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DUST OFF:
ARMY AEROMEDICAL
EVACUATION
IN VIETNAM

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DIR. of Army/State
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panded its effort to destroy the political and military influence of the National Liberation Front.

Origins of the Air Ambulance Platoon

As more soldiers arrived, the Army Medical Service began its own buildup, which included an increase in the number of medical evacuation units. During the next three years the Surgeon General of the Army sent two air ambulance companies and six more helicopter ambulance companies to Vietnam. In March 1966 the 44th Medical Brigade, which had been activated in January, assumed control of most Army medical units in Vietnam. Over the next two years the brigade began to coordinate the work of the 68th Medical Group (responsible for III and IV Corps Zones), the 43d Group (South II Corps Zone), the 55th Group (North II Corps Zone), and the 67th Group (I Corps Zone). These medical groups, with the exception of the 55th, which left aeromedical evacuation in its area to the 43d Group, commanded all the nondivisional air ambulances—the companies and detachments. In late 1965, with the Surgeon General's permission, American combat forces also brought in Medical Service Corps pilots to man the aircraft of a new form of medical evacuation unit: the air ambulance platoon. Unlike the air ambulance units of the 44th Brigade, it would depend on its combat assault division for command and supply.

The platoon owed its existence to the creation of the first airmobile division in the U.S. Army, the 1st Cavalry Division (Airmobile). In August 1962 the U.S. Army Tactical Mobility Requirements Board, chaired by Lt. Gen. Hamilton H. Howze, had recommended the creation of a new airmobile division, which would be served by an air ambulance platoon. Outlining the probable nature of airmobile warfare the Board had assumed that

... all categories of patients within the theater of operations will be evacuated by air. AMEDS aircraft organic to the division will evacuate casualties from forward pickup sites and/or aid stations to clearing stations or Mobile Army Surgical Hospitals. Air Ambulance companies assigned to corps and field Army will evacuate casualties from the clearing stations and surgical hospitals to evacuation hospitals.

Although the air ambulance battalion would use several types of helicopters, the air ambulance platoon would usually consist of only twelve UH-1's.

In early 1963 the Army decided to test the precepts laid out by the Howze Board. On 7 January the Deputy Chief of Staff for Operations issued instructions for the creation of an experimental air assault division. The unit was organized in February at Fort Benning, Georgia,

and named the 11th Air Assault Division (Test). Its commander was Brig. Gen. Harry W. O. Kinnard.

The division was composed of eight infantry battalions (expanded to nine in Vietnam) organized into three brigades: three battalions each for the 1st and 2d Brigades and two for the 3d Brigade. One brigade had an airborne capability. An artillery battalion in each brigade provided ground-to-ground fire support and an Aerial Rocket Artillery Battery provided air-to-ground support. The thirty-six UH-1B's of the aerial rocket battery each carried seventy-two folding fin rockets, and most also carried externally-mounted M60 machine guns. An aviation battery of sixteen light observation helicopters coordinated the division's artillery. Two assault helicopter battalions each had sixty unarmed helicopters, organized into three companies of twenty ships each. Both battalions had an armed helicopter company of twelve UH-1B gunships, each carrying four M60's and fifteen rockets. As the Howze Board had suggested, the Air Ambulance Platoon, a structurally new aeromedical evacuation unit, fell under the division's medical battalion.

Air Assault I, a field exercise held at Fort Stewart, Georgia, in September and October 1963, tested the control capabilities of the air assault battalion and company, and the problems of the air ambulance platoon. This exercise and others held at Forts Benning and Gordon suggested that the platoon could effectively support the Air Assault Division without the benefits of a superior company command. Faulty communications equipment and the limited capacity of the UH-1B's were the only serious problems affecting the platoon's performance.

