

PAUL ROACH

Our Neighbors, Our Heroes: Forest Park Veteran's Oral History Project

AA: Today is August 17, 2017 and I am August Alexi for The Historical Society of Forest Park Oral History Project interviewing Dr. Paul Roach. Ah, please give your date of birth.

PR: Oh, July 26, 1967.

AA: OK, your current address?

PR: Forest Park

AA: What branch of the military did you serve?

PR: The best one-United States Navy. (laughter)

AA: OK.

PR: I still serve.

AA: And, do you have any family members serving in the military?

PR: My daughter is a cadet at the U.S. Coast Guard Academy.

AA: OK, so, I think we got the preliminaries out of the way. Um, several questions, you know, we want to ask you and, uh, about your involvement, your getting to the service.. What, what, were you drafted or did you enlist?

PR: So I, was a senior in college when I decided to go, well the summer before senior year, I decided to go to medical school and my father had passed away freshman year of college. And, um, he had been a Navy doctor, and, so I had no money to go to medical school and it was either loans or, um, the military. So, I applied for a scholarship, um, for medical school once, you get accepted you can apply, you can apply but you're not considered until you are accepted. I earned a 4 yr. scholarship to medical school paid for by the Navy. Once I ah was accepted, I went up to Great Lakes Naval Base and I met with the program and um, raised my hand, did the oath, signed on and, um, received my commission as an Ensign in the United States Navy.

AA: What were your first days like there?

PR: Well, at first being medical, it was odd because you, the normal officer does either 4 years of ROTC, or 4 years of the academy, or 16 weeks of officer candidate school before they receive their commission. But, for medical we got it right up front and we hadn't done a thing so, it wasn't until, it must have been a few months later that I went to Newport RI for a 6 week indoctrination course that I, developed any sense of what it was like to be in the Navy. And that course was exciting, it was much easier for us doctors, and nurses, and engineers, and dentists, and lawyers than it was for the line officers who are doing their officer candidate school. We were pretty much parked across the street from them and told to watch them and to feel their pain, ah!

AA: Why did, why did you get special treatment do you feel?

PR: Oh, I think ah, all that what was called staff corps, not the line. Line is who you think of as an officer, you know, the person who's going to become someone running, you know, in the Navy, determining all the battle plans, and running the ships, and whatever. The staff corps is the corps of all of us professionals whose job it is to assist the line in terms of health, or legal, or scientific expertise. And so, I think it was easier on us 1, because they didn't need us to be as hard nosed as they needed them, and 2, I think quite honestly they may not retain enough of the bookish types, the really, really bookish types if they treated them as tough as you do for the line.

AA: In, should be, what year was this that you started?

PR: 1990.

AA: Wow.

PR: 27 years ago. (laughter)

AA: And like did you go through the boot camp and the physical training?

PR: There was some physical training. I was a Division 1 soccer player in college so that was really easy for me. There was some physical training but it wasn't as intense as it is for the line. Ah, but we had to do daily runs and daily exercises and it was 6 weeks of just indoctrination into the Navy. Jokingly we referred to it as a knives and forks class. You know you learn how to learn the uniform, you learn the rank structures, you learn the military composition, you know in general, the composition of the Army, Navy, Air Force, Marines and you learn about the Navy Marine Corps mission, and about things

like chain of command and basic military etiquette and decorum; things like saluting and we did a little bit of marching and drill, and I think you begin to make that transition from being a, uh, just an individual to part of an organization.

AA: Now, when you were going through this training program was it purely Navy person..., well just professional Navy people, or did you have Navy doctors talking to you in this stage?

PR: Oh, no. Well we had, it was just line officers, somewhat junior grade like lieutenant, I think ours was a lieutenant, and his job was to try and make the best Navy officers out of us that he could in 6 weeks. You know, not as without the really hard treatment that comes along with the others. I think that for Navy staff corps like Navy medicine, you know the real challenge is how to train people so that they're not just a doctor that happens to be in a military uniform. Rather, they need to be an officer that happens to be a doctor, or a lawyer, or a nurse. And that transition is a slower one for us in the staff corps than I think it is for the line.

