

Army Medical Specialist Corps in Vietnam

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Background

Though American military advisers had been in French Indochina since World War II, and the American Advisory Group with 128 positions was assigned to Saigon in 1950, the Army Surgeon General did not establish a hospital in Vietnam until 1962 (the Eighth Field Hospital at Nha Trang) to support American personnel in country. Between 1964 and 1969 the number of American military personnel in Vietnam increased from 23,000 to 550,000 as American combat units were deployed to replace advisory personnel in support of military operations.

Between 1964 and 1973 the Army Surgeon General deployed 23 additional hospitals established as fixed medical installations with area support missions. These included surgical, evacuation, and field hospitals and a 3,000 bed convalescent center, supported by a centralized blood bank, medical logistical support installations, six medical laboratories, and multiple air ambulance ("Dust Off") units. Air evacuation of the wounded defied the terrain, mountainous canopied jungle, flooded delta, dusty plain, and provided increased security for the wounded. The Army medical buildup in Vietnam was completed in 1968, with 5,283 Army hospital beds available in country.

To understand the rationale for the assignments and missions of dietitians and physical therapists during the Vietnam War, an overview of the medical chain of command structure in Vietnam is helpful. Prior to August 1967, the Army placed medical assets, including the 44th Medical Brigade, under command of the 1st Logistics Command with a separate Office of the Surgeon reporting to the Commander, United States Army, Vietnam (USARV). The Office of the Command Surgeon and the 44th Medical Brigade were combined on 10 August 1967, and the 44th Medical Brigade was then reassigned from 1st Logistics Command to USARV. The 44th included a Brigade Headquarters and three to four

Medical Groups which were established and dissolved as medical needs dictated throughout the war. On 1 March 1970, Army medical dual staff functions were reduced with the establishment of the U.S. Army Medical Command, Vietnam (Provisional).

The 68th Medical Group, operational on 18 March 1966, was located in Long Binh and supported the medical mission in the III and IV combat tactical zones (CTZs). The 55th Medical Group, operational in June 1966, supported the medical mission in the northern II CTZ and was located at Qui Nhon. The 43d Medical Group, operational in November 1965, supported the medical mission for southern II CTZ and was located at Nha Trang. And, in October 1967, the 67th Medical Group, located at Da Nang, assumed medical support responsibility for ICTZ.

Army Physical Therapists

The first member of the Army Medical Specialist Corps to serve in Vietnam was a physical therapist who volunteered for Vietnam duty from her posting at Fort Belvoir, Virginia, and arrived with the 17th Field Hospital, Saigon, in March 1966.

Between 1966 and February 1973, 43 Army physical therapists, 33 of whom were women, served in South Vietnam. They were assigned in the II, III, and IV combat tactical zones at the 8th (Nha Trang) and 3d and 17th (Saigon) Field Hospitals, the 12th (Cu Chi), 24th (Long Binh), 29th (Can Tho), 36th (Vung Tau), 67th (Qui Nhon), 71st (Pleiku), 85th (Qui Nhon), 93d (Long Binh), and 95th (Da Nang) Evacuation Hospitals, 3d Surgical Hospital (Dong Tam), the 6th Convalescent Center (Cam Ranh Bay), and MACV Headquarters. They treated military personnel from the SEATO allied nations—Australia, Korea, New Zealand, Thailand, the Philippines, South Vietnam—and the United States. Their patients also included civilians and prisoners of war. A total of seven Army physical therapists, six

women and one man, served as physical therapy consultants to the Commander, 44th Medical Brigade.

In 1967 Army physical therapists began treating Vietnamese military personnel and civilians in Army hospitals. This interaction expanded to patient and staff physical therapy instruction in ARVN (Army, Republic of Vietnam) hospitals and selected Vietnamese medical staff members affiliated with Army physical therapy clinics in Japan and Okinawa. As American combat troops were deployed home from Vietnam in 1970 and the South Vietnamese government became more responsible for the outcome of the war, the Army physical therapist advisers assigned to MACV (Military Assistance Command, Vietnam) headquarters developed eight week courses of instruction in physical and occupational therapy techniques for bedside rehabilitation of Vietnamese patients at the 2700-bed hospital at Cong Hoa, and compiled an illustrated basic course text which was translated into Vietnamese.

The importance of physical therapy to the individual soldiers whom Army physical therapists treated and rehabilitated remains a priceless gift. It restored the use of arms and legs damaged by war, rehabilitated surgical wounds, increased range of motion, and restored flexibility and strength following serious burns. The proven success of this combat medical experience also richly contributed to the collective body of knowledge related to combat medicine. Army physical therapists established daily proof that early intervention of physical therapy in

patient treatment programs improved the patients' medical prognosis by reducing the extent of injury, shortened healing time (thereby more rapidly returning the soldier to duty), and improved morale.

Army Dietitian

The establishment of fixed medical installations, and the rapid increase in the number of combat and support personnel in Vietnam between 1964 and 1969, enlarged the Army medical mission. In May 1966, at the request of the MACV Surgeon, the first two Army Medical Specialist Corps dietitian arrived at Tan Son Nhut and were assigned to the 8th Field Hospital, Qui Non, and the 3d Field Hospital, Saigon. The senior dietitian was appointed field service adviser to the 44th Brigade and later dietetic consultant to the USARV Surgeon.

