3. U.S. Army Hospitals & H.C.

Interview with Col. Ray Lambert Miller (S. Dinwiddie St., Arlington, Va.). He is head of the directorate of the medical services for the Army 1st Log. Command and serves jointly as the commander of the First Log Command's 44th Medical Brigade (under which are all the U. S. Army med evac and field hospitals. In short this brigade handles all the in-country evacuations and the distribution of patients within Vietnam.). Miller was assistant White House physician during the Truman Administration.

During World World II, he was an artillery officer in Europe, participating in Normendy, Ardennes, central Germany, northern France, Rhineland and Italian campaigns. He holds the French Croix de Guerre with gold star and U. S. Army Commendation Medal. In 1949, he interned at Walter Reed Army Hospital.

Under the 44th Medical Brigade are all the hospital medical depots, laboratory work, helicopters (air ambulance), preventative medicine and dental--have more than 100 units in the brigade with 7000 ~~person~~ personnel in the Brigade.

If one takes a wounded GI, there are several routes of medical care for him. 1. He can be evacuated from the forward aid station to the div. by hc--or the hc., if he's serious, can overfly the div. clearing station and carry him directly to the nearest hospital. 2. Or he may go from the aid station back to the division clearing station, if he's not too serious. The most forward hospital is the MASH, where they stop bleeding so can be evacuated to the field hospital where the patient can get definitive care. Or he can overfly the MASH (surgical hospital) to the evacuation hospital.

During the Tayninh battle, for example, the wounded were picked up and then sent to Vung Tau, Tay Ninh, Cu Chi, Saigon, Long Binh or Bien Hoa--the flexibility in sending the patients to various hospitals is because of the air ambulance hc--they can move freely from the battlefield to the hospital. In most cases, the patient movement is regulated, generally to preclude one hospital getting a backlog, for example of four hours, of patients; if this happens the patients are shifted to another hospital. In addition, the hospitals nearest the front are regulated to be sure that the hospital and the beds are as free as possible, with the patients being moved to the rear just in the event ~~something~~ some big inflow of patients develops.

This is the definition of the various ARMY hospitals. The field hospital is in the rear--not close to the battlefield--classically it is behind the corps rear area. Each field hospital is composed of three separate hospital units, which can be separated and sent forward if necessary as a self-contained unit. Each hospital unit has 100 beds. The 8th Field hospital in Nha Trang, for example, ~~it~~ cam into Vietnam ~~w~~ in 1962 and was called a field hospital, but actually had only one hospital unit of 100 beds; today it is a genuinine field hospital with three hospital units. The surgical hospital (called MASH) has 60 beds; it has more surgeons than any other type of medical personnel; it is mobile (classically) and is able to follow the troops. The mission of the MASH is to get a patient and to prepare him for movement to the rear.

The surgeons do not do detailed surgury--they give blood, patch chest wounds--then patient is sent to evac hospital, which is much more sophisticated and can provide definitive care, such as sewing up intestines--more detailed surgury. The evac hospital has 400 beds.

The field hospital can provide emergency surgery, but in general it is more medical than surgical--this is the classical distinction. But, these classical distinctions "don't work here," Col. Miller said. because the hc. can put a patient directly into evac or field hospital from the battlefield, if the case warrants it.

The above description worked in Korea and World War II; there were not MASH hospitals in World War II--they first came in Korea, but there weren't as many MASH hospitals in Korea as in Vietnam. The MASH in Korea was truly mobile--in Vietnam they aren't. "Here we are fighting a mobile war from fixed medical bases--the hospitals aren't tents; the field and evac hospitals are in quonsets, which are air-conditioned and dust-proof. We have augmented them with much more sophisticated equipment--which one would ordinarily have with a US hospital--equipment such as a pace-maker, which stimulates the heart; or another apparatus which shocks the heart into a regular beat when it is chaotic, or respirators which breathe for the patient when he is unconscious. Hence, from this fixed medical base we can do Stateside medicine." The reason the mobile hospitals can be fixed in Vietnam is "the country is narrow--this is not a war in depth with a solid frontline, as in the case of Germany. The air ambulances within 15 to 45 minutes can have the patient in the nearest hospital; we have hospitals in most places. We can provide the patient with the most sophisticated medical care ever provided in a theatre of war."

There is also a 1000 bed convalescent center in Cam Ranh--but they do not consider it a hospital; it takes care of malaria where the treatment is continued.

The malaria patients are put into three categories: Category 1 means confined to bed; Category 2 meaning ambulatory; they get light physical training and Category 3--"The tiger company," in which they get intensive physical therapy, swimming; one-mile run and then they are ready for combat ~~during~~.

ON THE HELICOPTER--The heart of the medical program is the hc. "This is the agency that gives us flexibility to this or that hospital in a fixed position. The hc. is the distribution means to shift casualties around fast. Through the use of the hc., we can divert casualties from one particular hospital to another. In world war II, we had only ground ambulances."

It is important to remember that the hc--first in ~~or~~ Korea--and then the UH-1 was developed first at the request of the Surgeon's office to fulfill medical requirements--then later the hc. was used as a tactical weapon by thef commanders of fighting units. But, the medical branch first envisioned the hc. for medical casualties.

