HEADQUARTERS
1st Medical Battalion (-)
1st Marine Division (Rein), FMF
FPO, San Francisco, California 96602

6/RHM/htb
5750
4 May 1966

From: Commanding Officer
To: Commanding General, 1st Marine Division (Rein), FMF (Attn: G-3)

Subj: Command Chronology; forwarding of

Ref: (a) 1stMarDiv(Rein)(Rear) msg 150210Z of Dec 1965
(b) 1stMarDiv(Rein)(Rear) Bulletin 5750 of 4 Dec 1965

Encl: (1) Command Chronology

1. In accordance with reference (a) and (b), enclosure (1) is forwarded herewith.

R. H. Mitchell
R. H. MITCHELL

TAB (14), APPENDIX A, ENCLOSURE (1) TO CG FIRST MAR DIV ltr 3:HIST:jgr over 5750; SER: 00135-66 of 25 MAY 1966.

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4 May 1966

COMMAND CHRONOLOGY

1st Medical Battalion (-), 1st Marine Division (Rein), FMF

H&S Company (-)(Rein)
(1 Cook attached to Co. "B" (-)(Rein)

*Co. "A" (-)
Detached: 1 collecting section 2/1
1 collecting section 1/3

Co. "B" (-)(Rein) attached to RLT-5
Detached: 1 clearing platoon 1/5
1 collecting section 1/5
Det. CoHq 1/5

*Co. "C"
*Co. "D"

* All personnel present at 1stMedBn Cantonement assigned to H&S Co. except 1/Co. for record purposes, to maintain active unit diary.

| | | |
|---|---|---|
| a. | Location | Chu Lai, RVN |
| b. | Period Covered | 1 thru 30 April 1966 |
| c. | Commanding Officer | CDR Russell H. MITCHELL, MC USN |
| | Executive Officer | LT Charles A. ROPER, MSC USN |
| | Battalion Adjutant | ENS Richard A. CORLEY, MSC USN |
| | Marine Advisor | Capt Herbert L. SEAY, USMC |
| | Preventive Medicine Officer | CDR Leon P. EISMAN, MSC USN |
| | Director of Professional Services | CDR Thomas S. MARKS, MC USN |
| | CO, Co "B" | LT George S. HARRIS, MSC USN |

COMMANDER'S NARRATIVE SUMMARY OF EVENTS

The month of April was characterized mostly by the conferences and discussions relating to planning for the cantonement, procurement of supplies, equipment, personnel, and building materials. By the end of the month a massive building program was in operation, most enlisted billetting was completed, a new 500 man galley in operation, a new pharmacy, labaratory and sick call space almost completed, a new medical supply building finished and the new recovery/ICU ward and 2 of 4 new operating rooms in operation.

On Operation "HOT SPRINGS", the new concept of the Shock and Resuscitation Team was utilized by sending the team to the Quang Ngai air strip. The team was alerted, loaded and departed in less than 2½ hours and was set up and in operation 2 hours after arrival of the last helicopter. The team handled 45 casualties (including 1 K-9 dog), 38 of which were medevac to other treatment facilities, and 7 were either returned to duty or to their parent unit. It is considered that utilization provided 3 major benefits:

ENCLOSURE (1)

1. Providing better care more quickly to the seriously/critically wounded.

2. Treating minor injuries in the area of the man's unit resulting in less lost time.

3. Reducing helicopter transportation requirements by the short lift to the S & R Team location from the field, and by consolidating further transportation to other treatment facilities.

A MEDCAP Clinic was established in the local village of SAM HAI and a field trip was made by Dr. CONNOLLY to the Quang Ngai Provincial Hospital to determine what, if anything, this battalion might accomplish in response to a U.S. Army request for surgical aid.

The patient load for the reporting period was as follows:

*Admissions.

| Battle Casualty | Non-battle casualty | Disease | Total |
|---|---|---|---|
| 150 | 51 | 303 | 504 |

*Included in the above figures are 51 Vietnamese and 2 ARVN.

Out-Patient treatments.

| U.S. Military | Vietnamese | ARVN |
|---|---|---|
| 1716 | 102 | 17 |

DETAILED DESCRIPTION OF SIGNIFICANT EVENTS

4 Apr 66 - Visit by DepSecDef. Cyrus P. VANCE/Gen. FIELDS.

4 Apr 66 - Visit by Hon. McGEE, Congressman from Wyoming.

4 Apr 66 - MEDCAP program commenced in SAM HAI.

4 Apr 66 - MCB-3 commenced work on cantonement building project.

5 Apr 66 - Visit by Asst.SecNav. IGNATIUS (Log & Install)

21-23 Apr 66 - S & R Team to Quang Ngai.

