

Roger Breslow
Narrator

Julia Madura
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Interviewers

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Julia Madura	JM
Roger Breslow	RB
Caroline Regan	CR

JM: Could you please state your full name?

RB: Roger Arnold Breslow

JM: What branch of the military did you serve in?

RB: Air Force.

JM: How long were you in the Air Force?

RB: Two years.

JM: What was the highest rank you held?

RB: Major.

JM: Where did you receive training?

RB: I received my training as a flight surgeon at Brooks Air Force Base in San Antonio, Texas.

JM: What did a flight surgeon do?

RB: As a flight surgeon you got training in medical aspects of flying, and then you only took care of the flying crew members when you were out in the field. They're a very healthy group, of course, but they do need physicians, and that's what you did.

JM: What were your day-to-day duties?

RB: When I was out in the field, on normal days you'd have office hours in the morning, at the clinic. Anybody who was ill would stop by to see you. In the afternoon, you'd start out by going to the alert facilities. We always had crews on alert, both the B-52 and the KC-135 tanker crews. They were always on alert in case they had to go out on a few minutes' notice, if the Soviet Union attacked us. So you would go to each alert facility and see if there was any medical problem. To be honest, you'd socialize and play ping pong some, too. Then you'd get back to the flight surgeon's clinic and spend the afternoon there, if anybody else would stop in.

Occasionally you would have to fly. You had to make at least a hundred hours in the first year, and a minimum of four hours a month. On those days you would just suit up in your flight suit and report with the crew you were flying with, and just go on whatever kind of mission they were on.

JM: You mentioned a B-52. Is that the bomber?

RB: Right.

JM: Were they small?

RB: They were big. They were enormous aircraft. They were designed for the Cold War with the idea of being our nuclear deterrent. We had aircraft at all times fully armed with nukes right on board, ready to take off on a few minutes' notice. Now, Griffiss [in Rome, NY] was a SAC base. They had B-52s and of course, they would do the same as we did.

It was an enormous aircraft, but it's interesting: there was very little room for the crew. They were very unpopular with the crews that flew them. It didn't take me long to realize I stepped into a position of poor morale. We figured it was designed with crew comfort the lowest priority. It was very cramped. Most of the plane was bomb bay, in other words.

JM: You were talking about the field?

RB: I mean, being out on a typical base. Once you finished your training you'd be out working as a flight surgeon at a typical base, a typical SAC base. Strategic Air Command.

JM: What was the equipment you were usually using?

RB: There was nothing special in the office. I'd use whatever equipment like I use now, in my own practice. For flying, I didn't have any special equipment; I'd wear a flight suit like everyone. At times you would have to wear a parachute, when you were either refueling or receiving. Of course you'd have to wear an oxygen mask at times. Especially

in the B-52 on landing and take-off, you'd have to be on oxygen. The pressurization wasn't that reliable. Once we encountered what we called a rapid decompression in flight—that's when the pressurization fails. If I live to be ten thousand, I'll never forget the cloud of condensate that appears. Of course I knew right away from my training that we were having a decompression, and to keep the oxygen on.

JM: When you had to fly the one hundred hours, what were you doing?

RB: That's a good question. You don't do anything but sit there and observe. That's a very good point—I can't tell you I flew the aircraft or did anything else important. The idea is that they want you for two reasons: they want you to observe the crew's duties so you could understand how medical conditions could affect their ability to do their job. The other reason is that they want the crews to know who the flight surgeon is, and be comfortable with them, so if they do have something wrong they'll come and see you and not try to fly and compromise the mission. But I can't tell you I did anything but sit there.

JM: Did any of the men do anything for good luck before flying?

RB: No, I can't think of anything like that.

JM: The people you worked with—what were they like?

RB: They were very nice. Everybody treated you pretty well, they got along well. We were serving at a very, very bad time and we figured, *We're all in this together*. Everybody would help anybody else with anything and I was always treated very pleasantly by other officers, and so on.

JM: You mentioned killing two birds with one stone. Can you tell me about that?

RB: This happened at the bar at the Officers' Club where we spent a lot of time. There's an old saying: "Killing two birds with one stone." Would you believe Colonel Byrd and Colonel Stone were both standing behind me? We had a good laugh. Of course they knew I meant no disrespect. Stone was commander of our small hospital; Byrd was the deputy base commander. A humorous incident.

JM: Who is the person you remember most from your service?

RB: I don't know. It's hard to say. I remember the first wing commander we had because he was a very nasty fellow and I used to sit at his briefings and hope he didn't look my way. I remember him. I remember his successor because he was exceedingly good-natured, as was his successor twice removed. I remember our hospital commander. I remember a lot of the guys that I served with. I don't know if anybody stands out the most, though.