AA: In your training in that part of that 6-week period, do you remember any of the instructors, or , you know, for things you learned from them, or you tried to forget?

PR: No. That part, I've had multiple series of training throughout my career and so that part was pretty gentle. It was pretty much easing you into the military, very different than like what my daughter's going through at the Coast Guard, which is a lot more strenuous and rigorous. But they get it out of you in the end, it's just not front loaded.

AA: So in other words, in a way, they wanted you, and they were willing to make certain accommodations for you. It's, you're being very honest to becoming a full Naval officer, what was it, like you said 6 weeks in this introductory training, then what happened from that point?

PR: So that was just before medical school started. And then what the deal was every summer I would spend 6 weeks with the Navy, and med school was 4 years, and so before the 1st year and then in between all the others in the summer I'd spend 6 weeks with them. But, then during the year I was just supposed to just concentrate on school, do as well as I could possibly do, you know, stay in shape, of course stay out of trouble, and show up again next summer. And then once we graduated college, I went off and I did my internship in San Francisco and Oakland, and it was about 1/3rd at Oakland Naval Hospital, so it was a hospital owned and run by the Navy with Naval nurses and doctors and whoever else. And then 1/3rd at San Francisco General Hospital and 1/3rd at Oakland County Hospital, called Alameda County Hospital. So, in that phase I learned a fair bit more just in that 1/3rd of the year that I spent at Oakland Naval just about, you know, you kind of learn it by osmosis. But, at the end of the year in May, I went to my first sort of harder nose course called C4, Combat Casualty Care Course, and that was a week out in Texas, by Fort Sam Houston. We went out and we got into these duce and ½ half trucks and drove out into the woods, and we set up camp, and we lived off of MRE, meals ready to eat, that's where we learned how to pitch tents, and how to carry a gun, and how to decontaminate somebody whose been hit with a biological weapon, and we learned lots of more skills and ideas relevant to expeditionary medicine and military medicine. That was a really exciting week for me-very inspirational coming at the end of your 1st year,

your 1st year, internship year, is kind of like your rookie year and it's very intense. It's less intense these days. In the old days we spent, we lived at the hospital, and it was rough treatment.

AA: Now, was it just to make you a good doctor, or were they preparing you for going over seas? Incidentally, 1990, I should know this as a historian, but were we in a conflict at that time?

PR: Well, in med school around '90 or so that's when the Gulf War started.

AA: OK

PR: But I was so useless, I was just a 1st year med student, there's nothing I could offer. You know, I'm just doing anatomy, and physiology, and, you know, I've got nothing to offer. So, they're waiting for me to exit the pipeline before I'll be useful. But what you ask actually I'm currently writing a white paper right now for the military on how to really create medical assets that are militarily ready. So your question falls right into that and it begins one, with a solid military foundation which I think quite honestly we need to make a better military foundation for all of the future Navy nurses, and doctors, and whatever we got. You know, a little bit more military I think would be helpful. Than a really robust corps clinical practice, whatever it is you are doing should be really robust, maybe not even in military hospitals because they tend to be kind of slow, and not as busy. Then, maybe, for those people who are going to go into combat, trauma specific training. And then the 4th thing, is like the C4 stuff or other classes that I was in which

really get you from being a civilian medicine to medicine out in the woods, medicine out on a ship, medicine out in the battle zone.

AA: Not, this is, wait a minute, but my feeling is that all that time you're going through this, and you know what's expected of you. Right, in other words you um, didn't have any thoughts to like maybe I'll luck out and they won't call me up? Ah, to me as a person that young, that's a pretty big obligation, and it's like and, no offense, but you kind of signed your life away.

PR: You do.

AA: Yeah, OK

PR: Well, I think..

AA: Were you aware, were you say naïve as being a young person too..

PR: No, I think no sane person makes a decision that big like as big as getting married or doing something like that without a good solid element of desperation. You know, for me, I desperately wanted a number of things. Of course, it helped that I didn't have any money, you know, so that made it easy. But more than that, I wanted to go out and see the world and I wanted to be part of it. I didn't want to just be a tourist, I wanted to belong wherever I went, wherever I would be going. And, I wanted to do something with my life, um, that would be sort of intense, and hopefully meaningful, and extraordinary! It was signing my life away and I was OK with that!

