

William G. Couser '63
Dartmouth College Oral History Program
The Dartmouth Vietnam Project
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Transcribed by Karen Navarro

STERN: Today is Monday, June 4th, 2018. This is Sam [Samantha] Stern ['19] and I'm speaking with William Couser over the phone from Rauner [Special Collections] Library at Dartmouth College in Hanover, New Hampshire. Dr. [William G.] Couser ['63], who graduated from Dartmouth Medical School [Geisel School of Medicine] with a bachelor of medical sciences in 1963, is currently in Seattle, Washington. Is that correct?

COUSER: That's correct.

STERN: Okay. So I just want to begin again by thanking you for your participation in the Dartmouth Vietnam Project, and I'm really thrilled to talk to you today about your life and your service as a physician for the Army's 1st Air Cavalry Division in our conversation. So, if it's okay with you, I'd love to start by discussing your upbringing. So, we could just start with when and where were you born?

COUSER: I was born July 11, 1939, in the Alice Peck Day [Memorial] Hospital in Lebanon, New Hampshire.

STERN: Close by. Close to Dartmouth, anyway.

COUSER: Very close. You're in my home country.

STERN: And can you describe your family a bit? Do you have any siblings? How would you describe your parents and your relationship with them?

COUSER: I had a pretty traditional family. My father was an accountant who worked for the General Electric Company in Lebanon, and was responsible for sending out electrical bills to everybody in the Upper Valley. My mother was a homemaker, and then went to work when the kids were away from home as an aide to then U.S. Senator Norris [H.] Cotton, who was the person who started the [Norris] Cotton Cancer Center [Manchester, NH], which you probably know about. She was his assistant back at home, and worked for him for, I think, 20 years or so.

I had a brother and a sister. My brother was a lawyer who practiced in Concord, and my sister was a schoolteacher who taught school in West Lebanon. So we were a fairly traditional family.

STERN: Were your siblings younger, older, or both?

COUSER: Younger. My brother was two years younger and my sister was about seven years younger.

STERN: And did your parents grow up in the New Hampshire or Vermont area, or did they move here for work?

COUSER: No. My father actually was an immigrant from Ireland when he was a very young person. I think he came to the U.S. when he was about five, and lived in Dover, New Hampshire. My mother was a native U.S. person who lived in Manchester, New Hampshire. So they came to Lebanon after they got married for his job.

STERN: And, so was your entire upbringing in Lebanon?

COUSER: Yes, it was. Through 10th grade I was entirely in Lebanon.

STERN: And what was your parents', what was their parenting philosophy? Were they demanding with high expectations, or did they take a kind of hands off approach to raising you?

COUSER: I think they set a pretty high standard. My father was fairly laid back, but both of them believed pretty strongly in education. And my mother, one of her jobs before she got married, was as an assistant to the Dean of Admissions at Harvard [University]. So she had this idea that getting into Harvard and going to an Ivy League school was something that was really important that she would like for her kids to be able to do.

STERN: And had she attended college?

COUSER: Yeah, they both went to the University of New Hampshire.

STERN: And, so what values would you say that they instilled in you when you were younger, and your siblings?

COUSER: Honesty, hard work, education, primarily.

STERN: And were they particularly religious or politically involved?

COUSER: Well, they attended the [First] Congregational Church on the Common in Lebanon. That was their church, but I don't think either one of them were terribly religious. I think in those days, the '40s and '50s, pretty much everybody went to church, so they did, too. But I never heard either one of them say anything that indicated any deep religious faith. What was your second question?

STERN: Were they politically involved? I know you said that your mom...

COUSER: Oh, politically involved? Yeah. Well, yeah, my mother was extremely politically involved. She was hard-core Republican and worked for a Republican senator, and was very, very strong in her political feelings. My father—[cross-talk]

STERN: And did that influence you at all?

COUSER: I guess not, because I certainly am not that. No, I don't think it influenced me very much. I remember voting for John Kennedy a long time ago, and before that for, I think the first President I ever voted for was probably Eisenhower, and he was a Republican. But, I think after I got to high school, college age, I think I kind of left the Republican fold.

STERN: And do you remember, did you attend church growing up? Was that particularly influential for you?

COUSER: I did. I attended church on a regular basis. I went to Sunday School for two hours before church, and that was a regular Sunday morning thing. And I was president of the Lebanon Congregational Church young adults group at one time. So, that was definitely part of my life. Again, I don't think I connected it to any particular religious belief. It was just kind of something that we did as a family.

STERN: And where did you attend primary, and then middle school?

COUSER: Primary school was all at the Lebanon Public School system. High school, I went two years to Lebanon High School, and then two years to Deerfield Academy in Deerfield, Mass.

STERN: And do you remember, starting even elementary school, were there any subjects that particularly intrigued you? Or did you have any kind of early career aspirations?

COUSER: No. I think the reason I went to Deerfield Academy was because the challenge of school in the Lebanon [Public] School system was not what it might have been, and so I was looking, my parents were looking for a more challenging academic environment for me. And so I went off to Deerfield for two years to prep school. At that time, no, there was nothing that I wanted to be, no particular route that I wanted to follow in life. My mother always thought a good life would be if I became a salesman in a shoe store in Lebanon, but that wasn't my ambition.

STERN: And what were some of your strongest or most memorable childhood memories?

COUSER: Well, I started playing baseball when I was about 10. My father actually organized the first kids baseball team before the Little League system existed in Lebanon. And I played baseball from 10 through college age, and that was really a big center of my life. So, sports, baseball particularly, but also basketball during winter, were things that were very important to me. We always went as a family for two weeks to a place called Wells Beach, Maine, for a vacation. My father got two weeks off every year. And that experience of going to the beach and being at the beach became something that was very important in my life. So, I think those two things: sports, vacations at the beach. We had a number of family outings, the larger family that included all of my father's siblings, that we went to every year. Those were important to me. But, basically as a kid growing up in Lebanon, I just kind of did what the local things were.

STERN: And what were some of those local things? Any you recall?

COUSER: Well, there's a place there called the Carter Community Building, and the Carter Community Building today looks exactly as it did in 1950, inside and outside. And it was a place that ran sports programs for kids, pre-high school kids, and I spent a great deal of time there as a kid. I spent time there. They organized the baseball teams, they organized the basketball teams, and even if you weren't doing some kind of athletic thing, you could go there and play pool or ping pong or whatever. So, a lot of my outside of home activity was spent at the Carter Community Building. And then, you know, we hiked in the woods and we went to frog ponds and we played around, and making hideouts in the woods and that kind of stuff. It was a very outdoor kind of childhood.

- STERN: And you mentioned that you remember going to these big family outings. Did your dad have siblings in the area or did you travel to those?
- COUSER: The family outings were usually in Melrose, Massachusetts, which is where my uncle lived. My father had four siblings, and they all lived—three of them lived in New England, one of them lived in New Jersey, and they all came to a reunion at Thanksgiving time every year that was in Melrose, Mass., and they usually came to Wells Beach during the summer for another summer reunion. So, his side of the family was quite close, and I was very comfortable with that family. They were very successful, again very education oriented family, and it was important to me in growing up to be part of that.
- STERN: And what about your mom's side? Did she have any siblings?
- COUSER: No. My mother did not have any siblings, and she didn't have any parents by the time I came along. Her mother died relatively young, and her father, I think, left the family when she was a kid. So, there was no real family activity on my mother's side at all.
- STERN: And did you know your grandparents on your father's side?
- COUSER: I did, yeah. They were, as I said before, they were Irish immigrants. My grandfather worked in linen mills in Massachusetts and a little bit in New Hampshire, and had apparently a skill as a weaver that was difficult to achieve. So, when he came here from Ireland, he had a skill that made him readily employable in the U.S., and he spent most of his time working. He went away during the week and came back on weekends. I can't say I ever really had a personal relationship with him. I knew him, I spoke to him, I remember him, but I don't remember that he ever spent any time with me. My grandmother, again, was a homemaker, and was a little more warm and friendly maybe. But, the family grandparents as a whole, were not terribly outgoing or warm and fuzzy people.
- STERN: And, so you mentioned that in high school, you went to Deerfield. How much of that was your parents' decision and how much of it was yours?
- COUSER: Good question. My parents wanted me to go to a prep school from the time I was a freshman in high school, and I was strongly resistant to it, because I liked the school system, I liked the kids I was with, I liked the town. I had no interest in leaving when I was

15 years old. And then, at the end of my sophomore year in Lebanon High School, there were a couple of coaches, a football coach and a basketball coach, both of which I was very fond of and thought highly of, who both decided to leave and go to Massachusetts for better paying jobs at about the same time. And after that happened, I just sat down and thought, you know, *Maybe it's time for me to get out of here, too.* So I went home, and it was March, went home and told my mother that I was finally dropping my objections to going to prep school and I had decided that I wanted to do that.

And, of course, the admission to all of the prep schools had already closed by that point in time. So we went on a tour of the local New England prep schools: [Phillips] Exeter [Academy] [Exeter, NH], [Phillips Academy] Andover [Andover, MA], Deerfield, Choate [Rosemary Hall] [Wallingford, CT], etc., and several of them told me they would not take me that year because the admissions had closed, but would take me the year after that, and I would have to do extra work in high school to prepare for that. But Deerfield actually said, "You know, we'll take you." So, I went to Deerfield.

STERN: All right, so that's how you decided on Deerfield.

COUSER: Yeah, that's how I decided on Deerfield.

