The Daybook

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Local History. World Events.

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COVER: Navy Corpsman Ervin Bostick bandages the leg of a wounded Marine during Operation Georgia, a search-and-destroy sweep near An Hoa, South Vietnam, on April 27, 1966. A helicopter bringing more troops lands in the background before evacuating the Marine. Bostick, 20, from Houston, Texas, is assigned to Third Battalion, Ninth Regiment, U.S. Marine Corps. (*Chief Journalist Jim F. Falk/ National Archives and Records Administration image K-31151*)

THE DAYBOOK

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The Daybook's purpose is to educate and inform readers on historical topics and museum-related events. It is written by staff and volunteers.

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Corpsmen rush out to take casualties from a Marine Corps UH-1 aboard USS *Tripoli* (LPH 10). (*National Archives and Records Administration image*)

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FROM THE DIRECTOR

BY JOHN PENTANGELO

Now That it's Open...

On October 8, 2019 Adm. Christopher W. Grady, Commander, U.S. Fleet Forces Command (left) and retired Rear Adm. Samuel Cox, Director, Naval History and Heritage Command (center) present challenge coins to veterans of the Vietnam War at the Hampton Roads Naval Museum during the opening ceremony for a new exhibit entitled *The Ten Thousand-Day War at Sea: The U.S. Navy in Vietnam, 1950-1975*. (*U.S. Navy photo by Mass Communication Specialist 2nd Class Stacy M. Atkins Ricks/Released*)

On October 8, 2019, the new exhibition, *The Ten Thousand-Day War at Sea: The U.S. Navy in Vietnam, 1950-1975*, opened during a special reception hosted by Admiral Christopher Grady, Commander of United States Fleet Forces Command. In conjunction with the Navy's 244th birthday, Admiral Grady and Director of Naval History Samuel Cox honored over forty Navy veterans of the Vietnam War. Grady told the audience of veterans, naval personnel, and members of the public that the exhibit, "will soon serve to share the endless list of stories where U.S. Navy Sailors acted with utmost honor, courage, and commitment. We will be reminded by hearing these stories that there can be no higher honor than to have served with the Sailors of our Vietnam generation."

Now that the exhibit is open, I hope you will visit soon to hear these stories and share some of your own!

I promised that the previous issue on logistics was the final Vietnam edition of *The Daybook*. However, we decided to add a sixth issue to more appropriately cover the Navy's contributions to the medical care of military personnel and civilians. The current issue relies heavily on the scholarship of our colleague Jan K. Herman, the Navy's former chief medical historian. I want to thank Mr. Herman for his generous assistance in telling this important story. I am also grateful to the Naval History and Heritage Command and the Naval Historical Foundation for their permission and assistance in drawing on their recently published nine-volume series: *The U.S. Navy and the Vietnam War.*

This issue also includes excerpts from the museum's oral history interview with Vietnam veteran Danny Lliteras. A hospital corpsman, Lliteras served on the front lines with a Marine Reconnaissance patrol in the late 1960s. We wish to thank all of our Vietnam veterans who served in the United States Navy. If you or someone you know wants to participate in the Vietnam oral history program, please call 757-322-3108 for more information.

Happy Reading!

The Ten-Thousand-Day War at Sea

TO BIND THEIR WOUNDS

Introduction

Dr. Thomas A. Dooley gives direction through an interpreter on how to operate a water purification unit at a refugee camp near Haiphong, North Vietnam in 1954. (*National Archives and Records Administration image*)

By Jan K. Herman

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, "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 Junior Grade Thomas A. Dooley,

A Navy Hospital Corpsman administers medical treatment to a Vietnamese refugee with a painfully infected arm, while en route from Haiphong to Saigon, Indochina, on board USS *Bayfield* (APA 33) on September 7, 1954. (*National Arc hives and Records Administration image*)

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."

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 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 then 293,000 civilian refugees and 17,800 military troops to South Vietnam.

Station Hospital Saigon

Station Hospital Saigon, a converted apartment building on Tran Hung Dao Street in Saigon, was established in 1963, and was transferred to the Army in March, 1966. (*Naval History and Heritage Command image*)

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.

The five-story, concrete building, located on Tran Hung Dao, downtown Saigon's busiest street, was the Navy's busiest 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

Capt. Archie Kuntze, Commander, U.S. Naval Support Activity (NSA), Saigon, presents Purple Heart medals to (left to right) Lt. Barbara Wooster, Lt. Ruth Mason, and Lt. j.g. Darby Reynolds for wounds sustained during the Christmas Eve 1964 bombing of the Brink Barracks. A fourth nurse, Lt. Francis Crumpton, was flown earlier to Clark Air Force Base, Philippines, for treatment. Cmdr. Miles Turley (far right), Kuntze's executive officer, was wounded during a separate incident on New Year's Day 1965, two weeks before this photograph was taken. (*Naval History and Heritage Command image*)

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.

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. Patients also 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 Bachelor Officers Quarters. It detonated an hour later, killing two and injuring approximately 60, including four Navy nurses. The four would become the only Navy nurses awarded the Purple Heart during the Vietnam War. One of them, Lieutenant Darby Reynolds, remembered the event: "I was looking out of my room though 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 down right on top of me. I thought, 'Oh boy. Hospital OR call. Here we go!'"

Although injured herself, Lt. 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.

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."

The Mercy Ships

In January 1966, a tug backs the newly recommissioned hospital ship USS *Repose* (AH 16) into the channel at San Francisco as she gets underway for sea trials. (*R.W. Conrad/ National Archives and Records Administration image*)

As the American presence in Vietnam grew, so did the number of casualties. Navy planners soon recognized that hospital ships could augment the medical companies and the soon-to-be established hospital at Naval Support Activity, Da Nang. Because of Vietnam's narrow geography accessible to helicopters and a long coastline suited to hospital ships, medevaced patients could be aboard and on the operating table within half an hour. USS *Repose* (AH 16) was the first to come out of mothballs.

The focal point for admissions was located in triage, which in turn was located in the most accessible area of patient care nearest the helo deck. An inclining ramp connected these two strategic areas—entrance to the triage area and the helo deck—which enabled rapid access to and from these two locations. Triage was equipped for rapid evaluation and resuscitation of acutely ill and wounded patients.

Besides adding the latest in medical equipment, the upgrade also included a portable heart-lung machine and an echoencephalograph. Both ships were fully air conditioned. "We had all the facilities you would find in a hospital today," oral surgeon Bill Terry recollected in 2005. "In addition, we had something very new. We had a frozen blood bank onboard. I think it was the first time a frozen blood bank had been put aboard a ship, and it turned out to be a great lifesaver for many of our patients."

The two remaining *Haven*-class sisters, *Repose* and *Sanctuary*, had similar or identical layouts and accommodations. The three decks above the waterline contained the wards, all provided with portholes. Each ward had access to the weather decks, allowing freedom of movement for the patients. All wards, with the exception of the intensive care unit, had bunk-style, two-tiered beds, with three-tiered beds on the so-called self-care units. Although both ships had the expanded capacity for 750 beds, the staff learned that 560 patients could be managed comfortably.