AA: Because it sounds like to me what I'm thinking, you had your own agenda.

PR: Yeah,

AA: You know, they think they got you while you think, in a way hopefully you've got them to fulfill all your desires..

PR: Yeah, you know, I wanted to, you know, it sounds like a Faustian bargain, you know, where you sell your soul to the devil for knowledge, but this wasn't about knowledge, and it wasn't to the devil, I wanted to be somebody, to be something, you know, and I wanted to walk a mile in my dad's moccasins, you know, because I had loved him very much, but he died when I was young, comparatively. I wasn't 8, but I was 18 which is kind of young. So, there was a lot that I wanted out of it. And at first like when I was a 1st year med student and the Gulf War started, I was panicked about the notion of going to combat and I'll be honest about that. But then by the end of my internship, and I really remember this with that C4 class, I was so jazzed by the end of that week, I think it was a week, it might have been 10 days, I was so jazzed that I was like, YES! This is what I want to do! This is what I want to do with my life!

AA: It's almost like, I'm kind of getting you can make a difference and you have the equipment to make a difference with your education.

PR: Yeah, yeah, you know you've got the physical element, and then the academic side, and you've got the willingness to go there and do it so, I just think each one of us has something that we need to do with ourselves and for whatever reason, that was it for me. And I found it. I really felt at that first C4 class that I had figured it out that that was right, that was where the puzzle piece fit. I was happy at that point.

AA: And, in that, OK, like how many years did you have in medical school in?

PR: So, at that point, I had 1 year of, 4 years of medical school, and then I was finishing my first year as a doctor with a diploma, an internship year, and this happened at the end of the internship year. And then I went shortly after that to 6 more months of school. I learned how to fly a helicopter, and I became what was called a flight surgeon-this was in Pensacola, FL. There was a lot more exercise and hard nose military training there. See, it progressively increased.

AA: Did you make that choice, or did they tell you that you were going to be a pilot? Were you?

PR: Well, I decided, you know, I was going into surgery and at the time they said if you want to be a surgeon, you have to spend a year or 2 with the Marines, 3 years in dive school, I mean 3 years go to dive school, and spend 2 ½ years with either divers or submarines, or go to flight school and then do 2 ½ years with the pilots.

AA: OK, so in other words, you made your decision, in spite of or after you knew what their criteria was.

PR: Yeah, they said you can't go straight through. At the time you couldn't go straight through. They needed young, healthy people to go out and go way out into the wilderness with their young healthy people, and you didn't need a full medical training program to go do that at that time. You know, you were just taking care of basic medical stuff for these people but way out in the middle of nowhere.

AA: I'm going to kind of bring you back to kind of Forest Park in a way.

PR: OK.

AA: How did you keep communications with your family? Like, if I remember you have an older brother?

PR: I have 6 older brothers and sisters.

AA: Oh, OK so you're the youngest then?

PR: uh huh. I went to medical school here in Chicago.

AA: What school?

PR: Rush.

AA: OK, whew!

PR: Yeah, but they paid, the Navy paid every last penny!-books, tuition, everything, plus a housing stipend. I lived on Polk and Bishop in Tri-Taylor area. And so it was pretty easy to communicate with my family.

AA: Oh, OK.

PR: It was really important for me to go to school in Chicago near them. I didn't want to be separated from them during this time.

AA: Um hum.

PR: Yeah, I really lucked out!

AA: Again, being in the military, being a doctor, going through the training, internship, I don't know, when did life, did life ever become regular where you'd get up in the morning, or you'd have breakfast, you'd be at this position, is there in your career in the Navy that you had, was there any time it was routine?

PR: Well, there were a lot of different jobs where I've served, and a lot of different places, and each place became routine for a little while and then it was upended and you did something new. So, after internship, I did 6 months of flight training in Pensacola, and then a tour with the Marines in Okinawa, Japan. And I was separated, my wife ah, we were married by this time.

AA: When did you get married? What year? You said the 90's?

