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## Military Profiles

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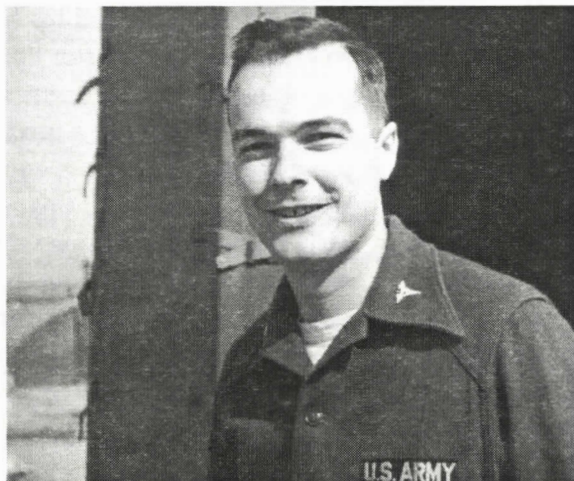
***Colonel E. Paul Didier,  
MC, USAR (Ret.)***

I graduated from high school in Torrington, Connecticut, in 1942 and went immediately to Williams College in Massachusetts via the "accelerated program". What I really wanted was to join the Army and learn to fly, but being only 17 years old, I had to wait until 1943 when I signed up as a potential Aviation Cadet. I was found to be unable to read the correct symbol in the color acuity test and ended up going to aerial gunnery and power plant school to qualify for crew membership in the (Top Secret) B-29 program.

After training in Kansas and Nebraska, our eleven-man crew went to Saipan, Marianas, with the 73rd Bomb Wing in October 1944, flew 35 missions to Japan (some more exciting than others!) and 15 "training" missions over Truk, Marcus, and Iwo Jima. We finished our tour relatively intact, and while on our way home in August 1945, the Atomic Age started and the war ended.

Back to college and on to marriage and medical school where we started our family, which made it seem prudent to seek (successfully) internship and residency training via the USAF program. By the time I was invited to join the staff at Mayo in 1960 by Dr. A. Faulconer, I had accrued 10 years of service, and so I accepted an invitation to sign up in the 5071 Med. Hosp. Det. at Mayo. We gave shots and annual physicals for Reserve Units and attended classes, seminars, and educational meetings (which we called "drills"). In 1985, I attended the Army War College at San Antonio, Texas. In 1988, I retired from the USAR with the rank of colonel.

Decorations and Awards: Distinguished Flying Cross, Air Medal, 5 Oak Leaf Clusters, Purple Heart, Army Achievement Medal, and various unit citations and theater medals.



***Captain Allan B. Gould, Jr.,  
MC, USAR (Ret.)***

Having finished one year of my anesthesia residency, I was called to active duty. After the usual indoctrination at Fort Sam Houston, I was sent to Korea and assigned to a SHMA (Surgical Hospital Mobile Army) better known as a MASH. These units received trauma and medical patients by helicopter or ambulance as well as an occasional Korean soldier or civilian. We treated wounds and fractures and

managed routine medical/surgical problems such as appendectomies. The patients were then either sent to an Evacuation Hospital or back to their units.

The officers lived two to a tent and several Quonsets were used as wards and support facilities. A generator supplied power, and surges in power would sometimes blow out all the lights. I can remember holding my laryngoscope over the surgical field while waiting for flashlights to use until the standby generator started. Eventually we got one, battery-powered, freestanding OR light to resolve that problem. Our army issue gas machines were inferior, but a predecessor of mine had also acquired a dandy gas machine reportedly off a naval ship. Such swapping between units was a necessary part of life.

Because much of the surgery involved débriding wounds, I did a lot of spinals and axillary blocks. When I arrived at the MASH, medica-

tions for spinals and blocks were being cold sterilized. One of the crystal pontocaine ampoules had nothing in it but a drop of liquid and no visible crack in the glass, so it was clear that cold sterilization was out. Epidurals were not widely used; Pentothal, ether, nitrous oxide, and curare were the primary drugs used for general anesthesia. While I was there, the only blood type given was O Positive. Because errors in crossmatching had been a frequent problem, it was not done in this young healthy, male population.

As each VIP came through, and there were many, they always asked how they could help us. I would tell them I could not get succinylcholine and explained why I felt it was important. I was always reassured that I would have it almost immediately, but it never came. I finally wrote to the manufacturer and explained the problem and almost by return mail got enough samples to last for the duration of my Korean tour.