Because of their large displacements, *Repose* and *Sanctuary* meant relatively smooth sailing for patients and stable platforms for surgeons to operate. With their fuel tanks full, these vessels could travel at a top speed of 17 knots and cruise 12,000 miles.

The Mercy Ships
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The Medical Battalions

With escalation of the war, the first U.S. combat troops arrived in Vietnam in March 1965 to defend the Da Nang airfield. These were the Marines of the 3rd Marine Division. Soon Marines were also deployed to Chu Lai, about 50 miles south, to protect the airstrip. They were also sent to Phu Bai, about 40 miles north near the city of Hue, to defend another airfield in that area.

It was not long before the Marines shifted from defense to offense, actively patrolling the countryside and searching for the enemy. With a force of 3,500 troops now on the ground and escalation of the war seeming to be a foregone conclusion, medical assistance became a high priority. The 3rd Medical Battalion would provide that support.

The 3rd Medical Battalion had a collecting and clearing company for each of the infantry regiments and one company at the division headquarters. The collecting and clearing company was intended to be mobile so it could move within the infantry regiment to which it was attached. Because the war in Vietnam was essentially a "frontless" conflict with little movement, the collecting and clearing companies were in fixed locations. These companies traditionally were not designed as definitive treatment facilities, but they were the only companies then available for assignment to Da Nang, Chu Lai, and Phu Bai where airfields needed protection.

Charlie Medical Company personnel found their initial months in Da Nang rigorous and the living conditions poor. Most perceived the situation as a camping trip gone sour. The used tents were old, worn out, and decayed in the heat and the rain. Because the supply system had not yet caught up, obtaining materials to improve the facilities was a constant problem. Nevertheless, personnel became quite innovative in seeking solutions. They re-pitched the tents over wooden

A wounded Marine attached to the 1st battalion, 4th Marines, is rushed through a flooded rice paddy to a helicopter on March 18, 1966. He was injured in an engagement with the Viet Cong during a search-and-destroy mission 20 miles south of the Demilitarized Zone, between Hue and Quang Tri. (*Chief Journalist Jim Falk/ National Archives and Records Administration image*)

frames and plywood decks. As soon as corrugated tin and screening became available, they constructed wooden dwellings to replace the canvas shelters.

"We ate out of mess kits," recalled Commander Almon Wilson, Charlie Med's first commanding officer. "We did our own laundry. The shower consisted of a 55-gallon drum with a small pipe with a valve on it in the bottom. Water ran into a large fruit juice can with holes punched in the bottom to give the effect of spray. We did not have hot water for nearly a year." Despite their limitations at the outset, within a few short months these collecting and clearing companies had become real hospitals. Charlie Company organized at Da Nang, Bravo at Chu Lai, and Alpha at Phu Bai. Before long Delta Company was also operational. Commander Almon Wilson recalled the newness of the experience: "We were going through the typical learning curve of young surgeons in a war. It has to be said that when each war comes along, a new population of surgeons has to learn war surgery. Fortunately or unfortunately—however you wish to put it—in the civilian sector few injuries are true counterparts of combat injuries. That may sound funny but it's true."

Charlie Med, situated on a flat, sandy area bordering on rice paddies, was fairly typical of how these combat hospitals eventually looked once up and running. Beyond the rice paddies was the ocean. A helicopter pad for receiving casualties lay in the center of the compound. The medical staff occupied screened, wooden-framed structures with corrugated metal roofs called "hooches."

Operating rooms consisted of two plywood boxes side by side inside a canvas tent. The tents were surrounded by sandbags. Between the two operating rooms, a larger tent enclosed a plywood box. This bigger tent served as a recovery room and an intensive care unit (ICU). Several open-air wards were hardbacked.

Anesthesiologist William Mahaffey remembered how the staff made do with just the basics: "We got a respirator halfway through my tour. Today's anesthesiologists think they can't do an anesthetic without a respirator. Back then we had one respirator we had to spread out evenly for four operating rooms and possible use in ICU."

The policy developed for treating casualties at the medical companies followed certain procedures. After admission, a patient received treatment. If he could recover from disease or wounds within 120 days and return to duty, he was kept in theater. If additional care was required, he was shipped back to the U.S.

As troop buildups continued and the war became more violent and widespread throughout South Vietnam, Navy medical personnel had ample business. The types and severity of the injuries were those typically inflicted by the weapons of war—mines, high-velocity small arms, artillery, grenades, mortars, rockets, and booby traps. Well-trained surgeons, anesthesiologists, orthopedists, and oral surgeons, many hailing from some of the finest U.S. medical schools and hospitals, were able to perform definitive surgery. Mine-inflicted injuries sometimes required vascular repairs, and skilled surgeons saved many limbs from amputation. The surgeons returning to civilian life put that expertise to good use.

Dr. Mahaffey remembered that Charlie Med of the 3rd Medical Battalion saw mostly "massive soft tissue injury and those which had utterly destroyed femurs, tibias, fibulas, and ankles—things that I had never seen in a civilian setting." His hospital also treated many malaria patients and those suffering from disabling diarrhea and dysentery.

Not all casualties could be repaired with scalpels and sutures. As in all wars, the stress of combat—with all its horrific by-products—took a toll on the human psyche. In Vietnam, men broke down, became contentious, or grew increasingly depressed. Units sometimes spent weeks in the bush living, fighting, and enduring an inhospitable environment. These surroundings took the form of heat, humidity, insects, snakes, leeches, booby traps, and an invisible but deadly enemy. For the men defending isolated hilltops and outposts, enemy shelling deprived men of sleep, leaving them exhausted, disoriented, and unable to function.

Everyday confrontation with fear, violence, trauma, the loss of friends, and their own mortality sometimes left even the best fighters worn out and burned out. Given such unsettling conditions, all men were susceptible to these symptoms, but those with previously undetected mental illness could also become threats to themselves and their comrades. Attending to this kind of disturbed and disabling mental casualty was the job of Navy psychologists and psychiatrists. Never in adequate

supply, these mental health specialists practiced in medical battalions and aboard the two hospital ships. Their approach to dealing with psychiatric casualties was to treat them as close as possible to the scene of action and then quickly return them to their units.

Most of the psychiatric patients who arrived at the medical companies or hospital ships were Marines who demonstrated extreme stress related to combat. Those who could not immediately be sent back to their units after some rest were retained in small 10- to 12-bed units. The antipsychotic drug of choice was Thorazine, which had a sedative effect on most patients. If patients were very stressed, psychotic, disorganized, or extremely fatigued and not able to function, psychiatrists administered enough Thorazine to make them sleep for two or three days. At timely intervals, corpsmen would wake the patients, help them to the latrine, give them food and fluids, and then allow them to go back to sleep. After a day or two of this regimen most patients improved drastically and were able to return to their units. Others, aided by medication, food, and support in a safe quiet place, recovered fairly quickly. Such treatment significantly reduced the need for medical evacuation.