STERN: And what were your initial impressions of prep school going in, having been in the public school system up until then?

COUSER: Overwhelmed. It was remarkable how further advanced they were in Deerfield in terms of academic achievements in languages and math and just about everything. I was way, way behind, which was why I was there. But, from somebody who had always been first in his class academically to that situation where I was kind of the stupidest person in the classroom, was a big change for me, and I had great difficulty coping with that. But, it took me about a year before I finally caught up and was up to speed, but it was a difficult year.

And the group of people that composed the class of 1957 at Deerfield Academy were very, very different from the kids I'd grown up with in Lebanon. Lebanon, as you probably—well, probably not as true now; in fact, it's not at all true now—but, in those days, Lebanon was a mill town, and everything revolved around the mills, and the mills were staffed primarily by French Canadians who came down from Quebec and got jobs in the

mills. I'd say 90% of the kids that I grew up with and went to school with were kids of parents who worked in the mill. They didn't have any educational ambitions at all, and it was a very non-intellectual environment, to say the least. So, to go from that to a class of kids who mostly came from places like Manhattan and Darien, Connecticut and the wealthier suburbs around Chicago, it was just a big difference. I mean, these kids lived in a different world than anything I had ever seen.

STERN: And, what was that adjustment period like? Did you feel out of place, or did you eventually kind of find your footing?

COUSER: I felt out of place. And I have to say, I don't think I ever overcame that. And I think in the rest of my life, I probably never overcame that. I developed a real distaste for rich kids, and I think I have always seen myself as much more of a kid from Lebanon, New Hampshire, than a kid from Deerfield. In fact, I've gone back to virtually all of the high school reunions, even though I never actually graduated with the class; I've gone back to all of the reunions of Lebanon High School. I've never been to a Deerfield reunion, and I've never had any particular desire to go back there. There were a few people I liked, but the general kind of people that populated that class were just not my kind of people. And that was my deficiency. It was not that they were bad people. It was just me being kind of overwhelmed and out of place, and never quite figuring out how to deal with that.

STERN: And can you describe your time at Deerfield a little bit, both academically, and then socially? Did you continue playing baseball there?

COUSER: I did continue playing baseball there. That was my varsity sport. I played basketball and soccer, as well, but not at the varsity level. So, baseball continued to be a big thing for me. Obviously, most of my life there was devoted to academics. We had attendance taken like seven or eight times a day at various things that we were supposed to be at, and it was a very regimented existence, with only short periods of time that you could do what you wanted to do. I had several close friends at Deerfield, but most of my life at Deerfield was study.

STERN: And did you have any options in terms of classes, or for the most part it was structured?

COUSER: For the most part it was pretty subscribed.

STERN: Are there any classes in particular you remember? Did your interest in medicine start as far back as high school or not at all?

COUSER: No, not at all, not at Deerfield either. I remember English classes. We had a superb—teachers were all superb—we had a superb English teacher that taught us how to write, and that's been one of my skills throughout my life, that I've always been a very good writer, and enjoyed writing things. That came from Deerfield and was a favorite class. In contrast, math was a hated class, and I never did well in math. And, in fact, I did so badly that my senior year I got tutored in math, and the tutor finally said to me at the end of the year, "Look, we're gonna give you a passing grade in math on one condition, and the condition is that you never try to do anything that involves math for the rest of your life." [laughter]

STERN: So, was it that you weren't interested and weren't putting your time into it or it just never clicked?

COUSER: It never clicked, just never clicked. I don't know what it was, but there was something about math beyond algebra and geometry that just never clicked. And I had the same problem in college. Of course, you had to do math in order to get into medical school. But, math was my bugaboo. I hated math. But I loved writing, I loved history, I loved reading, I loved that kind of stuff.

STERN: And did you see your family at all during the school year?

COUSER: Yes. We came home for any holidays: Thanksgiving, Christmas. There were school vacations in the fall and the spring. So, yeah, I was probably back home every couple of months or so, I would say, two or three months.

STERN: And did your siblings follow your path to boarding school?

COUSER: My brother did. My brother went to Exeter, again by his choice. My sister never did.

STERN: And so you grew up in the context of the Cold War. Did your parents speak about current domestic or international events, and do you have any memories of McCarthyism or the Rosenberg trial, the fear of Communism?

COUSER: I remember the whole atmosphere of Communism being the big threat and Communism being bad, and I do remember [Senator Joseph R.] McCarthy and the McCarthy hearings. I also

remember a bit of the Second World War. My father was in the Navy for the Second World War, and so I grew up for several years in kind of a single family home while he was gone in the Navy and my mother was raising, at that time, two kids. So, yeah, the concept of war and the fear of Communism was something that I was well aware of. I don't remember my parents ever talking about it very much. In fact, I don't remember them talking about it at all. But, it was something that I was aware of. It did not impact [cross-talk]—you know, none of that impacted my life very much as a kid growing up in a town of 7,000 people.

STERN: And what did your father do in the Navy?

COUSER: He was a communications officer. He was assigned to convoys that went from somewhere on the East Coast to England taking supplies over to troops in England, and later Europe. And he was the guy who was responsible for communication between all these ships in a convoy.

STERN: And did he ever talk about...[cross-talk]

COUSER: Not very much.

STERN: So I guess if we can move on a little bit. So, after Deerfield, from what I understand, you went to Harvard as an undergraduate?

COUSER: I did, yeah.

STERN: And did you decide to apply—was that based on your mom's wishes? Or was Harvard something you always had your eye set on?

COUSER: It certainly was not something I always had my eye set on. I was aware of her wishes, but just as I was aware of her wishes that I go to prep school when I was a freshman in high school, I strongly resisted them. It tended to be if she wanted me to do it, it tended to be a pretty good guarantee that I would do something else. But, in the spring of our senior year at Deerfield, there was a very organized college tour program where we were taken to all the various colleges in the New England area, anything that was within a day's bus drive, and given a little program and shown around the school, and talked to about what the school stood for, and met students and so forth. And I went on all of those. And actually, I came out of that more impressed with Harvard than I was with anything else. So I think that was the main reason, not because my mother wanted me to go there.

I think that was kind of convenient that I picked something that would please her, but she would have been okay with anything.

STERN: What factors about Harvard particularly did you like?

COUSER: I liked the city atmosphere. You know, having grown up in the country, where you are now, there was something about the big city and all the hustle and bustle of the big city that appealed to me. I wanted to spend some time in a big city. And I wasn't interested in any non-Ivy League schools, but I think just the atmosphere of Cambridge and Boston was the thing that appealed to me most. I mean, obviously the reputation of the school was important, but there were several other schools, including Yale and Dartmouth, that had good reputations, but it was the location of the school, I think, that kind of turned me on.

STERN: So, did you apply to Harvard early?

COUSER: No. I don't think there was any early application in those days.

STERN: And what did you major in while you were there?

COUSER: Well, I started out as an economics major, because my father told me that economics was the thing to do, and after that you could go into business, and that's probably what I should do with my life. And I absolutely hated it. And as an economics major at Harvard, you had to take so many courses in other areas of natural science and some social sciences and so forth, so I had to take a natural science course for non-scientists just to fulfill my requirement for doing that, and I took a biology course, and I loved that. I thought biology was really fun. So, after my freshman year, I switched my major to biology, and then I discovered that everybody who was with me as a biology major were all going to medical school. So, I sort of took that in and thought, *Well, if medical school is kind of a continuation of this biology stuff, I think that might be okay. I might enjoy doing that.* That was really my first interest in medicine was when I discovered that all of my biology majoring classmates were going to medical school.

STERN: And how did your parents react to your...

COUSER: You know, nobody said, "Wow, that's great!" I think they were a little concerned about this concept of going to graduate school, because they were not a family that had much money. And I think the first thing that hit them was, *Oh, my God, we're gonna*

be paying tuition for another three or four years. I think that probably was a bigger impact than the concept that I was going to go to medical school. But, as it turned out, it didn't really cost them very much. But, I think they were pleased. I mean, you know, being a doctor was a good thing, and I think they were pleased. But, I think it was pretty unexpected.

STERN: And, so you said that you kind of always felt out of place or had this distaste for the rich kids. Did you find that was the same at Harvard?

COUSER: Not as much. You know, there were, at least in—I mean, the same kids that I went to Deerfield with were also at Harvard. But, there was also a bigger diversity there. Harvard, I think, as a practice in its admission policies, admitted kids from lots of different backgrounds and locations and socioeconomic situations, so there were other kids from similar backgrounds to myself, and I lived and hung out with those kids when I was in college. And so I was more comfortable in college than I was in prep school.

STERN: And who were some of your closest friends or where did you find them on campus?

COUSER: Well, my closest friends were always my roommates, and the roommates were assigned freshman year. And, so I was assigned to a room with two other kids, and one of those kids became my best friend probably for life. And then, the second and third and fourth years, we lived in houses, and the houses were kind of like small fraternities, if you will, or large fraternities, I guess. Had dining halls and libraries and places to study, and athletic teams and all the rest of it. So, in the housing system it was very easy to find friends, because you just went in and sat down with a couple of people you knew at a table, and you were with people you knew and liked, and made friends with those people. At Deerfield you were assigned to a table. You didn't have any say in who you ate dinner with.

STERN: And what house were you in at Harvard?

COUSER: Dunster.

STERN: And did you participate in activities outside of the classroom? Athletics or music or anything else?

