicine was right across the street at Harvard School of Public Health. This was Dr. Ross McFarland. And I went and visited with him to find out about the high altitude work he was doing in the Andes, and this was quite interesting. And then he asked me if I'd ever considered being a flight surgeon. And I said, "What's that?" And he explained it to me and brought up a person from Washington D.C. from the Office of the Surgeon General that was to talk to me about it. As it happened, that was Colonel, at that time, Chuck Berry, which then became the astronaut's physician. And he explained the role and responsibility of a flight surgeon. I said, "That's great." So as soon as I came on active duty after my internship, I went into the basic flight surgeon course. And I completed that in 1962 in September. My first assignment was a very fortunate one from the standpoint of a lot of activity. It included tankers and bombers and missiles at Schilling Air Force Base, a strategic air command base. And I arrived there with my wife about six weeks before the Cuban Missile Crisis hit. So suddenly I saw what the whole Air Force was all about and what was involved and how dedicated the people were that were willing, literally, to lay their lives on the line to carry out whatever the commander-in-chief asked us to do. So I was very impressed by that, and that's when I decided to go in and make a career of it, of the Air Force. And I went to another assignment after my residency, and then I went to Vietnam. And so that was kinda -- I got into Vietnam area of operations.

Interviewer

Give us some examples of the responsibilities and roles of a flight surgeon in Vietnam.

Royce Moser

Well, the main responsibility we have is to ensure the health and welfare, literally, of all the crewmembers, including the pilots, any navigators, any other people that were working as mission people. And also, support all the maintenance people that were required to provide support to the aircraft that were being used at that particular base. So that was our main role. However, as a medical facility commander, I was also concerned with the health of all the people on the base -- in this case a few thousand people. And we had a great group of physicians and a nurse that we had that was just outstanding, and many, many technicians that were really dedicated, hardworking, and I think we provided extremely good care. So that was our overall responsibility, just providing the care and preventing illnesses in particular.

For example, when we had a problem with a food facility there that was not maintaining the hamburgers at the required a 140 degrees or higher, our veterinarian who does the food inspection told them twice they'd have to do better on two separate days. On the third day I went with him and said, "You've got to do something about the heat because you cannot continue to serve those hamburgers." He said, "Well, we're doing the best we can."

And I believed him. He had some old equipment and he could not keep the temperature up. So I closed the facility, which was one of my responsibilities. And it was quite interesting because a day and a half later the center commander, Colonel Nolan asked me if I could come talk to a representative from Tachikawa, where the home office of the Air Force Exchange Service was at that time for Southeast Asia. And he said that this person was coming and wanted to discuss with me what was the problem with the food. And I did. And when we were in the midst of discussion I explained to him the problem that this could cause an illness, food borne illness in a group of people there, and so we had to shut down the facility. And I still remember his comment. He said, "Doctor, do you mean to tell me that just because a few people might get sick, you're going to stop us serving the food that all the people like so much here?" And I looked at him and kinda shook my head. I said, "Well, yes, sir. That's what I'm

saying." And at that time, Colonel Nolan said, "Doctor, thank you for your time. I think you can be excused now." So I left. And two days later, a cargo airplane came in with brand new equipment for the food facility there and they were able to open up again so I felt very good about that.

But we'd have other experiences, too. One person smuggled in -- as was frequently -- a dog from the Philippines when they were getting their orientation to jungle survival in the Philippines. Then they'd come over to our base, the crewmembers and all the rest of the people on the base. And they brought a dog with 'em, as many others did. And we kept telling our people that -- controlled dogs, theoretically -- that they had to do something about it and they were trying to get a stun gun. Unfortunately, it didn't arrive very soon. In the meantime, one dog became ill and our vet thought that it was probably just a sore throat. But another veterinarian from Seventh Air Force, which was our superior command, happened to be visiting and said, "I'm afraid that dog may have rabies."

And sure enough the dog died two days later. And I put a non-commissioned officer person in charge of getting the dog down to Tan Son Nhut in Saigon where the main lab was that could check for the rabies, and they found out the dog was rabid. And this always happens, of course. The vet called me with the fact the dog had died at 5:00 on Friday afternoon. And so on Saturday and Sunday, everybody was very busy trying to determine who all might've been exposed. And we found out that it had been at a squadron party with three other of the F-100 squadrons present, and the dog had been choking there and some of the people had been trying to help the dog by reaching into its throat to see if it had a bone stuck in it. And at that time, there had been only one person that had survived rabies once they developed the symptoms, so we had to find out who had been exposed and then start administering the serum to prevent the onset of rabies. And fortunately we did not have any rabies outbreaks in the men. So it's those types of things in addition to support of the direct flying mission that's so important for a flight surgeon.

Interviewer

How many are onboard on the F-100?

Royce Moser

Two.

Interviewer

Just two.

Royce Moser

Well, let me rephrase that. Most of the F-100s are single seat with one pilot. There was the F-model that I flew in that had two seats, and it had dual controls in the back and could do everything that the pilot could do up front.

Interviewer

So you're taking care of these guys at the base.

Royce Moser

No. We don't try to operate in mid air.