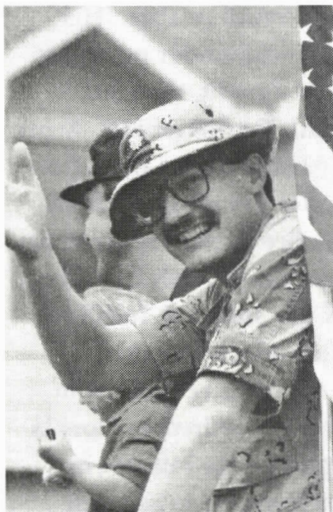
### *Major Jeffrey O. Welna, MC, USAR (Ret.)*

I joined the Army Reserves as a captain in 1987 with the encouragement of then Colonel Robert Lennon. My career was relatively uneventful until I became commander of the 318th Medical Detachment in 1990, and it became obvious that troops would be deployed to the Persian Gulf. I received my mobilization orders late in November--

the same day my wife totaled one of our cars by hitting a deer! We left the U.S.A. in mid-December and arrived in Saudi Arabia about 36 hours later, only to be convoyed into the desert all night long and eventually arriving at the 12th EVAC Hospital. The 12th was an active duty unit from Germany, and they were not expecting visitors. This was made clear when we were told in no uncertain terms that we were merely co-located and not attached to the 12th. This meant that we had

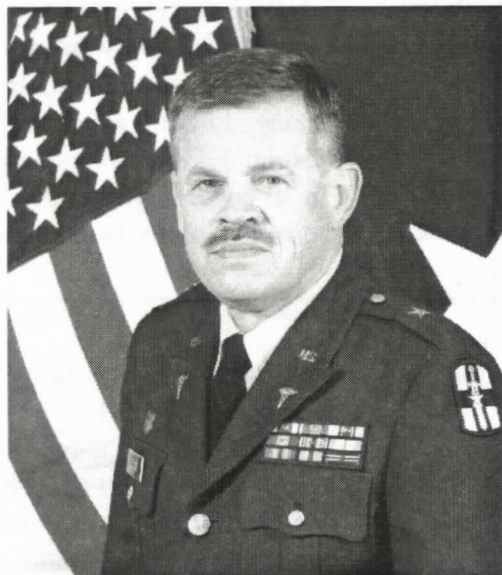
to procure our own tents and all necessary support for ourselves by the "combat acquisition" technique. This was aided by a fellow commander, a full Colonel (neurosurgeon), who asked the two MP corporals who were guarding the semi-trailer with CP Medium tents on it, "Where the hell is the driver of this truck? We've come for our tents!" We soon had our tents. While located with the 12th, we assisted in about 125 total anesthetics and numerous elements of triage in the ER. We were at the time one of the northernmost units in the country, and therefore, we took care of many American soldiers injured during the build up phase of deployment. This included gunshot wounds, hot appendicitis, herniated lumbar discs, abscesses, and many motor vehicle crashes.

We assisted the 12th for about six weeks after which I was asked to assume the role of anesthesiologist for the 13th EVAC Hospital, a unit from Wisconsin. I became very good friends with one of their anesthesiologists who returned to



practice in Wabasha, Minnesota. When we reached the brink of the ground war, the 13th was to be utilized for American casualties; our sister EVAC, with whom we shared a helipad, was to care for enemy prisoners of war (EPW). We quickly found that when a Chinook full of EPWs would arrive, the ER would be saturated for several hours. The 13th would then accept EPWs for treatment. The majority of these patients were in pretty bad shape, many with extensive blast injuries needing debridements and amputations. Often we were told that these very young men had been living on rain-water and sprouted grain for extended periods

of time before they were found. We had an incident where a member of the Republican Guard had been captured and sent to us for care. While he was recuperating, we had to post a guard to prevent the other Iraqi patients from doing him harm. This situation lasted for about six weeks when we were told to stand down for deployment home. I remained in Saudi Arabia until the first week in May when I returned to Mayo weighing about 149 pounds. I since have regained my weight, have no signs of "Gulf War Syndrome" and continued in the reserves until 1996.



***Brigadier General Robert L.  
Lennon, MC, USA (Ret.)***  
**Peter Southorn, M.D.**

Bob began his army career as an anesthesiologist in 1977. While in the military, he completed a fellowship in the specialty at the Mayo Clinic between 1980 and 1982. In the subsequent two years, he acted as Chief of Anesthesia and Operating Room Services of the 97th General Hospital in Frankfurt, Germany, after which he was released from active duty and returned to the Mayo Clinic as a consultant. His vast experience particularly in regional anesthesia, his gift of teaching, and enthusiasm for research into the mode of action

of muscle relaxants made him a superb addition to the staff. With these attributes, together with his leadership abilities, he became director of the nurse anesthesia program and then subsequently head of the orthopedic section of the department. While at Mayo, he continued to be active in the U.S. Army Reserve and, in 1991, was recalled to active duty during Operation Desert Shield/Storm and served at an evacuation hospital in Saudi Arabia. His reserve duties included Commander positions of the 318th Medical Detachment, the 73rd Combat Support Hospital, the 5501st U.S. Army Hospital, and finally Commanding General of the 807th Medical Brigade. He resigned from the Clinic in 1994 to practice at the Presbyterian Hospital Systems in Charlotte, North Carolina, a location which was better suited to fulfill his military obligations. This relocation also enabled him to pursue his lifelong interest in sailing. Subsequently, he has retired to Florida where he continues to pursue his interest in sailing. Fortunately, we continue to see him quite frequently at Mayo when he helps cover department staff absences.

Bob received numerous awards and decorations during his military career. There is so much to admire about Bob. Quiet and reserved, he is a natural-born leader. He is someone who has made a major contribution to our nation's well-being both in the military and the provision of health care.