PR: Third year of med school.

AA: So that would have been 93 then?

PR: Yeah '93. And, but she was, at this point she was pregnant and she stayed home while I spent a year, almost a year and ½ out with the Marines because I was out on a ship a lot, and back and forth, and flying, and I was in Okinawa. I was out with this Marine Corp squadron we were called the, Air Combat Element, the ACE, of the 31st Marine Expeditionary Unit, or 31st MEU. And we were special operations qualified and we were just out there, and what we were was the President's, if something absolutely, positively needed to be blown up overnight-we were it! Now, as it happened, during my tour there, nothing needed to be blown up. So, we were just training all the time, and we, you know, China was lobbing missiles over Taiwan, so we sailed up to China and said

well you're going to have to lob them over us now and that's the option. You know, so there were some moments that were tension filled, but a lot of it was just training, training, training. And then I came back, we moved to D.C, and we lived together and I had a pretty easy job as a flight surgeon at Andrew Air Force Base, in Washington D.C, there was a little Navy section of that base. So, that's the first time it got routine, where we had a house, we now had 2 little children, and I'd go to work and come home, and it was super wonderful!

AA: Um, through this whole thing, um, I met your mother when you had your first signing here. Now, was your mom, was your mom supportive of this, or didn't your dad teach you a lesson by doing it, anything, like get a real job??? I mean, get a job that pays you better? (laughter)

PR: You know, it's interesting, my dad, when my brother graduated high school, he was going to join the Marine Corps, and my dad sat with him on the porch, and I think they drank beers that night. It was the only time he ever talked about the Korean War. And now dad, although he was a doctor, he got a bronze star from the Marine Corps with a Combat V for valor which is a really, really big deal! Army gives out Bronze stars all the time, Marine Corps very rarely. You really, really have to earn it and the V for valor you really, really have to earn. So, he never talked about that, ever, but he talked Danny out of joining the Marine Corps that night so, Danny went to college instead. And then when dad died, Danny became an undercover drug agent. So, take that dad, right! When I joined the Navy as a physician, my mom was very supportive and very proud.

AA: Um.

PR: And, since we didn't have any money, I think, that helped too.

AA: When did you, um, K '90, '93 you got married, um..

PR: '94 graduated, '95 finished internship, '97 got back from Okinawa, and '99 finished my tour at Andrews Air Force Base.

AA: And how much time were you legally committed to fulfill after '90?

PR: OK, so well the way it works is, you, I got a full 4-year scholarship for med school, so I owed 4 years of service. So, the internship doesn't count for or against. I did the internship and then I did 4 years of service as a flight surgeon, which doesn't involve surgeries, it's just called that, but flight medicine. Half of it was in Okinawa at the Marines, half of it was in Washington D.C at a just an Air Force base with the Navy section. And, then I was done! And I had my, I was going to walk out, and I had a job, I had a residency lined up at University of Maryland, and I was going to go do my 4 more years of training to become a general surgeon. After your internship you're nothing, it just that you're just at the front end of it, you're far from being a surgeon. And so, Meaghen was going to get a job, and we got a place, and I can't remember how long it lasted, but I think it was like less than 1/2 of 1 day, she couldn't leave the children. We had 2 children at this point and couldn't leave them with the babysitter. And so, we had an emergency pow wow that night and asked about what we were going to do and we didn't know how we were going to do this because she had no idea how much it was going break her heart to leave the kids with someone else. She didn't think she could do it, or wanted to do it. So, I went back to the Navy. It's sort of random. I was visiting a

friend at Bethesda Naval Hospital, and the boss there said, "Hey, what are you doing?" I said, "I'm at University of Maryland starting in earnest in another few weeks, um, to do general surgery." And he said, "Oh great!" He said, "You know, you could do that on active duty if you wanted." And I said, "Really?" And he said, "Yes, you were approved for that." And I had in the past put in an application for this and ah, never really followed up on it, but it was approved. And so, I asked, "You know, would we, like how would this work?" Well, if I was active duty we would get paid 2 or 3 times as much as I would get paid being, I would be getting paid an officer of my rank, Lieutenant Commander, as opposed to what a resident makes which isn't enough to support a family. And, if I got my orders cut out of the Naval Academy, which I asked if they could, that was just an inspired idea, and he said "Sure." So, we got to live on the Naval Academy.

