# VIETNAM: EXPERIENCES AS AN OPTOMETRY OFFICER WITH THE 4TH INFANTRY DIVISION, AUGUST 15, 1969 – AUGUST 15, 1970

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**ABSTRACT**

*The author served as a U.S. Army optometrist in Vietnam for one year in 1969-70. He discusses his experiences providing optometric care in a combat zone and comments on how those experiences influenced his subsequent career in private practice.*

**KEYWORDS**

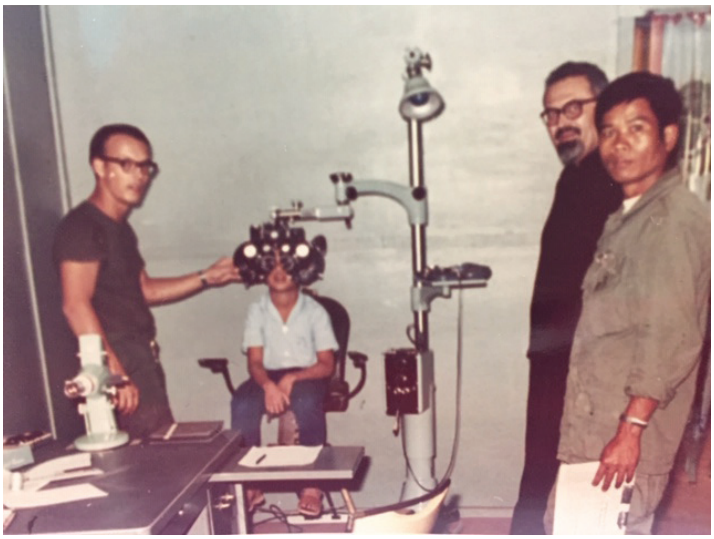
*Army optometry, Military optometry, Optometry history, Optometric scope of practice.*

*Dr. Powell relaxing. Image courtesy the author.*

My career in optometry began when I graduated from Southern College of Optometry (SCO) on June 8, 1968. In April of that year, Martin Luther King, Jr., was assassinated about two miles from the SCO campus in Memphis, Tennessee, and the U.S. was deeply involved in the Vietnam War. The Department of Defense was looking to replace nearly 300 optometrists worldwide that were drafted two years earlier. Through the Selective Service System optometrists were drafted based upon age and marital status. They took the youngest single men first and did not draft women. I was the second youngest in my graduating class and single, and realized that I likely would be drafted for military service. Instead of entering service under the draft, I elected to enlist in the Army. This option offered an enlistee a choice of duty assignments. My preference was to be assigned to duties in the Washington, D.C. area. Regardless of how one entered U.S. Army service at that time, all optometrists were commissioned as Captains in the Medical Service Corps.

I was married soon after optometry school, and then on October 15, 1968, I reported for officer training and orientation at Fort Sam Houston near San Antonio, Texas. I joined about ten of my SCO classmates for the ten week assignment of learning military procedures, etiquette, and familiarity with combat small arms. This October class of new officers included different professionals besides optometrists, including podiatrists, physical therapists, and masters level hospital administrators. During this time period at Fort Sam Houston, medical, dental, and nurse corps officers were in different classes.

During the orientation, orders were received for assignment to our first duty post. I was assigned to Fort Myer, Virginia, a duty station that supported personnel of Arlington National Cemetery, the Pentagon, Joint Chiefs of Staff of the Army, and the Third Infantry Division troops that were responsible for military funerals, White House duty, and guarding the tomb of the Unknown Soldier, etc. My assignment was very rewarding as my patient base, in addition to active duty military, included many dependents of military personnel, very much like a family practice. After only six months at Fort Myer, I received orders for a one year tour of duty in the Republic of South Vietnam. It was July 20, 1969 (the same day Neil Armstrong walked on the moon) that my wife and I departed



*Dr. Richard Powell with a 10-year-old patient from local orphanage with accompanying French priest and a Vietnamese interpreter who speaks French, Vietnamese and English. Image courtesy the author.*

*Cpt. Powell (second from right) is standing outside barracks building with other officers on a Sunday afternoon. There were fourteen officers, two to a room, in the barracks. Image courtesy the author.*

the Washington, D.C. area. I took my wife to live with her parents in Culbertson, Nebraska to wait for my return in one year. By August 15, I was in San Francisco awaiting my overseas flight.

The next day my flight left San Francisco for South Vietnam. We stopped for three hours to refuel in Guam, a U.S. island territory in Micronesia, and arrived in Vietnam after nearly 20 hours. When the passenger door of the aircraft was opened, I immediately felt the heat and humidity. Upon deplaning, I and 200 other military personnel boarded military vehicles that resembled school buses. We were transported through the city of Saigon, now renamed HoChiMinh City, finally arriving at our destination where we met with military reception personnel. During the trip I sat next to a First Lieutenant who was coming back for his second tour of duty. I asked why the bus windows had wire mesh covering all openings. His reply was "to let air inside (no air conditioning) and keep grenades out"! At that moment I realized this was the "real deal"! To my surprise, the military newspaper Stars and Stripes reported that at the time of my arrival in Vietnam in August, 1969, I was the youngest captain in the country at age 23. On my birthday later that month, I turned 24.