24 Apr 66 - (1215) 1st Baby born (mother and son fine, returned home)

28 Apr 66 - LCDR J. CONNOLLY to Quang Ngai to survey possible surgical assistance to the Provincial Hospital.

Appen. B, Tab 1. Summary of S&R Team deployment in support of operation "HOT SPRINGS".

Tab 2. Report of findings at Quang Ngai Provincial Hospital

ENCLOSURE (1)

25 April 1966

REPORT ON SHOCK AND RESUSCITATION TEAM,
OPERATION "HOT SPRINGS"
4-21-66 thru 4-23-66

1. 0945: Received first word that team was to be dispatched immediately.
1100: Three Medical Officers, One MSC, Two Marines, Fifteen Corpsmen, and 8,400 pounds of gear staged (with gear in 1,000 pound blocks) at MAG-36 Helo pad.
1230: First two Helos arrived for loading.
1300: First two Helos arrived at Quang Ngai air strip.
1400: Last Helo arrived at Quang Ngai. We used eight H-34's plus a partial load of supplies on one CH-46.
1600: We were finally set up and ready to receive casualties. Delay was the result of the fact that no one in the LSA knew that we were coming. We borrowed a truck from an Army unit there which was used to collect the initial gear that was off-loaded from the helos at an area remote to the ultimate site. We used the vehicle to locate the Shore Party CO who not only had no idea we were coming, but had no information about the team. He had not seen or heard of the written account of the S&R team's mission and requirements which had been submitted to Major ROBERTS, XO of Shore Party Battalion over a week before. We combined personnel and facilities with the Shore Party Medical Section and received full cooperation from Shore Party. The Shore Party Medical Section was most helpful and a smooth working relationship was immediately established.

2. Casualties were received intermittently from 1600, 21 Apr 1966 to 1200, 22 Apr 1966.

a. Total seen during this period were:

(1) 1 Marine KIA
(2) 5 Viet Cong
(3) 5 ARVN
(4) 2 Navy
(5) 31 Marine
(6) 1 Scout Dog (K-9 Corps heat casualty)

b. Seven of the above (mostly heat casualties) were returned to duty from the S&R Team.

3. The team left the LSA at 1500, 23 Apr 1966 by convey for Chu Lai. All gear and personnel were adequately loaded onto three M-54 trucks.

4. Arrived at Chu Lai at 1800, 23 Apr 1966.

5. Remarks and Observations:

a. The concept that casualties with non-life threatening conditions can indeed be held at the S&R Team level until such time as helos are conveniently available is held to be valid. Since helios travel in pairs, we rarely evacuated less than eight patients at one time.

b. MAG-36 Liaison Officer was immediately available to us upon arrival and was completely cooperative. It was easy to coordinate activities.

c. We had adequate personnel and facilities to accpmplish the mission. Up to 150 casualties per day could reasonably be handled by the team.

d. It is indeed feasible to keep heat casualties at the LSA for treatment and eventual return to duty.

e. At this particular LSA, ARVN and civilian casualties can be evacuated from the LSA by vehicle from the S&R Team to the hospital in Quang Ngai, thereby relieving the helos of this duty.

f. Insufficient critical casualties were seen to assess the immediate life saving value of the S&R Team.

6. Recommendations:

a. Coordination with Shore Party Battalion is essential. In the future, it is recommended that Shore Party be briefed prior to the operation. An advance party from the S&R Team should go with the Shore Party to obviate the delays encountered on this operation.

b. The M-47 was only partly satisfactory. An M-83 is recommended so that we can maintain the essential communications with the 1st Medical Battalion and the Repose.

c. We must disseminate the word on the necessity to return stretchers, blankets and "Readi-splints".

d. That the unit be moved by vehicle over the road if practicable. Movement by helo necessitates multi-handling of our gear with concomitant damage and breakage. The extra gear that can be handled by trucks would facilitate our mission.

L. R. BROWN, LCDR, MC, USN
Officer in Charge, S&R Team 1
First Medical Battalion

Tab 1 to Appendix B

Report on trip to Quang Ngai Provincial Hospital taken on 28 April 1966.

Purpose of this trip was to determine what 1st Medical Battalion might be able to do in response to the USA request for surgical aid for this civilian hospital.

The trip was made from the Chu Lai helicopter pad by helicopter at 0830, 28 April 1966 to Quang Ngai and left there at 1600 returning to Chu Lai at 1630 also via helicopter.