AA: Annapolis then?

PR: At Annapolis. So we lived at the officer housing at Annapolis, you know, with the teachers, and whatever, and I went to school up in, I went to training up in Baltimore for 4 years active duty and my wife got to stay home with the kids. Now for that deal, I owed them 4 more years. (laughter) See how it works? But it's all right. It was a good, really good deal and it was, I worked you know, day and night as a surgery resident. It was brutal, but it was a magical time for Meaghen and the girls, and for me, you know. It was just a magnificent time. We lived on the Naval Academy, couldn't be more beautiful! And like it had been at Andrew Air Force Base, you have all these people of the same rank, the same rough background in your immediate neighborhood, so there's moms, and kids, and all, you know, pretty patriotic types. We had French officers across from us,

Mexican, ah Spanish, you know, we had some international types, so it was just this amazing environment. And, of course, Annapolis is gorgeous! It's just so full of history. So, we were really lucky in that regard.

AA: It seems like you really planned, you had an opportunity in this environment to plan, to plan things to do what you wanted to do. But, now when were you first assigned to a war front?

PR: Never. I volunteered both times.

AA: Oh, logic? Reason why?

PR: Well I had trained all this time for a reason and I got really, really good training in trauma at the University of Maryland, it's the top trauma program in the country, one of top ones, and so the training to become a general surgeon is very difficult and one of the things that sort of inspired me and empowered me was the notion or being a military surgeon. Maybe I watched too many episodes of MASH with my dad when I was a kid, but really the thing in life I needed to do was to be in a tent, in a war zone, operating on our people, or their people, whatever people. I needed, that's what I had to do. And so, I feel really fortunate in life that I was able to execute all of this.

AA: Again, you volunteered and, now you, did you serve in Afghanistan? Did you serve in Iran, and Iraq, or was it just...

PR: So, I volunteered to be with the Marines that first time, you know to go out and be their doctor, and we sailed around, nothing went on-come back. Loved the Marines and

really loved being with them. And then, after residency, we spent 2 years in Sicily at a small NATO hospital, and then I came back here and did another 3 years of training at University of Chicago, in cancer stuff, and then I was working in Portsmouth, VA as a surgeon when the Afghanistan thing came up. I sort of missed out on the whole Iraq war.

AA: OK

PR: I was sort of divided in that Iraq war thing because when I graduated residency I got stationed in Sicily to serve at a small NATO hospital, In Sicily, the US hospital in the NATO base. That's great duty, and I got my wife, and now we had a 3rd baby, and it was great duty. And that's how random the military is. You can get really lucky sometimes. I didn't ask for that spot or anything, I just lucked into it. But then right after my training to be a cancer surgeon, the thing in Afghanistan was heating up. The Marines were going to do a big offensive and so I volunteered to go be part of that because if our Marines were going to be going, and doing the fighting well then they needed somebody to back them up. And, you know, I'd had the best training in America at that point between Maryland and University of Chicago, and, it was, if our guys were going, then I was going to go too. So, I volunteered, and went out to Afghanistan with the Marines in Helmand Province when they were doing that Marjah Offensive in Southern Helmand when they were taking it back.

AA: Did you have your MASH experience?

PR: Yeah, yeah I did.

AA: How many, definitely not routine. How many hours did you have on? Did you have time off? Like was it more organized then say as we see it on MASH? Was your..

PR: Yeah, well, you know, I'd love to watch MASH again because I haven't seen it in so long, but what it was for us was large amounts of time, you know, you get out there and you get out into the middle of Southern Afghanistan into that desert, and there's nothing going on a lot of the time. You know, you're preparing, you're just hanging out, you're maybe, and a group of ours fractionated, you know, one group went up into the north of the province, I was supposed to take, lead a group to the south of the province, and at the last minute that stopped. And then they said, all right, you're going to go into the middle of it and join up with this British hospital during the peak part of the fighting which was right near where we were going to be seeing the most fighting. And so, I went there, and, you know it was really busy, and really hard, but professionally it was the best thing I've ever done and the best thing I'll ever do. Ah, even more than my 2nd Afghan tour, which also was really good, that was in Kandahar. But it wasn't as, what we called kinetic time then. You know, it was right on the heels of when it was really busy. So, I got there, a couple of busy months, and then it was pretty not busy. And, that's OK! You know, if our guys aren't getting shot that's fine. But if they are getting shot or hurt, I want to be there. That's how I've always felt!

