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28th MND, H&A-
Box 2

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DEPARTMENT OF THE ARMY
28TH MILITARY HISTORY DETACHMENT
11TH ARMORED CAVALRY REGIMENT
APO SAN FRANCISCO 96257

AVIC-WE

13 May 1969

SUBJECT: Exit Interview

Office, Chief of Military History
Washington, D.C. 20315

1. The attached exit interview was conducted with MAJ Philip Scozzaro, 05255761, Medical Corps. Major Scozzaro was the 2nd Squadron Surgeon from 15 May 68 - 12 Nov 68, and the commanding officer of 37th Medical Company from 13 Nov 68 - 9 May 69. The interview was conducted by SP/5 James W. Bruce, 28th Military History Detachment, at the Detachment office.

2. The interview was recorded on channel 2 at a speed of 3 3/4 IPS on a Sony TC-530 tape recorder. There are no restrictions on the tape. The interview covers significant events, accomplishments, problems, and lessons learned of Major Scozzaro's command.

3. The following is a synopsis of the interview:

Question:

"Major Scozzaro, what is your general evaluation of your assignment as a commander, including job requirements, tenure of command, and personal qualifications?"

Answer: (000-016)

a. Major Scozzaro stated that the MC (medical corps) officer should not be the unit commander but that the MSC (Medical Service Corps) officer should be. The MSC's training in military procedures is more complete, longer. Major Scozzaro would have the senior MC officer serve only in an advisory role, not a command role. Most MC training is medical with minimal training in military command.

Question:

"During your command, what have your general missions been? How did you accomplish these missions?"

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Answer: (017-021)

b. General Missions:

- (1) Routine sick call for base camp- 11th ACR and tenant units.
- (2) Instruction in hygiene at the Replacement training school.
- (3) Insertion of a rabies control point.
- (4) MEDCAPs.
- (5) Preventive medicine: inspection of latrines, mess halls, and clubs.
- (6) Routine immunizations.

Question:

"What is your evaluation of the Company's performance of duty?"

Answer:

c. (027-055)

Generally speaking, Major Scozzaro found the medical personnel to be well trained for their job upon arrival in Vietnam.

Problem: Some of the senior NCO's, mostly clinical technicians who had worked in the US as wardmasters, were not used to taking responsibility. They were not capable of making decisions on their own, especially at a dispensary level. Often their job required making medical decisions, but typically they did not make these decisions.

Recommendation: "My recommendation to offset this problem would be to give the senior NCO's, especially the clinical technicians more responsibility in the stateside hospital situation. Most of them are mature enough and most of them have had enough education and experience to deal with medical problems in the hospital situation. Over a period of years if they're not allowed to do anything unless they're told to do it, and not allowed to make any decisions on their own, this definitely weakens them. They become very dependent and unable to reach a decision by themselves."

Question:

"Do you have any comments on medical supply? Would you recommend any changes in the supply program?"

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Answer:

d. Medical Supply (056-067): Major Scozzaro spoke highly of the medical supply system. Supplies were always available when needed.

As a word of caution, Major Scozzaro stated that people in the medical supply channels should be aware of the volume of black market traffic in medical supplies. Vietnamese and third party nationals are acquiring medical supplies illegally and often the supplies are reaching the black market. "Anyone in the medical supply chain should be a little more aware of black marketing and maybe a little more careful of how they issue and to whom they issue supplies to."

Question:

"Would you evaluate the MEDCAP program? Would you recommend any changes in the program as it is now?"

e. MEDCAP Program (068-116):

(1) General: Major Scozzaro believes MEDCAP has an important place in the pacification program. "I think if you lessen the suffering of a Vietnamese civilian, he's going to remember you a lot more."

Major Scozzaro enlarged the MEDCAP program markedly during his command. The Medical Company is now performing 30-40 MEDCAPs a week.

A group of eight medics works at the XUAN LOC civilian provincial hospital. They've taken charge of the emergency room, and are working on the wards taking daily care of the patients.

The Company instituted a training program for Vietnamese nurses and practical nurses. Many of the Vietnamese nurses have had only six weeks prior training which is below any American standard. "The training program is basic, simple and should bring the efficiency of their hospital up 100%.

(2) Problem areas: "The problem of the MEDCAPs in the villages is not a medical one. The medical standards in the village are 1,000 years behind ours in the US. Simple things we Americans take for granted, they have no idea of: sanitation problems, water supply, destruction of waste products."