There were many outstanding features of my inspection of the hospital and the work being done there. Primarily that there is a great deal of wonderful work being done there by the Army personnel with these people and if for no other reason every effort should be made to aid them to some extent. There are some pros and cons that I would like to point out along with some general information followed by what I feel would be an initial trial program and expected results.

In general, the physical plant exceeded my expectations especially from the point of view of cleanliness. While generally inferior in all departments in comparison to U. S. hospitals, I think that if the U. S. hospitals were as overcrowded they would be lucky to equal what is achieved at Quang Ngai. Since this 300 bed hospital has a census of 450-500 with a massive clinic program and waiting list, the only way to treat more patients and help the Vietnamese more is to reduce the number of days spent per patient which I feel could be helped tremendously by one general surgeon and one orthopedic surgeon spending 1 or 2 days there weekly.

The U. S. Army personnel consists of three MDs without any surgical training other than medical school and internship and a supply and administration officer supplemented by approximately 15 enlisted personnel. There is one Canadian MD without surgical training and two ARVN surgeons who have had limited surgical training. There are two operating units, one air conditioned, both with adequate facilities except for lack of x-ray availability during surgery. There are two anesthetists and one partially trained chief scrub nurse supplemented by non-professional civilian help. Under these conditions an average weekly operating schedule will have approximately 20 major and 80 minor procedures completed. Actually by U. S. standards this would be closer to 30 majors and 50 minors due to a difference in classification. All the surgery and most of the post-operative surgical care is handled by the ARVN surgeons and Vietnamese nurses. The number of patients on the surgical service at one time would be between 175-200. Although it is difficult to tell in such a short stay, it would appear that these men are quite competent in the field of trauma surgery. It is also my impression that they are not interested in having us do their work, but rather would greatly appreciate our teaching them more about the fields in which they lack training. These fields are primarily orthopedic problems, treatment of burns and many types of elective general surgery. Many of their problems arise from an inadequacy of equipment, such as surgical instruments and traction apparatus.

Some limitations are due to an almost non-existent blood and plasma source. However, having seen what they have accomplished with what they have I'm sure that a better understanding of the principles and methods of treatment would result in their circumventing many of these inadequacies. In addition, some problems which seem to be almost insurmountable could be greatly relieved by us at very little cost such as giving them some of our outdated blood.

It is my opinion that there is a definate need for limited surgical advise and teaching that would yield much benefit not only in far more adequate care but equally in shortening average patient stays, therefore increasing the number of patients helped.

While the need is there and a rather large amount of benefit can be accomplished with minimal effort, there are some adverse factors. There is evidently a very real risk involved for the persons that would take the trip. In addition it would be somewhat of imposition on the remaining members of the general and orthopedic surgical staff and in case of mass casualties could prove detrimental to our own injured. Also the average non-professional workers and patients seem rather apathetic to the welfare of everyone but themselves or members of their family, creating a bit of difficulty in being able to really put in a good days work. I was told that from 1200-1500 people just don't work and after 1700 things stop. I also understand that as these people become better educated this attitude changes and with a great deal of patience the Army personnel have lessened this and have assured me that this could be eliminated as a deterrent.

In summary I would advise:

1. As an initial trial one orthopedic surgeon and one general surgeon spend one full day a week at Quang Ngai, provided the ARVN surgeons and OR personnel were prepared to work with us from at the latest 0900 to 1730 or 1800 with no planned lunch period.

2. That we be able to get transportation down and back the same day. The reason for this being that in the event of mass casualties it would eliminate the added risk of returning at night and reduce the loss to the battalion to 24 man hours/week - most of which would be productive.

3. That we limit ourselves to surgical aid in fields other than acute trauma.

4. That we let it be understood that we would be subject to immediate recall at the discretion of our Battalion Commander, e. g. for mass casualties.

5. That we be able to take along some equipment, if available, and if necessary and/or any beneficial surplus that might be on hand.

6. That we plan on doing this for four weeks at which time we re-evaluate the program for possible expansion or limitation as conditions indicate.

I would expect this to be very worthwhile as a goodwill gesture and also as a step in the direction of self help. While it would not be a significant factor in the general health of the people of Viet Nam, I believe it's benefit would far exceed its expenditure.

To emphasize an impressive feature, I feel the Army personnel deserve any help we can give them since each of them obviously has attacked their work with a unique amount of skill, vigor and enthusiasm.

JOHN T. CONNOLLY JR.