Lieutenant Commander Stephen Edmondson, a psychiatrist assigned to the 3rd Medical Battalion, stated that in many cases, after medication and rest, most patients who were hospitalized for even a short period were able to get back on their feet and function again. They were assigned to do chores around the medical battalion to keep them busy and to help them rebuild their confidence. If their behavior appeared normal, they returned to their units within a few days.

Occasionally, mental health specialists found a patient who was clearly dangerous to himself or his comrades. These men were evacuated to the hospital in Da Nang for further treatment or sent home. "Our goal," recalled Dr. Edmondson, "was to make sure the patients were able to think straight, cooperate with other people, carry out orders, and tolerate that very high degree of stress that combat situations included." The doctors always looked for the telltale signs of schizophrenia, other forms of psychosis, and depression so severe that the individual could not concentrate on his work. The patient might be prone to making a mistake that could cause death for himself or others.

In a war zone, it was not unusual for men to suffer severe depression when routinely faced with death and loss among their comrades. But death and loss aside, living in the field for long periods under combat conditions tended to leave warriors totally burned out. This type of depression often did not respond quickly to treatment—which made evacuation necessary.

Treating anxiety was another priority. In the combat environment, almost everyone experienced anxiety; but it became a danger if the condition led to virtual paralysis in critical situations. Dr. Edmondson remembered a corpsman who had been involved in the siege of Khe Sanh. "He had rushed out to get some casualties onto an aircraft that had just touched down on the runway. Aircraft that landed at Khe Sanh rarely stopped completely but kept rolling to keep the NVA [North Vietnamese Army] from targeting them with mortars. The corpsman had just loaded a patient into the plane when a mortar landed about a foot and a half in front of him but it failed to explode. He froze, expecting the shell to detonate at any moment. When his fellow corpsmen saw what had happened, they grabbed him and threw him aboard the very next plane that came in. The man went to Phu Bai—not only to get out of harm's way—but to be evaluated. He was badly shaken but was all right."

On a daily basis, every mental health care professional who practiced in Vietnam saw the acute version of what later became known as PTSD (Post Traumatic Stress Disorder). Although they were encouraged to use the then common terms "combat fatigue" or "combat stress syndrome" to define this condition, the symptoms were the same. As Dr. Edmondson observed: "If they could seal it over enough to go back to duty and continue functioning, they did so. Many of these patients swallowed hard, shut it out, and went back to duty. The chronic symptoms would begin to emerge later on. While they were in combat, they never had a chance to work on it and work it through. But later they would have this horrible wringing-out condition hitting them over and over again for years and years. If everyone who had experienced this typically acute disorder had been evacuated, we would not have had an army over there. It was part of the price of doing business in a war."

Naval Suppport Activity Hospital, Da Nang

The huge footprint of Naval Support Activity Hospital (NSAH) Da Nang can be seen in this aerial photograph released by NSA Saigon in 1968. (*Hampton Roads Naval Museum file*)

As the war escalated throughout South Vietnam, Station Hospital Saigon proved inadequate to handle the influx of casualties. In October 1965, the Navy created Naval Support Activity (NSA), Da Nang to support the Navy and Marines operating in the northern provinces of South Vietnam (I Corps). The new station hospital (NSAH) soon became the largest land-based medical facility in Vietnam. The advanced emergency hospital center had the usual general and orthopedic surgeons, but it also provided specialties not found the medical battalion hospitals, such as neurosurgery, dermatology, urology, plastic surgery, ophthalmology, and ENT (ear, nose, and throat) treatment.

Three months after construction began in July 1965, Viet Cong sappers attacked the site with satchel charges and mortars, destroying much of the compound. Despite this devastating setback, the hospital opened for business in mid-January 1966 with 120 beds. By the end of 1966, 6,680 patients had been treated. During the peak of American involvement in the war two years later, the bed capacity increased to 700 with 24,273 admissions. The facility also included a dental department, preventive medicine unit, blood bank, and a frozen blood bank.

Naval Support Activity Hospital, Da Nang admitted three categories of patients, based on the number of expected recovery days. Those patients whose hospitalization was expected to be 30 days or less remained until they recovered, and then returned to their units. The hospital treated the more seriously injured but transferred them to naval hospitals in the Philippines, Japan, or Guam if their hospitalization was expected to be 120 days or less. If their condition required hospitalization beyond 120 days, the patients went to medical facilities in the United States. NSAH Da Nang provided care until patients were able to withstand air travel. Air Force casualty units provided the airlift to Clark Air Force

NSAH Da Nang

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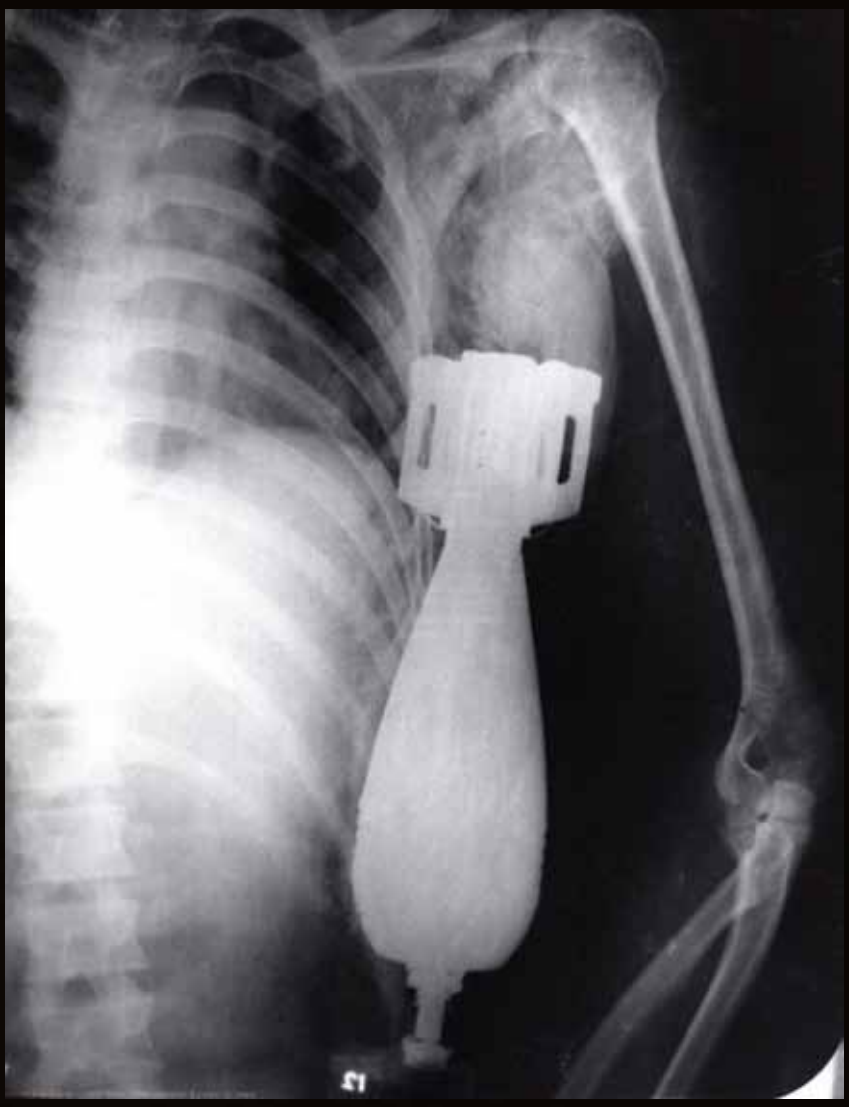
Dr. Dinsmore's Deadly Souvenir

