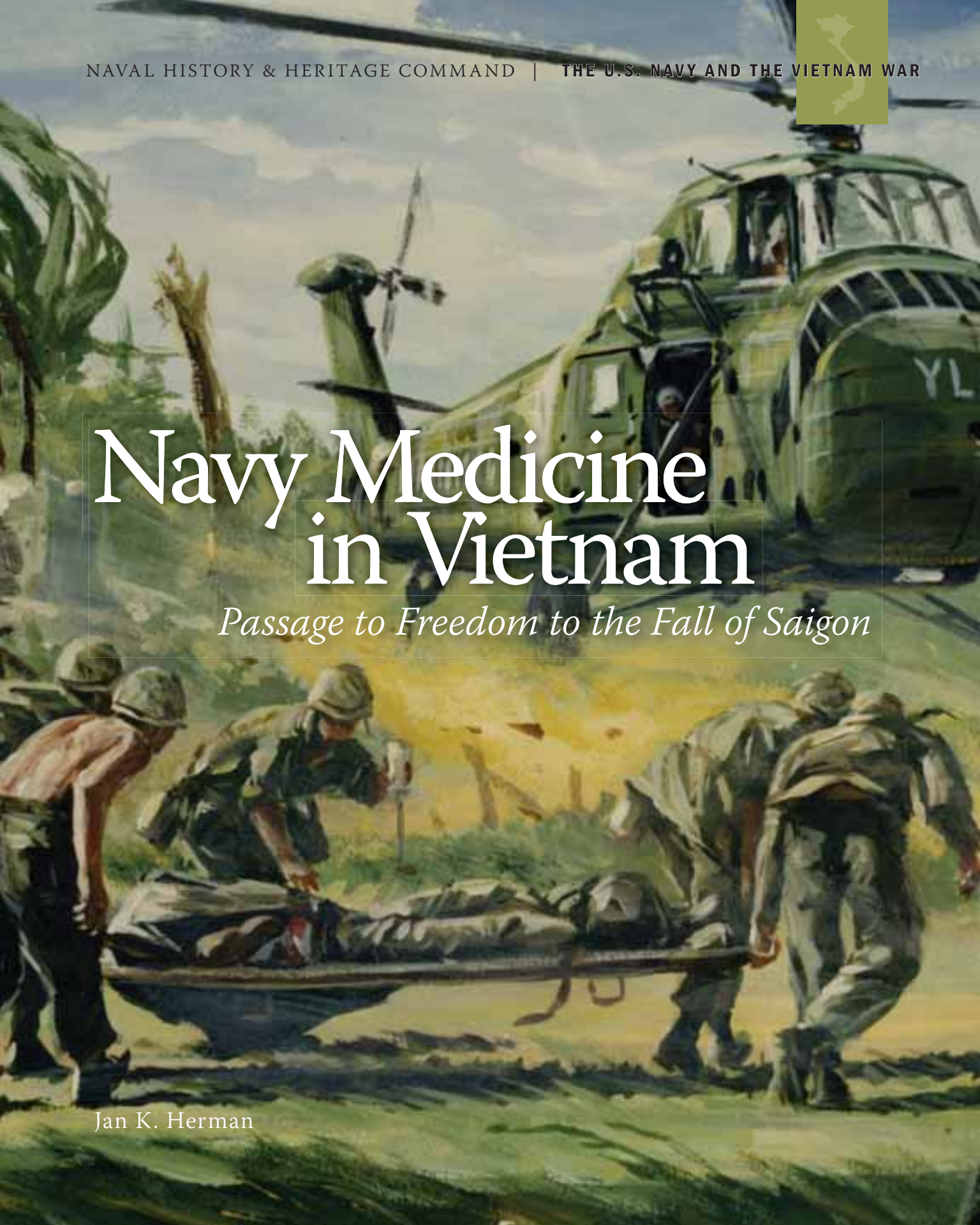

Navy Medicine in Vietnam

Passage to Freedom to the Fall of Saigon

Jan K. Herman

Front Cover: Detail from *Wounded Being Hoisted to Helo* by John Steel.
Acrylic on illustration board, 1966. Navy Art Collection.

