

1. MACV Baifung

INTERVIEW WITH COL. GERALD A CHAMPLIN, DEPUTY SURGEON: attribution should not be made to him personally, but can attribute to U. S. medical authorities, U. S. military sources or to the MACV Surgeon's office.

This is the "big picture briefing," about U. S. troops and their medical support.

"Most armies in this part of the world are decimated more by disease than by combat injuries—such diseases as malaria, hepatitis and sleeping sickness." Malaria ranks no. 7 as a cause for admission to military hospitals—but is no. 1 in work-days lost because it takes 30-35 days to recover from malaria.

The current malaria rate, for Oct. '66, is about 30 per 1000 per year—this is the medical rate commonly used, which means if 1000 troops were held in one place for 1 year, 30 would get malaria. The worst period was Nov. '65, when the rate was 50 per thousand per year. This rate is pretty meaningless however, since many of the units outside of the central highlands do not get malaria.

On the new pill, DDS—"there's a hooker in this—only the units exposed are on DDS—these units are in the central highlands, which is the bad malaria place." He said they aren't finding malaria in great quantities there—but he refused (said he didn't have) the rate of malaria for these specific units in the highlands, such as First Cav, 25th Div. Brigade etc.

He said the refugees from Viet Cong areas are heavily infected with malaria.

In Oct. '66, there were 870 malaria cases throughout Vietnam, but this includes Army, Air Force and Marines—including civilian contractors. This is country-wide total.

ON DDS, "It is not a cure-all—will reduce malaria by 50 percent of the incidence. I think our malaria rate is down as much because of command emphasis as by drugs—the command emphasizes things like rolling down shirt sleeves after dark, spraying with insect repellents etc. They are doing a lot of spraying from the air too. The C-123's can spray ~~10,000~~ 10,000 acres in an hour—they once sprayed a whole valley twice where Vietnamese training camps were based and the disease rate went down a lot."

Of the 870 malaria cases in Oct. '66, most of them were in the First Cav, 3 Brig. 25th Div. and the new 4th Infantry Division—all of which operate in the Highlands.

In the Southwest Pacific during World War II, the U. S. Marines had 3000 men per 1000 per year who got malaria, he said—that is if 1000 men were put in one place per year, ~~three~~ each would get malaria three times—i. e. the malaria incident rate was so high. (RON: I SUGGEST CHECKING THESE FIGURES IN WASHINGTON; I'VE HEARD A DIFFERENT WORLD WAR II RATE USED AND THIS ONE SEEMS TOO HIGH).

MACV has confirmed that three types of malaria exist--and possibly a fourth.

ORDER OF CAUSES FOR HOSPITALIZATION. From Jan. to Sept. 1966.

1. Hostile action injuries. rate of 91.8 (rate is per 1000 men per year).
2. Non-battle injuries. Rate of 74.7
3. fever of unknown origin (some of this might be malaria, but not diagnosed for sure) 55.8 rate. Also includes dengue fever, colds, influenza.
4. Dermatologic conditions--all skin conditions, including fungus.
5. Diarrheal diseases
6. acute respiratory diseases
7. Malaria 25.7
8. neuropsychiatric ~~13~~ 14.5 (much lower than Korea, he said).
9. eye disorders
10. ear diseases.

Malaria is the leading cause, however, of days lost--excluding a hostile action injuries and non-battle injuries. He wouldn't give the VD rate amongst the troops; he said it wouldn't be listed as CAUSES FOR HOSPITALIZATION because persons are rarely hospitalized with ~~VD~~ VD; it has has a low days-lost rate--"it only takes one day lost to get to the hospital for penicillin and back to their units." "The VD rate isn't bad--it's probably lower than in some big population centers. ~~syphilis is low~~ Syphilis is low; gonorrhea is ~~difficult~~ difficult to treat, but it is over-played. VC has been higher in other areas where there are U. S. troops--this speaks well for the people here. You expect an increase when people are separated from their families and normal surroundings. But it's not that bad." He said fungus is bad in Vietnam, which makes dermatological conditions no. 4 in the list.

