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Lai Khe
VN

SUGGESTED ORIENTATION FOR INFANTRY BATTALION SURGEONS
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1. Medical problems specific to Vietnam

a. Because of the helicopter this battalion finds itself deployed in four different areas simultaneously; with the line units in the country side, the tactical command post, a logistical base, and a clerical contingent in An Khe all getting their medical care from the medical platoon.

b. Combat in Vietnam is basically company and platoon operations. The bulk of medical treatment therefore falls on the aidman, and it becomes imperative that the battalion surgeon support his aidman in every way possible - professionally, logistically, and emotionally.

c. Medevac is an important factor in patient care. The battalion surgeon must, however, be aware of the capabilities and limitations of helicopter evacuation and closely monitor the use of medevac to prevent needless or unnecessarily dangerous missions.

2. Location of the battalion surgeon

a. The optimal location of the battalion surgeon is at the forward command post. Here he can simultaneously provide medical care, serve as an advisor to his commander, and function as the leader of his medical platoon.

b. The reasons are as follows:

- (1) There are more potential patients in the forward area - both soldiers and Vietnamese civilians.
- (2) Sick call visits, emergency visits, and radio communication are facilitated through close contact with the line soldier.
- (3) The battalion surgeon determines more accurately the general medical problems affecting a command when he is near to the problem, and he defines a clearer course of action.
- (4) The battalion surgeon cannot serve actively as an advisor to the commander if he is separated from his command element.
- (5) In the capacity of medical platoon leader the battalion surgeon is obligated to be in close contact with the aidmen, where he can deal rapidly and effectively with medical, personal, and supply problems thus enlivening the morale of aidmen.

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- (6) Transportation to fulfill medical commitments is easier to obtain at the forward area.
- (7) The forward battalion surgeon perceives more clearly the tactical situation and allocates more wisely its medical resources.
- (8) Time passes faster.

3. Patient care

The surgeon's role of determining fitness for field duty is extremely difficult since many medical and other factors are involved. The physician must achieve a realistic balance between his compassion and the demands upon him to preserve foxhole strength.

4. Support of aidmen

- a. The physician must provide the maximum support to his aidmen if he wants to afford optimal medical care to his battalion.
- b. No aidman should go to the field without sufficient resources to perform his most responsible and demanding mission. Necessary resources include emotional stability, physical stamina, and adequate medical skills. Aidmen must be screened and given training in the specifics of their job.
- c. The aidman's task becomes more pleasant and better medical care is given when the surgeon provides adequate professional backup by means of field visits or radio communications as the case dictates. This close contact with the doctor heightens the aidman's skill and morale.

5. Advising the commander

The keystone in being a useful advisor to your commander, is adequate information sources. The interested, enthusiastic surgeon will find he knows more about his battalion and its people because of his constant communication with patients. His professional evaluation of information obtained about such things as morale, disciplinary problems, emotional and health problems, etc., can be of great value to a commander.

6. Suggested operational tips

a. Personnel

- (1) Find an intelligent, capable clerk and you will find your records in order, immunizations up-to-date, supplies adequate, and your time to practice medicine increased.

- (2) The tremendous responsibility of being a medic in Vietnam wears heavily on these young men. After six or eight months in the field many become lazy or careless. If possible rotate medics so they have only six or eight months field time.
- (3) Generally, a rifle company has one medic per platoon and a senior aidman with the company headquarters. Choose the senior aidman carefully as he can promote much greater depth of service and support for his platoon medic.

b. Hospitalized personnel

- (1) It is of great interest to the unit to know the disposition of evacuated personnel. By closely monitoring A & D sheets and checking the hospitals one can keep reasonably abreast of evacuations.
- (2) The profile is a vital document which must be carefully scrutinized (forgeries are common) and filed for proper follow-up care.

7. Conclusion

A year as a battalion surgeon in combat can be a fruitful, demanding, and richly rewarding one. However, if one relies on aidmen and medevac and insists on his own uselessness, he does a grave disservice to himself and to 800 young men.