AA: What, I mean, you just make it, you're relatively nonchalant about it. The surgical experiences you had. You got a person, let me ask you this, what was the worst case you had in that type of environment?

PR: Well, you know, it's really hard to operate on them because it's like you're operating on family. You're really tight, even if you don't know your own, ah, but it's much more emotional than it is for me to operate professionally here around town. It must be sort of the journey, the commitment, the shared risk that we all had, and they had more of the risk than I did, that's for sure. I'd have to say the toughness of the cases was more of an emotional thing than technical. Now, we did have technically difficult cases, but the thing that really, and of course the war injuries are so so intense, um... You know when I volunteer at Cook County Trauma Center here, on a somewhat regular basis just to stay up on trauma, and most of these gun shots which are bad are low velocity gun shots, pistols. But, in the military, in combat people used AK 47's, and high velocity missiles which leave a huge blast cavity, and also all the bombs, the IED's, Oh, my gosh! You know, and our people and their people you know, the Afghans, the Afghani soldiers and they'd hit this IED and they'd lose limbs, and, ah eyesight, and things in their neck, and all kinds of horrific injuries.

AA: So, you handled those.

PR: Yes. We would handle those things.

AA: And, for instance say on your worst day, how many soldiers did you handle, how many?

PR: You know, I think that our over all volume was, had to be a lot less than like the Vietnam doctors, a lot less! I think those guys, ah, had a great deal more. And, I think if you, I mean, that was a long conflict, but I think the casualty numbers were at least 10

times what Afghanistan's were, maybe 20, I don't know. So, we saw a lot less volume than they did. But in the peak of the conflict, we were busy all day and this is sort of macabre or whatever, but we used to laugh that because there's no lights in Afghanistan, that we had picked the right war because we didn't get that much business at night!

AA: AH!!!

PR: We had night vision goggles, but they didn't, so, fortunately it was more of a daytime.. So, we got to sleep better than we might have expected. But there is large parts of our deployment that we didn't have any cases to do. You know, and someone would come with an appendicitis and you're thanking him. So, there's the kind when you are in the vehicle that blows up your vehicle, or when you're walking and you step on it and it's a really powerful landmine! And, people used to just die, but with modern systems in place you know we can throw tourniquets on the limbs and whatever, and helicopter evacuate them to us, and then we had several different echelons of treatment centers and we could keep them alive that way. So, a lot of injuries that would have been lethal in the past because of the more elaborate and energized system, organized, we were able to keep them alive.

AA: So, one of the things that I remember is seeing, if I am right, like a day before you were going back the 2nd time, and..

PR: Stocking up on books?

AA: No, but that you had 2 of your daughters were here and you said we've got to be quiet about this. They don't really want to talk about it about you going back and..

PR: Yeah, yeah, that was hard. You know, this tension between your duty and your family.

AA: Did any of your, did your daughters ever ask you, like you have all girls, right?

PR: Yeah.

AA: OK, did they ever ask you, dad why do you do this?

PR: You know, um, interestingly, they I think are dyed in the wool military family and um, we didn't sort of consciously train them to be this way, but I think that they are super proud of who they are, that they know that as a family we've been dedicated to the health and welfare of our country's fighting forces, and they, they feel very proud of that! And, they're tough young ladies.

AA: Well even just that the one that's going to the Coast Guard Academy.