By Elijah Palmer

Captain Harry Dinsmore, chief of surgery at Naval Support Activity Hospital, Da Nang, was eating dinner in the mess hall when someone interrupted his meal by showing him an unusual X-ray. The date was October 1, 1966, and the doctor's day was about to get much more interesting (and dangerous) than he expected. The X-ray showed a mortar shell nestled next to a rib cage. At first, Dinsmore thought someone was playing a prank on him, but it quickly became clear that the X-ray was real. The patient was an Army of the Republic of Vietnam (ARVN) soldier, 22 year-old Private First Class Nguyen Van Luong. The soldier had been in the open hatch of an armored personnel carrier near Da Nang when Viet Cong forces fired a 60mm mortar at the vehicle. The mortar shell hit the hatch cover, ricocheted and hit the soldier's helmet, and drove down into Nguyen through his shoulder [one of the tail fins is bent, likely from striking the hatch cover]. The Vietnamese soldier's army shirt was pulled into the wound and the tail fins got entangled in the shirt as the projectile plunged into his body.

When Dinsmore and the other medical staff examined the X-ray, they quickly sent for assistance from the nearby Explosive Ordnance Demolition Unit One. Engineman 1st Class John Lyons arrived shortly afterward and took measurements while studying the image. He informed the surgical staff that the shell's impact fuse was already partially depressed and was "within a fraction of an inch of detonation." Armed with this knowledge, Dinsmore knew that he was going to do the surgery. One of the other surgeons volunteered as he was single and knew Dinsmore had young children at home, but the surgeon refused, saying, "It's a job you can't give to anybody else."

The 42 year-old captain had volunteered to come to Vietnam as possibly his last tour of duty in the U.S. Navy. He had only been in-country for a few weeks, and now was confronted with this unique and dangerous situation. A barrier of sandbags had been arranged next to the Nguyen's gurney in an attempt to provide some kind of protection during the surgery, but this was not practical.



ABOVE: An X-ray reveals a live 40mm mortar shell wedged under the skin and above the hip bone of a South Vietnamese soldier after ripping through his shoulder and plowing around the outside of his ribcage during a firefight. **RIGHT:** The same shell, now defused, rests near the desk name plate of the doctor who successfully removed it . (*Courtesy of Dr. Harry Dinsmore, Jr.*)

Engineman 1st Class John Lyons and Captain Harry Dinsmore visit a convalescing Private First Class Nguyen Van Luong, ARVN, carrying the mortar shell Dinsmore removed from his body, which Lyons then defused. (*Courtesy of Dr. Harry Dinsmore, Jr.*)

First, the surgery required someone to physically hold the mortar round and more to the point, if the shell exploded, the two pounds of TNT would have obliterated the entire room. The EOD specialist also cautioned that motion should be limited, so Dinsmore decided that the best option would be to slice the skin around the projectile and lift it straight out from the patient. Lyons assisted him by holding the deadly round as still as he could through the soldier's skin. The surgery itself took approximately twenty minutes and both men knew that each second could be their last if the enemy weapon exploded. Near the end of the operation, they thought they were in the clear and started lifting the shell away from the patient's rib cage, but the tail fins were entangled in Nguyen's shirt that had been pulled into the wound. It took an additional ten minutes for Dinsmore to carefully cut at the wet, heavy, fabric, all while Lyons held the mortar round as still as he could. Once free, the surgeon handed Lyons the shell and opened the door so that the demolitions expert could go outside and disarm it by a sand dune. He brought it back and gave it to Dinsmore as a truly unique souvenir.

Word of the miraculous surgery spread quickly and the next day reporters flooded the hospital to talk with both Dinsmore and Lyons. *LIFE* magazine featured the story in an issue shortly after and the story was covered in newspapers across the United States. Nguyen was in good condition after the surgery and returned to duty a few weeks later. Capt. Dinsmore was awarded the Navy Cross for heroism in "complete disregard for his personal safety" in conducting the surgery and saving Nguyen's life. Lyons was awarded the Silver Star for assisting the surgery in the face of the same danger, and retired later as chief petty officer. These two men exemplified the true professionalism and courage common among Sailors serving in Vietnam.

***Elijah Palmer** is deputy director of education for the Hampton Roads Naval Museum*

NSAH Da Nang
Continued from page 11

Base Hospital, the naval hospital at Subic Bay in the Philippines, and also to Japan, Guam, and the States.

The hospital occupied the sandy strip on the east side of the Han River opposite Da Nang, between the Han River and the South China Sea. Nearly two years after NSAH opened, the staff numbered between 25 and 30, 15 of whom performed administrative duties. The hospital continued to expand, offering additional specialties such as oral and plastic surgery. A plethora of head injuries caused by land mines and booby traps kept the hospital's one neurosurgeon very busy.

Battle activity always affected hospital operations. When the Communist Tet offensive reached its peak in February and March 1968, casualties streamed in. This was also the case whenever a large U.S. operation took place in I Corps. Increased operational tempo also affected other major U.S. hospitals in the area—Charlie Med in west Da Nang and a hospital ship that might be in Da Nang harbor at the time or cruising just off the coast.

Casualties usually arrived by helicopter at NSAH's large helo pad. More than a dozen injured was considered a large number, even though the facility could handle a surge of 20 with available staff and its three or four operating rooms. However, if the number of patients arriving exceeded 120 with more on the way, triage was necessary. "I had to decide who went to surgery first," recalled Captain Harry Dinsmore, chief of surgery. "This was a very unpleasant duty as triage officers had to decide who was to be allowed to die because they were not savable."

Putting mutilated Marines and Soldiers back together was how NSAH achieved its fame. Dr. Dinsmore remembered doing "so many surgeries that it is hard to recall specific ones. I tried to save some tremendous liver injuries, that is, those people that would have died within a half hour. And some of them died because you can't put a completely shattered liver back together. Because we had excess amounts of blood, we could work on them for a couple of hours and try to salvage them—try to repair torn hepatic veins and such wounds where blood was just pouring out. There were many of those kind of casualties and multiple amputees from land mines. Some had both legs gone, an arm gone, or maybe both arms gone. And there were some who had been blinded—all terrible injuries."

Seaman Thomas B. Perkins bandages a boy's leg in the village of Truyen-Tin, on the outskirts of Da Nang. Perkins is a member of the Village Action Team from U.S. Naval Support Activity, Da Nang. (*Photographer's Mate 2nd Class Thomas Garner/ National Archives and Records Administration image)*

In addition, the hospital treated many ARVN (Army of the Republic of Vietnam) soldiers. During lulls in battle, when casualties were light, the staff also took Vietnamese civilian patients, operating on cleft lips and palates and performing elective surgeries.

