Interview:
Today is 9 October, 2013. Weâ€™re here in the Center for oral history Studies at West Point and with us today is Dr. John Feagin.
COL J. Feagin:
Thank you, Steve.
Interview:
Dr. Feagin, a couple of questions to go through with you today. Can we just start maybe back in your early years? Do you come from a military family?
COL J. Feagin:
Yeah, my dad graduated from West Point. He was a five year man. What did the end of the Army Air Corps. Was a B17 pilot during World War II and certainly inspired me in many different ways.
Interview:
And what made you know you wanted to go to West Point?
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COL J. Feagin:
I really didnâ€™t want to go to West Point. I really wanted to go I didnâ€™t you know to seek scholarship. I wanted to go enjoy the good life but about a month before time to make the final decision, my dad twisted my arm. And Iâ€™m grateful that he did.
Interview:
And then when did you know that you wanted to become an orthopedic surgeon?
COL J. Feagin:
Yeah. When I graduated I was happy with what lay ahead and I really enjoyed my first year active duty â€“ 82nd Airborne â€“ all I could have asked for. I tried to go to flight school â€“ that was before there was an Air Force Academy â€“ but flunked the eye exam. So that was a dead end road. And it just seemed like I just had to do more and honest to goodness I was in maneuvers at Ft. Stewart, Georgia â€“ Camp Stewart at that time â€“ and I woke up one morning and I said, â€œIâ€™m going to medical school.â€ And Iâ€™ll never forget that morning. And where it came from I donâ€™t know but that was the beginning of the next step.
Interview:
So with that decision, who would it have been who influenced you the most in choosing to pursue medicine and in particular orthopedic surgery as a career path?
COL J. Feagin:
Yeah, I was â€“ yes, I think I was influenced â€“ I have a cousin â€“ John Fortran â€“ in Texas. And I know how he was respected by our entire family. I went to high school with him and I think that he was my real role model. But the next thing that happened, it was truly changed my life was I was at Fort Bragg 82nd as I said, enjoying being a lieutenant in the artillery. And I went up to visit a friend at Duke Medical School who Iâ€™d gone to high school with and we met the dean of Duke Medical School â€“ Dr. Dean Davisson â€“ at a beer party. And I said to myself, â€œThis looks like the path for me.â€ And Dr. Davisson happened to be looking for a federal candidate at that time to avoid having to have a federal medical school so right there at the beer party he said, â€œYouâ€™re accepted to Duke Medical School.â€ Thatâ€™s when the troubles began.
Interview:
Can you elaborate on the federal medical school part that was going on with schools then?
COL J. Feagin:
Yeah, there was a big thing about government intervention in medicine and the cost if we had a federal medical school and all that. Dr. Davison â€“ who was, as I said, the dean at Duke â€“ built a school and so on. He was also the head of the deanâ€™s association of 127 medical schools and he got the medical schools that he was head of to agree that each one would take X number of federal students and thereby save the government and the people of the United States a federal medical school. Now as you know there is a

federal medical school and we have acquisitioned those people and itâ€™s been very successful. So * {:.time}0:03:34
Interview:
What sparked your ultimate interest in sports medicine?
COL J. Feagin:
Well, you mentioned orthopedic surgery earlier and Iâ€™ll go back. From day one at Duke Medical School somehow or other I always knew I wanted to be a surgeon. But from day one when I ran into orthopedics, Dr. Frank Bassett and Dr. Lenox Baker and Dr. Leonard Goldner â€“ they were role models. And I absolutely loved it. And then trying to work my way through medical school since I was on leave of absence without pay from the Army. I worked in the county emergency room and gravitated immediately toward orthopedic surgery. Dr. Ralph Coonrad and other role models â€“ they were abundant.
Interview:
Tell me a little bit about how much pushback you got from the Army when you got the idea that you were going to medical school and Duke was endorsing you to go. Who helped you and who stood in your way?
COL J. Feagin:
Well, you used the word pushback. I always think of a General Patton thing. I think it was like a tank contest: who was going to roll over who with the Army winning in the early days. But there were actually three of us in my class who had talked this over and we only had a three year obligation. And two of us had already been accepted to medical school whenever our obligation was up. But we â€“ none of the three of us wanted to leave the Army. We wanted to stay in the Army, go to medical school, practice Army medicine. It didnâ€™t seem difficult to us. My branch was artillery. They were a huge help. Dr. Paul Lennio â€“ note that the other second class mate branch was infantry. And his infantry career management and my artillery got together and there were two full colonels and they said â€“ finally they said, â€œThereâ€™s only one way weâ€™re going to resolve this and thatâ€™s the chief of staff of the Army so we want you up here on Saturday with your best uniform on and weâ€™ll go talk to Maxwell Taylor.â€ And that was in â€“ but we knew in the course of that â€“ I must admit â€“ we knew someone was blocking us. In due time Iâ€™ll go into that for a minute or two.
Interview:
So you actually met Maxwell Taylor in order to get permission to go to â€“
COL J. Feagin:
Saturday morning at 9:00, the two colonels took the two lieutenants up to General Maxwell Taylor chief of staffâ€™s office. The colonel said, â€œDonâ€™t open your mouth. Weâ€™re going to present your case and why it would be good for the Army for you to go to medical school and General Taylorâ€™s going to make a decision.â€ And so General Taylor never looked up from his paperwork and the colonels made a great presentation and General Taylor said, â€œIf itâ€™s good for the Army, make it happen.â€So we leaped up, saluted, put our jump boots together. As we were walking out we saw the guy who had been obstructing us and that was a one-star general who was sitting in the office of General Maxwell Taylor. And his name said William B. Westmoreland. And he felt strongly â€“ and he and I have met many times in later years â€“ he felt strongly that West Point was here to develop combat arms officers and I didnâ€™t necessarily disagree with him but it was a matter of the Army was going to lose us or keep us. And I felt that keeping us was worth the trouble.
Interview:
So would you say itâ€™s safe to say you felt like you were swimming upstream a bit in your efforts?
COL J. Feagin:
It really felt like we were swimming upstream. And when General Taylor said, â€œIf itâ€™s good for the Army, make it happen.â€