Interviewer

I just mean medical care. Did you work as a dust-off?

Royce Moser

No. No, I wasn't involved in the -- we had dust-offs coming in. In fact, one person that was injured flew his dust-off in, and he was bringing a patient. But in evacuating the patient his plane was hit by ground fire from the Viet Cong, and one bullet hit his control stick and ricocheted off and got into his leg. So we had to take care of him when he arrived, as well as the patient in back. But if the control stick hadn't been there, of course the bullet would've gone straight into him and killed him. So sometimes you see a little bit of good fortune, if you can call it that when you get shot in the leg.

Interviewer

Tell me about the missions in the F-100.

Royce Moser

Well, in the F-100 the mission was to accomplish primarily ground support with bombing and with weapons, machine guns, equivalent, or cannon. And so a mission is when you prepare your aircraft with the load of armament that you're going to be using, and you take off to the designated target point, release your stores, and then fly back to the base. And of course the idea is that you're doing this under a combat situation. And so there are people of the opposite side on the ground that are shooting at your aircraft all the time as long as you're down within range. And when you do a dive-bombing pass it's interesting to me because you'll do what's called "jinking," that's J-I-N-K-I-N-G, and where you will be coming in and they'll bank sharply to the left and then sharply to the right, sharply to the left and sharply to the right. Then pull off and drop your bomb and then take off, jinking on the way out so you wouldn't be hit. So that would be a typical mission.

Interviewer

Were you on that plane?

Royce Moser

Oh, yes. Oh, yes.

Interviewer

So your role in those missions was what?

Royce Moser

My role in the missions was to attempt to determine any particular psycho/physiological stressors that the pilots may be stressing, that the pilots may be experiencing that could cause them problems in accomplishing their mission. And there were a number of those, as it turned out. In fact, you may have heard about the problem with the F-22, recently, aircraft which has had a problem in that some pilots felt it was making them sick. And it looks like it was a malfunction of their pressure suits that they use in that high-performance fighter, and producing hyperventilation. Well, on our base we had one mission that was very low risk. You'd go in at a high altitude, but the ground controller would tell you what path to fly and how high and at what speed. This was called a combat sky spot. You'd release your ordnances, and it would be on a trajectory according to the winds and so forth that hit the target, but it would not be a dive-bombing pass. In the dive-bombing pass, when we pulled up you'd be level with the treetops. That's how low you'd be. But in the combat sky spot, you'd be several thousand feet up so it's much safer. But the controller on the ground would tell you, "You're ten feet high. You're fifteen feet low. You're a half a degree off. You're speed's up two knots," and very precise. And sitting in the back seat, I could hear the pilots breathing faster and faster as it was becoming more tense for them trying to maintain that very, very narrow heading and speed and altitude requirement.

Initially when that program started, several pilots came back saying their oxygen system had failed because they were having tingling of their fingers and their lips and dimming of vision, everything that goes along with hypoxia. And so they thought their oxygen system either failed or was contaminated. And we carefully checked the oxygen, both the system and the oxygen itself and it was totally normal. Both were totally normal. But then, thinking back to my own flights, and then going on another one, you could hear the breathing rate accelerate to the point that you're actually getting hyperventilation. And hyperventilation will produce exactly the same symptoms as hypoxia. So I had several sessions in flying safety meetings with the troops, with the pilots saying, "Look, people, if your breathing gets above 24 or 25 or gets close to 30, you're gonna feel just like you have hypoxia so check your breathing, slow it down, you'll be okay." And then we didn't have any more problems. So it's that type of thing you're looking for. And then in another instance one of the pilots brought to my attention -- and by the way, we had our flight surgeons live with the pilots in the different hooches, or the buildings they lived in. They were scattered around. And we had all of our physicians live with either the pilots, if they were flight surgeons, or with some of the other troops if they were not flight surgeons so that if a 122-millimeter rocket hit the hospital barracks it wouldn't wipe out our whole medical service. And I'm sitting in our hooch, or building one night, and we're playing bridge. And one of the pilots mentioned that his automatic deployment parachute system had failed. And that could happen if the ring that's connected to your seatbelt slipped out. But it was supposed to only happen if the seatbelt also fell apart so the pilot would be aware that this had happened. But in actuality when he said that I said, "No, your seatbelt must've been open." He said, "No, Doc, it was tight as it could be."

So I went down on the line and looked at some F-100s we had there, and sure enough if you could twist that -- it has a lever on top to move it. If you could twist that slightly, that hook in the zero deployment system would slip out and you wouldn't know it. And if you ejected at low level you'd be killed because you wouldn't have time for your parachute to open. So it was an interesting situation, and we sent an emergency message and Pacific Air Forces came back and said, "Well, that was a problem with the earlier seatbelts, but now such seatbelts are only used on our training models for egress of getting out of the aircraft." I said, "Well, be aware, I checked eight and six of 'em had this problem on the line." And so then they came out and found out that it was because we were wearing two radios in Vietnam; in case we ejected we had a better chance of being rescued. And when you leaned forward to change the radio channel, the other radio in the left vest that you wouldn't ordinarily use would press into the seatbelt just enough to push it just enough to let the hook fall out. And so they were able to correct that problem. So it's that type of thing that a flight surgeon's doing.

