

Agostinelli, Robert Army

[00:00:12.73] ROBERT AGOSTINELLI: I was born in Rochester, New York. And I had three children and I was 32 years of age when we departed into the Army for my residency. I did my internship and residency in Rochester, New York, in internal medicine. And I was granted the privilege of getting into the Berry Plan, which gave me a full deferment until I finished my training. And therefore I went into the Army fully trained as an internist in internal medicine,

[00:00:48.70] therefore avoiding field work in the field as some of my friends that I went to medical school with and interned with ended up in the field and firebases and stuff like that. So I had the privilege at least to be able not to have to do that, the more sophisticated medicine, if you will. In Phu Bai, the 85th Evac. Yeah, that's the only place.

[00:01:24.06] DEBBIE COX: What year-- ?

[00:01:24.63] ROBERT AGOSTINELLI: Well I arrived there in August of 1970, and departed a year later.

[00:01:36.30] DEBBIE COX: What rank did you--?

[00:01:37.65] ROBERT AGOSTINELLI: I was a captain initially, and then shortly after getting to Vietnam I was major. I went to San Antonio, I think the first part of July, and we did basic training for six weeks there and then shipped out from there. I wasn't sure I was in the right place. We went into Tan Son Nhut, and the smell and the odors of that area were very pungent at that time.

[00:02:12.73] And again, it was mid-August so it was pretty hot. And finally after messing around a little bit there waiting for transportation, we then flew to Da Nang and from Da Nang to Phu Bai. There were two other medical physicians and we were in charge of the medical wards in the medical clinic. That basically was treating the GIs for the usual infections, pneumonias and that type of thing, without any surgical intervention obviously.

[00:02:53.23] But we took care of three different wards, and then had a clinic that we would see GIs and we supported other units around, such as the 101st and some other areas too that had other problems they couldn't solve. So they didn't have any issues, they'd send them us to sort out their problems. Probably about 20 to 25 patients per ward.

[00:03:19.22] DEBBIE COX: Per ward?

[00:03:19.69] ROBERT AGOSTINELLI: Yeah, yeah. We were busy, but we also then-- if our surgical colleagues needed some expertise in some of the medical portions of the patient care, then we would chip in on that as well and see patients with them in their intensive care unit and stuff like that. So we were like on call for the clinic or call for the wards certain nights and stuff. But again, we had nothing else to do anyway. So if something happened or somebody needed help we were there to help. Those who weren't going anywhere.

[00:04:01.09] We saw a fair amount malaria, hepatitis, unfortunately, a lot of venereal disease and also a lot of issues regarding alcohol and drug use. One of my associates, Mike Grossman, and another person started a drug rehabilitation type of situation, where they would see these young guys who were having a lot of drug problems and issues regarding that.

[00:04:33.29] And they would have control of that, I think they treated over 1,000 guys in the time we were there. That was something new because unfortunately, I think the Army negated that there was a problem with drugs. And we would see on payday many overdoses. That was the other thing that we got pulled in on from a medical sense, is to treat overdoses and that type of stuff, yeah. Crack and cocaine and everything else, yeah.

[00:05:09.58] I think most of the firebases and the battalion medical people took care of a lot of that.

[00:05:15.82] DEBBIE COX: OK.

[00:05:16.33] ROBERT AGOSTINELLI: And so we didn't get to see it unless it really got bad.

[00:05:19.34] DEBBIE COX: Right.

[00:05:19.84] ROBERT AGOSTINELLI: And then we would then have to put them on IV antibiotics or something like that, something different.

[00:05:25.29] DEBBIE COX: Right.

[00:05:25.96] ROBERT AGOSTINELLI: But that wasn't too often that we had to treat that. We went a couple of times up to the hospital up in Hue and just to visit the clinics up there. And some of the guys went up, the surgeons went more than we did. But some of the medical people went up just to give some expertise on some of the patients up there, a couple of the patients we saw out there had TB and some of the other things like that as well.

[00:05:57.61] But not much, we didn't do much of that. There were sometimes Vietnamese who would come into the clinic, but not very often. It wasn't like an open clinic if you will. It was just closed basically to our Eagle Base personnel type of thing, more so than anything else. We were a pretty well knit group. Initially it started out a little slow, but as the ball got rolling it would get pretty friendly. We had an officer's club and we basically-- everybody would gather there all the time when we had different types of social functions.

[00:06:41.30] We'd do-- we had a baseball team, we had a football team, we had those types of things that would defer some of the stress and stuff of the everyday thing. When I heard MASCAL or some other, when I heard a chopper I used to go to the emergency room and help then--

[00:07:00.18] DEBBIE COX: And MASCAL means?