Interview:
Now, when you were a cadet were you having ideas of going to medical school at all then and did you feel that â€“
COL J. Feagin:
No, I was going to be a pilot. I kept myself barely in the upper thirds so I knew I could go Air Force and it was the only thing that interested me and I was a happy camper. Not a good cadet but â€“
Interview:
So you werenâ€™t a star-man then?
COL J. Feagin:
Oh, no. I didnâ€™t make the star thing.
Interview:
Very good. Refreshing now. Almost everybody goes back to school as a star-man. So while you were in the Army, if a peer of yours, particularly while you were an Army orthopedic surgeon, had to describe you and your personality, what type of terms would they use for you while you were doing that job in the Army?
COL J. Feagin:
Well, I think in the first part I sort of had three phases to my career and then I think a different description for each one. As a cadet, I think I was pretty lax. I enjoyed life and good things happened to me but I wasnâ€™t in the upper third of very much at West Point as a cadet. As second lieutenant in the artillery, particularly with the 82nd, I really saw a mission and I really enjoyed that. Then I became a battery commander just before I got accepted to medical school and that was a real thrill and I enjoyed the leadership and so on. So I completely changed: almost quit drinking, some of those frivolous things that I had been known for in my cadet thing. And then in medical school because I had been in the Army for thing I was relatively more mature than my medical school classmates and I knew what I wanted to do. So I think I had my third change of personality where I was absolutely committed, I knew I wanted to be a surgeon, and I soon knew I wanted to be an orthopedic surgeon, and that I had certain leadership responsibilities in medical school that were required some gravitas or whatever that word is.
Interview:
Mm-hmm. After your residency at Duke, how did the Army then decide what to do with you?
COL J. Feagin:
Well, actually I was in medical school for four years at Duke and in my senior year of medical school they figured out that they could transfer me to one of their existing programs. But leave of absence without pay â€“ and if we have time Iâ€™ll go into how that evolved â€“ you actually â€“ you donâ€™t get paid. You actually get time for retirement and you get promoted. So I got promoted in medical school and came back in a relatively senior position. Can I tell the story about how we got leave without pay?
Interview:
Sure.
COL J. Feagin:
Okay. As a cadet, you know â€“ itâ€™s a real pain in order time â€“ used to be â€“ to have to walk up to chapel â€“ up that hill. But if you taught Sunday school it was down in the level of the plane. So I signed up for Sunday school teacher and as a Sunday school teacher your little kidsâ€™ parents were expected to have you for Sunday dinner at least once during the year. So I had young David Eisenhower and so John Eisenhower â€“ son of the president â€“ invited me and the other Sunday school teacher for Sunday brunch after Sunday school. And so we got to know John Eisenhower and he became sort of a role model. And when we were trying to figure out how to get the Army to let us go to medical school, we somehow found out that Colonel John Eisenhower had gotten leave without pay to help his father do something in the White House. So we reappeared at the Pentagon and announced that leave without pay would suit us just fine seems that Colonel

Eisenhower too. That was our entrÃ©e and it all came from cadet Sunday school. Thank you, apologize for diverging.
Interview:
No, no. Thatâ€™s a great story. So then as you finish residency, how was it that the Army knew what to do with an orthopedic surgeon right out of residency? What kind of mechanisms were there to pull you back in and how much say did you have in any of that?
COL J. Feagin:
Well the third person â€“ to go backwards a little bit â€“ the third person in our class who was about two weeks behind us was Preston Mason. Preston had wisely married General Heatonâ€™s daughter. General Heaton was a Surgeon General under three presidents. So as soon as we got the okay, Preston followed us right on the tail and Preston was a great classmate, class leader and so on. So it was really good for the three of us. So I think the next step that happened on that was we did get pay our senior year and then we came to know General Heaton and the three of us were counseled by General Heaton on several occasions about our responsibility â€“ the first three West Point graduates, etc., etc. And it was August of â€™66. We were residents all three. The Vietnam War was heating up and we were called in each one of us to decide what we were going to do. And each one of us decided we were going to volunteer for Vietnam for one reason or the other. So all three of us finished our residency at the same time and went to Vietnam at the same time â€“ August â€™66 to August â€™67.
Interview:
During that time prior to a deployment Vietnam was there a lot of special training? Nowadays thereâ€™s a disaster, war, surgery course at the Society of Military Orthopedic Surgeons has â€“ what types of things were available for an orthopedic surgeon in the â€™60s?
COL J. Feagin:
Well Iâ€™m appreciative and very respectful of whatâ€™s available today and Iâ€™m all for it. And actually, one of my things that I did was to be one of the seven guys that wrote the orthopedic history of the Vietnam war. And so Iâ€™m well aware of the changes through the wars and they just loaded us up and sent us over there. And fortunately, I had a great role model â€“ Colonel Tony Ballard â€“ who had been at West Point â€“ who taught me how to debride wounds and told me we were not going to be together very long, â€œâ€˜Cause theyâ€™re going to move me to another hospital and youâ€™re going to be on your own.â€ But it was a great learning experience.
Interview:
And during your time at Walter Eaton residency I imagine you had soldiers that were sent back from Vietnam with injuries as well throughout your residency?
COL J. Feagin:
We did. In fact the last year of residency the casualties sort of did take over our residency program. And needless to say I enjoyed taking care of my military comrades and having been in a line outfit before I could speak some other language. But not seeing the fresh wounds or seeing them initially it was a real shock when I got to Vietnam and saw what could happen.
Interview:
And so that was your first year out from residency was spent in Vietnam.
COL J. Feagin:
Yes.
Interview:
How were your subsequent Army assignments? What other postings did you have following that?
COL J. Feagin:
Yes, well I left out the fact that as a senior resident I had been sent up to Walter Reed â€“ I mean sent up from Walter Reed to West Point for a week to cover as a fall deficit in