By the time it was turned over to the Army in 1970, NSAH had earned a reputation for being one of the finest emergency hospitals in Southeast Asia.

The 10,000-Day War at Sea

TO BIND THEIR WOUNDS

"When you lose your Corpsman, You've Lost Everything"

US Navy hospital corpsmen cross a stream while serving in the Third Marine Landing Zone near Dong Ha, South Vietnam, on July 19, 1968. (*National Archives and Records Administration*)

By Jan K. Herman

Very special to the Marines he served, a Vietnam-era corpsman was the man the Marines protected because they knew his job was to take care of them. “Doc” had the skills to save their lives if they were hit. But the corpsman had to earn that respect; he had to be tough to stay with the troops. It was not enough merely to reach the objective. Once at his destination the corpsman’s job really began. He had to carry a heavier load than his Marines did, handle stress, and monitor the daily condition of his men. And when the call “Corpsman up!” rang out, he had to remain cool under fire.

Marine Sergeant Richard Zink and his company were on patrol when a reinforced regiment of NVA regulars overwhelmed them. AK-47 rifle fire hit Zink’s hip and knee. Most of his buddies were killed or wounded. Zink remembered: “The corpsmen had to run about 125 meters to get to us, and every time they tried, they got knocked down. Six of them lost their lives. That night when the sun went down, those who could manage crawled the whole distance. The corpsman who got to me used up his battle dressings and then what was left of my skivvy shirt. When that was gone, he used his own shirt to stop the bleeding. Those guys who got to us had to carry out the dead and wounded; there were no Marines left to do the job.

"They were all magnificent," Zink Continued. "When it hit the fan, they were there. No one could have put anything better on this earth than Navy corpsmen. I’ve always felt—and I’ve told my men time and again—that when you lose your corpsman, you’ve lost everything.”

Hospital corpsmen served not only with Marine units but everywhere else the Navy operated in Vietnam. And, as a group, they made their mark. It might be argued, however, that corpsmen made their greatest contributions

in supporting individual Marine rifle companies not only by providing rudimentary medical care but by being "first responders" to disease and traumatic injury.

Throughout U.S. involvement in Vietnam, approximately 5,000 hospital corpsmen and 300 dental technicians served in-theater. The statistics testify to their familiarity with combat. More than 4,500 were awarded the Purple Heart, 290 received the Bronze Star, 127 were given the Silver Star, 29 were bestowed the Navy Cross, and four earned the Medal of Honor (two posthumously). The Vietnam Wall in Washington, DC, memorializes the names of 683 hospital corpsmen and two dental technicians who died in that war.

Almost without exception, each corpsman arrived in Vietnam as an individual, that is, a replacement, and not part of a military unit. In fact, assignment to a unit might take place right at the airport in Da Nang or certainly within a day or two. Unit needs dictated those decisions. And once a new arrival was assigned his battalion and regiment, finding his unit's location and getting transport to that site were his responsibilities.

***Marine Rifleman and Navy Corpsman*, oil on board, by Guillermo Echevarria, 1968. (*Courtesy of the Navy Art Collection*)**

When they began living the everyday life of field corpsmen, they encountered the worst the Southeast Asian environment could offer—malaria, foot immersion, snakebite, leeches, heat exhaustion and stroke, and jungle rot (usually a fungal foot infection). Corpsmen were theoretically equipped to deal with these challenges, but many accomplished their missions in the high-heat, high-humidity jungle by shedding much of their gear.

Hospital corpsman William Barber recollected his experience: "After a while I got rid of my flak jacket. I didn't even wear a helmet. It was just too hot. I never changed clothes when I was out in the field. When we were traveling on foot in 100-degree temperatures up and down mountains, we wanted to carry the least amount of equipment we could. I didn't need to carry ammo, grenades, or an M16 because during a firefight, all that equipment became available. So that's why I only carried a .45 pistol. My original wardrobe consisted of a green sweatshirt that—from wear and the wet—rotted off me, a pair of dungarees, carriage belt, boots, and a soft cover. I also carried a Unit 1, which to me was ceremonial. I couldn't carry drugs/medicines in it for long durations due to the weather, and I was constantly out of powders or ointments."*

Corpsmen often found that their biggest problem was trying to force their men to practice rudimentary sanitation and take care of themselves. Barber noted that his second most common concern was heat exhaustion: "A Marine would go all day loaded down with extra gear and not drink his water. When they were exhausted, the gunny sergeant would get up behind them and just keep kicking them to make them move. That was typical. 'You're a Marine. You can do it.' They were young like I was and just didn't know how to take care of themselves or, because of the Marine image, never complained. A guy would cut himself and just blow it off. 'I'm 18. I'm invincible.' The next thing you knew his finger had swollen up twice its size."

As with corpsmen in previous wars, "doc" found himself playing other roles. He was also mother, father, and psychiatrist. Lieutenant General Ernest Cheatham, former commanding officer of 2nd Battalion, 5th Marines, observed the special bond between corpsmen and the Marines they served so faithfully: "The doc—small 'd'—was always with us and was just another Marine. He was the one who carried the medical bag. There's always been a real fondness and a real close bond going both ways. A lot of corpsmen are very proud that they served with the Marines. And the Marines always tried to treat the corpsmen as best they could because they knew their lives depended on them."

While taking a break during a patrol, Hospitalman Leslie G. Osterman and his company's Kit Carson scout exchange a few jokes. Kit Carson scouts are former Viet Cong insurgents who have defected to the South Vietnamese government. (*National Archives and Records Administration image*)

•**Note: Despite the Geneva Accord which stipulated that a hospital corpsman could be armed only with a defensive weapon—a pistol—to protect himself and his patient, as in other wars, this custom went by the boards. As his predecessors learned during World War II, a red cross on a helmet was akin to a bull's-eye. During the Vietnam War, both North Vietnamese regulars and the Viet Cong frequently targeted corpsmen and radiomen. By eliminating one or both of these essential components, they degraded a unit's ability to function. As a result, many corpsmen went beyond the standard .45 automatic pistol and armed themselves with rifles, shotguns, and other weapons. The Unit 1 medical bag contained a wire splint, aspirin (1 bottle), Tetracaine ophthalmic, Povidone iodine, atropine, 4-by-6 battle dressings, triangular bandages, camouflage roller gauze, cravat bandages, gauze field dressing, adhesive tape, Band-Aids, thermometer, rubber airways for children and adults, bandage scissors, tourniquet, mechanical pencil, and casualty tags. Morphine syrettes were added when going into combat. The Unit 1 could also accommodate a surgical kit, which contained forceps, small scissors, bullet probe, needles and suture, scalpel handle, and No. 5 scalpel blades. Despite being an issued item, the Unit 1, with its distinctive shape, was shunned by combat-experienced corpsmen who quickly learned that wearing the bag attracted unwanted enemy attention. Instead they carried medical supplies and equipment in gas mask bags, ammunition bandoliers, and other containers.*

Through a Sailor's eyes:

"My Little Part of the Story"

A Navy Corpsman in the Jungles of Vietnam

By Laura Orr

As part of the Hampton Roads Naval Museum's Vietnam commemoration, staff members have conducted oral history interviews with Navy veterans who served in Vietnam. In this issue of* The Daybook*, HRNM staff would like to share portions of an interview conducted in August 2017 with Danny Lliteras (above), a Navy corpsman and diver who deployed to Vietnam in 1969. Hospital Corpsman 3rd Class Lliteras spent his first six months deployed with a Marine recon unit in the jungles of Vietnam, and the second six months as a diver, searching for enemy caves and tunnels underwater. In this excerpt from his interview, Danny talks about what it was like going out on his first patrol with the Marines and how he dealt with his experiences after the war.