- COUSER: I played house football for Dunster for at least a couple of years. I never played any varsity sports in college. I was interested in sports and spent some time with the WHRB, the Harvard radio station, learning how to be a sports announcer, and did actually get to the point where I announced small parts of two or three football games. I did some social work volunteer stuff at mental hospitals, just going in and sitting with patients and talking to patients. What am I forgetting? I don't know, I think those were the major ones.
- STERN: And did you have any sense—were you interested in psychology because of your participation or volunteer work at the mental hospitals? Or that was just something you decided to do on a whim?
- COUSER: No, I was interested in psychology. I took a couple of psychology courses, and I was interested in psychology, and at one point in my medical student career, I thought I was going to become a psychiatrist, but that never went very far.
- STERN: So, from Harvard you attended Dartmouth for two years as part of the bachelor's of medical science program, which was then at Dartmouth Medical School, which I gather is now Geisel.
- COUSER: Right.
- STERN: What exactly was this BMS program and what drew you to it?
- COUSER: It was a two-year program that involved all the basic sciences, did not involve much clinical work, and there was a very small class. I think we had 32, 34 in my class. And, of course, it was in a very familiar area, and I got in. Those were the things that drew me to it. But, I only applied to two medical schools. I applied to Harvard and Dartmouth, thinking my chances at Harvard were small, but my chances at Dartmouth were pretty good. There was a Dean of Admissions at that time at Dartmouth called Harry Savage, who was a doctor for the athletic teams of Lebanon High School when I was a kid there, and I used to mow his lawn and shovel his driveway in the winter, and he was always very positive about Dartmouth and Dartmouth Medical School. And, so I had my interview at Harvard, and they looked at me and said, "We just got word today that you were admitted to Dartmouth, so we're not gonna take you because you'll be back here in two years anyway." So, that was kind of the end of it.

- STERN: So, what was the advantage to a bachelor of medical sciences, as opposed to going right to an M.D. program?
- COUSER: I don't think there really was any. There was nothing about the two-year program per se, I don't think, that had any special advantages. It was just an excellent school in the basic sciences, it was in a geographic area that I was very familiar with and comfortable with, close to home, and I was going to wind up at Harvard Medical School anyway. So, it just seemed like kind of a no brainer.
- STERN: Did you live at home during those two years?
- COUSER: No. No, four of us lived together on 90 South Street in Hanover in a suite of rooms that was rented by a lady that owned the house and lived upstairs.
- STERN: And what was the highlight of your time at Dartmouth?
- COUSER: The highlight?
- STERN: Or highlights?
- COUSER: You know, I'd have to say that the people I lived with during those two years were people who became lifelong friends. They're still close friends now, all three of them. And that was probably the thing that I most enjoyed about the whole experience was the people that I was going to school with and living with.
- STERN: What were their backgrounds? Where did they come from?
- COUSER: Well, the one that organized it all was Alan [A.] Rozycki ['60]. Alan was a Dartmouth student. Most of the people in the class actually were Dartmouth students. And he had decided that he did not want to live with somebody from Dartmouth. He wanted to live with people from outside. So, he went to Harry Savage and got a list of people that were coming in from non-Dartmouth places, and started calling those people and asking if they'd like to rent an outside place and live off campus with him. So, that's how that got started. Alan was a kid whose father was a bus driver in Chicago growing up, but he was a hero at Dartmouth. He was, I think, the only person that ever got the "best student, best athlete, and best scholar" award in one year. He was one of the outstanding Dartmouth graduates, is one of the outstanding Dartmouth graduates.

Roger Christian was a guy whose father was a doctor in New Jersey, and he went to Middlebury [College] [Middlebury, VT]. And Ken Danielson was a guy whose father was a physician in Pearl River, New York, and went to Rochester.

STERN: And do you still keep in touch with them?

COUSER: Very much. Yeah, we have at least one reunion a year up there. I'm the only one that really left the area. Alan lives in Norwich and Ken lives in the northern kingdom of Vermont, and Roger lives outside Boston.

STERN: Do any of them work at Dartmouth-Hitchcock [Medical Center]?

COUSER: Yes. Alan spent his whole career at Dartmouth-Hitchcock as a pediatrician.

STERN: And was the program purely a classroom experience, or was there any hands on or shadowing component?

COUSER: It was a classroom and laboratory experience. There was very little contact with the clinical side of it or patients. We got a little of that during the second year, and we did get a course in physical diagnosis during the second year. But, it was really a basic science education, and not a clinical education. You went on to the third and fourth year somewhere else. Most people went to Harvard for the clinical part of it.

STERN: Did your three roommates also attend Harvard afterwards?

COUSER: Yes.

STERN: And were there any professors or courses that you remember?

COUSER: Well, in terms of professors, we didn't go through my journey from deciding as a biology major that I wanted to go to medical school, to actually finally making that decision. But, part of that decision was that I looked for work at a hospital during the summer between my sophomore and junior year in college, so I could try to figure out what doctors did. And I went to the Hitchcock and I went to the VA and I went to the Alice Peck Day Hospital, trying to find a summer job that would expose me to medicine. And I got picked up by a guy named Joe Grant, who was Chief of Medicine at the White River Junction [VT] VA, and he was a mentor and a shadow type figure. And I did research in

his lab for two summers as a college student. And he would always come down and get me to go to conferences, he would take me on rounds with him, he would point out particularly interesting patients, he would do things related to my research that gave me some patient interaction. So, he really was a mentor and a role model.

STERN: That's phenomenal.

COUSER: It was not a class at the medical school exactly, but it was certainly he was part of the Dartmouth faculty and the Dartmouth training programs.

STERN: So, did you continue working for him once you came to Dartmouth?

COUSER: No, I didn't. The other part of the Dartmouth experience I guess that stands out was, I worked for a different guy, a guy named Kurt Benirschke, who was chairman of the Pathology Department at Dartmouth, who was another absolutely fascinating guy, and I worked in his lab for a couple of summers when I was a student. I'm not sure why; I think just because it was more proximate to where I was living, and I didn't have to go to the VA every day. But it was a summer research job. And his class in pathology and his role as a mentor during the time I was working for him were another very important part of my shaping as a medical student.

STERN: And what did Joe Grant research?

COUSER: He was a pulmonologist who was interested in oxygen exchange in the lung and the ability of red cells to carry oxygen, and was studying oxygen transport by red cells in patients with chronic lung disease, which there were a lot of at the VA.

STERN: And so then, after your two years at Dartmouth, you went back to Harvard to Harvard Medical School for another two years. How did you find that the Harvard education differed from that of Dartmouth?

COUSER: Well, it was totally different because there was no classroom work, and it was all clinical. So, there was no similarity between the two. Yeah, we had no real exposure to patients during the first two years at Dartmouth in those days. And Harvard, it was all exposure to patients.

STERN: And what area did you find most intriguing? So, you had obviously done this research in pulmonology and oxygen exchange, but then also worked in the pathology lab. Did you have a better sense by the time you arrived at Harvard for what field you wanted to go into?

COUSER: Well, part of the Joe Grant legacy for me was that I saw him as a role model. I thought what he did, and he had a research lab which I worked in, he was chief of medicine, so he was a key part of the whole Dartmouth teaching program, and he was a clinical doc who took care of patients, as well. So, he was a triple threat kind of guy. He was a guy who did research, took care of patients, and taught medical students and young physicians. And I thought that was fantastic. I thought what he did was just fascinating. And, so as soon as I got through and started medical school from day one, I think, I wanted to be Joe Grant. I wanted to be a physician who taught in a medical school, did research in a laboratory, and took care of patients. So, I already knew what I wanted to be when I got to the third and fourth years of Harvard. And Joe Grant, of course, was an internist and a pulmonologist, so I knew that I wanted to be an internist, although I wasn't sure about some specialties. But, I knew at least that I wanted to go into internal medicine.

STERN: And what did you find most valuable in those years at Harvard?

COUSER: Probably the quality of the faculty and people there. The clinical faculty that was working with the second, or the third and fourth year medical students, were pretty uniformly outstanding. And you had a lot of exposure to house staff, interns and residents as a student, and they, too, in the Harvard hospitals were pretty uniformly outstanding. So I think that just being with as smart and sophisticated a bunch of young physicians as was the case in the training program there I think was probably the most memorable part of the experience.

STERN: Did you find similar role models at Harvard?

COUSER: I certainly could have. I kind of already had my role model by the time I got to Harvard, but I think it was certainly reinforced by running into a number of other physician scientists who were faculty members there and that we interacted with as students.

STERN: And, so then your next step after Harvard was your residency at the University of California Medical Center?

- COUSER: Right.
- STERN: And did you have any say ultimately in ending up there, or it was just kind of where the system threw you?
- COUSER: Well, I don't know how much you know about the system, but the matching program matches you, and you get the chance to put down what your choices would be, and then it goes into a computer and the computer puts in what the hospitals' choices would be, and they match. And I matched UCSF. I think it was my third or fourth choice on my list of internships. My first choices were all the Boston hospitals, and then UCSF was after that.
- STERN: And can you elaborate a bit on these years of your residency?
- COUSER: Well, I think the residency was probably quite different from today in the sense that we worked 36 hours on and 12 off for the first two years. I was at UCSF for two years, and then after Vietnam I came back to the Boston City Hospital. But, the UCSF years were kind of a blur, because we were on 36 hours and off 12, so you basically were either in the hospital working or you were sleeping. And I saw very little of San Francisco or the area. I was just a resident of the hospital. It was a great training program. I loved many parts of it. But in terms of having a life, I didn't really have a life.
- STERN: And how closely did you follow the war as a graduate student? Would you say that you were politically attuned at all? And what was your take on America's involvement?
- COUSER: Well, that was 1965 and '66, '67, and the war in 1965 to '67 was an entity that all of us were aware of and all of us followed, but it was before the anti-war movement got started, and it was not a big subject of conversation. It was something that was going on a long way away, and other than kind of reading about it in the newspaper or seeing it on TV, it wasn't something that affected our lives very much.
- STERN: So, not something you thought about particularly?
- COUSER: No, not really, although when I finally finished two years of residency and was in the position of either being drafted or volunteering to go in, I did volunteer to go in and I did volunteer to go to Vietnam, my thinking being that *I don't have any particular position on the validity of the war one way or another,*

but if there are people getting hurt and sick over there and I can help them, why not me?