Interviewer

Are these high-risk missions? Talk about the missions themselves.

Royce Moser

Well, it depends on how you define high-risk. They were nothing like those in the north, but yet we lost aircraft periodically due to ground fire and so forth.

Interviewer

I understood that we lost quite a bit of aircraft in the south for a period of time. And then at the end of the war we really got in that linebacker program we lost.

Royce Moser

Yeah. That was a different situation. I was not involved with that and our aircraft were not involved with that

particular activity. But you're right. And as we attempted to phase down, of course we tried to put more and more aircraft in up in the north in particular, and that led to a number of losses because by that time they had strong support not only from -- as I understand it. Now, I'm not trying to be an expert on foreign policy here -- but as I understand it, they had some of the Chinese coming in to help 'em, too.

But at any rate, it was a tough time, yes. And even though it was so-called "phase down," it wasn't to me any less hazardous than it had been during any other time of the war. And yet I was so impressed, these people were so dedicated to doing the missions, regardless of whether there was any potential hazard, unusual hazard in that activity. And I still remember when people were bombing up north, bombing bridges. And the powers that be in Washington, D.C. said, "Well, we want you to bomb along the river rather than lengthwise across the bridge because then we'd have fewer civilian casualties, so we wouldn't have so many people angry at us."

But as you can imagine, trying to hit the narrow width of a bridge as opposed to the length of a bridge is a lot different. And so you had these people going in trying their best, and sometimes they wouldn't even get to the bridge because the targeting had to be so precise. And yet they put themselves at great risk because, of course, the enemy knew exactly how they were gonna be flying. And so they could set up all their anti-aircraft guns just to fire in that area and concentrate it. And I guess to the situation where you need, in my opinion -- I'm not a military expert at all -- but in my opinion if you're gonna be fighting in a war you need to have the people that are closest to it determining what the tactics are going to be because they usually have a good idea of what will work and what won't. And doing it from several tens of thousands of miles away isn't a good idea.

Interviewer

What is going on at the end of your tour in '70, '71? Are you feeling a drawdown?

Royce Moser

Right. Well, we did have a drawdown in our wing. Our primary wing was the F-100s, and they went back to the United States in '71 just about a week to ten days after I left because I arrived on the first part of July and left on the first part of July. And I was going to fly back with them, but we had some typhoons so that delayed it and delayed it. An interesting side effect was that I talked to my wife on the rare occasions when we could get through. We had to use MARS phones then to get through. But she said, "I really wish you'd come back because the children in our children's grade school are telling them that you're never coming back because otherwise you'd be back by now, so you must've been killed and your mother just doesn't wanna tell you." And, you know, the poor kids were just obviously very distraught by that. And Lois was telling them otherwise, but you know how kids can pick up on something so quickly, unfortunately. So it was a drawdown, obviously, with our wing and some of the other activities going on. We turned more and more of our missions over to the South Vietnamese. And they'd been training with us over a period of years. Not the F-100s, but the cargo transport, in particular, and some of the other fighters. And they had been training with us over time and were able to take over that mission. But then finally, as you know, everything just collapsed a few years after I left.

Interviewer

You showed me a picture. In '71 you had the opportunity to fly out the last combat mission.

Royce Moser

The last combat mission, yes.

Interviewer

Talk about that picture and describe that picture.

Royce Moser

Well, that was really an honor, I must say. Because we have four fighter squadrons and each squadron could pick two people to fly in the F-model on the final combat mission of that wing. And the wing had flown over 100,000 combat missions. And the squadron that I was assigned to and the one that I lived with, they picked me to go in the back seat. And that just bowled me over, frankly, because all the other guys had been flying those missions day after day, night after night and I just flew occasionally and got my time in and enjoyed being with 'em. But it was really quite an honor. And so I got to fly, and we took off on the last mission and completed our mission and dropped our ordnance and came back. And then when we came back they had a big celebration with fire trucks out there blowing water on us and a bottle of champagne to crack and everything. So it was quite an event. And it was a little bit melancholy, actually, to think that after all these flights and efforts that had been put forth, now they're phasing down and we could do that.

But we were so fortunate in one respect. When we finished up a year, we knew we were through unless we wanted to volunteer to go to another year. But we knew we were through then. Now, I've often thought how I would feel if I faced what our troops today are facing, of being home for a few months, then going back out again into that combat setting. Because once I was through, I could look back and say I really had a very rewarding experience. I hated being away from my family, but I had used everything, including epidemiology and preventative medicine, as well as aerospace medicine and safety. I'd used everything I'd learned in my aerospace medicine residency and that I'd learned since I completed my residency over there. So I really felt like it was one of the most professionally rewarding careers I've had. But yet the family separation, the fact that I lost some friends and other aspects as well

tempered it. But yet I think if I had to go back again, come back after only six months and leave again, I'd really be very troubled, very troubled. So I admire those people that are doing it today. It comes through again and again. One of the reasons I stayed in, as I mentioned during the Cuban Missile Crisis, I was so impressed with the dedication of these crews because as I was talking to 'em -- I went up to a deployed base for a problem they were having. And when I went up there, I talked to them and I said, "Well, how are you feeling about this?" Said, "Well, we think it's probably going to just be a one-way mission, but we're gonna do our very best to accomplish what we're expected to. That's what we took our oath to do and that's what we're going to do." And I thought my, what a difference from some of the other things. Well, I'll go to work if I feel like it today. And so it's very interesting and very challenging to me and very satisfying to have worked with crews and those supporting the crews.