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Jan K. Herman

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Refugees from North Vietnam board a U.S. Navy landing craft that will transport them to a new life in South Vietnam.

INTRODUCTION

In July 1953, U.S. and North Korean military officials signed an armistice at Panmunjom ending hostilities—but without a permanent peace on the Korean peninsula. Demobilization of the armed forces began almost immediately, following much the same pattern shortly after World War II. This military decrease was across the board and keenly felt by the Navy Medical Department. The authorized ratio of medical officers to active duty troop strength was cut in half. Between 1953 and1954, the Navy lost more than 1,000 physicians—an astonishing 25 percent reduction.

For the fleet, reductions meant that battleships went from two medical officers to one; aircraft carriers, from three medical officers to two; and LST (landing ship tank) squadrons, from two physicians to one. Besides personnel cuts, peacetime also meant disestablishing many naval hospitals or, at the very least, downgrading them from hospitals to infirmaries.

Despite this retrograde movement in Navy medical personnel and facilities, the Cold War continued. Indochina replaced Korea as the number one hot spot. When French colonial rule in Indochina came to a chaotic end in 1954, following the climactic defeat at Dien Bien Phu, the U.S. Navy helped evacuate 721 French troops and transport them back to their homes in France and North Africa. These pitiful soldiers suffered not only from wounds but also from a variety of jungle diseases and malnutrition. The hospital ship *Haven* (AH 12), which had already seen action in World War II and four tours during the Korean War, was again pressed into service for the trip. When one of the Legionnaires died en route,

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Orphans fold sheets at a Haiphong refugee camp, 1954.

BUMED Archives

Above, Commander Julius Amberson, MC (in bush hat), head of the Preventive Medicine and Sanitation Unit responsible for refugee health, inspects a water pump at a Haiphong camp.

Inset, Lieutenant (jg) Thomas Dooley supervises a water purification tank at a Vietnamese refugee camp near Haiphong during Operation Passage to Freedom.

"they off-loaded the body in a casket with the French flag draped over it," Navy nurse Anna Corcoran recalled. "That was very, very emotional to watch. Of course, at that time, we didn't know how many of our own would be going home that way from Vietnam. We couldn't have imagined back in 1954 that 10 years later we would be involved just like the French were."

America's long Vietnam nightmare indeed began that fateful year—1954. Shortly after *Haven*'s participation in Operation Repatriation, the Navy was again called upon to spearhead a humanitarian operation. Under the terms of the 1954 Geneva Accords, which ended the war between France and the Communist Viet Minh, the people of Vietnam could decide where they wished to settle. Few in the south chose to go north, but with the collapse of French rule, hundreds of thousands of refugees streamed south to escape the Communists. The U.S. Navy provided the transportation.

Passage to Freedom had a major medical component headed by Commander Julius Amberson. The medical unit consisted of three medical officers, one Medical Service Corps officer, and four corpsmen. Among the doctors was Lieutenant (jg) Thomas A. Dooley, who later became famous for his books and speeches about Passage to Freedom and his subsequent medical missions in Southeast Asia. Navy physicians and hospital corpsmen were charged with providing medical care for the refugees, many of whom were already debilitated by their ordeal. Disease was widespread and shocking. Malaria, trachoma, smallpox, typhoid, worm infestation, fungi of all sorts, yaws, tuberculosis, dysentery, beriberi, rickets, conjunctivitis, pneumonia, measles, and impetigo were commonplace. Dr. Amberson later recalled what his team members found when they arrived at one of the refugee camps. "As we entered Haiphong, we found every available vacant lot, parks, schools, and vacated buildings packed with refugees. We estimated there were about 200,000 at that time. They were living in the most squalid conditions—no sanitary conveniences. The human excreta combined with the presence of enormous numbers of flies were the making of epidemic diseases among these unfortunates."

BUMED Archives

A Vietnamese refugee on board attack transport *Bayfield* (APA 33) receives treatment for an infection during her transit from North to South Vietnam in Passage to Freedom.