After receiving a general orientation with other officer and enlisted personnel of the mission of the U.S. military forces in South Vietnam, officers were separated from enlisted, and I then reported to the Chief of Army Optometrists. He informed me that I would be leaving on the next flight to Pleiku, a city in the northern part of the Central Highlands area of South Vietnam. There I would proceed to a small base known as Campi Enari, headquarters of the 4th infantry Division. I then recalled that the First Lieutenant sitting next to me on the bus ride from the airport to the orientation said that if I could avoid Pleiku, do so because it was a remote and dangerous place. Camp Enari actually was the safest location of all that I encountered during my one year tour of duty!

Camp Enari, although occupying an approximate area of only square one mile, was very well defended. We were approximately five miles from a major air base at Pleiku and its tactical aircraft, and the immediately surrounding jungle had been defoliated by agent orange, making it difficult for the enemy to get close to us without being seen.

I immediately went to work seeing patients. Nothing was scheduled – "walk-ins" generally 8:00-5:00 and emergencies 24-7. Most were active troops of the 4th Infantry Division, but also South Vietnamese military and allied personnel from South Korea, Australia, Great Britain, etc. The facilities were very much like those seen on the M.A.S.H. (Mobile Army Surgical Hospital) television series. My living quarters housed 14 officers, two to a small room with bunk beds, two desks and chairs, and running cold water for washing. Bathroom and shower facilities were in another building. Optometrists, physicians, a social worker, a medical supply officer, and four combat officers, all of which were rank of Lieutenant to Lieutenant Colonel, occupied the building. Our Medical Commander, an M.D. with the rank of Colonel, lived in a separate building close by. Besides personnel quarters, the compound included a mess hall/eating facility, a medical treatment facility where "sick call" was available every morning, and an emergency medical treatment facility with triage capability that also included surgery and recovery areas next to a helicopter pad.

Our mission was to stabilize combat casualties, and then move them out to the nearest recovery/evacuation hospital for needed further surgery and/or recovery. Several of these installations were located along the South China Sea Coast, or on offshore hospital ships, most within a distance of 60 miles. There was another optometrist in our medical battalion that helped me adjust. He left the Army three months later and was not replaced. My responsibilities included treating red eyes. General MD's did "sick call" every morning but usually the doctors doing sick call didn't have slit lamp microscopes available to help diagnose eye disease


*Group photo at the U.S. Army Republic of Vietnam optometry conference at Cam Rahn Bay taken on December 12, 1969. Image courtesy the author.*

as those instruments were only available in the optometric clinics. Eye trauma was triaged by MD's with OD consultation. Frequently such patients were sent by helicopter to the nearest hospital.

We optometrists in combat zones taught ourselves how to take care of eye disease patients using the "see one, do one, move on

to the next one" concept of learning. I was stationed at a location pretty far from the major military hospitals. My commanding medical officer said it was my call on treating locally or sending the patient to the next level hospital. The optometrists that were stationed at those hospitals mostly practiced the same as me, unless there was an ophthalmologist on board. In December of 1969 there were about 25 optometrists in Vietnam.

We worked in poorly constructed, dusty, wooden buildings with no air conditioning, leaky roofs, and sand bags for protection around the outside walls. My day to day duties included examining soldiers, replacing lost or broken glasses, and treating red or sore eyes. Instrumentation included an examining chair with instrument stand, phoroptor, tonometer, slit lamp, fluorescent black (UV) light. Ophthalmic materials were supplied as needed via airplane, truck convoy, or helicopter. Medical instruments, phoropter, projector, and slit lamp biomicroscope were replaced if damaged within one to three days. Under my supervision were four enlisted Army-trained Optical Laboratory Specialists who fabricated spectacles and fitted them, all while the soldier waited. The range of corrective lens powers was from +6.00 to -8.00 D with up to 3.00 D of cylinder power. Only one style of frame was issued by the Army. It came in five eye sizes and three bridge sizes. Every military person assigned to Vietnam who required spectacle correction was furnished with two pairs of spectacles prior to leaving their previous duty station.

All soldiers were required to keep their own medical records. Whenever I examined one I could see the previous Rx as well as other medical information. Only those soldiers who were having problems with their vision, or who had lost or broken glasses, were examined. I suppose some soldiers may have "lost" their glasses in order to get a break from combat to see the optometrist. About once a week, a helicopter brought six to eight soldiers from more remote areas to see the optometrist, with a resultant delay of one to two days to return to their units.