Interviewer

What were some of the times that you can't forget and why they were important to you?

Royce Moser

Well, one time was the one I've already mentioned when we had that mass rabies exposure and were able to respond so well that we did not have anybody develop rabies. Another time was when we, again, on Sunday afternoon -- like I say, it either happens Friday evening or Saturday or Sunday -- on Sunday afternoon I was in my barracks, or in my room in the building that we lived in. And as was noted in the second session, you could hear the "whomp," "whomp," "whomp," "whomp," so you knew that was probably a patient coming in. So I'd get down to our medical facility, which was just a little ways away and be ready, and they brought in one patient. And I said, "Well, what happened?" He'd been in a truck accident. And I said, "Well, is this all you have?" He said, "Well, this one was really severe. They said they wanted to have this one brought in."

And he was and we were taking care of him. I thought, "I think I'll go ahead and just do a general recall because we may be getting some more." So we did the recall, and of course we're very close, so everybody was there ready to go. And we'd practiced. I made sure -- one thing I'm always interested in is disaster medicine because -- going back quickly -- excuse the break. But I was medical officer special weapons defense for NORAD. I was concerned about nuclear biological chemical disasters, and also mass casualty situations. So when I went to a medical facility we practiced and we did 'em to make sure we could respond. Well, in this instance we were all there and kinda watching how they were treating this one person when suddenly one of our corpsman ran in and said, "Doc, there's a truck out there loaded with people that are hurt." And we went out, and they'd thrown all these Vietnamese troops on top of each other on a truck and brought 'em in; we had about 40 people in there and we went into our disaster response mode. And even the newspaper reporter came over from the base newspaper and said, "I can't believe how you guys are handling these. You know, there's no panic, no rush. Everybody's getting taken care of." And it worked very well.

So, you know, you see the training that you've gone into from the medical side trying to be able to respond and provide the care you want to care and see it work out. So that was a momentous time to me, too. And the other ones were just the fact that when the pilots would come and tell me a problem they were having, and in order for a physician, in particular a flight surgeon, to gain the trust of the pilots so they will tell you if they've got a medical problem is really quite an achievement. Because as a physician, you can put a fast item into their medical chart, probably fainted, and they could wipe out their whole career unless they could find out why they lost consciousness. That's what we try to do down at the school occasionally. Or you put down some other thing that was totally just spur of the moment comment, and you could really cause an impact. So the fact that they came to trust you -- and like the time that they let me fly, start learning how to fly formation and these other things, they were always so kind to me and nice. You know, they didn't chew me out. In fact, one time, getting back to that earlier comment, one of the pilots said, "Hey, Doc, you're doing so well. You wanna make a dive-bomb pass?" I said, "Well, look, you know, I'm a physician. My job is not to try to kill people. My job is to make people well. So no, I don't want to make a dive-bomb pass. Besides, I know if I make a mistake of half a second, we'll be a smoking hole in the ground." He said, "Don't worry, Doc, I'll take over. I'll watch you." I said, "No, I don't want to make a dive-bombing pass." But what that meant was that he felt I was one of them enough that he would actually let me try something. They knew I loved to fly, and he knew that I was supporting them, and he would let me try something that he would go out of his way to give me the opportunity if I wanted to. So to me that kind of acceptance means a great deal and I was glad I had it.

Interviewer

Talk about people being defined as "expectant." Why does that occur?

Royce Moser

Well, typically in a mass casualty situation you're trying to do the best you can to save as many people with the limited resources you have. And so when a patient comes in, in a group, you tend to categorize them into immediate, which means they need immediate care if they're going to survive, urgent care which means they would be the next after you took care of the immediates. And there are different triage categories, but I'm just giving you one that we used. And then minimal, which meant they had some cuts that could be sewn up later. And then if the person was so severely injured, you put 'em into the expectant category. Now, this doesn't mean you just leave

them alone. You always had someone, or more than someone there, to give them pain medicine, to make 'em comfortable, to do the rest that you need to. But there are certain people you just will not be able to treat because the severity of the injuries are such that they just will not recover. And these are often people with open brain wounds, for example, or a heart that has been traumatized with shrapnel and there's no way you can repair it, or some other type of very serious injury. Or if it were a nuclear event, which I don't wanna get in too far, but then it'd be the people with very high radiation doses that are going to die regardless of what you do. But you keep 'em as comfortable as you can.