JM: What experience left the greatest impression on you?

RB: I don't know. It either has to be serving on the board of investigation for a couple accidents which turned out badly, or when I had to investigate a couple suicides, too. Those things you remember. You have to remember something like that.

JM: Can you explain what the board of investigation is?

RB: Anytime there's an accident—these were both crashes which nobody survived—a board of officers who fly that type of aircraft has to be convened to investigate. Obviously you look for maintenance factors, physical factors, sometimes there can be medical factors, and that's what you do. You see the same thing in civilian life; anytime there's an aircraft crash, the FAA convenes a board of investigators to go and investigate. You do this hopefully to find out what happened and prevent it from happening again.

JM: I know the book *Catch-22* and the movie *Top Gun* aren't the same war, but were any of the conditions similar to what...

RB: I've got to be honest. I never read the books. Sorry.

JM: That's all right. What was your opinion on nuclear war?

RB: In which regard?

JM: Just using nuclear weapons.

RB: Don't forget, if you want to talk and argue about the Cold War: my opinion was that if the Soviets were going to launch nukes at us we better darn well be ready to retaliate. We hoped it would never come to that. I mean, you know the Soviets would never attack us when Roger Breslow was on duty anyway. [Laughs] We hoped it would never happen. But on the other hand we wanted to be prepared, as a deterrent to keep them from doing it. So I thought we were certainly doing the right thing by being prepared.

However, the question comes up—we had military-industrial targets in the Soviet Union that we targeted. We'd have target study when we were on alert. We certainly hoped we'd never do this. But on the other hand, you figured that being in the air might be the safest place to be if this is happening.

JM: Almost three million people were sent to fight. Did you think there was a reason they were over there fighting?

RB: Absolutely. I never questioned it. People didn't question government much in that era. I think it was Eisenhower who talked of the domino effect. He said that if one of these countries of southeast Asia goes communist, the others will fall like dominoes.

Nobody questioned it; it seemed logical. Now, the Soviet Union itself fell a while ago. We're commemorating Ronald Reagan's birth, and it happened during his administration, and you figure: why were we so afraid of the Soviet Union? Well in that era, we were. They probably appeared stronger than they were, but they did appear bent on conquering.

JM: Did you hear about any protesting back home?

RB: Oh, yes. You used to hear about it. There were protests all the time. In fact, when the Kent State incident occurred I was overseas on Guam. But what can I say? I was too busy serving to pay that much attention. It's everybody's right to protest, of course. We have free speech in our country. It's absolutely anybody's right to question anything the government does. But yeah, you'd hear about it, but I didn't pay that much attention. I'll tell you one thing I remember. In our training, we learned medical aspects of flight but we had to learn a lot of other things. One thing was an orientation to CBR—chemical, biological and radiologic. Today they say “weapons of mass destruction.” One of the things was a demonstration of tear gas. We had our gas masks on; you had to be quick to get the gas mask on. They set a canister out, and everybody had to take the mask off and take a whiff of it. Someone said, “Boy, I can see why the demonstrators disperse when they fire this.”

JM: You said you were in Guam. Where else did you go?

RB: I was on Guam because that was a very important base in the Vietnam years. They were flying missions to bomb targets in southeast Asia from there. That's on the crossroads of the Pacific. I got sent there even though my home station was on northern Michigan, a place called K.I. Sawyer. It's 150 miles directly north of Green Bay, Wisconsin. I was often away on what we called TDY—temporary duty—like those accident investigations. So I got as far west as Guam and as far east as Torrejón, Spain, outside of Madrid. That's where the other accident was. I got to an awful lot of SAC bases in the US at one time or another.

JM: Did you know anything about the use of Agent Orange?

RB: No, we didn't have anything to do with that.

JM: How were you received when you came home?

RB: I was received OK. I was a second year resident at an upstate medical center when I had to leave very abruptly in September '69 to report to the Air Force. When I came back two years later, everyone was coming up and shaking my hand to welcome me back. However, you wouldn't say where you'd been or what you'd been doing. If people didn't know, you wouldn't necessarily tell them you were in the service.

CR: You were drafted when you were in college?

RB: Actually I was an intern. The way a doctor got in was different from most others. Obviously I was subject to the draft—I even brought a copy of my draft card, so you can see that I didn't burn it. If you went to a four year college you'd be deferred automatically. I never thought about the military. If you went on to medical school, you'd also be deferred automatically for four more years, plus a fifth year for your internship. This was all automatic, just so you were still enrolled.