STERN: So, before we get to the war, just one more question about the years beforehand. So, obviously in addition to the Cold War, we had the civil rights movement, which was really reaching its peak during your years of higher education. What do you remember about the March on Washington, which would have been 1963, the Voting Rights or the Civil Rights Act?

COUSER: I remember them all as good things and progress that needed to be made. I was not personally involved in any marches or protests or civil rights activities.

STERN: Was there a lot of political activity on Dartmouth or Harvard's campus when you were there?

COUSER: No. I would say none.

STERN: And so you decide to volunteer after graduating and finishing your residency in 1967?

COUSER: Yeah. I hadn't finished my residency. It was a three year residency, so I still had a year to go. But, there was a plan called the Berry Plan that if you agreed to go in the Army after two years of training, then they would agree that they would use you in whatever specialty it was that you were being trained in. And, so I was part of the Berry Plan, and I went in after two years with the understanding that I would be used as an internist.

STERN: And did a lot of your peers do the same?

COUSER: No. I don't know of anybody other than me who volunteered to go to Vietnam, and most people—the other option was you could stay in for three years and avoid Vietnam and go to Europe. And, so I'd say most of my colleagues did that. Most people went in for three years, went to some other non-war place, and then came back. But, I went in for just two years and went to Vietnam.

STERN: And was your brother drafted, as well? Or did he volunteer for service?

COUSER: No. That was during the period of time that my mother was working for Senator Cotton, and Senator Cotton told Dick that he could get him a position in the Coast Guard Reserve where he wouldn't have to do anything except go to a meeting a month

and go to some summer camp for two weeks, and that that would fulfill his draft requirement, and my brother took that. He told me the same thing, but I didn't take it.

STERN: So, was there any kind of driving factor behind your decision to volunteer? Or you just felt it was your duty as an American citizen?

COUSER: I felt more that it was my duty as a physician than as an American citizen probably. I think it was obviously a place where there was an enormous need for medical support, and I kind of felt that I could provide that. Again, I was assuming that I would be used as an internist when I got there, and I thought I was a pretty good internist at the time. And so, yeah, I think it was mostly—it was not patriotism as much as it was a desire to use my medical skills in some positive way.

STERN: Could you walk me through the time leading up to your deployment, so, from your volunteering until that point? Did you receive training from the military between enlistment and sendoff?

COUSER: Yes. I went in the Army on July 1st of 1967, and we then went to a place called Fort Sam Houston in San Antonio, Texas, and we got a month of training, learning how to be soldiers. This was a doctor class. All the doctors that were going into the Army at that point in time went to a month of training on how to be soldiers. And then, I think there was about a one week break, and then the middle of August you got on a plane at Travis Air Force Base in California and flew to Vietnam.

STERN: And did you stop over on your way there? And where did you ultimately fly into in Vietnam?

COUSER: We stopped over to get fuel a couple of places. I think Guam and the Philippines they made stops for fuel. And then we landed at Bien Hoa Air Base outside of Saigon.

STERN: And what was your initial reaction when landing, your immediate impression of your surroundings? Was it what you had expected?

COUSER: It was sobering, to say the least, I guess. The plane over was, of course, full of—they were chartered airplanes, not commercial aircraft, so the trip over was full of all of these young guys who were just going into the service and had been assigned to

Vietnam, and everything was very kind of joyous and raucous, and there was kind of a party like atmosphere going over there. And then, as the plane landed, you realized that in the first place, you couldn't see anything except flares in the sky. There were these orange flares that kind of illuminated the airstrip. But there was no electricity, no lights, nothing visible except the flares as you got out of the plane. So, all of the singing and partying suddenly came to a stop. And the other thing that happened as soon as we landed was the flight attendants started crying. They, too, had been quite in the party mode on the way over, but when we landed, they all to a person started crying, and so you realized that this was something real and something that was not good.

And then as you got off the plane, they started bringing out these pallets of coffins, these aluminum silver coffins that the plane was loading up these bodies of people who had been killed and taking them back to the U.S. And there were a lot of these things, you know, like probably 50 or 60 coffins that were being loaded on the plane as it went back. And that combination of the eerie illumination from these flares, the absence of any light anywhere, the flight attendants in tears, and the coffins being loaded on the plane, was my introduction to Vietnam, and it was a very sobering experience, shocking experience.

STERN: And did any of the others who you had trained with in Texas travel over with you?

COUSER: Yeah, a couple of them.

STERN: Do you remember any of the conversations you had?

COUSER: No, not really. I think when we were in Texas, of course, we didn't know anything about the realities of what was coming. It was just we were going to a foreign country and be doctors in an Army hospital for a year. So, nobody was scared or horrified by the whole thing. On the way over on the particular plane that I was on, I don't think there was anybody I knew. And when I got there, I never saw anybody I knew most of the time I was there.

STERN: And so, you served in a clearing company, which was the first stop for the wounded between the field and the hospital. Can you describe the unique role that are played by medics in this position?

COUSER: Well, the concept was a good one. At the time—or prior to that, there had been a system where anybody who was wounded in Korea, for example, was put in an ambulance at the site, and the ambulance just drove back from the front line to wherever the hospital was. And that was a very time consuming and potentially dangerous process. So, getting the wounded to treatment was difficult, and they had people called battalion surgeons who were out there with the fighting troops, and they were more responsible than anyone else was for trying to keep people alive long enough to get to a hospital.

The concept of the clearing company was to get people out much faster and treated sooner than it took them to get to a hospital. So, basically, the wounded, at least in my division at that time, were all picked up by helicopters, not by ambulance vehicles, and they were taken back to the clearing company, which was very close to wherever the fighting was going on, and still quite a ways from the hospital. And they were treated initially at the clearing company with whatever was needed to sustain life. We gave people blood in test tubes and tracheotomies and things like that that were necessary to sustain life for another hour until they could get to a hospital, and then they went on from there back to a hospital. The idea was that that was very lifesaving. I'm not sure it really was. I think that with the whole helicopter evacuation system, you could go from the front lines to a hospital pretty quickly. So, this intermediate stop at the clearing company in retrospect I would say was probably not a great addition to Army medicine. But that was the idea of the thing.

STERN: And it was introduced in the Vietnam War, the idea of the clearing company?

COUSER: I believe so.

STERN: And so, from what I've read, roughly 95% of casualties, at least in the 1st Cavalry Division, were evacuated to the clearing station en route to the hospital because of the large size of the area of operations, and then only critically wounded patients, some 5% or so, were taken directly either to the 45th Surgical Hospital or the 2nd Surgical Hospital. Would you say that that's about an accurate assessment?

COUSER: Yeah, that sounds about right.

STERN: And so, did you ever serve as a medical aidman aboard a medevac aircraft, or you were always on the ground?

COUSER: I went back with maybe three patients during the year, patients who were particularly critically ill. And I remember one person we were doing open chest heart massage on, and so, I was on the helicopter taking him back to the hospital. There were a couple of others like that that it seemed desirable to have a physician during the time you were being transported to the hospital. Most of that, of course, was done by medics, but yeah, there were a few rare occasions when I was in a helicopter with a patient going back to a hospital, but most of the time was on the ground.

STERN: And how many people served in the clearing company?

COUSER: I think the total company was probably, I'm guessing, but I'd say maybe 50, 60 people. There were four physicians and a dentist, and several medevac pilots, there was the officer part of it, and then the rest were enlisted men with various duties, and medics.

STERN: And what were some of the most common injuries that you saw?

COUSER: Gunshot wounds and fragment wounds, wounds from exploding rockets or mortars and gunshots.

STERN: And so, you had mentioned in the write-up that you gave the Dartmouth Vietnam Project that you saw, and I'm sure you did, some of the most gruesome horrors of the war. I imagine you witnessed death. If you don't mind talking about it, what were some of the most unbearable moments of your service, and how did you manage to cope with tragedy?

COUSER: I guess there are several things that come to mind. One is, when I first got there, as I said, we landed in Saigon and we spent two days there being assigned to some other part of the country. And when I got my assignment, I flew up to the base camp of this 1st Cavalry Division outfit, and my introduction to it was we walked into what was called the A & D tent, the place where all the patients came in at the base camp, and there were lined up there eight bodies. They were just on gurneys sitting in the area. None of them were covered up or anything. And they were soldiers who had been caught in an ambush on the road trying to get to this particular camp. And, just facing this reality of eight young men, probably 20, 23 years old, all dead, and some of them pretty badly shot up, was an experience I don't think I'll ever forget. That's just, just, you know, kind of jumping in, head first, but it was just an extremely sobering experience.