orthopedic surgeons at West Point or whatever the thing was. And I was enamored by the patient population, by sports medicine â€“ things that Iâ€™d never seen before in my residency. And in inquiring of the orthopedic surgeons that were stationed there at the time they said, â€œWell, there will be a vacancy here when you finish your tour in Vietnam in August of â€™67 so youâ€™ve got to think about coming back if you really think this is what you want.â€
Interview:
So as you finished Vietnam, you came back to West Point.
COL J. Feagin:
So they sent a gentleman named Colonel Hudson Barry from the Surgeon Generalâ€™s office who was â€“ who made the assignments over to Vietnam to interview us about what assignment we might like since weâ€™d volunteered and it was early in the war and I still had jaundice from my hepatitis and I was pretty pale and puny and he said, â€œNow, I see that youâ€™ve only put down one choice in the three choice column and it says West Point, West Point, West Point.â€ And I said, â€œYes, and I know thereâ€™s a vacancy there so thatâ€™s what I want.â€ And he said, â€œWell I donâ€™t know if we can do that.â€ But before it was all over he said, â€œYou know my son is going to be starting there next year and I think he wants to go to medical school also so look out for him if you will.â€
Interview:
And then as you got that assignment in those days did you know how long an assignment was? Were they typically only a couple of years or could they have been longer? How did that work?
COL J. Feagin:
See thatâ€™s a good question because by that time in my career â€“ letâ€™s see, itâ€™s about seven years into my military career â€“ I had seen people who were really aggressive about planning their career and promotion. And I had never felt that or that way. So it was a lot of naivety too. All I knew is that I had a good residency program, Vietnam had been a great experience for a surgeon and that I was really lucky to get West Point as an assignment. So I donâ€™t think I thought any further ahead than that. And when I arrived at West Point I realized how deficient I was in Sports Medicine and how naÃ¯ve I was to think that I was prepared to go from managing a division one medical problem team.
Interview:
So in coming back to West Point, taking care of cadet athletes, what types of injuries in particular did you feel that were most represented in your practice?
COL J. Feagin:
Well I knew that as a resident, the knee had been the thing that I was most interested in. And to exemplify that one morning when I came to work as a senior resident, the chief who knew that I was more interested in the knee than I should be handed me a consultation paper and said, â€œIf youâ€™re so interested in the knee, go up to the VIP suite and see this patient.â€ And I looked down and it said, â€œDwight D. Eisenhower â€“ President of the United States.â€ So I had a wonderful two hour conversation with Mr. President Eisenhower â€“ General Eisenhower â€“ about how his knee was injured when he was a cadet at West Point, if it had troubled him during active duty and so on and what we were going to do about it. But he actually told me we werenâ€™t doing nothing about it because he was happy with his knee playing golf. But a great patient. So I know that I was interested in the knee early on. And then when I came here â€“ and I did also know from that week or two as a senior resident because they knew things about the knee we didnâ€™t know as residents or at Walter Reed. To go backwards on the knee bit â€“ just to get â€“ everything in the Army â€“ in my residency â€“ with the knee â€“ thereâ€™s only one diagnosis for the knee. It was IDK â€“ internal derangement knee. And that was in the books and so on. So and there was no codified or validated physical examination. So you learned form role models but you didnâ€™t â€“ there was no process â€˜cause of science had never been

constructed or validated. So it was something to see those greats of knee surgery like Dr. Oâ€™Donoghue, Dr. Slockholm, and Dr. Houston â€“ to see them examine a knee and all three of them examine knees very differently and sometimes came up with different diagnoses. There was arthroscope in those days and no MRI so exploratory arthrotomy you had to lay it on the line if you believed that it was something that needed to be surgically fixed. That was knee surgery in 1966, 1967, 1968 â€“ when we started.
Interview:
Thatâ€™s interesting you bring that up. So â€“ â€™cause my next question was can you briefly describe the prevailing attitude towards these knee injuries in particular the anterior cruciate ligament injury or the ACL? Probably everybody you talk to in the United States can tell you something about the ACL even if they have nothing to do with medicine.
COL J. Feagin:
Well that has been amazing to me. We inherited the isolated ACL. I didnâ€™t know Pete Dawkins â€“ he graduated four years after me. But Bob Anderson â€“ who had been Dawkinsâ€™ classmate and was really coach Blakeâ€™s pick for the Heisman Trophy candidate over Dawkins â€“ had a tear of the cruciate. And Iâ€™d met Bob Anderson and when I expressed interest in the knee, Ed Billings â€“ who was head trainer â€“ said, â€œWould you like to see the film of Andersonâ€™s knee injury?â€ Because it was a none-contact injury. And by then we had figured out that it was the ACL. And I owed Dr. Tony Ballard and Dr. Norm Zlotsky a lot for teaching me that there was such a thing as an isolated ACL â€“ a deceleration injury with a pop, with an infusion, the inability to continue play. And we knew that that could be devastating to a career. And in Bob Andersonâ€™s case it took him from All-American status as a sophomore to the fact that he was like a non-playing captain. And Dawkins then took over and won the Heisman and you know, things moved on. But we inherited that isolated ACL idea.
Interview:
So now you didnâ€™t actually treat Bob Anderson.
COL J. Feagin:
No, I didnâ€™t.
Interview:
He was prior to that.
COL J. Feagin:
I knew him socially over the years. I could go back to the description of the injury, what it meant to him, what he lost at West Point, and with football in the United States and so on. And I realized what a huge hit that was in many ways.
Interview:
And then during your time â€“ your first tour here was three years?
COL J. Feagin:
No it was five and a half years.
Interview:
Oh, five and a half years. Got that a little short. So in your five and a half years here you werenâ€™t really equipped form a standard of care really having anything to offer an ACL injury. What drove you to approach that and try to treat it with primary repair?
COL J. Feagin:
Yeah. We were driven here. We were driven by the fact that first of all officers coming back with six, seven, eight yearsâ€™ service as instructors had moderately severe degenerative arthritis, history of a cadet injury â€“ which is obviously by then we knew an ACL injury â€“ and then they had their meniscectomy. So the natural history within that first one third of a prospective military career where they couldnâ€™t run with the troops, they couldnâ€™t play touch football with the kids â€“ that really got our attention in terms of bad natural history. And then truly our predecessors like Norm Zlotsky and Tony Ballard said, â€œIf we had it to do over weâ€™d make an incision and try to repair those things and do what we could to save them esskai.â€ So I am grateful for that because sure enough I mean we