Now, if you had a neurosurgeon there, maybe you could do something to that person with the brain injury. But we don't have that many neurosurgeons scattered about. And in our instance we were fortunate, we had two general surgeons, but that was all we had. We had other physicians, but as far as any surgery we only had those two general surgeons. And then sometimes we'd only have one depending on how the rotation went. So we would do whatever we could. And fortunately, we did not get into a situation where we really had to do heavy triage. When the group from the trucks came in, we did triage and took care of those that needed help immediately without any trouble. But the rest of the people, we had none that were in the expectant category so that made it easier for us; we didn't have to worry about making that decision. It's a tough decision. But if triage is not done correctly, you can wind up with your most skilled people jumping out and taking care of the first person they see while the other person that could've been saved dies. In fact, my job during that was just to make sure that I was watching the whole situation as a medical facility commander. I was watching the whole situation. I wasn't getting down, except on rare occasions, into actually trying to sew up a laceration or anything like this. I wanted to make sure that we weren't missing somebody that needed to be taken care of on an immediate basis.

Interviewer

What is the base hospital called?

Royce Moser

It was the 35th USA-F Dispensary.

Interviewer

Dispensary.

Royce Moser

Yeah, dispensary. We had 14 beds, but it was not a true hospital.

Interviewer

What is it lacking then?

Royce Moser

What it lacks is the anesthesiologist, surgeons. It lacks radiologists. We had x-rays, of course, but lacked all the rest of those things that you'd see in a hospital. We had four ambulances. We had enough care to give to people to keep 'em stabilized 'til we could get -- we were an hour away from Cam Ranh Bay, which was the major Air Force hospital. And we had dust-off -- the helicopters right on our base, and they were great. They would come in and get our people. We'd call 'em up and they'd be right there, and they'd take 'em up to Cam Ranh and then they'd get their right care then. And you'd see some urgent needs occasionally. You'd never know, and I always wonder what the underlying interactions were here between myself and whomever. But I was coming back from a social event that the Australians -- we had a two-squadron there that flew the Canberra's, the B-57 bombers. They had a social function one night, and it was a very nice one. We were playing horseshoes. Had a nice meal they fixed and everything. Then I got through, and I got through about ten o'clock. And I typically would drop in at the medical facility as I was going by, and I did that night. And I was walking down the hallway in our ward, and I heard this one patient breathing, and he was obviously totally asleep. I said, "Well, what's his problem?" Well, he came in this afternoon. He had a Honda, a few people had little Honda's on the base, and he's had an accident with it and he fractured his shoulder bone, his clavicle. And he said so he gave him some Demerol so he was sleeping it off. And so I said, "Oh, that's fine."

So I walked on past one room, and I thought that just doesn't sound quite right, like normal breathing. So I went back again and tried to wake him up and he wasn't very responsive. And one thing we always check with any type of trauma in a medical situation is whether the pupils are equal. And I've done this hundreds, probably thousands of times. Never found unequal pupils. Opened his up and here was an unequal pupil. Just such a big difference that even I could recognize it. So we got the dust-off, took him up Cam Ranh, and sure enough he had what's called an epidural lesion, a bleed into the brain between the brain and the skull. And if that had continued for another hour, two hours, three hours, four hours, he would've died, you know. And you have something like that. So you talk about momentous things, that's one thing I'll never forget, the importance, if you think something may be wrong, go back and check, you know. Don't just think well, it'll be okay 'cause sometimes it might not be.

Interviewer

He's a lucky guy that you actually listened twice to his breathing.

Royce Moser

Yeah. As it turned out he was. And he did well.

Interviewer

Talk about dropping ordnance.

Royce Moser

Well, we're dropping bombs primarily. And you're right, it's supplies, it's transportation routes, or it's concentration of troops. And so we will do that when our ground troops, for example, are in a contest -- or in a firefight with either the North Vietnamese or whoever, or the Vietnamese themselves -- I mean, the North Vietnamese or the Viet Cong, excuse me. And they're either in a fight with one of those two groups or both groups. And so we would go in and provide what's called close air support, and we can go in and strafe, use the machine guns or the cannon and the F-100, or we could drop bombs in there to help the ground troops. And so that was the closest you would come to direct air support. Now, as I mentioned when you drive bomb, if you're trying to blow up a bridge or anything else you're going to pull off just a little bit above the treetops. But what we found, we had an interesting situation, and I even had to do another safety discussion on this one because we found our pilots were so dedicated trying to help these people that were in tough situations on the ground, they'd get as close as possible. And some of the F-100s were coming back with tree branches marks on the bottom of their wings and in some cases a piece of limb stuck into a part of there. So we had to tell 'em, "Look, guys, we understand the pressure, but you've got to come back so you can go back in and give 'em some more support," and try to convince 'em that just trying to press one more little bit won't help a lot. And so, yeah, so that's the type of thing that was for them very dramatic.

Interviewer

Did you feel removed from the responsibility of taking out NVA troops, even though that was necessary, because you were a flight surgeon?