Another experience that I won't forget is I remember we were undergoing an attack from outside forces one morning, and there were casualties coming in, and one guy came in carrying the lower half of his buddy. His buddy had been hit by a mortar and the upper half of his body had been shot away. And this guy was carrying the lower half. And he came in saying, "I need a doctor. I need a doctor. My buddy's been hurt. My buddy's been hurt. You've gotta save my buddy." And he had only half of his buddy in his arms. That was another experience that I think I will probably always remember.

And maybe third, one of our duties was to open all the body bags that came in of troops that had been killed in the field and were brought back into the clearing company where the bodies were stored until they could be evacuated, and we had to open all the body bags, and write the diagnosis on the little tag that they had on them, so that when they went back to the whatever it was called unit that the bodies went back to, they had a doctor assign diagnosis of why they had died. So you had to write, you know, "gunshot to chest," "gunshot to head," etc. And just opening up those body bags, many of which contained parts of bodies rather than whole bodies, of people who'd had their limbs blown off and there'd be two legs in the bag and three and a couple of arms, but none of the rest of them, that kind of thing. Again, it was very, very sobering.

How did you put up with it? Well, I think there are a lot of things in medicine that are pretty sobering, and any of us, having graduated from medical school and had a few years of training, have seen dead people and seen emergency rooms and seen gunshot wounds and seen all of the horrible things that people can do to each other, and this is just kind of another step up the ladder, with bigger ordnance, bigger arms. And I think you just kind of absorb it. It probably has a very dampening emotional effect on you, but I don't think you appreciate that. You just kind of steel yourself to what's going on and what you're in and what you're doing, and you do your job, and that's all that really counts, you know. Don't get set back by the horrors of it.

STERN: Did you ever—was there a moment where you ever just broke down in Vietnam? Or you kind of, like you said, just compartmentalized that and tried to do your job?

COUSER: No. I never broke down. And I think it was very much compartmentalized.

- STERN: Did you ever discuss your emotions with the other company members or, again, silence on the topic?
- COUSER: I would say we discussed the circumstances and events. I don't know that we discussed emotions. I don't think guys in that setting in those days would be very prone to talk about how much that hurt them or how much pain they felt.
- STERN: What sorts of surgeries—I know you had mentioned a few earlier, but what type of surgery did you perform?
- COUSER: Well, they were really minor procedures. But, we did things like chest tubes, just inserting a chest tube into the chest to drain blood when there was a chest wound so the lungs didn't collapse. We did tracheotomies for people who couldn't breathe because of upper airway disease. We did, of course, a lot of suturing and putting things back together again. What else? I don't know. Those were the major ones.
- STERN: Did everyone who came to the clearing company eventually go to the hospital, or did some go back into combat?
- COUSER: No. They were triaged as soon as they came in, so some of them—of course, the clearing company also served as a sick call for the people on the base, and there might be a thousand people on the base. So there were people coming in for reasons other than being casualties. So they were triaged. Either they were held—we had the capability to hold people for a couple of days. If they had something very minor that we thought needed to be dressed and given antibiotics, they would be okay. After that, we'd hold them for a couple of days, and then send them back into the field. They could be sent back to a hospital. Or they could be put in a body bag, which unfortunately happened too often.
- STERN: And how often, if at all, did you see patients who had minor injuries and were just trying to avoid combat?
- COUSER: Occasionally. I would say the courage and dedication of the troops was remarkable, particularly considering the horrors of the whole situation then, their age, and the fact that they were fighting for some cause that nobody could define very well. The courage and strength that they had in continuing to do what they'd been assigned to do was remarkable, and that was certainly part of the things that I took away from the whole experience.

- STERN: Did you have conversations with patients?
- COUSER: Yeah. As you were working on them, you'd have a conversation with them.
- STERN: Anything in particular you remember any of them saying?
- COUSER: "How fast can you get me out of here?" I'd say was the most. "I need more pain medicine," was another one. And sometimes they would, you know—they were in shock; they were in physical shock and emotional shock, and sometimes they would just start talking about their girlfriends or their family or something like that, just as a kind of way to change the world that they were in.
- STERN: What was morale like among the medical battalion? And do you think at the time that you foresaw a long war?
- COUSER: I think the morale in general was good among both those of us who were in the medical battalion and even most of the troops that you saw. This was before—as I said, the anti-war movement had just started in 1968 at home, but I came back in July, August of 1968. So the anti-war movement was just getting going, and the kind of stuff that happened after that, in terms of the drugs and the protests from the troops themselves, did not happen during the time that I was there. We did not ever see any drug problems. And we saw a few self-inflicted wounds, a few non-existent injuries, people who were definitely trying to get out of there. But, in general I'd say morale was good.
- STERN: And did your unit have all the supplies you needed, or were you under resourced or understaffed?
- COUSER: No, I'd say we had all of the supplies we needed.
- STERN: So you had sent me a couple of photos via email, and in one you're pictured with three others. I think those were O.B. Johnson [Jr.], Paul Sizemore [spelling unconfirmed], and then Commanding Officer Don Barton [spelling unconfirmed]. Did you serve with these men throughout the entirety of your year in Vietnam? And how did you get along with the fellow medics?
- COUSER: I served with that particular group for six months, and we got along fine. In fact, we got along extremely well. Interesting, Don Barton just died a couple of weeks ago.

- STERN: I'm sorry.
- COUSER: And O.B. Johnson died a couple of years ago, and Paul Sizemore was one of these people who could not face the whole situation and spent the entire time lying on his cot in alcoholic stupor. But, in general we got along extremely well. Morale was good. So, people got along well. There was no grudges or animosities among any of us.
- STERN: And what were their backgrounds? Had most of these men also volunteered?
- COUSER: I don't think so. I think they were mostly drafted. Don Barton, who was the CO (Commanding Officer) of the company, was drafted at age 34 and 10 months. Once you hit 35, you were no longer eligible for the draft. And he had a very large medical practice in a small town in Kentucky, and lost the whole practice, and was drafted out of that just a few weeks before he would have turned 35. So, he had suffered more consequences of being in the Army than any of the rest of us had, and he was a remarkable person. He never complained. You never heard a word of complaint about any of that. O.B. Johnson was just sort of like me, I guess. He was in his second year of residency at Emory [University] in the South. He was a guy from Georgia who spent the rest of his life in Georgia. Paul Sizemore, I actually don't remember what his background was.
- STERN: And I know you moved quite frequently, it sounds like, during your year of service. Can you elaborate on some of the locations at which you were stationed?
- COUSER: Well, I don't think they'd mean much to you unless you know the geography of Vietnam. The major base camp for the first camp was in An Khe, which was right about in the middle of the country, probably the northern part of the middle of the country. And most of the other places that we went were on the coast, moving farther and farther north with each move usually. So, every time the infantry part of the division would get into a new operation, we would move to wherever that operation was. And they ranged all over the upper half of the country.
- STERN: And what were the facilities like?
- COUSER: Facilities for what?
- STERN: The medical facilities?

COUSER: Well, the facility was a tent. And the tent was set up. Whenever we got somewhere, there would be a bulldozer that would dig a big hole in the ground, and then you'd set up a tent in the hole, and then you'd put sandbags all around the tent, and that was the medical facility. It had gurneys inside to put patients on, and places, you know, work stations that had IVs and oxygen and all of that stuff. It was kind of like an emergency room in a tent with a little less equipment.

STERN: How many people could you house at one time?

COUSER: About eight or ten probably, depending a little bit on how sick they were. But, you didn't have much choice about that. You took them as they came. You didn't say, "I'm sorry, we're full."

STERN: Of course. Did you ever fear for your life?

COUSER: Yes. You know, it was clear that you were in a situation where people were getting wounded around you. So, you could easily get wounded yourself. It was these camps that were out there, they were called LZs, landing zones. These landing zones that were out there in support of an infantry division were relatively small places. They were surrounded by barbed wire and rings of artillery, but they were still small, minimally defended places, so they were attacked very frequently at night, usually with mortars, sometimes with rockets. Occasionally, they'd try to breach the perimeter and get in. But mostly it was just shooting things into the LZ, pretty randomly trying to hit anybody who happened to be on the other end of it. So there were people getting wounded and killed on a pretty daily basis right around you, not out in the field, but right around you.

STERN: And, so in addition to serving soldiers, did you also treat the Vietnamese civilian population?

COUSER: Yes. When we were at the base camp, the original An Khe base camp, there was a town that was adjacent to the base camp, and the town had a small hospital in it run by a local herbal doctor. And we used to go in and had a what was called med tacticians, or something like that. They were missions where we would go out into the civilian countryside and try to do medical things that were helpful to the local population. So we took over this dispensary, and we used to go in usually once a day and make rounds in this place and treat the patients who were there, and they were mostly civilians. They were all civilians. Some of them,

I think were Viet Cong, but they were all part of the native population. So, we delivered babies and we, you know, treated kids with sore throats, and we were just general family docs for that little town. And that was something that was very important to all of us.

STERN: So, did you have any or uphold any stereotypes about Vietnamese in general before arriving that your experiences with them challenged?

COUSER: No. I don't think I had any preconceived ideas of what Vietnamese were like. I think I've always felt that most people are the same, even though they speak different languages or look different, that we're pretty much all the same. And I can't say I had enough contact with people in the local population that I could communicate with to have a good feeling for them as people. I sadly saw a lot of them as patients. And we did have some Vietnamese who worked in the dispensary, but in our role, just coming in for a couple of hours a day, you didn't really get to know them very well.