On malaria again, "We doubt that there's a drug you can take that will keep you from being overpowered if you get enough ~~many~~ bites from the right mosquito."

He said the fabulously good medical treatment for GI's--combat and non-combat--"is not a medical revolution. The reason is because this is a different kind of war. It's a static kind of war--there's not sweeping operations from one end of Vietnam to the other (as in the case of Korea). As we went up and down Korea we took our hospitals with us. But, here you can't find an even hospital under tents. All field hospitals are permanent places. We have air conditioning in the hospitals--so it's a place you can use special anesthesia--in ~~an~~ ordinary surgical hospitals with the dir~~t~~ you wouldn't take the chance."

They also use intravenous fluids and blood in great quantities. They are used very soon after the wound is incurred. There's a Blood Bank at third field hospital--get 9 or 10,000 units of blood. It's not uncommon to have a via get 50-100 units of blood. We had this ~~same~~ quantity available in Korea and World War II, but we didn't have it distributed--again the relationship to the hospital being clustered in with the fighting men.

3.

And
 "A wounded patient is splintered in a hospital receiving blood and intravenous fluids in a matter of minutes. This keeps them from ~~gax~~ going into shock. In World War II and Korea, many died from the shock."

He gave me statistics on a "small study":

World War	FRAGMENTS	BULLETS	MINES & BOOBY TRAPS	GRENADES
World War II	61%	18%	3.1	1.6
Korea	50%	27	3.9	8.0
Vietnam	19	35	20.6	15.7

" In world war II, 61% of wounds were from artillery ~~fragments~~. The Japanese and Germans used alot of artillery. The Viet Cong don't have artillery, but only mortars. But in VN, there's only 19% from fragments--almost all mortar fragments. This points up this is an unconventional war--they used to throw big ~~st~~ stuff at us--now they sneak around the back and throw little stuff at us."

This above table is a three-month sampling of wounds that occurred in Vietnam; it is ~~an~~ "an official small survey."

LOWER
 This shows the type of wounds--50% of hostile fire wounds are ~~over~~ extremity. We can't find out here how many end up losing their lower extremity--because they are generally evacuated right out of the country. You might check the Surgeon-Gen. office, in Washington to get this statistic.

In general, there are fewer amputations than in other wars--proportionally because first of the anti-biotics and U. S. surgeons do less amputation than most nationalities--they go into breeding the wound, which requires long-term treatment. "We like to save limbs--we try to rebuilt that leg--there's more emphasis on repairing the wound; our young surgeons are trained to do this. They do vascular surgery--this ~~xxx~~ saves alot of limbs." Vascular surgery is ~~repairing~~ repairing the arteries, veins, putting in grafts. Also since the hospitals aren't moving around, they have a better supply of blood, fluids, equipment such as respirators. They now, more than Korea or World War II, give specific blood types--a patient with blood A gets that as a transfusions. In Korea used $\frac{1}{2}$ O type blood for almost everyone. Had no frozen blood in Korea. We aren't using alot of frozen in Vietnam except in Danang and the USS Repose--only places still have the facility for it--frozen blood is still a new thing. They can't supply the amounts we need. Frozen blood is easier to keep for a long period of time--but it's still too new to evaluate if there are other advantages to it. Frozen blood is "past the experimental stage--but it's not a tried and proved thing yet."

There are ~~also~~ also more portable resuscitators than before--to keep the air supply moving freely--some corpsmen carry it--more than they did in Korea.

4.

side

In Korean War, they started using the H-13 ho. putting pods on the ~~side~~, or as ~~Mr~~ spokesman described it, "A medical basiket on the runners like a little coffin." Sometimes used the light airplane L-5 with room for one or two ~~litters~~ litters in it.