Traditionally, the responsibility for food service in medical field units had been the function of the command S-4 (Logistics). The decision to assign Army dietitian to field hospitals in Vietnam in 1966 was based on the following factors. The 30-day command convalescent leave policy required patients who physicians determined could be returned to duty within 30 days to remain under medical care in country. The command decision to utilize A rations (which require refrigeration) in field hospitals in place of the traditional B rations (canned, dehydrated foodstuffs which do not require refrigeration) established a patient feeding program in which modified diets needed to be formulated and prepared locally. Subsistence procurement for modified diets required professional analysis and coordination with command logistical support units. The

*“Since I have arrived,
I have visited the 3d Field,
Saigon; 18th Surgical, Quang
Tri; 22 Surgical, Phu Bai;
95th Evacuation, Da Nang;
and 24th and 93d
Evacuation, Long Binh.
I go by U21’s helicopter,
jeeps, trucks, ambulances,
sedans, or any other
transportation that
is available... and,
I do hope that Charlie
continues to operate
outside the perimeter.”
LTC Mary Preston, Staff
Dietitian, 44th Medical Brigade,
1968.*

location on of fixed medical installations in country, and the sophisticated level of medical care these hospitals were able to provide patients, required diet therapy applications beyond the scope of training received by quartermaster personnel traditionally responsible for feeding patients in field hospitals.

A total of 26 Army dietitian served in Vietnam, twenty women and six men. They served in all four combat tactical zones, from the mountains of the Central Highlands to the rice paddies of the Mekong delta. Seven, all women, served as dietetic consultants to the MACV Surgeon. These dietitian not only formulated meals for hospital patients on modified diets, but planned the basic troop issue menu for all Army personnel in country and implemented this menu for all personnel subsisting in medical treatment facilities.

Subsistence support in Vietnam became more complicated as American troop levels rose from 23,000 in 1964 to 385,000 in 1966. For instance, refrigeration was minimal in country in 1966. Successful utilization of subsistence for patient feeding required standardization of supply and equality of distribution among the Army, Navy, and Air Force and Korean, Australian, Thai, Vietnamese, New Zealand and Filipino troops. Dietitian advised the Command regarding nutritional adequacy of hospital and troop menus, implementing a 28-day nutritionally balanced menu cycle to better safeguard constancy and variety of subsistence supply while preventing food wastage. The dietetic staff officers assigned to MACV headquarters reviewed and approved construction plans for hospital food production facilities and recommended

necessary nutrition ration supplementation for attached SEATO units.

While Army physical therapists were assigned to specific hospitals, dietitian were assigned to the Medical Group headquarters in each combat tactical zone. These dietitian were responsible for operation of all hospital food services, the training of personnel there assigned, and the nutritional adequacy of meals in all Army, and some Allied, hospitals within their assigned combat zone. Since road transportation was unreliable and dangerous, they usually traveled by helicopter. In exception to this policy, resident dietitian were assigned to the 3d Field Hospital, Saigon, from late 1969 to February 1973.

Dietitian' duties extended beyond the patient's bedside. One dietitian accompanied food service equipment by LST (landing ship tank) from the delivery port to her hospitals to guarantee its safe arrival. Another supervised the construction of a hospital mess hall.

Many Army dietitian, physical therapists and occupational therapists were assigned in Guam, Okinawa, Japan, Korea, and Hawaii where patients were echeloned for continued treatment and rehabilitation prior to being returned to the United States. In Thailand four Corps dietitian, one woman and three men, were assigned to the 5th Field Hospital, Bangkok, from 1967 to 1972.

“Physical Therapy has finally been recognized as a necessity for early treatment of combat wounds and has received full status as a medical team member with the 44th Medical Brigade....Physical Therapy treatment administered to the patients after surgery by trained Physical Therapy personnel would restore patients to duty more quickly.”

Major Barbara D. Gray, Staff Adviser on Physical Therapy to the Commanding Officer, 44th Medical Brigade, U. S. Army, Vietnam

Army Occupational Therapist

While the majority of occupational therapy support for Vietnam casualties was provided by therapists in military hospitals in Japan, Hawaii and the United States, one Army occupational therapist was assigned in Vietnam in 1971. Her mission was to strengthen rehabilitation programs in the Army drug control treatment facilities and to discuss occupational therapy support and training for the Vietnamese civilian population.

The Army Medical Specialist Corps in Vietnam ... Personal Notes

The hospitals in which these women served were varied: multiple quonset huts assembled along the beach, an old hotel which had been converted, tents erected among sandbags and concertina wire, converted schools. Their housing included hotel rooms at the former Metropole Hotel (which was bombed as they slept), shared trailers whose advantage was air conditioning during the oppressive heat of summer, beach bungalows with half-screen walls which partially filtered the blowing sand, four-cot rooms while awaiting transfer. Telephone communication was difficult. Tape recorders were necessary personal equipment, maintaining touch with loved ones at home.

The majority of Army dietitian and physical therapists who served in Vietnam were lieutenant colonels and majors. Some served in country with their husbands. Some were assigned to Vietnam from Army hospitals in the Pacific, but the majority came from postings in the United States. On R and R some traveled to Macao, Australia, Thailand or Japan. They made few comments regarding heroics, merely completing the missions for which they had been trained and returning home at tour's end.

By June 1972, redeployment reduced American military personnel strength in South Vietnam from 549,500 to 49,000 service members. The political decisions placing the responsibility for defeating the enemy,

militarily and politically, in the hands of the Vietnamese government had been made. The last Army dietitian and physical therapist to serve in Vietnam, both women, left Saigon for home in February 1973.

Between 1966 and 1973, over seventy Army Medical Specialist Corps officers served in Vietnam, married and single, women and men, some serving the second tour in young professional lives and some finishing twenty-year careers in the service of their country. Their home towns represented across section of the United States, as did the combat soldiers for whom they cared. Some requested extended tours, and others were redeployed in the middle of their mission. Their service improved the nutritional status of the combat soldier and provided nutritional therapy for patients of many nationalities, both military and civilian, friend and foe. Their early intervention in patient rehabilitation speeded patient recovery and repaired the wounded soldier.

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