Royce Moser

Yes, I certainly did. And again, it gets back to the fact I'm there to support the air crews in what they're doing. And we had been directed to try to support the South Vietnamese and use the ordnance and aircraft that we had to do that -- amongst other things, of course, amongst all the ground troops, the Marines and so forth. And so that was what I saw as my job to participate in that to the extent that I could find out about the things like brushing the trees, and I could find out about the things like the seat belt not working properly, and some other things, too, so I could try to help these people do what they're doing. And obviously I never like to think of anyone being killed, but in that situation where it's obvious -- well, apparently, a kill or be killed situation. And we'd been told by our civilian authorities in Washington that this is what you're to do, and this is what we signed up was to do war. And I'm supporting our people to the extent I can. So not removed, no. I would never be removed from the fact that yes, we are actually killing people there. But I would be removed from the standpoint of saying, "Gee, I wonder if I should really try to help these people or not?" That was never entered into my mind. I was in there for one thing and one thing only. That was to do what I could to make things better for them.

Interviewer

And how do you feel about the war?

Royce Moser

This is hard because I was there, and at that time it had not even -- well, it had begun to enter the drawdown, but there wasn't the big push from the North. And so things seemed to be going along pretty well. And the people, the Vietnamese people, would come and have functions for us or invite us to functions and so forth to thank us for what we were doing, to try to help them live, if you will, free.

Now, I don't know who all was involved and whether this was their true feelings maybe or not, but it came across to me as saying, "Thank you for being here, and thank you for trying," because they knew we were trying. And they also knew that it might not work. And I think they were astute enough to know that, but they were thanking us for trying. So it was rewarding in that regard. And the attitude I saw was certainly different than what was being reported in some of the papers back here. So it was an interesting situation. And how I felt about it was that I'd like nothing better -- and I had hoped that maybe they would be able to wind it up so that the South Vietnamese would be able to live like they wanted to. All most of them wanted to do was just go on and have a nice happy life, and they couldn't do it. And it was bad there. And it was terrible in Cambodia and some other places that we heard about. We weren't directly involved there, of course. But no, I thought I was doing something that was appropriate, and I thought that I was supporting our country. I don't wanna be too, I don't know what the word is hardly, but too close-minded to say yeah, this is not working or something like this. Hard to say well, this is our whole life, what we should be doing. But I want to say that I really felt that I was doing what, as an Air Force position, I was supposed to be doing. And to me, it was very personally rewarding because of the people I worked with. And all of us knew what we were trying to do. All of us knew what the mission was, too. And it's not like in some other businesses where you're trying to make money, but it doesn't really matter whether you sell ten today or twenty today or whatever you're selling as long as you keep making more money. I don't know. I just was very impressed, and those people

are very dedicated and they worked hard, 24/7 literally and no overtime. No extra pay or anything like that. So it was a professional experience that I'm glad I've had. And I'm not alone. I've talked to a number of my colleagues that were in the military, and many of 'em say the -- physician colleagues -- say, "I enjoy what I'm doing now, seeing patients and so forth, but being there and supporting them," and also when you could impact a large number of people as opposed to just being able to see one patient at a time and benefit a large number of individuals is really a very rewarding situation.

Interviewer

I had comment about the brave air-crews who sacrificed so much to end this war with honor and participated in the last major air operations of the war. He said, "Those men were the last to die in the Linebacker One and Two program." Can you comment on your knowledge of what they did?

Royce Moser

Yes. I wasn't involved at all, but I'm very much aware of what they were doing. And, of course, what they were doing was trying again to place us in the best possible situation to have a relatively peaceful conclusion to the whole conflict. And by that I mean if they kept bombing -- and one of the North Vietnamese generals said, "If you kept going for another week, we probably would've had to capitulate." And I don't know if that's true or not. But at any rate, the concept was that we were really applying pressure in such a way that it's affecting the North Vietnamese. It's one thing to have F-100s dropping a few bombs on isolated groups of Viet Cong. It's another thing when you start hitting the homeland and just repeating it. The downside is that the North Vietnamese homeland was well protected with missiles, and the missiles could fly as high as the B-52s. So if they're going to be doing this, every time they took off, those crews took off -- and there were more people. Every time those crews took off, they knew that they were going into a heavily defended, what they call high threat area and they might not make it, yet they always took off and did it. And as you suggest, part of it was trying to better our negotiating positions to have a peaceful solution to the end of this conflict. A real peaceful solution would've enabled many people to live as they wanted to live instead of being overrun, but that's the unfortunate aspect of it.

Interviewer

It's a non-peaceful process trying to create peace. A lot of people back home wouldn't support that.

Royce Moser

Oh, no. No, no. In fact, we've had people, close relatives that were very much opposed to it. And one time when Lois and I were going to visit one of these relatives, she -- who was considerably younger -- had a flag upside down on her front porch to greet us as a distress situation. And Lois was very upset, and I said, "Honey, I hate to be trite, but you'll always hear the same thing. That's what we're doing is making it possible for her to do that, comment like that, to make those statements if she wants to." We understand that people don't always agree with what's going on in the Air Force, but for us it was relatively straightforward from our standpoint. And I was very fortunate, I had great support from my wife. And she started a Waiting Wives program when I was overseas in Colorado Springs. That's where I was when I left. And she also taught me about the real Air Force communications system during the Cuban Missile Crisis because that had been going on for about four days when I was asked to go up to one of our deployed bases because they were having some G.I. problems up there, and I found the reason for it and they were. But at any rate, I got secret orders, "do not open until advised by the aircraft commander" and they were stamped "secret."