STERN: So, did you get any sense for kind of how they reacted to your care, given that you were American forces?

COUSER: I think they reacted extremely positively. It was considered a very dangerous place, and you were generally not allowed to leave the base camp area, because of the likelihood that you would get shot at or hit a mine or something if you were outside. We went back and forth to that dispensary for six months of the year, the six months that I was there, and nothing ever happened. And I don't think that was coincidental. I think they were very supportive of us.

STERN: And so, you had also written in the description that you gave me that you kept a daily diary. Was journaling a habit before the war? Or was it an attempt at kind of catharsis or a documentary kind of exercise?

COUSER: It was kind of a documentary exercise. No, except for a very brief period of three or four months when I was like 10 years old, I had never done any diary or journaling. It was intended to be a documentary, and I also took a lot of pictures, which was the same intent, that I was going to document everything that I had seen and done.

- STERN: And did you also have tape recordings from your time in Vietnam?
- COUSER: I did. Yeah, I still do.
- STERN: And what were you recording? Conversations with those around you?
- COUSER: It wasn't so much conversations; well, some of it was. I recorded things like, you know, in some of the places we were, there would be a large bunker just for our tent, bunker being a structure made out of sandbags and steel beams that you could get into when you were having incoming fire. And I remember recording a few times in the bunker during times we were being attacked where you were just recording conversations of the people who were in there. I recorded some radio exchanges between medevac pilots and the base camp. It was that kind of stuff. It wasn't interviewing anybody.
- STERN: And did you communicate with your family back home?
- COUSER: Yes, by letter.
- STERN: And what would you share with them? Or what did they send or impart to you?
- COUSER: I shared pretty much everything with them that didn't sound dangerous. I described what we were doing and who we were with and where we were and where we were going next and, you know, stuff like that. I didn't talk a lot about casualties. Oh, I talked about casualties in the sense that "we took a lot of casualties yesterday," but I didn't talk about anything that would imply that I was in danger.
- STERN: So you wrote that you were injured from shrapnel in March, 1968. What do you recall about the incident, and then can you walk me through what happened from your injury to your recovery?
- COUSER: Yeah, let me just get something to drink here. I'll be right back. [Pause] So the time that I was injured, the usual thing that happened at night was you would get mortar rounds that were dropped in from the outside on the LZ, and they were usually trying to hit the tent of the highest ranking officer, a general or whoever was there. And the technique was to what they called "walk the borders." They would put in one, and then they would

put in a second one and see how far that was from the first one and what direction it was. And then they'd adjust the border and keep walking them until they finally hit whatever their target was. And, so you could hear these things when they started. The first one would usually be fairly far away, and then they'd get closer and closer, and eventually it would stop.

But the one night that I got hit, I could hear the rounds starting to come in, and there were two of them, and the second one was about halfway between the first one and where our tent was. So, I was pretty sure that the third one was going to hit us, and it did. It came right through the tent and hit on the floor about three feet from my head. And I had built a personal bunker for myself, because the bunker for the tent was on the other end of the tent from where I was sleeping, so I was concerned that I wouldn't have time to get from where I was sleeping to the bunker at the other end of the tent if something was really going on. So I had built a separate bunker for myself out of wooden crates and sand and sandbags and so forth, and that's what I slept in. So, I was in this thing with a helmet on and a flak jacket on, and this thing hit about three feet from my head. And it was just a huge concussion. I remember bouncing off the left-hand wall in my little bunker, my helmet came off, and I had trouble breathing for a couple of minutes from the concussion of it, and I couldn't hear anything because of the noise of it, and I just lay there, you know, kind of waiting for it to be over, and I sort of thought I was okay, even though I knew that this thing had hit very close. And then I started, I was lying on an air mattress and I started feeling something wet on my air mattress underneath me. And I reached down and it was blood. So I realized I had been wounded. So I yelled out, you know, "I've been hit. I'm okay, but I've been hit." So, after the attack stopped, they called the medics which were in the tent next door, and they came in and put me on a stretcher and took me over to the place that I normally worked, and put an IV in me and gave me some pain medicine and evacuated me out to a hospital.

STERN: Where was the shrapnel wound?

COUSER: It was all the way from about the level of my armpit down to my ankle on the right side.

STERN: And were there others who were wounded, as well?

COUSER: There were a number of others who were wounded in that particular attack, but they weren't in, not in my tent.

- STERN: And so how long were you in the hospital for?
- COUSER: I went to three different hospitals. I went to one hospital for two days where they did the emergency debriding and surgery to try to remove as much of the shrapnel as they could. And then I went to another hospital for a couple of weeks while they waited to clean up the wounds and suture them back together again. And then I went to a rehabilitation hospital for about, I think about six weeks. And then I went right back to where I came from.
- STERN: Back to where you came from meaning work?
- COUSER: Yeah, work.
- STERN: And how many more months were you in Vietnam?
- COUSER: Well, I came home in August. So, May, June, July, August, four more months.
- STERN: And do you think that the injury changed you and how you performed your duties afterwards?
- COUSER: No. By the time I got back, I was still a little sore and had some bandages, but no, I could be a doctor.
- STERN: Is there anything else you want to relate about that year in Vietnam?
- COUSER: Yeah, I would say a couple of things about it. Yeah, I got a call about two years ago—I may have told you this—from a guy that I worked with. It wasn't one of the four in the picture, but another guy that I worked with over there, saying, "Hey, it's been 50 years and we have never talked to each other in the 50 years. How about trying to have a reunion?" And I said, "Great idea."
- STERN: What was his name?
- COUSER: His name was John [P.] Pacanowski. And he was with one of the units that I had been earlier in my year. I changed units two or three times, and then the last six months I was with "A" Company, but I had been with a couple of other companies before that.
- STERN: What companies were you with before that?

COUSER: I started out with something called Headquarters and Support Company (HSC). And then I went to “B” Company for a couple of months, and then I went to “A” Company for the last six months, or eight months, I guess.

STERN: Okay, thank you.

COUSER: So, long story short, we had a reunion two years ago in New Orleans, which only four of us eventually showed up for. But it was a very cathartic and meaningful kind of weekend for us, I think, because we just sat there, and basically in the lobby of a hotel or restaurant, and told Vietnam stories, and remembered all of this stuff. And one of the things that came out of the two days of discussions was that there were positive things that went with this experience, too. I mean, it was certainly not anything that I would ever recommend to anybody. It’s not something that I think was positive in much of any way. It was just a pain in the neck, having two years taken out of your training and not getting your life by that period of time.

But there were some positive aspects of it, and I think the ones that we agreed were positive was, one, learning to accept things that you can’t do anything about, you know? None of us thought we were going to be in this situation. I thought I was going to be used as an internist in a hospital. I didn’t expect to be out in the field with a clearing company, and of course I never got close to a hospital except as a patient. But I had been promised in a visit to the Pentagon before I went in that I would be used as a doctor in a hospital, just as the Berry Plan had promised. None of that ever happened. And you can kind of rail about it and write letters to your congressman and complain and drag your feet. Now, the basic concept is that there was absolutely nothing you could do about it, you know? You were a number on a long list, and you’d been put into a slot, and nobody who did that knew you or knew much about your qualifications, but you were in that slot and you were stuck there for a year. And you just had to grin and bear it. So, learning to accept things that you can’t do anything about I think was an important maturing lesson that came out of that experience. There certainly are—prior to that time, I don’t think I’d ever been in a situation where I couldn’t change it by some effort of my own, but that was something where I was totally a pawn in somebody else’s game.

I think self-reliance was another part of it. I mentioned that I built my own little bunker before I got hit by the mortar in March, and

there's no question that if I hadn't had that bunker, I would be dead. I would not be here talking to you.

STERN: Was that common practice? [Cross-talk]]Was it common practice to build your own...

COUSER: No, no. I was unique in creating personal bunkers. Everybody else was more happy to rely on the company bunker. But at any rate, it was me doing the most I could to take care of myself and realizing that no one else was going to do that for me, which again I don't think I'd—I'd never had quite that kind of experience in terms of anything you're going to do to help your condition here, you've got to do by yourself, because no one else is going to do it for you. They're not going to put up your tent, they're not going to fill your sandbags, they're not going to stack your sandbags, they're not going to build a bunker for you. If you want that, you've got to do it yourself. And I think that was a very positive lesson in future life, that if you really want to get something done, you often have to do it yourself.

But I think probably the most profound lesson that came out of that was that there were a lot of very brave people that you encountered during the course of that year, people who really voluntarily put themselves in harm's way in order to help out their comrades, their buddies, their American soldiers, whatever it is that they were—whatever it is that they were doing. But there were people who did really life-threatening kinds of things to try to help somebody else. I think particularly of the medevac pilots, because the medevac pilots would fly into almost anything, and they would go into places where there was still a lot of shooting going on, and the helicopter could easily get shot down. And they would go in anyway and take out wounded people, and never question it, never say, "I'm sorry, that's just too hot. I'm not going in there. It's too dangerous." They just went. If they were called, then went.

And the people that showed the most courage were often not the ones you would predict. You know, you look at all these people in a non-stressful situation and you think, you have your own idea who's going to stand up when it comes time to be counted and who isn't? But, you cannot judge people by looking at them or seeing them in situations where there is no stress. It turns out that the ones who performed the best under a lot of stress are often the ones you'd least expect to. And I think that was a very important lesson for future life in terms of just viewing people as people, you know. We're all the same. And there's no judging

people based on what their skin color is or what their country of origin is or, these days, what their gender is. You just can't predict. And unless you know somebody really well, you don't know them at all, and you have to give everybody the same shot. So I think that was really emphasized in that setting, where you really saw major courage from people that you would not have expected to do that. And they were not people who went to Harvard usually.