started right off the bat when there was a pop and an effusion and the next day we would take them to surgery and make a two and a half inch incision and 90% plus of the time we found an ACL tear and we did primary repairs on those and so that was my five and a half years. And we then went into our academic thing.
Interview:
Tell me then so when you were training as a resident or when you were a medical student at Duke did you see primary repairs performed during those times?
COL J. Feagin:
Oh god, no. The civilian community was led by Dr. Jack Houston who I loved and respected but as he said to me, â€œSon, youâ€™ll do more damage trying to repair that thing than you ever will fixing it.â€ And he said, â€œI speak from experience.â€ And in some ways, if you look over the whole gamut of four years of ACL surgery, a lot of damage has been done in the course of scar tissue and so on and weâ€™re not really there yet.
Interview:
Now an interesting development that Iâ€™ve seen from being a medical student and having gross anatomy with your group and your cadaver and the semester that you spend doing that and as I go forward into training as a resident and even now as a staff, the ability to go to a lab and actually train on an actual joint â€“ is that something that in your career â€“ say when you were at West Point â€“ that people were doing very much of or was that something that you only really had during medical school? How have you seen that transition over the years?
COL J. Feagin:
Yeah, thatâ€™s an important transition as weâ€™ve become more technically oriented. I mean all I had seen was one cadaver at Duke as a medical student. It must have been 100 years old and was rigid. So we evolved the ACL operation but Iâ€™ve got to say even without the lab and so on but fortunately with collegiality and the camaraderie of those of us here and the commonality of the problem and seeing a volume, our surgery was pretty doggone efficient from the beginning. It didnâ€™t take us long to work out the details of the surgery.
Interview:
Is it safe to say that there were people who would do an exploratory surgery, see a torn ACL â€“ they would just look at it and youâ€™d close and leave and say, â€œYou tore your ACL.â€ Is that kind of part of the standard of care leading up to that?
COL J. Feagin:
That was the standard of care and to take this one step further, as Dr. Houston often said, â€œYou may not have seen it but itâ€™s seen you.â€ And fortunately we were seeing it and we knew what we were seeing and we felt â€“ because of the natural history as we saw it â€“ we felt obliged to do our best to improve it.
Interview:
So describe some of your preparation for that first primary ACL repair that was done here.
COL J. Feagin:
Oh, Steve. Donâ€™t embarrass me. I think it was one of those opinions â€“ you know it reminds me that you just wake up in the middle of the night and say, â€œItâ€™s time to go.â€ And we did feel we were well-trained. We felt like we had the cadetsâ€™ interest in heart and we felt good support. Rehab here: outstanding. So it didnâ€™t seem like one of those gut-wrenching decisions.
Interview:
So it led to it naturally from having a number of arthrotemies done and looking at the ligament and not thinking, â€œYou should do nothing to it.â€ And knowing you could put it back to where it came from and do that pretty reliably that led you to that. Then can you describe a little bit of that series of cadets that you took care of?
COL J. Feagin:
Yeah. We were doing about 75 to 100 ACL repairs a year. Intramural football was the biggest contributor. And Iâ€™ll have to talk about that at some stage. And I think we were

diagnosing easily 90% of those primarily and we were operating on them immediately. And there was no sense in waiting. And you know, we had one protocol among the three orthopedic surgeons and agreement and then post-operatively we casted them for five weeks in the beginning. But we did allow nearly full weight bearing. And the cadets responded great. And the rehab was just outstanding. So for two years we were happy campers.

Interview:

In other times cadets with ACL tears, were they often forced to leave the academy with their injury?

COL J. Feagin:

Yes. And we had â€“ that was part of the natural history that we had become acquainted with and we were unhappy with. They werenâ€™t being commissioned. They couldnâ€™t do the run. They had had their meniscectomies and they had degenerative arthritis. It was just an unhappy trail of tears and if you were looking at this from the governmentâ€™s perspective, a 10% of the graduating class was either not commissioned or reduced in their commissioning because of the ACL.

Interview:

So then in that population or that group that you treated, most of them then were able to be retained and commissioned then.

COL J. Feagin:

Yeah, then we were commissioning into full active duty and so on. And then we found out that ACL primary repairs didnâ€™t hold up as well as we thought they were going to. They had re-tears and we had bought time and we had got them commissioned but we didnâ€™t always give them a serviceable knee for a lifetime.

Interview:

And was that something that you were able to discover on your time back at West Point? Or did partners that followed you here help you with that and then you actually went ahead and reported that longer term follow-up. Is that not true?

COL J. Feagin:

No I knew by the end of my five and a half years that we were going to have to do something different. And fortunately I knew who was replacing me because we overlapped and it was Dr. Doug Jackson who had been drafted in the Army and assigned here but who had a great academic background and was an excellent surgeon. Later became president of the American Academy of Orthopedic Surgeons. And Doug was just ideal because he understood our reticence to continue an operation that was already having some blowback and some failures to it and that we had to change something.

Interview:

And what were those changes? How did you make the next leap?

COL J. Feagin:

Well before I hit those changes, thereâ€™s a clue here that was all of a sudden dawning on us and I have to admit to. We decided if 10% of the graduating class at West Point had orthopedic surgery we decided to check with Dartmouth and Yale and some of those and find out what these Eastern College experience was. It wasnâ€™t 10% of the graduating class, 0.1%. So all of a sudden we had to explain the demographic difference in our patient population to their patient population. And this really caught us by surprise. I donâ€™t think in the beginning we thought that cadets were any different than college kids. Well, as you know and as West Point knows and so on thereâ€™s a huge difference. And later in my life at Duke University I even realized more acutely the difference between the life of a West Point cadet and an undergraduate college student. So we had a unique demographic experience here.

Interview:

Now, you were mentioned that you said 10% of each class had surgery or injuries during their time?