So I called my wife and I said, "Put everything I've got into my B-4 bag," the suitcase that they give you in the military, "for tropic, for arctic, for everything in between. And I'll be home in about two hours to pick it up, and then I'm going right out to the plane." So I went home, got the bag and I said, "Honey, this is very light. Didn't you put everything in it?" "No, no." I said, "Well, why not?" "Well, you're going up to Detroit." I said, "What do you mean? We don't even know if this is Alpha I, Alpha II. There are two bases. They're Alpha I. We don't have any idea where they are. All of our B-47 planes long since departed. So how in the world can you say I'm going to Detroit?" "Oh, I called a few of my friends in the wives' club, and they said, 'Oh, yeah, they're having real G.I. problems up in Detroit.' Cleveland, they're not having any problem at all. But the weather up in Detroit is just about like it is now, so I just packed that bag for you." I said, "Well, honey, I just have to get on the command post when I get up there, wherever it is, and ask you to send me the rest of the stuff." So we took off. "You can open your orders now, gentleman." And of course it said, "Proceed immediately to Detroit-Wayne International Airport." So I really learned how the Air Force communications system worked. If you really needed to know something you just ask the wives' club.

Interviewer

Do you have anything to share about the process of Vietnamization?

Royce Moser

Sure. The one that I was primarily familiar with was when the Vietnamese pilots began taking over the missions that we had been doing on the cargo aircraft, in particular. And the information I received from those involved directly flying with 'em was that they were really turning out to be good pilots, and that they could hold their own. And that was a nice feeling. That's the type of thing where you think well, it's really beginning to work, and that we have this

type of thing going. I don't know how it was with any of the other bases. I wasn't involved in that and everything, but I just know that some of the people there said how impressive it was that they had been able to get up to speed so rapidly and really do a good job of flying those things.

Interviewer

And we handed our planes over to them?

Royce Moser

Mm-hmm. Yes. Yep, we did. Well, we handed some of our planes over to them. There's a difference because we didn't hand over our fighters, our high-performance fighters or those aircraft, certainly. But we handed some of our planes over to them, yes, as I understood it. Now, that's the information I got. Now, one thing I've learned in Vietnam is -- I want to say -- that's the information I got. So that's what happened when we started departing.

Interviewer

Is there anything else you wanna share with us? Have you been to The Wall?

Royce Moser

Oh, yeah. Oh, yes. I've been there several times.

Interviewer

Do you want to tell us what your first experience at The Wall was?

Royce Moser

Sure, I can tell you that. Well, because I know one of the people. I think he actually has relatives here in Salt Lake City. And I found his name and got a scraping of it and got the bracelet and everything because he was in our squadron, the Lucky Devils 614 tac fighter squadron, and unfortunately was shot down on a raid. Great guy. And I thought, you know, such a shame. But he did what he -- first of all, the vast majority of the pilots loved to fly. He did what he liked to do. And the other thing was he was doing what we were all trying to do. So I kinda felt a kinship, and this may be an inappropriate thing to say since I'm enjoying myself, nice sunny day and everything. But I kinda felt a kinship with all those people. We all tried. We all did what we could and we all felt that we were doing something worthwhile. I think most of us felt very strongly that we were trying to help, trying to help a group of people, if you will. And that's what we were trying to do. And, it was a little disturbing. I guess the most disturbing thing was when I came back. We flew from Cam Ranh Bay up through Japan to Alaska where we were going to change planes to come down to San Francisco to pick up our own planes going wherever we were going.

And I still remember being told up in Alaska, "Gentlemen, do not wear your uniforms. If you wear your uniforms and you get to San Francisco, you're going to be abused verbally, you're going to have all types of things thrown at you, and you're going to have stuff thrown on your uniform that will be sticky. And so please do not wear your uniforms when you get to San Francisco." And I thought, you know, none of us that I know really like to fight a war. None of us of our group wanted to actually be involved in a war. We were directed to do it. We did it to the best of our ability. But when we came back, we thought people would say, "Well, thanks for doing the job we asked you to do." But instead we were getting that. Of course, it's a very limited number of people. And thank heavens we're not seeing that today. I think one of the most pleasant things to me is knowing that the people coming back are being greeted, or at least being recognized for the work they've been doing. And that's such an important change.

Interviewer

So you were forewarned, but what was your actual experience?

Royce Moser

Oh, they were there.

Interviewer

What was your experience at the airport?

Royce Moser

At the airport? Oh, yeah. They pretty well knew that we were coming off a military plane. So it was everything from being baby killers to --

Interviewer

So did you personally have somebody say to you, "You're a baby killer."?