In 44th Medical Brigade, there are two air ambulance companies plus another air ambulance company that is organic to the 1st Air Cav Division, that is attacked to the medical battalion.

In the 44th Medical Brigade, all the crew, pilots and co-pilots are supposed to be medical aid men--i. e. they have advanced first aid; the officers have a medical service corps background. The hc. crews can and do give in-flight care to the patients enroute to the hospitals; the hc. carry blood. The medical aid men can to simple things like applying bandages, splints--he advises the hc. pilot in-flight about the seriousness of the patients--then the pilot might divert the ~~plane~~ aircraft to a closer hospital etc.

The chief of a hospital or a hospital division are regular army officers; but the non-chiefs can be two-year doctors in various stages of training; some of these have finished all their medical training and intership on the civilian side; some are specialists and these doctors are given more responsibility. Some of the nurses are army careerists; others came over under two-year program, in which the nurse specifically volunteers for Vietnam for one year. One nurse volunteered for Vietnam to be with her husband, for example, but by the time she got here, her husband had gone home.

In another case, two male majors, in thirties and forties, who had finished their medical school and had civilian practices, volunteered for active duty, specifically requesting Vietnam. One decided to remain on active duty and continue as an army officer. A 1 doctor.

Of the doctors in the 44th Medical Brigade, 20 per cent are regular army and 80 per cent are two-year direct commissions. Of the nurse, 60 % are regular army; 40 per cent are two-year direct commissions. Many of the young doctors coming to Vietnam on direct commission don't know much about army life--don't know how to wear their uniforms etc, according to miller, "but they see a chance to serve and they really measure up. It's terrific what they do within the hospitals and with the civic action programs."

On the nurses--"These girls want to get forward--like at the 18th MASH in Pleiku--5 of the nurses extended because they can see what they are accomplishing."

One doctor at the new 45th MUST hospital was killed in a mortar attack before the hospital was even officially opened for use. This was in the Tayninh battle. Some of the nurses were wounded in VC sabotage of billets (like during the Brink one), but none have been wounded in their hospitals yet.

Of the air ambulance ~~xxxxxxxxxxxxxxxxxxxxxxx~~ aviators, six have been killed since 1962; 12 others wounded. Of the air ambulance crews, 5 have been killed and 15 wounded since '62. Six medical aircraft have been lost to hostile fire actions. (all wounded are those which required hospitalization--not just scratches).

One man in the 18th air medical unit got DFC in Tayninh battle; also DePuty, commander of 1st Infantry Division, gave a silver star to one pilot for capaibilit capabilities and willingness to answer any mission day or nite even when nother nothing else was flying. Other choppers will use the hoist, hovering 300 feet above the trees.

Miller said, "We abide strictly by everything of the Geneva Convention--we haul only for medical missions--we won't carry combat troops or ammo or resupply at all." Some of the medical hc. wait on the ground during an operation in case their are casualties--then within 5 minutes they are on the frontline to pick them up. Other choppers wait on call at the Saigon airport. "We can tailor all our medical resources to fit the situation. We can augment a hospital--we can concentrate our specialists, such as orthopedic surgeons, neurosurgical teams, in one hospital, or we can move them between hospitals."

He said there were no shortages of any essential specialists; the physical therapists are not necessary because if a man needs it, he is generally already evacuated out of the country with a serious wound. One medical major wants a physical therapist in each hospital, but Miller said these specialists were in the "nice to have category." Some physical therapy is given by surgeons and orthopeidic specialists; they are currently studying to see if more physical therapists are needed.

Outside the medical brigade, there is a division clearing company with each division--the medical battalion is also part of each division to give direct support to that division--the most sophisticated medicine within each division is the division clearing company.

In addition to the medical major killed at the 45th MUST hospital in Tayninh, the 7th Surgical hospital at Cu Chi was mortared, 2nd at M An Khe was also mortared several times.

Six U. S. medical air ambulances at Soc Trang serve the Mekong Delta, for us. casualties as well as those Vietnamese government casualties that the VNAF can not handle.

About the new MUST hospli hospital concept, just set up in Tay Ninh, Miller was very happy about it--they have inflatable shelters, surgical rooms; the rooms are not only inflatable, but also expandable--by adding more steel braces. The shelters can be unforlded; equipment re-arranged. There is one gadget that pumps water--either hot or cold water--and a jet engine that can make the air hot or cold--depending whether the hospital is set up in the tropics or the arctic. All of the new hospital equipment is light; airmattresses are inflatable, have folding cots etc. (See brochure on MUST hospitals).

The First Air Cav Div. also has the flying pod which is used under the flying crane hc.

The Army hospitals under 44th Medical Brigade, serving all Army units are:

18th MASH	Pleiku
2nd MASH	An Khe
67th Evac	Qui Nhon
85th Evac	Qui Nhon
8th Field Hospital	Nha Trang
36th Evac	Vung Tau
93rd Evac	Long Binh (outside of Saigon near FF II HQ).
7th SX MASH	Cu Chi
45th MUST	Tay Ninh
3rd MASH	Bien Hoa
3rd Field	Saigon
17th Field	Saigon

Two other evac hospitals--the 24th Evac at Long Binh and the 12th Evac at Cu Chi--will be completed in December.