PR: Oh my gosh! What's she's gone through has been really, really hard and she's handled it like she was built for it. She's really motivated, and she wants to do this, and she wants this kind of life. And, um, you know, sure, I could of made a lot more money I think if I had been in the civilian world all this time, not that it matters because I would have had the money for darn school to begin with anyway, but like let's say compared to my counterparts, but the kids never complained. You know like I remember going to this one person's house, a gorgeous house, and coming out of there and the girls go, "Mom, wow, what does she do?" And she goes, "She's a doctor." And they go, "Wow!" And

they go, “Well dad’s a doctor, why don’t we have a house like that?” But, they’re very proud, they’d rather it this way.

AA: Also, too.

PR: It sounds like I’m bullshitting, but I’m not! This is how they are.

AA: OK so, and again, you’ve answered these questions like how are you received by your family and in your community. I mean, I mean your daughters feel you’re, you know..

PR: Well they feel that they are part of it. It’s a military family. And, they are engaged themselves.

AA: That’s a good concept. See that’s interesting and it’s a different perspective of it then say a person let’s say a person who was drafted. You had a plan; you knew what you were doing when you went. Yeah, it’s um...

PR: And we’ve had chances to get out, but we’ve stayed in.

AA: Um, Some of the questions, did you develop any, um, friendships in the service, like, you, is there...?

PR: I think it’s a big reason why we stayed in. Not just myself, but my wife, and my kids, all developed really, really tight friendships ah with people and really find outstanding people. Um, not to say that everybody in the military is that way, but we

found a lot of really amazing friends and I think that was a strong force in, every chance that we had to get out, to stay in.

AA: Do you think the caliber of your education makes it different for you then say a person who is like regular Army?

PR: Well, yeah, we live in different spheres, it's like one of those Venn Diagrams where there's the overlapping areas, so there's a large part of our lives which is uniform and that's how military life is supposed to be. And, we all wear the same clothes, we have the same mission, we have the same, um places to live essentially, you know. As an officer, yours is better than there's as an enlisted, but we're all on the same base, um, and we have a lot that's in common. So, I think that part is great. Um, then, they're free to be their own, and I'm free to be my own, um, and that is just is how life is. You know we all like to um, be ourselves, and so I think that part's good to. They would probably not be completely happy eating dinner with me and my family, and, you know, just because we all have our own little mini subcultures, you know. So, I think education or certain backgrounds, I don't want to use the word segregates, but it does sort of define your, your where you choose to just sort of hang out. So, but I think despite that, you know, you have a lot more in common with the enlisted side than let's say we're in a big corporation and I'm in the managerial staff and I've got my workers, you know, we're, I'm probably a lot more in touch with my enlisted corpsmen and whatnot than most any corporate manager would be with their employees, rank and file employees, you know. 'Cuz, I think, we do have that overlap, that big overlap of the Ven diagram.

AA: I don't know, unless you've got .. One question I'd like to ask you, is there any question that you wanted me to ask you that I didn't? In other words..

PR: Oh, I was just looking at this and, um, the return to civilian life-you know, I mean, I do live in the neighborhood and that part, that is hard to come back from war, super hard, way harder than you think it's going to be. Um, and that's what wrote me to write that book, I was trying to find my way back to normal things. And, um, it's too much to explain in an interview, so it's why I put it down in a print. And lessons and reflections for that category?-I would say I like the Joseph Campbell quote, "Follow your bliss". Which is I know it's a little what is that, 1990'sish, we're in 2017, but I love it. I've met so many great people in the military, and it is dangerous, it's dangerous work and people die, and they get hurt, and they get broken, and there's catastrophes. But, you know, I think police work is dangerous, and firemen is dangerous, and there's a lot of other jobs that are dangerous. If you're a schoolteacher in the inner city I'm sure that's kind of dangerous. I think that the military that I have been part of has never been, you know, sort of like a medieval battle for battle's sake kind of a thing. It's always been a very professional group of people that are just fully committed and devoted to protecting the nation and its interests. You know, those guys didn't start the Iraq War, they just had to execute it. However, you might feel about whether Iraq should or shouldn't have begun, um, I've got nothing but respect and regard for those people who went out there and did it. It's hard to know, maybe it takes a century or more to figure out if we did the right thing in any given instance. I really enjoyed my time in the military, and it's been very meaningful for me. And I'm thankful for your interest!