[00:07:02.16] ROBERT AGOSTINELLI: Well, more than--

[00:07:04.19] DEBBIE COX: Mass casualties?

[00:07:05.22] ROBERT AGOSTINELLI: Mass casualties, I'm sorry.

[00:07:06.87] DEBBIE COX: It's OK.

[00:07:07.50] ROBERT AGOSTINELLI: And when they brought them in they needed people to triage and to start IVs, to help clean up. And several times I remember, when we first got into the country, I was doing-- somebody got burned by JP-4 fuel and I was-- helped debriding them and stuff even though that wasn't my field. I was helping the other docs do all that stuff as well.

[00:07:32.83] So we would pitch in and help everybody. Everybody was pretty supportive of everybody else. We-- if someone needed help, they would say something, or sometimes not even say anything but people would just show up.

[00:07:45.27] DEBBIE COX: Oh that's wonderful.

[00:07:46.20] ROBERT AGOSTINELLI: Yeah, yeah. But unfortunately some of the mass casualty things, one night I think it occurred we had a Christmas party going, they had a friendly fire mass casualty, I think there were 25 people they brought in.

[00:08:00.62] DEBBIE COX: Wow!

[00:08:01.41] ROBERT AGOSTINELLI: Yeah. And obviously everybody scrambled out, took care, and everybody was working all night on that. But those are the kinds of things that you just- you could hear the chopper coming in, you knew where there's a problem. It's unfortunately sometimes there were body bags and stuff too coming in that way. But not too often fortunately.

[00:08:27.95] They would pick up people in the firebases 20 to 30 minutes out. And there was no way they were able to get them by ground anywhere near where we were that quickly. And they had battalion aid stations, but they couldn't do anything like we could do.

[00:08:45.02] And they didn't have facilities or the manpower to take care of them that quickly. And absolutely no question about that. And then it's even improved even more and more and more, each encounter they've gotten faster and faster. some days you were OK, and then other days you just, what are we doing? What are we doing? Why are we here? Why are we doing this? Type of thing.

[00:09:13.30] And it's just a natural thing to feel that way and to let that run through your head. But we had plenty of diversions around it, so we made up for that.

[00:09:24.10] DEBBIE COX: Did you get to take R&R?

[00:09:25.60] ROBERT AGOSTINELLI: Yeah, I did. I went to Hawaii. Yep, yep. We also had medevacs we took to Japan periodically, there were pretty injured people that needed accompaniment to Okinawa in Japan. Sometimes they would go beyond that, they'd go back to

the United States, depending on how serious the injury was, et cetera. But that was sort of a staging area, if you will, to go back. They didn't go directly from Vietnam. So I went on a couple of those and escaped for a couple of days.

[00:10:04.43] 141s. They were pretty much improvised and rigged up so that you would have an IV thing and a oxygen arrangement and tanks and stuff, but nothing elaborate like the present system is now. I've seen pictures of even the operating rooms in both Iraq and Afghanistan, and you wouldn't know them from a modern day hospital basically.

[00:10:30.56] And stateside you would not know where that was. And if you looked at what we were dealing with, you're talking about two centuries earlier. I know that my roommate Gus Kappler really perfected a lot of techniques and types of procedures. Gus was a vascular surgeon in real life, if you will, and some of the stuff he was doing in Vietnam had not been done before and stuff like that. And just the amount of stuff that they were doing and what fluids they used to resuscitate them, and what they needed to do to get them and that type of thing.

[00:11:16.53] That's no question in my mind that was advancing technology, if you will, in helping survival rates. There's no question about that. It's hard to say, it's hard to say. One of my best days, my mother used to spoil me, she'd send me over-- I never went to the mess hall, never once.

[00:11:39.64] DEBBIE COX: Really?

[00:11:40.30] ROBERT AGOSTINELLI: Yeah.

[00:11:40.81] DEBBIE COX: No Army chow?

[00:11:41.94] ROBERT AGOSTINELLI: No Army chow. She used to send me-- she sent me an electric fry pan and she sent me over salami, pepperoni and stuff to make pizzas. And we had our own cook and we'd cook all the time. And Gus would come over, my room mate in the hooch, and we'd eat off of that or we'd go to the officer's club. I never once went to the mess hall. Never once.

[00:12:10.69] We used to get mail very frequently and I even made a few phone calls home via that-- I can't remember what that-- with the overnight thing you could call with periodically. I can't remember the name of it.

[00:12:25.96] DEBBIE COX: Was it the radio-- ?

[00:12:27.38] ROBERT AGOSTINELLI: Yeah.

[00:12:28.72] DEBBIE COX: MARS?

[00:12:29.12] ROBERT AGOSTINELLI: MARS, that's the one, yeah. Yeah. But that wasn't always very functional.