Question: Tell me a little bit about that first patrol—that very first time you're going out in the bush. You've had a week or two of training, but what was that like? What was that feeling, and how did you get through it?

Answer: You know, it's really a strange thing—you get down on that LZ [landing zone] at O-dark-thirty in the morning, which is like 4:30 or something. There's a sea of patrols waiting for the choppers to come in, and all these teams are ready. These are hardened guys, this is the really real. Choppers start rolling in, bringing in teams that have been out there, unloading those guys, and then us going in. So you're there, you're always constantly smoking and waiting, laying on your pack on the hard tarmac, and time goes by. Then, that's the chopper you're going on. So you go on there, it's weird—you get in that chopper, you're on your way, holding your rifle, and you're on your way in. This is the real thing. All of a sudden the Hueys and the Cobras are all around you—this is open cockpit, so everything you're hearing, everything you're seeing…the wind's blowing everywhere, you've got your bush hat stuffed in your blouse, and you see all these rockets being shot off by all these choppers, blowing up the countryside. You're thinking to yourself, "Everyone knows where we are!" I'm only this corpsman, I don't know anything, and then you run out through the rear of the chopper, and you run out there and do a 360, and you get down. Everything's going on, choppers are shooting everything and anything, and we're just waiting. Then all of a sudden, the choppers fly away. All of a

sudden this eerie, long silence descends, and you're all alone with eight guys. Nobody else is there. You could be on the face of the moon for all you know—that's what I thought. And there's nobody there to help you. You're on your own with eight guys and two radios. You have a mission to go somewhere and do something, and then you get extracted at another LZ and that's it. When the choppers go away, everyone gets up, and you walk into the bush, and you walk and walk and walk. It's strange. You just want to keep up with the guy in front of you, and just keep going. That first patrol is a very surreal patrol.

Danny Lliteras in full combat gear in 1969. (*Courtesy of Danny Lliteras*)

One night we were overlooking a valley and there was a firefight going on. We could hear the shooting, and people screaming, and dying, and whatever—because that's the way it always sounds like—and we're up there on the mountainside, hiding. The NVA or VC or whatever were probing, trying to say, "Where are you, GI?"—that kind of thing. I had two frags in my hand, thinking to myself, "What am I really going to do—am I going to actually throw these at someone? Where, and in what direction?" It was that night when people were looking for me to kill me, people were dying in the valley below, this is my first patrol, third day out, and I'm thinking, "I've got another year ahead of me in this country." This was a profound moment in my life, and I thought, "You know, I'm not gonna get through this." I just said, "Okay. It's done. I'm not going to live through this." At this point, I just didn't care. Something came over me and I said I was going to do the best I could to survive, no reason to live in total fear all the time, I just needed to let it go. It was a deeply profound moment that night—not a wink's worth of sleep. Dark as dark can be, except for the flashes down below. That's sort of the nutshell of that first patrol—you never forget those firsts.

> There were a thousand, two thousand, ten thousand Vietnam wars going on.

There are so many things out there that are written [about Vietnam] that are filled with atrocities, and criminalities, and explosions—too many of this, and too many of that, and I'm not an expert on the war. I just know the tiny little part that I was in. There were a thousand, two thousand, ten thousand Vietnam wars going on, different for each person. This is just my little part of the story. I was an innocent guy who was transformed into somebody who was a veteran, who had been through the war, and he was tired, and he was ready to get home. There's no glory in this except getting home to dad and mom, and that long exhale of getting home, and getting out, and trying to figure out the rest of your life.

Question: Tell me about taking care of your Marines. What was it like the first time one of your men was wounded?

Answer: By that point, you're already in the really real, and it just sort of clicks for you and you just do it. You've been ready to do this all your life—what little part of it you've had already. You just do it. You're the only one here who can do this—there's no real emotion to this. I guess the most emotional time on a medevac I ever had—this was really strange. I had a guy who wasn't even wounded—he had heatstroke—and he was in a bad way. I happened to carry an IV and I started a line on him. He was not doing well, and we needed to get him out of there. During the monsoons, the canopy [of trees] was very thick, but there was a hole to the sky. We were near a mountain ledge—

very strange terrain. Medevacs are coming in despite the rain, and they lowered a nest for me to put the patient in. It comes down and it's swinging, and it's raining, and it's dark, and a sniper is out there shooting at us, and at me. Now, everyone's hiding behind stuff. I'm standing out there in the open because I'm trying to catch this basket, because I've got to get this patient out of here. I'm thinking to myself, "Okay, this is it. I'm going to die today." For some crazy reason, I still stayed out there. Don't ask me why; it wasn't particularly brave, maybe it was stupid. Finally, I grabbed a hold of the thing and they lowered it down, and then another guy helped me to strap him in, and that guy ran off. All of a sudden the basket was hoisted straight up, and it was gone. At that point I ran for cover. All that time I could hear "chick-a, chick-a, chick-a," and good thing that sniper was a terrible shot. That was probably one of my most emotionally horrifying, terrible, nightmarish moments personally. There are others, but that one looms large in my brain. And it's a very small thing. Most of the guys said, "Hey, Doc, you made it!" But they never got that sniper.

Question: Tell me about how you dealt with your war experiences after you returned home.

Answer: Like all veterans, all war veterans have ghosts. The first year coming back, the ghosts were really there. But I conquered them. And I say to people, on behalf of all of us veterans, the ghosts are not necessarily a bad thing. They are what defines us. They sort of separate us in a good way. That's what makes the veteran a veteran. Those horrors and those joys are part of who you are, and if honor was there and you were trying to do a good thing, then you're okay. And that's really how I operated when I got there. I was twenty years old. I didn't do anything that I couldn't live with. Real basic stuff. I said, "You know, when I get there, I'm going to do good." That was really simple—the whole moral thing right there. And I'm the corpsman; I'm supposed to be the good guy. So you stay there, and I never fired my weapon unless I absolutely had to. If I could get through a patrol without firing it, I would be happy. If I had to treat a Vietnamese, I would do that. Happily. Whoever it was. It was nothing more sophisticated than that.