In February 1970, after six months at Camp Enari, the 4th Infantry Division was ordered to move approximately 60 miles to a different base near the city of An Khe, still within the Central Highlands area of South Vietnam. I flew to the new location on a medical evacuation helicopter while my optical equipment followed by truck transport. The An Khe location turned out to be much less secure. There was a 20-mile-long perimeter, part of which included a 300-foot-high hill. The entire perimeter was very porous, and the base was attacked with minor skirmishes by the enemy at least weekly. The base received either rocket or mortar fire from locations outside the perimeter or the enemy attempted to sneak through the perimeter which was composed of a 60-yard-wide field of concertina wire, which was mined. Some infiltrators, known as "sappers", succeeded in sneaking through, attempting to inflict damage with C4 explosive duct-taped to their bodies. On one occasion they blew up 15 helicopters parked at the air strip runway just a mile from where our medical company was located. In May 1970, the base had 21 incidents of enemy contact, usually late at night. At times a rocket would hit or land near an occupied facility, killing or wounding personnel.

When the base was attacked, I always remained in my sleeping quarters, put my mattress on the floor, and stayed there with my sidearm at the ready, sometimes until daybreak. During a "skirmish" everyone was required to wear a helmet and protective flak vest and to be armed. No one, other than combat soldiers, was allowed to be outside. Such "red alerts" usually lasted until sunrise. In all cases of a red alert, doctors went directly to the emergency room; all remaining officers had other assigned areas. The choices were to proceed to a bunker, considered to be rocket proof, or simply stay in the area of one's quarter. Sappers knew that bunkers probably had troops inside, and a grenade or satchel charge tossed inside would cause a lot of deaths or serious injuries. Our commander indicated that I could decide for myself. I decided to remain in my sleeping quarters; everyone knew not to be walking around outside during a red alert until it was called off. My protection, therefore, was my sidearm, ready to be aimed at the doorway exit to my quarters.

A particularly interesting situation during my assignment which stands out in my memory occurred when a 19-year-old private came to me needing an eye exam and new spectacles. His previously issued two pair were lost or broken. Previous records indicated a prescription of approximately -11.00 D for both eyes. My subsequent exam showed -11.50 D OU. He had been in South Vietnam approximately three months, having enlisted about one year before arrival. Army regulations indicated that this amount of myopia did not meet the requirements for service. Moreover, no one was qualified for duties in South Vietnam with myopia greater than 8.00 D. This soldier clearly was disqualified for U.S. Army service, and he certainly would have been at great risk if he had lost his glasses in combat! I decided that at least he needed to be sent back to the United States and proceeded to recommend that action to my commander. After first denying my request, the commander changed his mind when I asked him to sign the medical records denying his return. He was sent back to duty in the United States, and within a couple weeks was honorably discharged from the Army. His mother sent me a personal letter thanking me.

My tour of duty in South Vietnam ended in mid-August 1970, 365 days after leaving the U.S. That date was known as one's "DEROS" (Date Estimated Return Overseas). Soon after my return to the U.S., I was discharged from Army service. I was awarded the Bronze Star for "meritorious service against hostile forces in a combat zone." I have agent orange disability of 20% from the tour of duty.

I returned home to Nebraska and moved with my wife Vicki to Lincoln, Nebraska to begin optometry practice on September 1, 1970. After entering private practice, I became involved in the Nebraska Optometric Association and became president of that organization in 1980 and was Chairman of its Political Action Committee for 20 years. My experience with optometric practice in Vietnam had a major personal influence on my decision to help expand the scope of practice in the U.S., and specifically my home state of Nebraska. It seemed like a natural evolutionary tract to move our profession into the treatment of eye diseases that could be treated with topical or oral medications. I helped lead all the legislative battles to update scope of practice laws, including use of diagnostic and therapeutic pharmaceutical agents and management of glaucoma. In addition, I served on the boards of the North Central Optometric Congress, Minneapolis, MN and Heart of America Congress, Kansas City, MO as well as the Better Vision Institute and various American Optometric Association committees.

There were two other incidents during my military service that stand out. After the death of Dwight David Eisenhower in March of 1969, there was a ceremony in Washington, D.C., in which his casket was transferred from the hearse to a horse drawn caisson and then on to the U.S. Capitol for viewing by the public. I was assigned to a battalion station as commanding officer on Pennsylvania Avenue at the intersection where this took place. I witnessed world leaders in attendance, including former French President Charles De Gaulle and U.S. President Richard Nixon. In June of 1969, while I was stationed at Fort Myer, Virginia, I was at Arlington Cemetery and witnessed the ceremony for the first anniversary of Robert Kennedy's death. We were seated about 30 feet from the Kennedy family.

I have had a great career as an optometrist. There have been many changes in the profession. I am proud to have served our country and to have been one of the optometrists who served in Vietnam.