As the refugees were brought to Haiphong—the port from which they would embark for South Vietnam—the Navy set up temporary camps for them, complete with tents, potable water, food, and medical care. Preventive medicine teams worked diligently to control the rodent and insect population, spray for malarial mosquitoes, and purify the water. Men, women, and children were vaccinated, deloused, and treated for their illnesses.

When the refugees boarded transports and LSTs for the journey south, Navy medical personnel accompanied them, dressing their wounds, handling fractures and fevers, and delivering an average of four babies per trip. By the time the mission was completed, Navy ships evacuated more than 293,000 civilian refugees and 17,800 military troops to South Vietnam. ⚓

BUMED Archives

Captain Archie Kuntze congratulates Ann Darby Reynolds following the award of a Purple Heart. Reynolds sustained injuries in the Brink Hotel bombing. She and her fellow nurses were the only Navy nurses to receive this award during the Vietnam War.

STATION HOSPITAL SAIGON

Despite what was supposed to be a temporary partition of Vietnam with eventual elections, Communist guerrillas, supported by North Vietnam, began a systematic policy of harassment, assassination, and sabotage in South Vietnam. As the Eisenhower and Kennedy administrations moved to prop up the regime of Ngo Dinh Diem, American military and civilian personnel headed to South Vietnam as advisors. Navy medical personnel soon followed in the advisors' footsteps. The American Embassy dispensary initially provided care for the relatively small number of Navy and Marine personnel assigned to the Navy section of the Military Assistance and Advisory Group (MAAG). But by 1959, MAAG was designated as "American Dispensary" and staffed by Army, Navy, and Air Force medical and dental personnel.

After Headquarters Support Activity, Saigon was established in 1962 in response to the military buildup, the need for a military hospital and medical services in the capital became more apparent. After much deliberation, the senior medical officer chose a former hotel as the future site for Station Hospital Saigon. The long-neglected building required lots of work, but by October 1963, the 100-bed inpatient facility was ready, and by winter, increasing numbers of Navy physicians, dentists, nurses, and hospital corpsmen began arriving in Saigon. Although dependents and embassy personnel still in-country used the hospital for outpatient care, the patients were primarily military. Navy medical personnel could stabilize and treat most casualties and perform minor surgery, but the more serious cases were medevaced to other military treatment facilities in Japan or in the continental United States.

In addition to combat casualties, the increased terrorist activity in Saigon itself brought home the importance of a hospital in or near the capital. Despite the American low profile, Viet Cong terrorists were active, exploding bombs not only in the Central Market but in bars and theaters frequented by American personnel.

BUMED Archives

A view of the apartment house that would become Station Hospital Saigon.

The five-story, concrete building, located on Tran Hung Dao, downtown Saigon's busiest street, was the Navy's only hospital—from the day it opened—to receive American combat casualties directly from the field. And it especially filled the need for an inpatient facility in the southern portion of South Vietnam, a demand precipitated by the fighting in the Mekong River Delta area. The only other existing American hospital at the time was the 100-bed field hospital in Nha Trang, 200 miles north of Saigon, a distance that required flying patients from the delta.

Right behind the main hospital building and attached to it by a series of stairways was another five-story structure. This annex provided an excellent isolation facility. A one-story stucco building was quickly constructed in the courtyard to house a central supply, emergency room, and operating room.

A concrete wall topped by wire grenade screens surrounded the entire complex. Terrorist activity was a constant threat making security a full-time job. In addition to the protective screen, U.S military police armed with shotguns and Vietnamese soldiers and police patrolled the compound around the clock.

The senior physician was assisted by nine medical officers, including two general surgeons, an internist, a psychiatrist, four or five general practitioners, seven Navy nurses, and eight Thai nurses. The staff also had two Medical Service Corps officers, 76 trained hospital corpsmen, and 40 Vietnamese employees, who were clerical assistants, drivers, and janitors.

Eyewitness to a Coup

In 1964, the Navy assigned Lieutenant Commander Bobbi Hovis, one of the first Navy nurses to volunteer for service in Vietnam, to Saigon. With her commanding officer and fellow nurses, Hovis helped set up Station Hospital Saigon. As she settled into the daily routine of providing medical care to U.S. military personnel, the security situation in South Vietnam's capital changed dramatically.