"If we had more men and more material, on a higher priority, we could straighten out more villages and advance them into the 20th Century. To go into a village and perform a MEDCAP and hand out some pills and give injections and so forth is of only temporary value. If these people return to their homes which are rat infested, flea infested, with no

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sanitary knowledge at all, it's of only temporary value and no permanent value."

(3) Basic Hygiene Training: "We are starting a basic hygienic training program in a village near Blackhorse Base Camp for the people at their level. We are performing something permanent, something that will last after we leave. This has been done in other areas of the country, especially through the Special Forces people who are trained to do just this. The art of medicine involves not only giving a patient medication and all that, but explaining to the patient how he got sick and how he can avoid getting sick in the future. This is the art of medicine. In order to explain this to the people, they must have at least a basic knowledge of personal hygiene and public hygiene. This they do not have in the slightest degree. The chief medical consultant in the village is still the witch doctor."

(4) VC Interception of Medicine: "Also there's a USARV regulation which states that no more than a two day supply of medication will be given any patient. The reason for this being that the hostile forces have been known to come into a village after a MEDCAP and take the medication from the villagers and use it for their own purposes, for their soldiers. I have seen captured VC documents, lists of medications, they wanted to get from our people who had distributed them on MEDCAPs. This mainly consisted of antibiotics, vitamins and iron. The enemy is very short on medication, and whether or not they have medication, especially antibiotics, makes the difference of whether the soldiers return to duty or surrender themselves because they don't have the medical treatment available. This regulation is in force now and I think it is a good one. I think it should stay in effect and be enforced."

(5) Consent of Village Chief (134-142): "All MEDCAPs to any village should be performed with the consent and approval of the village chief. Once the village chief's friendship is won, he becomes much more friendly to our forces, becomes a well of information. He can tell us when to go in and when not to go in, when he suspects trouble, etc. He can be a valuable asset. It would be foolish to perform a MEDCAP without the village chief's consent."

f. Civilian Medical Problems (143-171):

(1) Malnutrition: "The major medical problem that the civilians suffer from is malnutrition, anemia, especially the females who have had many pregnancies. They become very anemic. Their diet is very low in iron."

(2) Infections: "Upper respiratory infections are common. Ear infections are very common, there again, hygiene being important. Once

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they develop ear infections, it seems like they have them for years and years."

(3) Surgical Problems: "The surgical problems are abscesses, skin infections, and all fractures which are more or less left to nature to heal. Anyone we suspect of having tuberculosis (which is common), we usually refer to the civilian provincial hospital (XUAN LOC), where they are set up to take chest X-rays and have a routine of medication which they give."

(4) Parasites: "Another common problem is worms or parasites, generally of the gastrointestinal tract. This again goes back to their hygiene. Most of their well water we've found has been grossly contaminated with fecal material because of the inadequacy or lack of a drainage system."

(5) Congenital Defects: "As in any primitive society of which many of these villages do belong, there are many congenital defects: mental retardation as well as congenital cripples due to polio or birth trauma. The people just accept them as an act of God, and raise these people as something less than human beings. They're left in a room and given food, not too much food, because they have to save the food for the workers, or somebody who is going to produce for them. It's amazing to walk through their homes sometimes and look in a corner and see a 22 year old man who looks like a 5 or 6 year old kid.. Just sitting on the floor. That's where he sits from day to day because he can't walk, due to crippling and lack of treatment."

Question:

"Would you like to discuss the medical problems within the Regiment? What can be done to combat these problems?"

Answer:

g. Medical problems, 11th ACR: Major Scozzaro does not believe the Regiment's medical problems are unique.

(1) Physical Conditioning: (171-194) "In this type of war, there are long periods during which a person may be inactive. Then there are periods when a person may be active over long and intense periods of time. During these periods of inactivity, the average GI tends to get soft, laze around, drink pop, beer, etc. I see many young boys that look like they've had it. They're 19, 20 years old, and you look at them and you think they're 35 years old. I think calisthenics ought to be emphasized.

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This is an environment that most of us aren't used to. It has been proven that physical conditioning makes a person more adaptable to the climate and makes him more comfortable.

The old Army problem of backaches: I think physical conditioning would help that out. We see many people on sick call who after a heavy day of sandbagging, the next day would be laid up in bed because they're getting so soft that their back muscles are weak, not able to take the strain. They come in with a backache. I think the American soldier, reflecting the American civilian probably eats too much and drinks too much, and doesn't exercise enough."

