2. Out-of-Country Evacuation

Interview with Col. Gerald A. Champlin, deputy surgeon, MAC-V Surgeons office; attribution should not be made to him personally, but to US medical authorities or US military sources or to the MACV Surgeon's office.

Also interviewed Maj. Daniel E. Tully, medical regulating officer, major, Medical Service Corps, from San Pedro, Calif. He handles the evacuations from N US hospitals in vietnam out of the country.

First part of this interview with Champlain--not for personal attribution.

On fewer amputations--in nearly all cases the surgeons do more vein grafts. if a major artery or vein is wounded or damaged, they put in a tube--also the patient gets blood faster than before, which helps save the limbs. In other cases, the hospitals have more equipment and medical supplies of greater sophistication--i. e. have artificial kidneys on the USS Repose; have a machine in which the blood can be shuttled around the heart while heart is being repaired.

In addition to the Mobile Army Surgical Hospitals (MASH)--on the Army side--(see next interview for listing of them) the U. S. Marine Corps in I Corps has Marine Companies or a medical battalion in Hue, Danang and Danang East. In addition, there is ~~a 1-U. S. Air Force~~ 12th USAF Hospital in Cam Ranh Bay--but they call it a convalescent center, of 1000 beds, mostly for malaria and other long-term medical diseases, rather than combat wounds. Also treats hepatitis.

The MACV regulating office also has responsibility for Thailand.

The MACV offices keep track of the no. of beds occupied and available in each hospital in the country on a daily basis; if one hospital is getting too full, then the patients are evacuated elsewhere either in or out of VN, depending on length of time estimated for him to be ready for combat again. This office can send patients also to the USSRepose; the USS Sanctuary is due first of 1967 in VN waters and there will then be two hospital ships on station near VN.

On the average 100 US patients are evacuated out of Vietnam to other US hospitals in the Pacific or US on a daily basis; but during the Op. Attleboro in Tayninh 160 were evacuated out on some days.

The points for aero-medical evacuation out of VN are Danang, Chu Lai, Qui Nhon, Nha Trang, Cam Ranh, Saigon. Casualties from Pleiku or An Khe are sent to Qui Nhon or Nha Trang for out-of-country evacuation. Those casualties in Bien Hoa, Cu Chi, Tayninh come to Saigon for evac out of VN. These staging points for evacuation out of VN hold the patients for 24 hours before the evacuation.

For out-of-country evacuations there are seven scheduled flights--one day--as normal, but more can be scheduled if needed; all go straight to Cal Clark AF Base on the USAF 903rd Evacuation Squadron; others go on to US; on Tues. Thurs, Sat and Sun, flights take the patients to Japan and some from there onto US.

2. "Everyday we get a call from Japan---I'm a branch of the Far East Joint Medical Regulating Office," Tully Said. (they handle all casualties--army, navy, air force and marine.) "They give us the number of bed credits in Japan, Okinaway, Then we know where to send our patients."

Hospitals backing up Vietnam, where VN casualties are sent to are: two USAF hospitals at Clark and Tachikawa, Japan; six US Army hospitals--four in Japan, one in Hawaii (Tripler) and one on Okinawa; the four Army hospitals in Japan are the 7th Field Hospital; 106th General Hospital; 249th General Hospital and one in Zama. Thetwo Navy hospitals to which US patients from VN are sent are on Guam and at Yokosuka, Japan.

"This (office) is the key to the systme (of out-of-country-evacuations), Tully said. "This tells us how many beds (there are in each hospital) and the specialists that are available (in each hospital)." Hence, for example, they know that one hospital specializes in plastic surgury or has iron lungs; patients requiring these specialities are sent there. Maxillo facial wounds, for example, go to one hospital; amputations go to Tripler, the 106th or the 249th. The office tries to evac army patients to army hospitals; air force to AF hospitals etc--as a general rule--but if an AF casualty needs a specialty provided by an Army hospital, he is sent to an Army hospital.

Each of these hospitals throughout the Pacific calls the Japan office of the Far East Joint Medical Regulating Office and then the Japan office coordinates this and calls Vietnam as to where patients are to be sent; Vietnam also informs Japan about no. of patients and special care they demand.

If a patient can be cured and returned to duty in 30 days, he's held in vietnam. He can be moved from one hospital to another for special treatment--for example, the Third Field Hospital specializes in plastic surgury for facial wounds. But this in-country evacuation is handled by the 44th Medical Brigade, USARV.