Royce Moser

Oh, yeah. Yeah. They were there. They were there. And they had other names they used as well, and it was not pleasant. They never physically accosted us. By that I mean they didn't grab our arms or anything like that. They just let you walk on through and they'd say, "I bet you're one of those baby killers. I bet you just came off that plane," you know, type thing. You were asking me to go back, and my memory span is usually major nanoseconds. But we came off in kind of a separate entranceway. We didn't come in through one of the main places 'cause probably we were a military plane. But we came up through a separate thing in a separate hallway, and then when we walked out, though, they seemed to know that we were there. And yeah, it was not pleasant.

Interviewer

And you were in uniform?

Royce Moser

Oh, no. No. They told us not to wear a uniform.

Interviewer

So you didn't wear it?

Royce Moser

So I didn't wear a uniform. No. They said, "Don't wear uniforms." Well, I didn't wanna get the uniform disgraced. Yeah.

Interviewer

There were guys that were told not to wear their uniforms that did anyway.

Royce Moser

Some did, yeah. Some did. And I debated. I really debated because I thought, the thought I finally had, and I guess this is rationalization, was that I didn't want them to have the satisfaction of getting my uniform ruined when it wasn't that crucial to me right then to try to stand up to them. I knew they were a relatively small group, and I thought well, I'm just not going to wear my uniform and let them have the satisfaction of getting pictures of it with dirt on it and stuff like that. Just no, I'm not gonna do it. So as you say, I debated. But I think almost everybody on our plane did, too. But some people did, yeah, and I admire them. I admire them for doing it. I just wish neither they or I had to go through that. It just seemed so amazing that people would really be that angry at us as if we wanted to do those things. I didn't want to be separated from my family. I didn't wanna lose my friends. I didn't wanna spend all my time up, you know, there and working long days. That wasn't what I really wanted to do. I enjoyed my work, but I'd have been perfectly happy to stay in an office back at Colorado Springs at the Aerospace Defense Command going to work eight to five Monday through Friday. That would've been great.

Interviewer

And yet it was one of the most rewarding years professionally for you.

Royce Moser

That absolutely was. As I said, I used everything. Again, the rabies outbreak. We had a problem with water. We had problems with other things as well besides the flight medicine and flight aero-medical activities. So it was one of those where you were just glad you had all that training in the back of you so you could know how to at least begin to approach things. And it was a good experience. So that was my experience during the drawdown.

Interviewer

Do you ever keep up with any of the guys?

Royce Moser

A few of 'em, yes. I kept up with several of 'em for some years, and the group that I still keep up with is the original group I was with when I was in SAC with the B-47s. I flew in the B-47s. I'm sorry, I flew in the B-47s. And I kept up with them during the time after I came back from Vietnam very briefly, but then after I retired I have gone to about every other reunion that they have. And so I get a chance to visit with them, and that's always nice. They get a kick out of the fact that as a "doc" I still am involved with 'em. And I got 100.4 hours in the B-47 so I broke a hundred, which was something for a flight surgeon 'cause you're sitting in the fourth-man seat and you can't see anything and just flying along. But you get a lot of information. And I enjoyed it. And I'm just glad I did that, too.

Interviewer

Studying psychology, do you have a pretty acute understanding of PTSD in returning vets?

Royce Moser

Well, I understand PTSD. When you say a good understanding, I'm hesitant to do that 'cause I don't know yet all the factors involved in PTSD. I know the basics about PTSD, and I can certainly understand how it occurs. But I'm not sure what all the things are that might be possible to do, what portions of the brain are really affected -- most affected, I should say, that you can actually try to do something with that. So I don't understand that part. I don't pretend to be an expert. And it's interesting and something that I'm so glad they're recognizing it now. It used to be, well, as you know, the old story was shellshock and then, like, the patent slapping the guy that wouldn't go back out to the paddle and all the way up to the present time. Where now, people are recognizing there really is an impact. And you see what those people go through. Well, this morning on one of the television shows they had a triple amputee there that had gotten married finally. And she carries him around on her back. And so you can imagine what he's facing time to time, and all those others that have been so severely injured. Then you get the traumatic brain injury as another aspect of it. And it's just a most unfortunate situation. And the only good thing that comes out of something like that is what happened out of World War II and Korea and Vietnam, we're learning things and we're improving medical capabilities and medical care.

You just look at what happened with Aerovac. Well, it was mentioned in that show. Look at what's happening in

Aerovac. Once that started in World War II, the concept there, then in Korea with the little helicopter, that little Bell, then on up to the present time it's just been like night and day. And it gives you so much more capability. And of course we use it here, both the U and IHC have helicopter transport. And you're looking for that golden hour, so called, when you have your best chance at saving a life on a severely injured person and those make a difference. But they also provide care sooner. So you look at all those things and you say, "Well, we're learning more that we wouldn't have learned without the war." But I would always feel that I would've liked to have waited a little longer without having to go through all the war to get to that point. And the comments mentioned about camaraderie, and I've said that to other people, too. I've said no matter how I've been here at the university; I've worked with great people. We have absolutely fantastic people at the Rocky Mountain Center. And we have a good interaction with each other. But the camaraderie in the military is such that when you go from one base to another base, you just kinda feel you're accepted right away, and everybody recognizes you've made a contribution in what you've done. So that's my point.

Interviewer

Thank you.