However, your deferments would end after that. So what to do? Well, in the fall of '67 when I was an intern, the military would send you paperwork to volunteer for this plan—they called it the Berry Plan. Berry was the Deputy Assistant Secretary of Defense for physician procurement. What you would do was fill out the paperwork to volunteer for a commission in the service of your choice. If you didn't, you'd be drafted in the army as soon as your internship was over—for me, July 1, '68. But you could volunteer. I heard the Air Force treated you the best. I had a cousin who'd been in as a dentist, my cousin Ted. So I put Air Force first, Navy second, Army third. I felt lucky I got Air Force.

If you wanted to be trained in a specialty, you would put down the specialty. Mine was internal medicine. They don't need many internists; my year, there were eight or nine hundred who applied in internal medicine and they only needed two to three hundred. So I didn't get that. I figured I had one more year, though, to continue training. So at least I took that. If I didn't take any of that I would've been drafted in the army in July '68. But instead I had another year, to '69. I'm good at predicting things; I figured the war would be over by '69 and I wouldn't have to go. Put it off, anyway. Of course, it turned out that was the peak of Vietnam.

The draft went to age twenty-six but if you deferred to go to medical school you could be drafted until you were thirty-five. That's how they got doctors. I knew of a couple doctors in town, one of whom is still around, who were in practice and were drafted right out of a practice. They were yanked and had to report in uniform. Dr. Spath, Thomas Spath, was one. Dr. Ed Bradley was in Slocum, my future employer—I think he was in practice. Then he had to leave abruptly and come back. Dr. Bashant, too, if you remember him. Gordon Bashant. He wasn't here then—he was in Seattle, Washington—but he got drafted. That's how they got doctors.

CR: When you got back and finished up your internship...

RB: Residency. I was a second year resident.

CR: You were a second year resident, OK.

RB: I got one more year. That would take me up through the first year of residency. Then, at their convenience—they didn't call me right away, either. The training year was from July 1 to July 1. I didn't have to report until the 28th of September, so I had started

the second year. Then I came back two years later and just resumed it. The position was there for me.

CR: Did you get to reap the rewards of the GI Bill at that point?

RB: Yes, absolutely.

CR: So then that was beneficial?

RB: Yes. You were considered a trainee and you got a certain stipend each month. It wasn't that much by today's standards, but we've had a lot of inflation since then.

CR: Being in the Air Force, then, you were on a ship the whole time?

RB: No.

CR: You weren't on a ship?

RB: The only time I was on a ship was when we were looking for the wreckage of the aircraft in upper Lake Michigan. I wasn't personally looking, but the Coast Guard provided a ship and I went out with them. I went out with them a few times.

CR: What about basic training?

RB: It wasn't basic training like others go through. We'd already received our commission. They gave you some very low-key lessons on how to wear the uniform, when to salute. They didn't want to waste a lot of time teaching you things like doing calisthenics and firing a gun and all that. The attitude was, *Hurry up and teach the docs what they have to know and get them out working where we need them.* They didn't teach you a whole lot of stuff you didn't have to know. This was all different from enlisted troops or others. A doctor is on what's called a direct commission. You just received your commission direct—you just sign and instantaneously you're a commissioned officer.

CR: Did they give you a higher ranking then?

RB: Yes. When I received my reserve commission, when I was an intern, I was a first lieutenant. A doctor would go on active duty as a captain. That was automatic. Then on the fifth anniversary of your medical school graduation you'd be a major. That was all automatic. Then sometime, when I had a few months to go, they lowered the requirement for major from the fifth to the fourth anniversary. So I became a major for the last few months. It was all automatic. I didn't have to do anything distinguished. They lowered the standards; that's how I made it. That's how it came about.

It's all different for people who were drafted, people who enlisted. As I said, I was in the Air Force for two years: for a doctor, it was only a two year requirement, regardless of the service. If you enlisted in the Navy or the Air Force, it would've been four years. Drafting was two years for the army. But for a doctor it was only two years regardless of the service.

CR: Were you ever with people there that were conscientious objectors that did not want to be there?

RB: There were enough people that didn't want to be there, but if you were really a CO—a conscientious objector—you'd make it known and you could get out. There were a few. Actually, I was a roommate for a time with a guy who was. He was the Red Cross representative on our base. He wasn't a troop, but he lived in the bachelor officers' quarters and we did share one apartment. So he was a CO, I guess. I heard years later there was a CO in our class. When he got to Guam, he applied for CO status and was dismissed. That's why a lot of us had to go to Guam on TDY, because there was a vacancy. If you are a CO you object. It's in the conscience, what can I say?