~~the Pacific backing up~~ within Vietnam the Army has 4150 beds; Navy has 1077 beds; Air Force has 650 beds. All of these beds are in the Far East and are capable of taking US casualties from Vietnam. The patients are evacuated to Pacific hospitals if it will require 30-120 days for the patient to recover; if recover will be a long-term affair and the patient can not be returned to duty and the special medical care is not available in the Pacific, he can then be transferred to Continental US. For example, severe burn cases are sent to the Brook Army Hospital in Ft. Sam Houston, Tex. These are flown directly from VN to Fort Sam Houston via the Starlifter USAF aircraft, via Travis AF Base Calif. These ~~aptie~~ patients are flown direct to US on the same plane all the way; there is no off-loading unless the patient needs immediate care. Each patient is given as much individual care as possible.

If a patient has amputations and will not be returned to duty, for example, and will get fitted for artificial limbs, then the Far East office in Japan or in Saigon can call the Armed Service Medical Regulating Office in Washington DC, they give the Washington office all the necessary medical information, including the nearest hospital to the patients home-town, and he will be sent there. This is almost individualized palcement in the US---this is handled by directly Saigon-Washington telephone communications.

Other specialized needs of patients from Vietnam: a patient with deafness would probably go to Walter Reed in Washington DC, which specializes in this; chest care and TB to Fitzsimons Hospital in Denver; hand surgeons and renal reconstruction are concentrated at Walter Reed.

Hence the ladder for evacuation is this:

1. for immediate care within Vietnam, casualties go from the battlefield to the MASH hospital. This is the most important step where the most lives are saved--hc. transport is the key. But from a MASH, they would then jump to an Evacuation Hospital in VN; the MASH is the smallest hospital, EVAC next and Field is the largest. Hence, from the battlefield to the MASH to the Evac. From battlefield to the MASH hospital is generally 15-25 minutes from any point in Vietnam. The corpsmen carry plastic inflatable sprints as part of their standard equipment (unlike Korea), and this helps to reduce bleeding from battlefield to MASH. The "statistics are working against us--because the casualties get from the battlefield to the hospital so fast where in ordinary circumstances the people would be far gone."

1% of all troops in Vietnam can expect to be wounded; and of this 1% which reach a medical facility, 1% will die--hence 1% of 1% or 1/100th of the whole number of troops within VN will die. Hence, 1/100th of the troops will be kia--"This is a working factor"--or the statistics that are generally used.

2. 75% of the people wounded and admitted to a hospital in VN are evacuated to US hospitals in the Pacific or continental US--these are wounds as a result of hostile action--not non-combat statistics. However, 60% of the casualties wounded by hostile fire are hospitalized; 40% are not. There are alot of cuts, grenade frag on the skin who are treated and returned to duty without admission to a hospital.

The out-of-country evacuations reflect in a rough way the battlefield situation. In July, 1965, about 900 a month were evacuated; but in June, 1966, 2500 were evacuated when the 1st Div. had Operation El Paso along Hway 13. In Nov. 1965, 2000 were evacuated during Ia Drang Valley campaign. During Operation Prairie, July, 1966, 2500 were evacuated. The evacuation figures "are still climbing," Tully said. Between Nov. 65 and Nov. 66, 3 evac hospitals and 3 MASH hospitals were added, plus a Marine facility at Chu Lai.

"We are very much ahead of the medical problem in Vietnam," Tully said, meaning we have more hospitals than casualties--they try to keep 50% of the hospitals empty, in case there are a rapid influx of battle casualties--they can evacuate out of the country as fast and as many as are necessary.

Beds in Vietnam: 735 for the Navy (the Repose doubles this figure); 215 for the AF, excluding that 1000 bed convalescent center; 2805 for the Army. (The Navy is support for the USMC). The USAF convalescent center in Cam Ranh bay is for convalescence--not treatment. They try to keep 1/2 of the beds empty--it is 70% occupied now.

MACV also handles ~~Thailand~~ U. S. medical facilities in Thailand. They are:

5th Field Hospital in Bangkok; the US Army has taken over responsibility from the U. S. Navy on this; actually the U. S. Army has simply leased some beds from the 7th Day Adventistsx Hospital there.

31st Field Hospital in Korat. ~~Both of these~~ are Army contolled.

USAF Don Muong Dispensary.

35th ~~Tac~~ Tactical Dispensary at Tak Li

8th Tactical Dispensary at U Bon., at U Dorn and at U Tapao . All of these are USAF Dispensaries or Army dispensaries.

The US Marine helicopters are not broken down into specific air ambulance units--the tactical hc. are used to pick up medical and combat casualties. When a Marine helicopter is bringing in casualties, they turn on their landing lights when get near the heliport--so the medical people keep watching for landing lights and then go out and pick up the casualties.

The med evacs to the US got to both the East and the West coasts--there's much more evacuation to the US than during the Korean War.