[00:12:33.84] DEBBIE COX: Mm-hmm.

[00:12:34.42] ROBERT AGOSTINELLI: Sometimes it was in orbit and you couldn't-- it really was not functional. But we would mail, we would send mail quite frequently and correspondence that way. I believe it was mid-August, somewhere around there.

[00:12:53.74] DEBBIE COX: So in mid-August of '71?

[00:12:55.57] ROBERT AGOSTINELLI: Yeah, right.

[00:12:56.47] DEBBIE COX: And what was that like?

[00:12:59.00] ROBERT AGOSTINELLI: Again, I tended to ignore half the things that went on. It just didn't bother me. No, it was just-- you know, family was happy to see us and stuff like that. And then we went to Colorado Springs right after that, so it was fine. The medical unit again, and we were in a medical clinic. And so all we did was clinic. We didn't do inpatient hospital stuff at all.

[00:13:26.57] DEBBIE COX: OK.

[00:13:27.20] ROBERT AGOSTINELLI: OK, just that. And we supported the Air Force in NORAD I remember that. We had a few of those people there.

[00:13:37.73] DEBBIE COX: The Big Mountain?

[00:13:38.69] ROBERT AGOSTINELLI: Yeah, yeah, yeah. I finished my service and then I went into private practice. Yes and no. Yeah, it was obviously, because you're not worrying about things and who's going to come knocking at your door and stuff like that. And it was finally, OK, now I can get down to my business, if you will. And so in that respect it was good. It was reassuring.

[00:14:09.69] As I said before, I used to block out a lot of things. I think the first week I was in country, I wasn't in my hooch yet, I was in a temporary bunker. And I woke up one morning and there was nobody around me, they'd all gotten out because there was rocket fire at the radio reconnaissance across the street. And they were all in the bunker all night and I was asleep in my bunk. I didn't know. I didn't even hear it.

[00:14:39.49] I think it made me appreciate what I have or I didn't have, more so than anything. I think that seeing the downside of a lot of other places made me feel that boy I really do have it well and appreciate what I had even more. So I think that's the biggest thing it made me realize more than anything else. And also I felt bad for people that had to live in those conditions, but couldn't escape like I could.

[00:15:16.03] Every day to day thing we had going on with the camaraderie, the interaction with all the other officers, all the personnel. I mean, even the enlisted men. We played baseball with them all the time and had fun with them, and played football and messed around. So everybody

mingled whether you were enlisted or non-enlisted men. Which I think was really good because it sort of cut the barrier, if you will. And that was very good.

[00:15:44.32] But yeah, yeah. So I would say it was good, it was good. You know I'm not sure that it's remembered in any good light to be honest with you. I think that it was in an era of everybody protesting everything and a lot of people downplayed it very much so, I think more than anything else. And I think they tend to negate really anything about it that was positive. And I think, like we talked about before, I think some of the technology stuff that we've advanced, all this technology would not have advanced without that. I think those are important steps. That's a heck of a way to learn it, but--

[00:16:35.97] I think it's good. I think it's commendable that-- I think it's to be brought forward to show really what was going on, what happened, and to give a perspective, and the proper perspective, if you will, of what happened and what was going on at the time. And many people have no concept of what was happening over there, nothing at all. They wouldn't think of it in the first place. You would never imagine working under those conditions, working and doing those things. Never.

[00:17:13.65] The war itself as far as I can see was done for whatever reason they decided to do it. But as far as our involvement, my own personal involvement, I think that I was happy to be able to do what I could do to help out, or do whatever I needed to do. And if I could physically do it, I would do it all over again. I think that that's the kind of things we do. But as far as, do I think it was bad or good? I can't really judge that and I wouldn't judge that.

[00:17:55.58] I think the biggest issue is more that you have to deal with what you need to deal with at the time you're dealing with it. And I think you have to just look ahead and see that it's going to be better tomorrow than it was yesterday. I think if you don't have that positive attitude about it, you're lost. And I think that's the same way thinking back to what we went through, and what you'd be able to go forward to construct for yourself ahead of times.

[00:18:21.45] So I think that that's the major thing more than anything else, you just have to make the best of the situation you're in and what you're going to do.

[00:18:33.26] DEBBIE COX: Dr. Agostinelli, on behalf of the United States of America Vietnam 50th Commemorative Commission, I would like to thank you very much sir for your service, and for helping so many American Soldiers come back.

[00:18:47.48] ROBERT AGOSTINELLI: Thank you very much.

[00:18:48.01] DEBBIE COX: God bless you sir.

[00:18:48.59] ROBERT AGOSTINELLI: Thank you, thanks very much.