STERN: So, would not have expected based on their personality, their...

COUSER: Yeah, just your impression of them as a person in casual interactions with them. It's very easy to judge people as soon as you meet them, and you really learn that that's not very valid.

STERN: So, how were you treated upon returning home?

COUSER: With indifference or hostility. I think the bottom line is none of us talked about it very much. I had spent another year in the Army in a place called Bayonne, New Jersey, but when I finally came back to medicine at the Boston City Hospital [Boston, MA], I never mentioned that I'd been either in the Army or in Vietnam. I think—I was one of eight senior residents—I think I was the only one that came from the outside. The other seven had already been in the program. And I don't think any of them knew where I came from. Certainly, I'd never mentioned it. And I think unless somebody was very aggressive in asking about it, which people generally weren't in those days—most people would rather not know anyway—you didn't mention it. You didn't mention it to your family much or your friends. That's why this experience in New Orleans two years ago was so cathartic. One guy said, "You know, you're the first person I've met in 50 years that I can actually say what I feel to, because nobody else understands." And I think that's probably true.

STERN: So, were you silent out of fear of being ostracized or just because you think anyone could relate and understand what you had been through?

COUSER: I think both. I think nobody could really understand it, so it wasn't worth talking about with people who didn't have any context to put it in. But also, you know, the anti-war movement was pretty vigorous in 1968 and '69, and most of the people I knew were out protesting in one way or another. And it definitely would have hurt your relationship with people you were working with and even friends with if you said you'd been a soldier in Vietnam.

STERN: So you said you spent a year in New Jersey in the Army once you returned?

COUSER: Yeah.

STERN: What were you doing then?

COUSER: That was the worst thing. That was a worse experience than the Vietnam was. I was assigned to—I was told, “After you go to Vietnam for a year, you can go wherever you want. You can pick your place for the second year, go wherever you want. You have your choice of assignments.” So I picked, I think, the Presidio in San Francisco and some place in Massachusetts. And when I got my assignment, it was to a thing called the Military Ocean Terminal in Bayonne, New Jersey. And the Military Ocean Terminal was a little fenced off area on the Jersey shore where they stored vehicles and furniture that were being shipped to troops in Europe. So, if you went to Europe for three years, your household belongings and your car were trucked here, and then they were shipped over to Europe. And they had about 30 or 40, I think, military police that guarded this place, and then they had this little building which had a couple of offices in it and an examining room, and mostly an office with secretaries and filing and stuff that were keeping track of all the stuff that was being stored out there. And they had a doctor assigned there. And the doctor really didn’t have much to do. And then, they assigned me there as a second doctor. And I had absolutely nothing to do.

STERN: Yeah.

COUSER: This guy, the first guy that was there, was absolutely panicked that he was going to be sent to Vietnam. So he was trying to make a case for how essential his services were there, and the last thing he wanted to see was another guy there who could do what he was doing, so they could send him to Vietnam. So, he said, “Look, you just—you take that office in the back of the building there, and you sit there for a few hours a day. I don’t need you to do anything medically, but maybe you can read or something, and just kind of keep your head down.”

STERN: And that’s what you did?

COUSER: And that’s what I did for nine months. I sat in a little office in this little building on the Jersey shore reading medical journals and saying “good morning” when I came in to the secretaries and

“good night” when I left. And that was it. That was my second year in the Army.

STERN: Did you live on the base?

COUSER: No. There was no housing. The base was the size of three or four football fields. There was no housing. We had to rent an apartment in the town of Bayonne, and Bayonne was not a town that had any rental apartments at that time, so it was very difficult finding a place. But, we lived in an apartment.

STERN: Did you make any friends during those nine months?

COUSER: No. God no. [laughter] The only other male person that I saw was this other doctor, and he did not want to be my friend. He wanted to pretend I didn't exist.

STERN: And so, after those nine months, did you go right to your residency at Boston City Hospital?

COUSER: Yes, directly.

STERN: And can you just describe a little bit the transition from Army life to civilian life?

COUSER: Well, for all practical purposes, I'd been living civilian life for that nine months. I mean, I had no military duties. I didn't wear a uniform. And we lived in a town, a regular apartment in a regular town. So, it was civilian life for all practical purposes. The only military life I knew was in Vietnam, in which we were in tents out in the boonies. So, it would have been a rather dramatic transition to come back from that, and it was a fairly dramatic transition, but, you know, you were so glad to be out of there that you didn't spend a lot of time worrying about adjusting to where you were.

STERN: And did you follow the news upon returning on what was happening in Vietnam?

COUSER: Yeah. Yeah, to the extent that you could get that from the news, yeah.

STERN: And then, so you had your last year of residency at Boston City Hospital, and then took up a research fellowship in nephrology, is that correct?

COUSER: Right.

STERN: And what elicited your interest in the renal system?

COUSER: I had a patient when I was an intern who had a kidney disease that was thought to be untreatable, and I went and looked up this disease in the literature and I found an article from 10 years or so before that in which they had used an experimental drug to treat some patients with this disease, and some of them had gotten better. And so, I persuaded people to treat this guy with that experimental drug, and he got better, and I thought that was fascinating. I thought it was fascinating both that that happened and the fact that kidney doctors at the time seemed to know absolutely nothing about kidney diseases. There was no dialysis at that time, so if you had kidney disease, you basically died. And so, clinical nephrology wasn't a very booming specialty until dialysis came along, and most of them were just physiologists who were interested in how normal kidneys work. So I really didn't like nephrology very much as an intern and resident. But that particular experience really stuck with me, and I actually wrote my first paper about it.

And the guy that I started training with in nephrology at the Boston City Hospital happened to be a guy who had trained in that disease. He had a special expertise in immunologic diseases of the kidney. And, so I told him this story, and he said, "Well, you know, I have a lab. We study that kind of thing. If you want to, you, you could do a fellowship working in the lab, starting out working in the lab, and try to figure out what the patient had and why he got better when you did that to him." And I thought, "God, that's really fascinating. That sounds great." That's how I got into nephrology.

STERN: So you had said that when you were in medical school that you had Joe Grant, who was this kind of role model in terms of being a triple threat: teaching, doing research, and then also clinical work, which it sounds like ultimately has been your career since. Is that accurate?

COUSER: That's right. Yes, absolutely.

STERN: And would you say you prefer one of those hats, one of those roles, more than the others?

COUSER: If you ask me to pick which one is the most rewarding, I would say probably patient care is most rewarding. But, on the other

hand, I couldn't see myself in a career where I just have to walk in and face a roomful of patients every morning six days a week. I think that would have been very boring. I don't envy the people who are doing that. They make a lot more money, but it is not something I think I could have happily done as a career. I think the teaching part is also extremely rewarding, and so is the research. The research is a little different in that the goals are more long-term. But, they're all rewarding.

STERN: So, since 1972, you've held various teaching roles, including at University of Chicago [Chicago, IL], at Boston University [Boston, MA], and University of Washington [Seattle, WA]. What aspects of the teaching are most rewarding?

COUSER: I think being able to have people come into the room thinking that the topic that you're talking about is too complex and they really can't understand it very well, and being able to teach that topic to them and have them say, "You know, hey, I understand it now. I never understood it before, but now I get it. I see what you're talking about." I think that's the most rewarding part, when you get positive feedback from students, whether they're students or residents or fellows, that you have explained something to them that they enjoyed listening to and now have learned something from.

STERN: And can you talk a bit about your involvement in the American Society of Nephrology and the International Society of Nephrology?

COUSER: Yeah, the American Society of Nephrology, of course, is the largest group of renal doctors in the world, and is *the* society that kidney doctors belong to. And I was fortunate enough to be elected to the council of that society back in whatever it was, the early '90s sometimes, no, mid-'80s sometimes. And you spend six years on the council in various roles, and then you automatically become president. And you're president for one year, and then your term is up, and you leave the room. I also followed that by being the editor of the scientific *Journal of the American Society of Nephrology*, which I was for six years. So I had a pretty long run with the ASN, where it was a major part of my life from my role, my time on the council to my time as president and past-president, to then being journal editor. It was an honor, definitely an honor. It's a highly respected organization, and one that was at the forefront of supporting research in advancements in kidney disease, and being able to be a part of it at a leadership level, was a great privilege.

The International Society of Nephrology is a different experience. In some ways, it kind of mimics the American Society, but it's a smaller organization and its main mission is teaching nephrology in the developing world. So, in the years that I was involved with ISN, including as president, which was a two-year term, the major mission of the Society is to advance nephrology in the developing world, as opposed to ASN, which is purely developed world, U.S. oriented. The ISN was very developing world, internationally oriented. So, it was an opportunity to be involved in starting and administering programs that would be used to teach and improve clinical care in developing countries. And as part of that, we went many, many times—I think I made something like 62 trips to developing countries during that period of time. So, I was going out of the country basically twice a month for a period of a week or 10 days to somewhere. And that, too, was an extremely rewarding experience, and in a different way, because you're dealing with a totally different level of your discipline from the ASN, which is molecular and genetic and very research oriented and scientific, to the ISN, where you're basically teaching the principles of patient care to people in a developing country that have never had any kind of formal training in that area.