(2) Preventive Medicine (195-223): "The preventive medicine of our Troop is at a high level. I think our troops today have a better medical knowledge than in any other war. This has practically wiped out many epidemics in Vietnam such as we had in Korea. The malaria rate has been cut to a minimum."

(3) Venereal Disease: "The venereal disease is about the same as the previous war. The main thing with VD is that when the GI goes out, he is usually intoxicated and doesn't take the precautions because of his state. So far in Vietnam there's been a common rumor that there are certain forms of VD that are incurable. This is false. There are no forms of VD which are incurable. They are all amenable to treatment."

(4) General: "There are medical problems peculiar to the climate. For example, during the wet season, immersion foot. This has been handled quite well with an increased supply of dry socks and boots.

During the dry season, the upper respiratory infections are increased because of the dust particles in the air, but that hasn't been a problem. The main thing is the habituation or conditioning to the climate. Here again, physical conditioning would be very beneficial.

When the troops are required to go on a dismounted patrol over two or three miles, the effect is very evident. At least 20-30% of them are down with heat exhaustion. This would not happen if the troops had physical conditioning."

Question:

"Is there any other relevant information, personal observations or lessons learned that you would like to add at this time?"

h. Drugs (224-298):

(1) Marijuana: Yes, I would like to make a few comments on the

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marihuana problem here in Vietnam. We do have marihuana in Vietnam. From my observations and information I get from sick call and direct dealings with the troop, I think the percentage of troops here in Vietnam that take marihuana is well over 50%. There are many reasons for this. The marihuana is readily available. It's high grade, very inexpensive. It's an escape. Men who are on long boring details can be made happy if they smoke the marihuana while doing the detail. They can forget their troubles at night. It makes them feel better about going into combat, or so they say. They all have a reason and they all think their reason is right, and what they're doing is right. But I have never seen it that way. I think anyone who is caught with marihuana on their person should be prosecuted to the full extent of the military jurisprudence. I don't think it should be allowed in any way shape or form. It has been shown that marihuana is detrimental to the mental and physical health of the troop. It has been shown that it doesn't make better soldiers, only wilder soldiers who take more risks and expose themselves. It may cut down on the alcoholic consumption, but that's like jumping out of the fire into the frying pan."

(2) LSD, Heroin, Opium: "There are also other hallucogenic drugs available in Vietnam. In Saigon you can pick up LSD. It's readily available. The people who take it know just where to get it, no problem. There are many "mama-sans" who have syringes and needles and will give intravenous "fixes" of opium and heroin. This is in Saigon and some of the other big cities. They're cheap, and readily available and it's very easy for a GI who is homesick, who had a few tough breaks, who has seen a few buddies get hurt in action, can slip right into it very easily.. And it's only through command emphasis on a routine basis that they're going to stay away from it."

(3) Effects of Marihuana: "Down at the 93rd Evacuation Hospital at the psychiatric ward.. on any given day that you walk through there, there are usually between 3 and 7 patients who are in there because of marihuana smoking. They've had a psychotic reaction to the marihuana, meaning that they have had a nervous breakdown while under the influence of marihuana. So it's definitely dangerous to the wellbeing of any individual. You don't know beforehand whether you're going to have a breakdown or you're not going to have a breakdown. Therefore it's wise not to touch it.

i. Problems of Communication: "The art of medicine, communication with the patient, is vital. This has been a large problem with the MEDCAP program. We must deal through an interpreter who is not medically trained and often this is a dull routine job to the interpreter. The solution would be to get more Vietnamese who are interested in the health field as

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interpreters. Their primary function would be liaison between the US medical teams and the Vietnamese people themselves. This would cover all aspects of medical treatment and preventive medicine. The 37th Medical Company is trying to get a Vietnamese male nurse to act as interpreter. This would be a great help."

j. United States - RVN Relations: "Many of the MEDCAPs turn into "carnevals" in that the American tries to play the "good guy" role and pass out candy and prizes and soap and whatnot to the people. This is wrong. It makes beggars out of the children. It takes away from the primary mission of the MEDCAP. Any gifts or donations to the Vietnamese people should be given to the village chief. He's their boss. He'll know best how to distribute it to the Vietnamese people. Haphazard throwing candy, fruit, various articles from trucks to the Vietnamese people is to be strongly condemned."

WILLIAM B. OVERBAY
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