COL J. Feagin:
No, they had orthopedic surgery â€“ 10%.
Interview:
And when do you think that â€“ that all during the â€™60s that that changed and the â€™50s â€“ cadet injuries â€“ nobody was looking basically â€˜cause they â€“
COL J. Feagin:
Now thatâ€™s a really important point because we use the term, â€œModern knee surgery.â€ Well modern knee surgery definitely preceded me and Dr. Oâ€™Donoghue had come by at Oklahoma and introduced modern knee surgery and the Army had Colonel Parvin â€“ stationed at West Point. And Colonel Parvin was a wonderful giant of an Army orthopedic surgeon. Had a huge experience. I think he had been in World War II. He was an ohsix. And he truly understood the knee. And when I was an intern at Tripler Army Hospital before I came to West Point and worked for the cadets, Colonel Parvin by then was chief of the orthopedic service at Tripler. And he did take me under his wing and taught me about the knee form his perspective. In one touching story was when he left West Point to go to Tripler Army Hospital â€“ which was quite a promotion for him â€“ the cadets that he had operated on in their senior year gave him a silver bowl that they had had autographed for with their name and he was very proud of that silver bowl and so on.
Interview:
And can you â€“ sounds like as surgeons you guys noted that you were getting improved outcomes with this novel treatment. Did West Point see that as soon as you saw it? And what kind of things did you have to do to maybe make them realize that you might be helping people or helping the military by retaining people?
COL J. Feagin:
Oh no. We were terrible self-promoters in our youthful enthusiasm. And things were going well. We were riding on a cloud. I mean we had a solution for an orthopedic problem. Maybe the rest of the world didnâ€™t realize that it was a problem but we knew it was a problem and we had a solution for a while and things really were going well and people in the Army â€“ we hosted a SOMOS program here when I was team doctor and that was really a changing point because I think we convince our Army colleagues about the concept of the isolated ACL and that things had to be done about it. And really by then too, Steve, we had figured out that not just the ACL â€“ we were trying to protect the menisci because we knew then if you lost the meniscus as a young Army officer with 7 to 10 yearsâ€™ service, you were going to have degenerative arthritis and have a tough time making a 20 year career without a limp or having what you needed to be a general officer. * {:.time}0:32:59
Interview:
So then did you guys as a group exorcise yourselves of the smiley knife? Was that the knife of the meniscectomy? Did you throw those out form your surgical sets as you recognized that problem or â€“ where were you guys on the cusp of meniscal repair?
COL J. Feagin:
Yes, yes. Later in my career I met Mr. Smiley â€“ Dundee Scotland. Iâ€™ll go into that. But thanks to Norm Zlotsky who was stationed here, Norman had an Army residency. Norm believed that the meniscus was all important. Thatâ€™s how we got our belief. And Norm was actually repairing the meniscus and taught us how to repair the meniscus open â€“ no arthroscope in those days. But he would do an open repair when he saw a torn meniscus as he knew the meniscus was important. An anecdote that goes with that was you have your civilian consultant that youâ€™ve selected or so on. Well our civilian consultant was a very famous New York knee surgeon who took care of Joe Namath at the time.
And we had not yet taken our final written orthopedic boards and we presented him 20 repaired menisci and our success was 100% and his words for us were, â€œIf you continue to type to do that repair and donâ€™t take out the meniscus then I know you canâ€™t tie the knee and Iâ€™m going to flunk you on your boards.â€ So we all looked at each other because we had been so happy with meniscal repair and we all looked at each

other after he left and said, â€œWeâ€™re going to keep repairing those menisci.â€
Interview:
Now I think I saw the agenda for that SOMOS meeting and I think even Dr. Nicholas presented some material there as well.
COL J. Feagin:
Yes, he did. He presented the five in one and you take the meniscus out and really close that joint down and tighten it up. No way.
Interview:
Fascinating. So obviously sports medicine is kind of the sine qua non of orthopedic practice at West Point. Can you kind of take us through a few of your early efforts to create a sports medicine fellowship at West Point and maybe name a few of those people that helped you with that?
COL J. Feagin:
Yeah. Really I was just young and enthusiastic and I was not the brains behind it. We had Colonel Howard Abbott and my partner was Joe Rocus. And then we acquired Doug Jackson and several others. And Colonel Abbott had been in World War II as a medical corpsman and had fought with Pattonâ€™s army and so on and he recognized the unique aspects of this patient population â€“ the athletic injuries. And it was â€“ and he actually started the medical research unit here and worked very closely with Department of Physical Education â€“ Mr. John Kress, Colonel Frank Kovacs. And so he set the standard for us. And he retired from here and then we sort of inherited what he started.
Interview:
Now that was all during your first tour at West Point that you started some of these collaborations?
COL J. Feagin:
Yes, it was all during the first five years.
Interview:
And can you talk a little bit about you finished a tour here then where was your next duty assignment and what did you do between the years that you came back to West Point in the mid-â€™70s?
COL J. Feagin:
Well, itâ€™s hard to realize this but I was so dedicated to a solution to the ACL and by then Iâ€™d recognized that we didnâ€™t have the final solution that one of my colleagues â€“ in fact it was Dr. Stanley Hoppenfield whoâ€™s written a few books on orthopedic surgery and so on â€“ I said, â€œStanley, what would you do if you were in my shoes?â€ And he said, â€œI would go learn how to do joint replacement because theyâ€™ve solved at least part of the joint problem and maybe youâ€™ll learn something there that carries over to the knee. So I was fortunate and I got a year in England with Sir John Sharley doing joint replacement and then the Army brought me back to Letterman Army Hospital where I did joint replacement for the Army and actually had a joint replacement fellowship there for five years.
Interview:
And you did that fellowship and then again Letterman and then â€“ was that the only duty station before you came here â€“ before you came back to West Point at the end of your career? Or did you go anywhere else?
COL J. Feagin:
No, that was my only duty station.
Interview:
That was it.
COL J. Feagin:
Yeah, I didnâ€™t realize how narrow that was. But that was basically then finishing up the casualties of the Vietnam war, doing joint replacement, and struggling with the knee because we still didnâ€™t have â€“ until my last year at Letterman â€“ the arthroscope

hadnâ€™t come into vogue. We didnâ€™t have MRI and we didnâ€™t have bulb Teton and bone. So we still didnâ€™t have the solution to the knee as you know it in your career.
Interview:
Would you say that â€“ did the Vietnam War during your time at West Point have any influence on sports medicine? Did you find that the patients got injured as a result of their activities and they came back here or do you think it was not really influential on anything?
COL J. Feagin:
Well the Vietnam war was a little bit the other way around in the sense that we knew it was a little bit like Korea where they were getting commissioned, going to Vietnam, and we were concerned about them being less than the best in a combat situation and that even promoted our â€“ wanted to get excellence with the knee surgery more.
Interview:
So as you were conceptualizing a fellowship, we use the term fellowship all the time. Was that a term you used then?
COL J. Feagin:
No thatâ€™s a good point too. I really didnâ€™t know anything about fellowship and there was no sports medicine fellowships in the United States when our hip fellowship was the Army in San Francisco. So I did learn through that â€“ as youâ€™ve learned here â€“ there are certain hoops that you have to go through to call yourself a fellowship. Then it was the energy of Dr. Jack Ryan who carried the ball further, faster and higher and the surgeon of the Army â€“ Quinn Becker â€“ who was an orthopedic surgeon of great renown and so on. And it was their energy and organizational sense that got the fellowship here.
Interview:
And were there â€“ in the mid-â€™60s â€“ were there sports medicine fellowships in the United States?
COL J. Feagin:
No, no. They came in the early â€™70s when I was actually on the board of the American Orthopedic Society for Sports Medicine. So I did see this wave of coming from the very beginning and in fact it was Doug Jackson who was one of the first ones who said, â€œWeâ€™ve got to get these things credentialed.â€ And I realized what credentialing involved. And I was certainly glad that Jack Ryan had the wisdom and the energy and enthusiasm to have that vision.
Interview:
Now did you have to whisper that into his ear or was he already working that as he came into West Point already?
COL J. Feagin:
No, by that time I was retiring and waving goodbye to you guys and so grateful I could pass the torch to the quality people that we did.
Interview:
Would going back in the years though â€“ there were certainly surgeons who came â€“ well you even described it yourself when you were a resident at Walter Reed that you worked here for a few weeks â€“ there were surgeons who would come in almost in an on-the-job training OJT experience. How far back does that date?
COL J. Feagin:
Thatâ€™s a good question. That â€“ we did have visitors here. And of course I didnâ€™t even recognize the import of that to the Army but it turns out that that was maybe more important than I realized. It was always fun having visitors here that were more or less my age that were colleagues and we were learning together. So yes, that probably did help to â€“ that and the SOMOS helped a whole lot.
Interview:
Now currently our fellows spend two months of their year training down at the hospital for special surgery which is part of cornel down in New York City. And as I understand it that was essentially something created by Bob Arciero as a new staff at West Point who felt that he needed more tricks in his little change purse of tricks. And sought out Dr. Rush