Courtesy Bobbi Hovis

Lieutenant Commander Bobbi Hovis stands beside an Army ambulance at Station Hospital Saigon. Hovis had served as a flight nurse during the Korean War.

It was November 1st, 1963. My senior corpsman, whose name was Paul ["Burnie"] Burns, came back from lunch that day and said, "There's all kinds of barbed wire strung across the street. There are gun emplacements set up with .50 caliber machine guns and they're all pointed right up the street at us."

I walked out in the middle of the street and couldn't believe what I saw. I was looking right into the barrels of two .50 caliber machine guns set up in sandbag emplacements. Well, it wasn't very long before the shooting started.

Bullets were flying in every direction and civilians were trying to take cover in the streets. I saw one man shot. A bullet went through the back window of his car, through his chest, and out the windshield. Two men ran out from a store and dragged him out of the car. I don't know if this man lived or died.

A chief and I were standing on a fifth-floor balcony watching the bombing runs on the palace when suddenly a bullet hit right in front of us on the balcony wall, powdering the stucco. The bullet then ricocheted up from the balcony where it first hit, bounced off the overhead, and fell to the deck. Three inches higher and I would have been hit in my lower chest or abdomen. We both jumped back into the room and took cover under a table.

We barely got back to the quarters when the firing began really in earnest. The quarters were in downtown Saigon and very, very close to Diem's palace. Somebody had set up a 105mm howitzer out near the Gia Dinh Bridge and they were firing that howitzer right into the palace. Many of the shells were going astray and hitting all around our BOQ and the roofs right near us. This went on for 18 hours. It got so hot and heavy that I said to the girls, "In case we have to evacuate these quarters, we'd better have a little overnight kit packed, another uniform, and some toilet articles." So we each packed a bag. No sooner had we done so when the firing became even heavier and we took cover.

Eventually, the heavy firing died down and we heard the clank, clank, clank of tank treads. I counted 27 tanks mustering right below our quarters. Several hundred fully armed troops accompanied the tanks. We didn't know who these troops were or what faction they belonged to.

Suddenly the tanks began to fire right down the middle of the street. When those cannons fired within the confines of the city, you can't imagine the sound that reverberated off asphalt and brick streets and cement and stucco buildings. It was absolutely deafening. Between the thick cordite and smoke and the deafening blasts and concussion, we all had headaches.

By now it was November 2nd. About 0400, the tanks and troops started to move out toward the palace. Just at sunrise white flags appeared over the palace. We heard on the radio that the Diem government had surrendered.

Life never returned to normal while I was in Vietnam. An undercurrent of unrest was always present from one faction or another. Dissident generals continued to work behind the scenes, planning to stage another coup to overthrow the newly installed Minh government. ⚓

The hospital treated dependents of American personnel until they were evacuated in February 1965. Vietnamese patients were admitted for emergency care. Once stabilized, they were transferred to local hospitals.

Shortly after the hospital's opening, a helo pad was built on a soccer field about a five-minute ambulance ride away. Helicopter pilots carrying the wounded or sick were able to communicate by radio with the hospital, and ambulances and attendants waited at the helo pad ready to transfer patients with minimal delay. At other times, patients arrived at Tan Son Nhut Airport by fixed-wing aircraft and were transferred to the hospital by helicopter.

For a time, terrorist bombs resulted in mass casualties more than actual combat. On Christmas Eve 1964, a Viet Cong agent parked a bomb-laden car in the underground garage of the Brink BOQ. It detonated less than an hour later killing and wounding many. Four Navy nurses were among the injured, and they became the only Navy nurses to be awarded the Purple Heart during the Vietnam War. Lieutenant Darby Reynolds remembered the event: "I was looking out of my room through the French glass doors and had my face pressed up against the glass. All of a sudden, the bomb went off. The door blew in and the glass shattered and fell right down on top of me. I thought, 'Oh, boy. Hospital OR call. Here we go!' I remember a couple of fellas coming in and saying, 'You've got to get out of here. The building's on fire.'"