STERN: And what were some of the countries that you visited in this endeavor?

COUSER: China, India, I think nine different countries in Africa, Sri Lanka, several different countries in Latin America.

STERN: Have you returned to or do you have any desire to return to Vietnam?

COUSER: I did return, actually as part of this ISN thing. After being on the executive committee and being president, I took over what was called the Global Outreach Program, and the Global Outreach Program did fellowships and continuing medical education events, and visiting professor things in developing countries. So, I could kind of assign myself whatever I wanted, and I was actively involved in the CME [Continuing Medical Education] programs, including where they were and what they were composed of. So, we did a CME program going to Southeast Asia, and went to Thailand, Cambodia and Vietnam. So I was back in Vietnam as a teacher in Hanoi, spent two or three days there giving lectures at the medical school there, and I have a picture of myself speaking next to a statue of Ho Chi Minh, which

was a bit ironic considering my first trip to Vietnam. And it was, you know, it was as it always is in any of these countries very rewarding. There was nothing anti-American about the experience in Vietnam at all. They were very friendly and supportive. And we actually did make an attempt after the formal education part of it was over to go back and go down the coast a little bit and try to find some of the places that I had been when I was there in 1967.

STERN: I was going to ask...

COUSER: And it was amazing, because everything had disappeared. I was trying to find the place where I got wounded, and the whole LZ there where that camp was was a pretty big place, with an airstrip and, you know, it was a small town. And yet, it no longer existed. It had been totally grown over by trees and forest, and nobody in the area seemed to know anything about it. We asked if anybody knew about an American base that was in this area. No, nobody did. Most of them were younger people who were born long after the war. And we actually got a guy to take us on motorcycles out to where he thought it might have been, and it was just woods. And, so the whole effort to go back and revisit some of the 50 years ago Vietnam experience just kind of came to an end. There was nothing to go back and revisit. It was a remarkable thing to just see all these places had vanished.

STERN: Yeah, that's incredible. So, if I may, I'd love to talk a little bit about your personal life. Are you married? Do you have any children?

COUSER: I am married. I have two children. This is my third marriage. I have two boys. One is 35 and one is 31. And I live in Woodinville, Washington.

STERN: And are your sons from a previous marriage?

COUSER: Yeah, my sons are from my second marriage.

STERN: And where did you meet your current wife?

COUSER: On match.com.

STERN: Wow, and were you married when you had gone over to serve in Vietnam, or not at that point?

COUSER: Yeah. My first wife, we got married in Hanover actually, in 1965, and I went to Vietnam in '67, and we broke up in '74.

STERN: And where had you met her?

COUSER: She was a nursing student at the nursing school that the Hitchcock ran at that time. So, it was part of the Dartmouth experience.

STERN: And then, your second wife you met—you said you broke up with your first one in '74?

COUSER: Yeah. And my second wife I met in Seattle in '84, and we were married for about 10 years and had two kids. And my third wife, we've been married 16 years now, and met on match.com.

STERN: And, so what drew you to Washington State?

COUSER: The job. Purely the job. I didn't know anybody here. I'd never been here. But, it was an opportunity to take over a division of nephrology that was very well known internationally because the guy who was my predecessor was the guy who developed dialysis. So, there was a great deal of attention to nephrology in Seattle during the time that he was there, because everybody in the world was coming to Seattle to learn how to do dialysis at that time, which was in the '60s, and so, renal disease and dialysis had always been a big part of the medical component of this community. And, so it was kind of a prestigious job in that sense. And they were very sympathetic of the kinds of division that I wanted to build. I actually had a couple of other opportunities in Boston at the time, and I did not take them because the constraints that were placed on what you could do as a division head were ones that were not compatible with what I wanted to do. But, at the University of Washington, they really wanted what I wanted to do, and there was a meeting of the minds. It was a very strong scientific place, much stronger than Boston University, and so I came here for the job.

STERN: And what division did you want to build?

COUSER: I wanted to build a division that was excellent at all three things: the clinical care, the teaching, and the research. And I wanted the research to be basic research on kidney disease, and not renal physiology. I wanted to actually have a whole division that was focused on what I had become focused on when I first started my career in studying immunologic kidney diseases. At

that time, there was nobody studying them. I was probably the first, arguably the first in the country, in a department of medicine who was doing that kind of research, and I wanted to have a division of people doing that kind of research. And that was very possible here. It was not possible in any of the other jobs that were available at that time.

STERN: And did both of your sons grow up in Washington?

COUSER: Yes.

STERN: And what do they do now?

COUSER: My oldest son is working for a consulting company in Brussels, where he's been now for about four or five years. My younger son has a developmental disability and works at an outfit here that makes widgets for Boeing airplanes, and he lives by himself in an apartment actually in Woodinville, and has a job. So he's done very well.

STERN: Great. And what do you enjoy doing in your free time?

COUSER: Well, I'm still doing a fair amount of nephrology. I'm not doing any direct patient care or clinical stuff anymore, but I'm still writing book chapters, I'm still giving lectures. I have a couple of places that I go each year and give a talk, the same talk I've been giving for a decade now. And I still am involved with teaching the fellows here. We have a kind of a mini-course in glomerular disease that does eight different sessions; I do it once a year. So, I'm still in the business, not to the extent that I was before, but I still...[cross-talk]

STERN: Still keeping active.

COUSER: Still feel part of it, yeah. The rest of the time, what do I do? I don't know. I feed my birds and I read books and I do stuff like that.

STERN: In retrospect, what are your views regarding kind of the worthiness of American involvement in Vietnam? And just your thoughts on the war experience?

COUSER: It was a huge mistake. It was a tragedy. It was a national tragedy for us and for them.

STERN: And is it something that you discuss more openly now?

COUSER: Yeah, because it's much more acceptable to discuss it now, and particularly in the last three or four years, because suddenly Vietnam has become the topic of interest, where for many years it was not, and there was nobody interested in discussing it. With the 50 year change in things like the program you're doing, suddenly there's an interest in it again. So, yeah, I talk perfectly openly to it. I've given talks to a couple of veterans' groups here about it. I've given the Vietnam talk to a couple of private groups that have been interested in seeing it. But, yeah, it's much easier to talk about.

STERN: Are you involved with veterans' groups?

COUSER: Yeah. No, involved? No, not really involved. But I've become a friend of one of the local congressmen who has a big interest in veterans' groups, so they've had occasional events that were focused on Vietnam veterans that they've asked me to go to and say something.

STERN: What congressman is that?

COUSER: Congressman DelBene, [Suzan K.] Kathleen DelBene from Washington.

STERN: And have you visited Dartmouth at all or Harvard for reunions, or otherwise?

COUSER: Yes. Yeah, both. Of course, Lebanon is my hometown, so even though I don't have any family living there anymore, I have come back every five years for high school reunions, and I've come back now every five years for Dartmouth reunions. And then we usually come back at least once a year as just a regular vacation to, you know, visit friends and go and see the leaves. So, we'll be back in September.

STERN: You said you'll be back in September? Well, I'd love to meet in person if you are around and have the opportunity.

COUSER: Sure. We will be there. There is a, what, 55th reunion, Dartmouth Medical School reunion in September. I think it's the last weekend in September.

STERN: Okay, well, we'll be in touch.

- COUSER: Yeah, be in touch, because 21, 22 September is the reunion that I will be at.
- STERN: Okay. And where did your brother and sister end up?
- COUSER: My brother was a lawyer for a major firm in Concord, New Hampshire, for his career, and he died a bit prematurely from a brain tumor about 10 years ago.
- STERN: I'm sorry.
- COUSER: My sister spent her career teaching in the Lebanon public school system, was a very popular sixth grade teacher, and unfortunately also died of breast cancer 20 years ago.
- STERN: I'm sorry. And then, just my last question really is: do you consider your military service to be central to your identity? And you talked a little bit about this, but what habits or attributes do you think you took away from your 1967-1968 year in Vietnam?
- COUSER: Yeah. Well, I mentioned three things to you that I think were positive things that affected most of our lives after the Vietnam experience, including accepting things that you can't change, and being self-reliant and getting things done, and being able to view the world in a pretty uniform, homogeneous way, and not to pick out groups of people that are either less than you are or more than you are, and how unpredictable that element of courage and ability to stand up when things get tough is. So, those were all things that I took away from the experience. I wouldn't say that the war has much to do with my identity. I identify as a physician and a physician scientist and a father and a husband. And the military is not part of my identity.
- STERN: Is there anything else you want to add? Anything about childhood or time at Dartmouth, your military service or your work as a physician now?
- COUSER: No. I think you've covered pretty much everything.
- STERN: Well, thank you so much for your time, and of course for your service for our country.
- COUSER: Well, you're welcome, and I'm very glad now that you guys are doing stuff like that. I hope somebody sees it, reads it, watches it, whatever it is.

STERN: Yep, it'll be put in the Rauner Library Archives, and then eventually will go up online as well, so I'll definitely let you know when that happens.

COUSER: Yeah, please do. As I said, I did a similar kind of thing for the congressman that was going to some Vietnam project in D.C., probably different from the one you are doing?

STERN: Do you know what the name of that project was?

COUSER: I don't have it on the top of my head, but I can look it up and send it to you.

STERN: Okay, great. Yeah, I would just be interested. Well, thank you again.

COUSER: You're welcome, Sam.

STERN: Have a wonderful rest of the day.

COUSER: Yeah, you, too. Okay, I'll be in touch.

STERN: Yes.

[End of interview.]