Moran to work with. But I think Iâ€™ve learned since that West Point has a connection that goes even further than the early â€™80s. Can you elaborate a little bit on that?
COL J. Feagin:
{text}Yeah. Essentially, youâ€™re correct. It was Bob Arciero that got â€“ really got that ball rolling. And that was a critical ball. What had preceded that was HSS had the preeminent reputation way back â€“ even when I was a resident â€“ and Iâ€™d been down there several times because Dick Welsh â€“ who had been an Army orthopedic surgeon in Vietnam drafted â€“ went to HSS and invited me as a speaker about the isolated ACL. So we knew HSS and we knew that we needed to be affiliated with them. And later â€“ much later â€“ when I was hospital commander â€“ I presented to the surgeon general the concept that why didnâ€™t we â€“ not only us but other institutions â€“ affiliate with a civilian institution that was nearby that had academic credentials which would be mutually beneficial. Unfortunately, the surgeon general who by this time was General Pixley didnâ€™t agree with my philosophy. So it took Arciero to make that work.
Interview:
What was the resistance that you received when you were talking collaboration? What kind of arguments were made against reaching out to other centers and doing those things?
COL J. Feagin:
Damned if I know. It was just one of those bad days with the surgeon general and he came to visit and that was what I wanted to recommend. It wasnâ€™t just for orthopedic surgery. That was for pediatrics and our other specialties. I thought we could really put these small hospitals in the Army on an academic standing across the United States. Very simple and mutually beneficial. They would learn about the Army and I was proud of military medicine at that time. And unfortunately â€“ but General Pixley and I had had several run-ins way before I was hospital commander when he kept trying to send me back to jump school but I had already been to jump school and done three years in the 82nd Airborne. So we just werenâ€™t on the same page.
Interview:
Interesting. Is there any connection â€“ as you describe the rise of organized sports medicine fellowships in the United States in the â€™70s â€“ were many of those surgeons previously connected to the military from your understanding?
COL J. Feagin:
I never thought of it that way but what connection there was was that for instance as you do, when we went to Georgia Tech for a football game on the Friday or so at Oregon I would usually call a team physician and explain who I was and ask if I could join him for Friday afternoon or Saturday morning or whatever. So I think we unwittingly made a lot of friends among Division One orthopedic surgeons that were respected team physicians and well-known names. Most of them now are in the hall of fame of sports medicine and that â€“ and they were very receptive of us and that was really the beginning of that. You think we should take a little break now?
Interview:
Sure. Weâ€™re back.
COL J. Feagin:
Thank you, Steve.
Interview:
Dr. Feagin, could you speak to the leadership of the Army medical department over the many years that has helped to lead to the creation of a fellowship program in sports medicine at West Point.
COL J. Feagin:
Steve, your question is so complicated that I want to speak to it very badly but I may shorten the question just a bit. There was no sports medicine either civilian or military when I got interested in the early â€™60s. Dr. Oâ€™Donoghue deserves huge credit for promoting sports medicine. Of course, Charlie Rockwood was his trainee. So sports

medicine was getting a run. And then 1972 â€“ which was the end of my five and a half years at West Point â€“ the American Orthopedic Society for Sports Medicine was formed. It was formed as you know bit the greats who preceded me â€“ the Dr. Oâ€™Donoghue, Slockholms, etc., Houstons â€“ in order to give a podium for science. They realized that they had gone about as far as you can go with the anecdotes. So timing could not have been better for me. Iâ€™d finished my five and a half years here. Weâ€™d been on some programs. We knew things that maybe the rest of the sports medicine committee â€“ community â€“ didnâ€™t know. And part of what we learned from the cadets, one is being able to hospitalize them and observe them. Just for a common ankle sprain. And second was the isolated ACL â€“ they couldnâ€™t continue play. Every cadet wanted to continue play. They couldnâ€™t continue to compete. So we learned a lot because of this patient population and these demographics and I think made us valuable from the podium and set a standard for athletes care â€“ sports medicine care. Weâ€™re going to get them back to play. And then I just have to throw in General MacArthurâ€™s on the field of friendly strife â€“ so on the fields, on other fields, on other days bear the fruits of victory. Actually it was close to my heart because one last story is that as a resident at Walter Reed when he was in his last two weeks of life, the three West Pointers who were there as residents were assigned to sit at his bedside eight hours a day. That sounded great except that was eight hours a day in addition to being our resident responsibilities so we were working 21 hour days but it was worth every bit of it.

Interview:

Can you tell us a little bit about the history of the arthroscope and how it relates to West Point?

COL J. Feagin:

Thank you. The arthroscope and West Point. In my last two years in San Francisco at Letterman Army Hospital, General George Woodard was the hospital commander â€“ orthopedic surgeon. And just a prince to us as well as I thought an outstanding hospital commander. And he had been preceded by General Moncrieff who was a soldierâ€™s surgeon â€“ surgeon soldier. Also great leadership at Letterman Army Hospital. So when we wanted something new â€“ like the arthroscope was â€“ we really didnâ€™t meet a lot of obstacles. Our reputation spoke for itself or something to that effect. And the commanders got it for us. And so early on we had the operating arthroscopic surgery tools we needed and there was a leader of arthroscopic surgery â€“ Dr. Glick in San Francisco â€“ civilian. And he was teaching us and we were learning and we knew we were going someplace. We didnâ€™t know where. So then my next assignment was hospital commander at West Point. Got to West Point, no arthroscope. By now we had already established the standard â€“ at least for the city of San Francisco and as far as I was concerned for the Army â€“ that the arthroscope saved time, money, better results. I mean it was just â€“ you could no longer justify open surgery in the face of what you could do with the arthroscope. And so the first couple of weeks went by and I called the surgeon generalâ€™s office and said, â€œThis is not tenable. We canâ€™t continue without the arthroscope.â€ And they promised us that they would deliver one. And a month went by â€“ and Iâ€™m feeling more and more guilty. In that time we had a football player named Jay Kimmet. Jayâ€™s father was secretary to the Senate â€“ a very powerful position. And Mr. Kimmet asked us if we needed anything and we said, â€œYeah.â€ So I donâ€™t know what else he got going but I do know that we needed an arthroscope. So Walt Curl who â€“ West Point graduate, heâ€™d been to Vietnam as an infantry officer, gone to Duke Medical School, been a resident with me at Letterman. He had come back here to West Point as chief of orthopedics and I was hospital commander. And he couldnâ€™t stand open surgery anymore either. So it was his idea. He said, â€œLook, theyâ€™ve got this cadet fund under the superintendent for the benefit of the cadets and why wouldnâ€™t the arthroscope qualify?â€ And I said, â€œWeâ€™d better give the surgeon general one last chance.â€ So we gave him one last chance and they still couldnâ€™t deliver so Major Curl and Dr. Feagin appeared before the superintendentâ€™s board and the

superintendent and the cadet fund bought us our first arthroscope. And the only requirement was that General Quitfast â€“ who was the superintendent â€“ said, â€œJohn, you know that Iâ€™m going to have to call the surgeon general and tell him what Iâ€™ve done.â€ So that was yet another â€“
Interview:
Can you describe what that first arthroscope was like?
COL J. Feagin:
Yeah. It â€“ weâ€™d already learned operative arthroscopy. It didnâ€™t have the light bulb on the end. We got the one that already had the fiber optics thank goodness. And we were off and running and â€“
Interview:
So it was the videoscope?
COL J. Feagin:
No, I donâ€™t think we had video initially. No, we didnâ€™t have video initially. We had to depend on each other that weâ€™re looking at the torn ACL and the next guy would get the scope and look and say, â€œOh, yeah. Thatâ€™s neat.â€
Interview:
And then you were still able to do very much when you could see like that? When you actually had to have your eye up to a scope? How did that work?
COL J. Feagin:
No. In truth, while I was hospital commander â€“ the two years â€“ most years we did diagnostic arthroscopy. We could start a meniscal repair but we couldnâ€™t do a primary repair of the ACL with the scope. And I donâ€™t believe that we acquired the video during that time. That was acquired shortly thereafter though.
Interview:
Iâ€™ve heard that. I donâ€™t know the history here with the first scopes that did have video. Apparently there was an extra person who apparently had to physically kind of hold the camera. Is that something you had to experience as well?
COL J. Feagin:
No, I didnâ€™t experience that. But word came to me that the video had arrived and it was very demanding, yes.
Interview:
And so youâ€™ve talked now about your first time at West Point and your second time at West Point. Can you comment on a few things that you may have noticed from the first time to the second time that either changed at West Point or changed in orthopedics in general over that period of time? What kind of differences did you note?
COL J. Feagin:
Boy, I love those differences in the sense that as I mentioned earlier I changed. I really became a professional soldier with academic responsibilities to the Army medical corps. And so I was a different person. Military medicine changed hugely and part of that was a legacy from World War II. There was a critical mass of orthopedic surgeons who had served in World War II and come back and gone into private practice but they loved the military, they loved what they had accomplished and contributed. And within the American Academy of orthopedic surgeons there was a military medicine section. So, we were growing. And then the third thing of course was orthopedics was changing from the strap and buckle days and the plaster cast to a technical, surgical specialty. And that was just as dramatic as the other things weâ€™ve talked about.
Interview:
Was there a lot of pushback with the blasting and strapping being the standard of care to that time? What were some of the arguments used by the masses or the people that were less willing to advance? What kind of things would you hear â€“ would they say in that regard?
COL J. Feagin:

Iâ€™ve never had that question before but as you were talking I did dream up an answer I feel comfortable with and that is that the arthroscope was a watershed and sports medicine was the watershed whereas in routine orthopedics across the United States I donâ€™t think there was either an evolution or a revolution. It was just gradually through the residency training. But in sports medicine the arthroscope was so dramatic and the other thing that I saw was that 50% of my orthopedic colleagues and fully 90% of the military accepted the arthroscope from the beginning. There wasnâ€™t any fight back to that. And we knew that we had to learn how to do that well early as a specialty in order to conserve the fighting strength and so on. So that was a watershed. And the 50% of orthopedic surgeons not Army â€“ not military orthopedic surgeons â€“ but that decided the arthroscope wasnâ€™t important, they just sort of fell by the wayside and honest to goodness, they retired early. It was as dramatic a watershed almost as youâ€™ve seen or Iâ€™ve seen.
Interview:
And certainly now weâ€™re much better equipped to fix things that in the past may not even have been recognized as having been a problem or if you knew it was a problem it couldnâ€™t be fixed. So maybe could you look at our field a little bit as a pendulum swinging and if so would you be able to describe where you think the pendulum is? Clearly, we were pretty far away back when the arthroscope was new. And now we have procedures that we can offer people. Is it possible that the pendulum could ever swing or has swung too far? What do you think about that?
COL J. Feagin:
Well, let me start â€“ let me leave that for last. Too far. But let me take it in three phases. Phase one was the knee for everybody. They werenâ€™t doing shoulders, they werenâ€™t doing hips. So Lenny Johnson was our personal guru during this time. And we had a great role model, a great mentor and we could learn fast. Iâ€™ll never forget the first time I saw Lenny Johnson do a shoulder arthroscopy and I said, â€œThis is better than the knee. This is the next future.â€ And then shortly thereafter here at West Point retired, watching you guys â€“ young guys, no names at the moment â€“ and you were doing shoulder surgery. It was absolutely the equal of Lenny Johnson. It thrilled me, it really did. And so I saw shoulder arthroscopy being beautifully done here at West Point very early and shoulder arthroscopy. And that was important to me because our open shoulder surgery had gotten national acclaim. It was our most reliable operation â€“ Charlie Rockwood had come up here to see what we were doing. DiPalma had come up here. Our article was published next to Nearsâ€™ in a journal of joint surgery. It was our reliable â€“ and it was following the principles of bank art. It wasnâ€™t anything new. But to find out that that could be done by you younger guys arthroscopically without the incisions on was beautiful. Now weâ€™ve got the hip and so on â€“ the arthroscope is still the tip of the huge iceberg of limited invasive surgery and itâ€™s here to stay. And so for the younger guys, the skills of arthroscopy â€“ arthroscopic surgery â€“ are absolutely essential.
Interview:
And maybe if I just get a little bigger picture as weâ€™re looking at gross domestic product and the cost of healthcare to the United States and we have two lions that are approaching intersection, which obviously is untenable. What kind of challenges do you see to orthopedics as we determine more things that we can fix and make better? What are the challenges for society, challenges for orthopedic surgeons in that way? Do you have any advice or what you see as a way forward?
COL J. Feagin:
I think I see the way forward. Iâ€™ve worked in England in the National Health Service. Iâ€™ve worked with my colleagues in Austria, Germany, Switzerland, France. Iâ€™ve done third world work in Africa and then not everybody knows it or admits to it but I worked in Cuba for â€“ and I know Fidel Castro was approached with the question you just asked. So his approach was â€“ his son is an orthopedic surgeon â€“ his approach was, â€œArthroscopic surgery and limited invasive surgery saved me lots of money. So I want to