Although injured herself, Lieutenant Reynolds managed to report to the hospital. "Then we just went to work and took care of all the patients and got them settled. I waited till the end after everybody was taken care of and then they sutured my leg. I remember one man in the next suite of rooms at the Brink. He was buried for several hours. They found him around midnight and brought him into the OR to try to save him, but he died on the table right across from me while they were working on my leg."

Such attacks became more frequent in Saigon. In order to keep beds open in anticipation of mass casualties, the hospital's commanding officer, Captain Russ Fisichella, MC, instituted a rapid evacuation system. Patients able to travel were transferred to the Army hospital in Nha Trang. The 8th Field Hospital employed a 30-day holding policy, and two air evacuation flights per week were used to transfer patients to the hospital at Clark Air Force Base in the Philippines. "We attempted to keep the hospital at no more than 50 percent occupancy in anticipation of possible mass casualties," Fisichella recollected.

Diseases accounted for a good deal of the hospital's day-to-day work. Malaria was endemic and everyone had to take Chloroquine-Primaquine prophylaxis. Infectious hepatitis was not uncommon, and all personnel received immune globulin prior to or upon reporting in Vietnam. By far the most prevalent and annoying disease was amoebiasis, an intestinal disorder that responded well to a combination of Diodoquin and Oxytetracycline.

When Fisichella left Vietnam in March 1965, the bombing campaign against North Vietnam was about to begin. The war was on the verge of escalating. More than forty years later Fisichella vividly recalled his mission and that of his fellow Navy medical personnel. "We were professionals doing a professional job, and everybody had a specific job to do. We were all expected to be ambassadors. At the time I was there, it wasn't an American war. We were advisors. It became an American war after that."

In the summer of 1964, an incident in the Gulf of Tonkin had already turned the festering conflict in Southeast Asia into a full-blown war. On 2 August, destroyer *Maddox* (DD 731) was on what was termed a "routine patrol" in international waters when three North Vietnamese torpedo boats commenced a high-speed torpedo run on the destroyer. The series of events that followed resulted in the Gulf of Tonkin Resolution passed by Congress on 7 August 1964. This resolution gave the President the power "to take all necessary measures to repel any armed attack against the forces of the United States and to prevent further aggression." Escalation of the war in Vietnam was now assured. ⚓

"Torpedo in the Water!"

Lieutenant Samuel Halpern, MC, USNR, serving as the medical officer of Destroyer Division 192 on board Maddox *(DD 731) in August 1964, witnessed the events that triggered the Tonkin Gulf Resolution enabling President Johnson to fight the Vietnam War.*

The day of the first attack [2 August 1964], I was lying in my bunk when we went to general quarters. We began picking up speed. The captain came on the 1MC [intercom] and said we were being approached by North Vietnamese PT boats and that they intended to engage us. If they closed to 10,000 yards, we would fire warning shots. If they got closer, there would probably be an engagement.

I went to my GQ [general quarters] station in the wardroom, and Chief Aguilar and I set up the hospital as best we could. We threw some mattresses on the floor for casualties, and secured all the supplies and equipment we could in case we took a hit. The *Maddox* had the watertight integrity of a sieve. She was just an old rust bucket. Nevertheless, we were ready.

When we let go with the 5-inch 38 warning shots, I thought that was it. We were really speeding up and I could tell we were bringing other boilers on line. The generators were whining like mad and we were doing between 25 and 28 knots.

All of a sudden I heard, "Torpedo in the water! Torpedo in the water!" The 1MC was wide open. I thought, "This ain't real!" I didn't know anything about combat at sea. Aguilar kept yelling for me to get up and grab the big I-beams in the overhead and get off the deck. I didn't understand why he wanted me to do that. He looked like an idiot grabbing those beams and lifting himself up on his tiptoes. I found out later why he did this. If you're standing and the ship takes an explosion under you, it will break both your legs as the ship suddenly lifts up. I finally did what he said.

Our 5-inch mounts were just wide open—Boom! Boom! Boom! Boom! Boom! And then I heard Crack! Crack! Crack! That was the sound of the 3-inch mounts. Our 5-inch guns had a range of about 10,000 yards, the 3-inch guns about 6,000 yards. That meant that if we were opening with the 3-inch mounts, our attackers had to be within 6,000 yards of us and were going to be on us real quick. We were throwing everything in the world at them.