CR: You've said your training was different and your responsibilities were different. What about your leisure life—was that different too? Did you have time off like everybody does, and what did you do with that?

RB: My normal day was duty hours from eight until four forty-five if I wasn't on call that night. Like any doctor, you had to be on call once a week. But I was free; I'd go to the BOQ [bachelor officers' quarters] and change into civilian clothes. I could go to the Officers' Club and eat or have a drink, or I could go into town and eat. There was a university in the town—Marquette, Michigan—and I occasionally went to their football games. There was a pro hockey team there. There was plenty of recreation and you could do whatever you wanted.

CR: Your Vietnam experience is very different from a lot of other Vietnam vets.

RB: I never served in that country. I only served on Guam, actually, for a fairly short time. I served during the Vietnam era and that's how I got yanked and put on duty, but I didn't have a bad experience.

CR: Is this something that you would recommend to these young ladies, that being in the military is a good thing?

RB: I think it's good to serve your country. I'll admit I never would've if it weren't for the draft. But you're proud to serve your country. This country's been good—my grandparents came here with the clothes on their backs. The country's been good to us, so you try to pay it back. [Dr. Breslow relates some family history.]

CR: Do you belong to the VFW or anything like that?

RB: I belong to the American Legion. I have for a while. Most people of my generation—when we came back, we didn't want anything to do with anything and I didn't join any veterans' organizations. But as years went on it dawned on me that we're losing the World War 2 vets that are the backbone of the American Legion. I think we're losing about a thousand a day, something like that. And it dawned on me that the American Legion and other groups lobby for veterans. That's important—veterans need all the lobbying they can get and all the help they can get.

So this thing would come in the mail from time to time, to join your state's headquarters post. It just exists on paper but at least you pay your dues to support the Legion. So I said, "Maybe I should." It's only about fifteen bucks, I don't know. It's not very much. So I joined. Then it turned out the commander of our local post in New Hartford, #1376, is a neighbor. I never knew. His son Mike used to hang out with my son Matt a little bit when they were young. He was a good neighbor but I never knew he was a veteran and he never knew I was. But he's commander of the post. "Doc," he said, "You ought to join our post. Join your local post the next time you have to renew. Here, let me bring you the paperwork. Just bring it to me when you go out walking some night." So I said, "Sure. I'll do it." So I've been a member of post 1376, New Hartford, ever since. It took a while. I'm too busy to be that involved in the post as a doctor, but it's true: they lobby for veterans and veterans do need all the help they can get.

CR: Not to mention the good things the Legion does for other people. Both of my children went to Boys and Girls State.

RB: It's a nice thing. My son actually went. We also sponsor Legion baseball. That's important. I got a kid on my street who played. It's a good organization to be a part of. I'm proud to be a part of it, of course.

CR: You give time but you reap rewards as well, from your service, which is why we're all thankful for what you have done.

RB: Thank you. I didn't have a bad experience. I did have to put my career on hold for two years though.

[Dr. Breslow continues to speak about non-military matters.]

If my military service did nothing else, it did me one good thing. It gave me the confidence to go through the rest of my life knowing I'm a survivor. You serve on a board of investigation for horrific crashes like that, in the same aircraft you fly in yourself, you get the idea that you're fortunate and you're a survivor. Puts things in perspective.

CR: Do you still have contacts with people?

RB: Not really. I called one fellow a few years ago. I was full of nostalgia, so I called a guy I had known. He's not that far from here—he's either in Bloomsburg or Berwick, Pennsylvania. It's within a couple hundred miles of here. Not far from his roots. At first he didn't remember me, but I got to talking. He was actually the flight surgeon of the squadron that the [crashed] B-52 crew was from. Then he remembered all of a sudden.

But he was full of bitterness. He said, "You know, the day that my son was born I had to leave for Guam for a 90 day TDY," because we had a classmate who was a CO. They had to cover for him. And he said, "I remember the accident, because the wing commander called me and told me I had to go notify all the crew's families." And of course, I think the wing commander should do something like that. So he was full of bitterness, and after that I didn't try to call anybody else. God knows what memories they might have. So I haven't been in contact with anybody else.

I'll tell you, though, when I started practice there were a few that I used to exchange Christmas cards with. The day I started practice at Slocum—I don't know how he knew—our old squadron commander of our B-52 squadron, Colonel Wertman, sent me a flower arrangement for my desk. *From Bill and Marilyn Wertman.* I was so touched by that. I guess I called Colonel Wertman to thank him. He must have known from a mutual friend.