sponsor it.â€ I did a lot of arthroscopic surgery in Cuba and Iâ€™ve been impressed with their ability to do it down there under a socialized system. I missed my arthroscope in Africa. There was no way I was going to have one there. And to go back to â€“ which we had to do â€“ some open knee surgery on the Massai warriors. I didnâ€™t like that. I didnâ€™t feel comfortable doing it after arthroscopic surgery. So I do think that we will come up with â€“ under affordable care â€“ I think weâ€™ll come up with a two-tiered system. There are some excellent books on this on how other countries have done it. Japan has done it and Austria and so on where you have a two-tiered system and everyone has affordable healthcare and those that want more can certainly buy and pay for more. And I think some of our training and military medicine will be in sort of an elite status if you want to look out after our own personal futures and responsibilities.
Interview:
Great and I think I told you before Iâ€™d asked you this question, going back to when you attend national meetings as a military orthopedic surgeon, how were surgeons received in the â€™60s and â€™70s, going to meetings, representing the military. Did you find there were significant numbers relative to the total numbers going to meetings? I know the meetings have all gotten bigger but back in the â€˜70s or late â€™60s, did you find that the proportions of attendees were about the same or were military surgeons not very well represented and what were they thought of by their civilian counterparts?
COL J. Feagin:
Steve, I looked good in my uniform in those days. Times have changed now. I donâ€™t put the uniform on anymore. But the wonderful thing â€“ we were soldiers once and young. So we stood up for ourselves and fortunately as I mentioned there was a huge number of World War II Korean orthopedic surgeons in civilian life that clamored to know what the military was like now. So I donâ€™t think I ever felt ostracized. And fortunately â€“ partly because of that AOSSM â€“ we were getting academic podium time and we were getting credits. We were paying our way so to speak. And I owe a huge debt to you guys that have followed, you know, the Dean Taylors, the Baradinos, Steve Sibodas and so on and so on â€“ Brett Owens. Because you all have kept up and even gone further faster and so on and youâ€™ve really carried the ball to new heights. So we used to feel a little uncomfortable at a national meeting just based on being a minority. But boy, you donâ€™t feel uncomfortable now and I know you donâ€™t either.
Interview:
And then we had talked about this one, one of my sources had asked â€“ prompted me to talk about your experience with General Heaton in regard to your second time at West Point.
COL J. Feagin:
Well, the first time at West Point General Heatonâ€™s son in law and I were West Point classmates and now residents at Walter Reed under the surgeon general â€“ General Heaton. It was interesting, we had dinner at his house on more than one occasion and he didnâ€™t mind at all telling us what we should be and should do and so on and he was a surgeon at heart. And I actually assisted him on a couple of operations and I admired and respected him and one night I got a call from another West Point colleague who had followed us and said, â€œGeneral Heaton said heâ€™s going to be retiring and he would like for me to come get his medical library from quarters one. Would you help me carry it over tonight?â€ So we carried some 500 medical books from quarters number one across the Walter Reed campus to our humble abode. And a couple of days later, the same colleague calls me and said, â€œGeneral Heaton just got extended by the president. He wants his books back.â€ So we knew General Heaton pretty well. And he came to Vietnam to visit when I was over there with his son in law and he did wonderful things for us.
Interview:
Thatâ€™s great.
COL J. Feagin:

He was a thinking surgeon.
Interview:
One thing I know now as we look to conduct research and collaborate with some of the academic departments at West Point a lot of it is guided towards involvement with cadets so we can help their education, help bring them into the fold. So many of our collaborations â€“ if weâ€™re doing a research project â€“ there will be a cadet that we have involved with us. Can you speak to â€“ during your time at West Point â€“ were you able to have much involvement with cadets beyond them being your patients or is that a completely new development that youâ€™ve seen?
COL J. Feagin:
Boy thatâ€™s a â€“ no itâ€™s â€“ first, itâ€™s a new development. And I really love that development because yes, we had a lot of friends among the cadets patients and so on or Sunday school, again. But we didnâ€™t work with them in an academic basis. And never did I envision when I wanted to go to medical school military medicine, I never thought about the progression in the cadet corps and academics and so on. I did always value the civil engineering degree I got at West Point because it fit into orthopedics perfectly and I still use it all the time and Iâ€™m grateful for engineering background. And it must be a joy to work with cadets now in an academic background like that where youâ€™re actually fostering the Army medical department on the one hand, fostering the West Point education, fostering the cadetâ€™s future. Couldnâ€™t be a better meeting of the minds.
Interview:
Itâ€™s very rewarding and I think thatâ€™s a great way to tie it together.
COL J. Feagin:
Thank you.
Interview:
I think those are really kind of all the questions that I wanted to ask you during this time. I certainly would offer to you if you have anything else that I left out that you would want to comment on before we â€“
COL J. Feagin:
No, Steve. Youâ€™ve worn me down. Your questions have been great. Theyâ€™ve led me through 24 years of active duty and the 24 years that have followed. And if I had it to do over again I think Iâ€™d do it the same way. I really enjoyed my military and Iâ€™m proud of it and I appreciate those that have followed. Thank you.
Interview:
Great and I thank everything youâ€™ve done for us and certainly sitting down with us today.
COL J. Feagin:
Thank you.
Interview:
Itâ€™s been great.
1:05:05
COL J. Feagin:
Scott, thank you very much. I appreciate this. End of Audio