So that was the basic moral fiber—just don't do anything you can't live with, do good as much as you can, be kind to the women and children, and respect the people of the country. I always said, "Isn't that what we're here for? We're here for the people?" I'm not going to get mad at them. I used to think to myself when I'd see them, "Phew, this is a war-torn country and they're trying to somehow make it work in an impossible situation." I had the utmost respect for the people. I knew some of them were the enemy and there was nothing that could be done about it, but I saw these people having to try to make a living in this place, and I'd see the women and children doing what they did, and I'd think, "Wow." You had to be kind.

Danny Lliteras poses with a Vietnamese colleague in 1969. (*Courtesy of Danny Lliteras*)

***Laura Orr** is director of education for the Hampton Roads Naval Museum*

Continued from page 7

When she was recommissioned on October 16, 1965, *Repose* was a fully equipped, modern floating hospital with a medical staff of 54 officers, 29 nurses, and 543 enlisted personnel.

Repose arrived off Chu Lai on February 16, 1967, and began taking on patients. Her beat was I Corps, and until she left Vietnam for good in March 1970, the ship supported military operations and took patients from such places as Da Nang, Dong Ha, Khe Sanh, Chu Lai, Phu Bai, and Quang Tri. During her three-year deployment, the medical personnel on *Repose* treated more than 9,000 battle casualties and admitted approximately 24,000 patients for inpatient care. Bill Terry, the ship's oral surgeon, remembered: "Of our patients who arrived aboard alive, we had less than a one percent death rate. And that's almost unheard of. I think those are the best statistics for war casualties that had been achieved up to then."

Unlike *Repose,* which was updated for the Korean War, *Sanctuary* had been idle since the end of World War II. Her refit was therefore far more radical. Workers at the Avondale Shipyards in Louisiana added a helo deck, and as with *Repose*, she received widened ramps to permit rapid movement from the helo deck below. Four operating rooms, a dialysis machine, an ultrasound diagnostic machine, a hyperbaric chamber useful for treating gangrene and tetanus, three X-ray units, and a blood bank were included in the renovations. Modern autoclaves for sterilization were also installed. The vessel's 20 wards were updated with the latest equipment. On November 15, 1966, *Sanctuary* was recommissioned at New Orleans.

Four months later, *Sanctuary* headed for Vietnam. On April 10, 1967, she took aboard her first casualties. By April 1968, *Sanctuary* had admitted 5,354 patients and treated another 9,187 on an outpatient basis. Helicopters had made more than 2,500 landings.

Yet statistics tell only part of the *Sanctuary* story. Nurse Miki Iwata remembered:

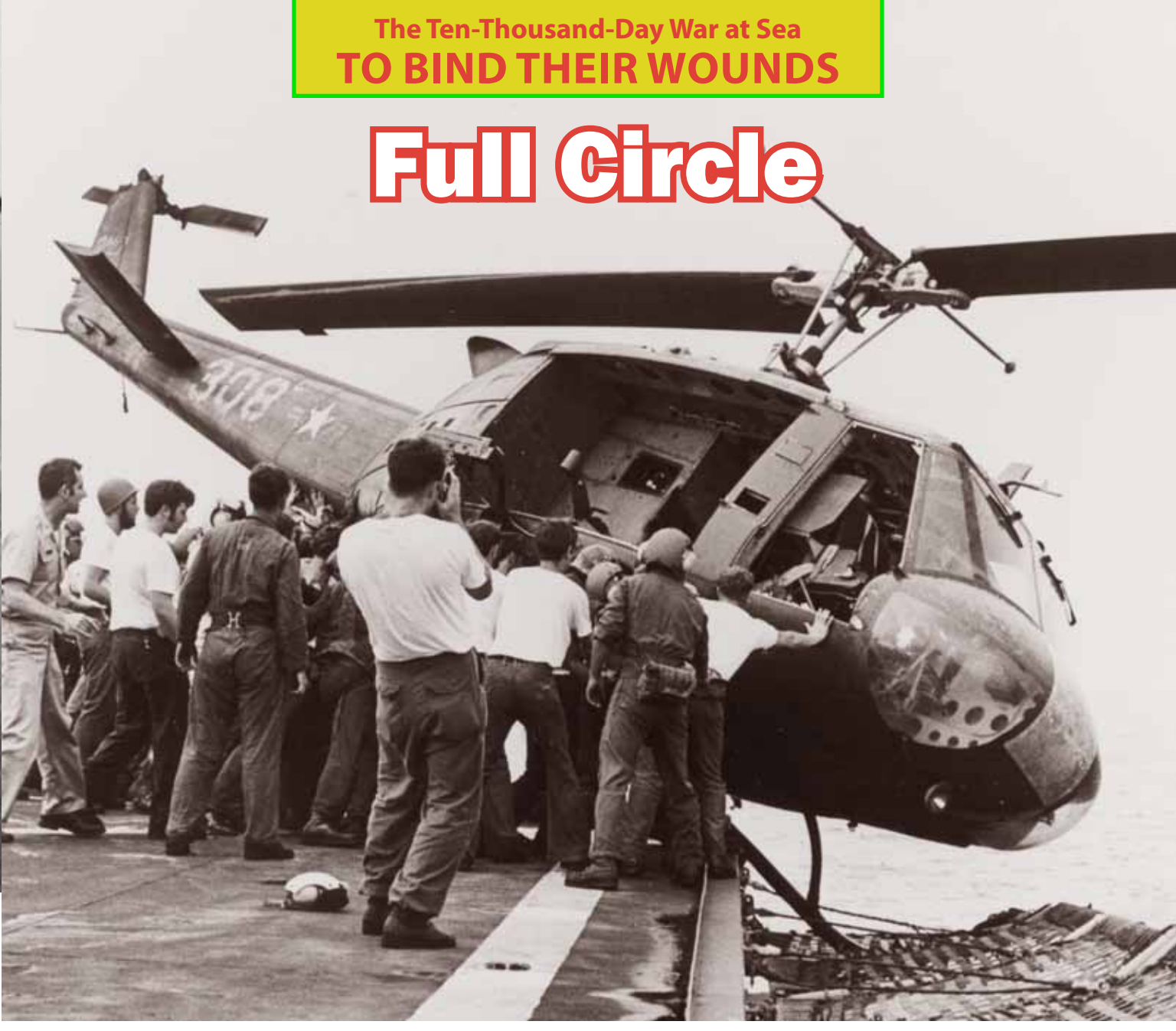
"We had patients with multiple injuries–head injuries, orthopedic surgical problems–all in one. There were cranial injuries, broken arms, gunshot wounds, and belly wounds. They might have big holes in their backs or their buttocks or both. These wounds had to be packed, cleaned, and dressed. It was labor-intensive and took a lot of people to care for one patient."

Off the coast of South Vietnam, a Navy Nurse offers a word of encouragement to a patient about to leave the hospital ship USS *Repose* (AH 16) for further treatment in the United States in October 1967. (*Chief Journalist Robert D. Moeser, Naval History and Heritage Command image*)

Occasionally granted brief rest and recreation out of the area, *Sanctuary* was the only Navy hospital ship left in Vietnam after March 16, 1970. On April 23, 1971, she departed Da Nang for the last time.