And then I heard, "Torpedo in the water! Torpedo in the water!" again followed by "Torpedo is past us!" They were maneuvering the ship and the torpedoes were missing us.

I don't know how long the fight went on—not very long—and then it broke off. The planes from the *Ticonderoga* then came in and hit the three PT boats. At the time I was told we had sunk one, one was dead in the water, and the other limped off.

We had taken hits with some .50 caliber machine gun fire. One of them hit the after mount. Chief Keith Bain, the after mount director, was in there, and a bullet bounced all around him in that confined little space but missed him. Anyway, we got out without any casualties but for some ruptured eardrums from the concussion of our own guns. The men who were on the main deck didn't put cotton—or whatever we used back then—into their ears in time. If you are on deck and someone fires a 3-inch shell, it is absolutely painful. Your eardrums are splitting because it's a high-pitched crack. If a 5-inch shell is a muffled baritone, a 3-inch shell is a tenor. Everybody I examined that day who had a headache or an earache had blood behind the eardrum—in both ears.

We left the Gulf of Tonkin and rendezvoused with Task Force 77. Then we were ordered back into the gulf, this time accompanied by the USS *Turner Joy* [DD 951].

The night attack occurred on the 4th of August. Time went on and then we started picking up speed and zigzagging. It wasn't very long after that night attack that we went to general quarters and the captain said we were being attacked. I heard a 5-inch mount go off. I thought, "Okay, this is it." Then, all of a sudden, I heard, "Torpedo in the water! Torpedo in the water!" And that began the wildest damn time you have ever seen in your life.

We were zigzagging all over hell and every now and then we would open up with a one- or two-shot volley. I could also hear the thud of the *Turner Joy* out there. This went on for a while—the zigzagging and "Torpedo in the water! Torpedo's missed us!"

We had set "Zebra" throughout the ship which meant we were locked down. We had all the boilers on the line in the fire rooms and it got up to 140 degrees. Then the [heat] casualties started coming into the wardroom, and I did exactly what I was supposed to do. I jammed IV fluids into them, wet them down, and got them back into the fire rooms as quickly as I could. Of course, they came back after

NH 97897

Lieutenant Commander Dempster Jackson next to the bullet hole in *Maddox* (DD 731).

NH 97903

In this 1953 photograph, U.S. destroyer *Maddox* steams astern of carrier *Philippine Sea* (CV 47).

about 10 minutes. The second time they would be sicker, and I'd do the same procedure again and send them back. I hated to do it. The only time I decided not to send them back was when I thought they wouldn't survive the next time down in the fire rooms. If I thought they'd die, I'd keep them.

People were lying all over the wardroom floor, and I was stepping over them. Some had collapsed veins yet I tried to jam 18-gauge needles into collapsed veins. It was amazing! It really helps to have something to do in combat, and I was so damned busy. I'd hear the shouting, "Torpedo in the water!" But I didn't give a damn. I had something to do. There wasn't anything I could do about the torpedo, but I could do something about the guys lying on the floor. And that's what I did. Those kids didn't realize that they did more for me than I did for them.

Eventually, the skipper came on the 1MC and said he thought the sound the sonar man was picking up was the sound of our rudder as we moved through the water, and we were breaking off action. [While it certainly seemed real to Lieutenant Halpern and others in the crew, most historians now agree that the North Vietnamese did not attack *Maddox* and *Turner Joy* on the night of 4 August 1964.] ⚓

Courtesy Bob Ingraham

Navy physician Lieutenant Claude DeShazo, MC, examines a patient during a MEDCAP (Medical Civil Action Program). This program was another attempt to win the "hearts and minds" of the Vietnamese people.

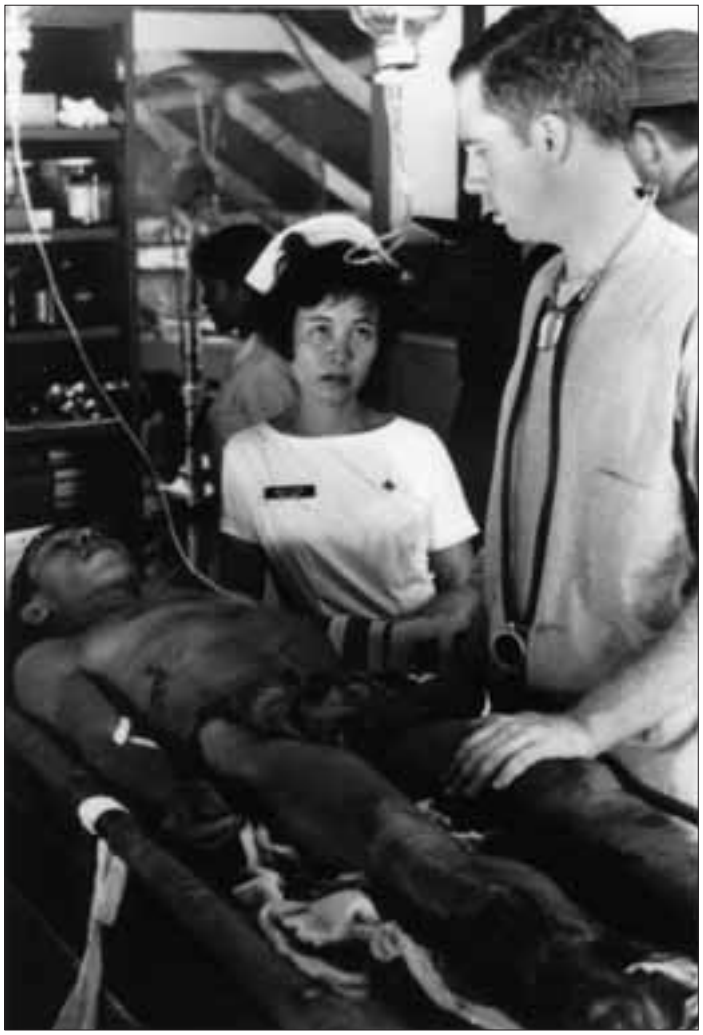
HEARTS AND MINDS

If the Communist insurgency was to be kept at bay and finally defeated, "winning the hearts and minds" of the South Vietnamese people increasingly became the goal of U.S. aid. Because medical care of any kind was a luxury few Vietnamese in the impoverished countryside could afford, medical aid programs became a high priority. A series of programs, which were co-sponsored by the Department of State, the U.S. Agency for International Development, and the Department of Defense, staffed teams who became part of the Military Provincial Health Assistance Program, or MILPHAP. The Department of Defense was to provide military personnel to staff these teams that would practice medicine in South Vietnamese civilian hospitals alongside their Vietnamese counterparts.

By early 1969, the Navy fielded seven MILPHAP teams to operate in Quang Tri/Quang Tri Province, Hoi An/Quang Nam Province, Tam Ky/Quang Tin Province, Bro Loc/Lam Dong Province, Chau Doc/An Giang Province and Cao Lanh/Kien Phong Province, Soc Trang/Ba Xuyen Province, and Rach Gia/Kien Giang Province. Each team consisted of three general physicians, one Medical Service Corps officer, and 12 enlisted personnel.

Navy nurse Lieutenant Commander Bernadette McKay remembered duty at the Vietnamese hospital in Rach Gia: "From 500 to 600 patients were seen every month in the emergency room. This room was also an admission room, minor surgery clinic, cast room, blood drawings room, and triage center during mass casualties. Two tables were normally used for changing dressings, examining patients, and applying casts. The number was increased to five during emergencies. Duty in the ER was a combination of battle aid station, pediatrics clinic, and typical hospital emergency room in a large city. In several mass casualty situations, 35 to 140 patients were examined and treated in this area.

"Mortar and bullet wounds, burns from bomb blasts, lacerations, and abscesses were the most frequent types of injury seen. When many patients were waiting to be treated, the entire crews of the



BUMED Archives

Navy physician Lieutenant Raymond Osborn examines a critically injured truck accident victim at Hoa Kanh Children's Hospital. One mission in the early days of American involvement in Vietnam was teaching the Vietnamese the practice of Western medicine.