During the Vietnam War, *Sanctuary* and *Repose* were not employed as "ambulance ships" as was the case during World War II. The main function of these vessels was to stabilize and then transport casualties to more advanced care at base and mobile hospitals in the Pacific, yet surgery and the definitive treatment of disease returned thousands of Marines, Soldiers, and Sailors to their units at the front.

Full Circle



A Vietnamese Air Force UH-1 Iroquois is pushed over the side of USS *Blue Ridge* (LCC 19) to clear space for other helicopters to land on April 29, 1975. Fifteen South Vietnamese helicopters landed on the ship with military personnel and their families during the evacuation. Note doors stripped off to ensure sinking. (*Naval History and Heritage Command image*)

Even before Saigon fell on the last day of April 1975, ending the Vietnam War, the final stage of America's exit, Operation Frequent Wind—the large-scale helicopter evacuation from Saigon of American staff and selected South Vietnamese personnel and their families—had already begun. As Marine helicopters flew out to sea to land their passengers aboard carriers and amphibious assault ships lying offshore, waves of Vietnamese military helicopters packed with refugees followed in their wake, seeking any vessel that might offer a landing deck.

Frequent Wind had unexpectedly turned into a large-scale rescue of Vietnamese fleeing their homeland. "Our first indication they were coming was to see the blips on the radar and then to actually see the helicopters. All of a sudden we looked around and saw 1, then 2, then 8, then 12, 15, and 25. Pretty soon, they were all swarming out," recalled Hugh Doyle, former chief engineer of USS *Kirk*

Crew members aboard USS *Kirk* (DE 1087) signal a South Vietnamese CH-47 Chinook on how to approach the destroyer escort, which has a flight deck too small for the helicopter, to drop off its load of refugees. (*Courtesy Craig Compiano/ USS* Kirk *Association*)

(DE 1087), one of 50 ships of Task Force 76. Former corpsman Randy Hudson of the carrier *Hancock* (CVA 19) marveled that midair collisions didn't occur. "They were coming from all over and from every direction, and so frequently that the sky was dark from jet exhaust." Who can forget the images of chaos that followed as South Vietnamese pilots set their aircraft down on already crowded flight decks. Empty of fuel, some landed in the sea and, looking like dying birds, beat their rotors to fragments. As men, women, and children swarmed from aircraft, Navy crewmen stripped the helos of usable equipment and then shoved the now-empty choppers over the side to make room for more.

What was to be done as thousands of displaced Vietnamese unexpectedly became wards of the U.S. Navy? After initial screening for weapons and other contraband, medical personnel took over. On board *Hancock*, corpsmen armed with hand pumps sprayed the refugees with insecticide powder to eliminate the threat of lice and scabies.

"We called them refugees," said former Hospital Corpsman 2nd Class Randy Hudson, "but they weren't in wretched condition. They were from Saigon, a big city. If you compared them to us, they were mostly middle class. None of them were in rags." As Hudson and his shipmates also noted, few required any medical treatment at all. The medical department on *Hancock* delivered a baby and conducted a single appendectomy.

Many thousands of seaborne refugees then appeared in everything that would float–ships, landing craft, fishing boats and barges. "There were thousands and thousands of small boats. It made my radar scope look pure white," remembered Paul Jacobs, former commanding officer of destroyer escort *Kirk*. "It began to look like Dunkirk."

Refugees in this second wave were in more desperate condition. Many had been at sea for several days and suffered from hunger, dehydration, seasickness, and eye infections. A half-dozen pregnant women were transferred to *Kirk* and closely monitored by the ship's two corpsmen in a makeshift maternity ward.

Suddenly the task force commander diverted *Kirk* to Con Son Island to help escort remnants of the Republic of Vietnam Navy–32 ships–to Subic Bay. These vessels, too, swarmed with refugees, all of whom required food and medical attention. During that five-day voyage to the Philippines, Chief Hospital Corpsman Stephan Burwinkel,

Commander Fred Leisse examines a young Vietnamese refugee at Camp Pendleton, California, on May 5, 1975. (*Clay Miller/ National Archives and Records Administration image*)

senior corpsman on *Kirk*, aided by several corpsmen from other vessels, went from ship to ship conducting daily sick call.

Refugees who landed in Subic Bay during the first days of May 1975 did not remain long. Within days, they reboarded transports, some chartered and some belonging to the Navy's Military Sealift Command, and steamed for Guam. In a hastily assembled tent camp, the first of several the United States would provide for the Vietnamese, Navy medical personnel again offered their services until the refugees were moved to other camps in California, Arkansas, Florida, and Pennsylvania—way stations on their journey to permanent settlement in the U.S.

Twenty-one years earlier, the United States had assumed the duty of transporting defeated French soldiers and then hundreds of thousands of Vietnamese refugees out of harm's way. As early as 1954, hospital corpsmen were in Vietnam as participants in Operation Passage to Freedom. Just nine years later, they were on the staff of Station Hospital Saigon. In 1965, when the U.S. committed more troops to Vietnam, corpsmen accompanied the Marines when they landed on the beach in Da Nang. As the conflict escalated, corpsmen supported both Navy and Marine Corps units. They manned medical departments aboard aircraft carriers, cruisers, destroyers, oilers, amphibious vessels, the battleship *New Jersey* (BB 62), and also with the riverine force—the so-called Brown Water Navy—in the Mekong Delta. In addition, they served in large numbers aboard hospital ships *Repose* and *Sanctuary*

Ashore, they were assigned to Station Hospital Saigon beginning in 1963 and later sent to the Naval Support Activity Hospital, Da Nang. Corpsmen provided medical support to the Marines as members of air wings, reconnaissance teams, artillery fire bases, with the 1st and 3rd Medical battalions of the 1st and 3rd Marine divisions and accompanying individual Marine rifle companies in combat. They also accompanied Navy SEAL teams on their secret missions.

Who then could have imagined that Navy Corpsmen would again be called upon to help fleeing Vietnamese refugees make the transition to a new life? The story of Navy medicine in Vietnam had indeed come full circle.

About the Author

Jan K. Herman was the chief medical historian of the Navy from 1979 to 2012, and also the curator of the Old Naval Observatory located in Washington's Foggy Bottom neighborhood. He was editor-in-chief of* Navy Medicine*, the journal of the Navy Medical Department, for 30 years. Since 2000, he has written and produced documentaries for the U.S. Navy highlighting its medical service during World War II, the Korean War, and Vietnam.* The Lucky Few*, a documentary about the closing days of the Vietnam War, provided the stimulus to create a companion book of the same name first published in 2013 by the Naval Institute Press.

Herman has authored more than 50 articles and monographs plus five other books. As a lecturer, he has spoken to many audiences across the United States, focusing on military medicine, 19th century astronomy and oceanography, and medical aspects of World War II in the Pacific. He is the recipient of the 2015 Forrest C. Pogue Award for significant contributions to oral history.

BACK COVER: ***Litter Team Removes Wounded,*** **an acrylic drawing by John Steel, 1966. (*Courtesy of the Navy Art Collection*)**

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