The experimental 11th Air Assault Division was disbanded soon after the testing in Georgia, but its components and the resources of the 2d Infantry Division at Fort Benning were combined and given the name of the 1st Cavalry Division, which had been on duty in Korea since 1950. The new division, the 1st Cavalry Division (Airmobile), had roughly 16,000 men, the standard allotment. But it had 4 1/2 times the standard number of aircraft and one-half the standard number of ground vehicles. It acquired almost one thousand aviators and two thousand aviation mechanics. The creation of this division opened a new phase in U.S. Army warfare.

The Air Ambulance Platoon, which consisted of twelve helicopters and their crews, was an integral part of the new division, and deployed with it to the mountainous Central Highlands of South Vietnam in August 1965. It served as part of the division's 15th Medical Battalion. It not only offered medical evacuation to wounded soldiers of the 1st Cavalry but also had the equipment to rescue pilots of crashed and burning aircraft. It consisted of a medical evacuation section of eight helicopters and a crash rescue section of four helicopters. It also had three Kaman "Sputnik" fire suppression systems to enable the

3 crash rescue teams to enter burning aircraft. Unfortunately, if the aircraft fitted with the Sputnik system also carried its full complement of two firemen, a crew chief, a medical corpsman, and two pilots, it could not lift off unless the crew had drained the fuel tanks to 400 pounds or less. After its arrival in Vietnam the platoon found that maintenance problems, general aircraft shortages, and regular evacuation missions made it impossible to keep four of its aircraft ready at all times for crash rescue missions.

4 Unlike the helicopter detachments and companies of the 44th Medical Brigade, the platoon's pilots used "Medevac" as their call sign. However, they resembled the pilots of the older units in their methods, training, and outlook. Like the commissioned Dust Off pilots, the platoon's officer pilots had graduated from the helicopter program of the U.S. Army Aviation School at Fort Rucker, Alabama, and had been trained in emergency resuscitative medicine by the Army Medical Department.

The Air Ambulance Platoon Goes to Work

After the 1st Cavalry began to dig in on the An Khe plain in early September 1965 the platoon's pilots flew their first missions and quickly tasted some Viet Cong resistance. To protect the platoon's aircraft, the division began keeping gunships on call for escort. The platoon's pilots, however, thought that traveling with the slower, heavier gunships wasted precious minutes of response time.

5 During the next three years, a period of large search-and-destroy operations, medical aircraft often accompanied ARVN and U.S. forces to the battlefield. In the remote Central Highlands the 1st Cavalry's air ambulance platoon found it wise to conform to the Howze Board report by evacuating its patients only as far as the battalion aid stations or division clearing stations. Nonorganic air ambulances commanded by medical authorities would then backhaul the casualties to the 71st Evacuation Hospital at Pleiku or to hospitals further away, on the coast. Later in the war, when the 1st Cavalry moved to III Corps Zone, the platoon itself began to make evacuation flights from the site of wounding directly to hospitals.

6 In time the platoon would prove its value, but some of its early experiences were not encouraging. On 19 September four of the platoon's ships supported an early 1st Cavalry operation. Because of poor coordination and misplaced concern on the part of ground personnel, the transport helicopters carried out the casualties and the air ambulances carried out the dead.

7 On 10 October one of the platoon's pilots, Capt. Guy Kimsey, answered an evacuation request from a ground unit sixty kilometers east of An Khe. While Kimsey loaded his ship, a Viet Cong round hit

the engine and shut down the aircraft. Another helicopter flew the crew and patients back to An Khe, where Kimsey told the 15th Transportation Battalion that he had a downed ship. The maintenance unit sent out an aircraft recovery team the same day, but the team could not find the ship and accused the pilot of giving them the wrong coordinates. Rankled, Kimsey climbed into the recovery aircraft and flew the team chief on the spot. At first, as they approached the area at some distance, Kimsey thought the chief might be right. But as he drew nearer he saw the outline of a helicopter on the ground. They landed. All that he could find of his ship was part of the tail rotor. He checked with the ground troops in the area who had called in the evacuation request. From them he learned that when the Viet Cong had earlier tried to overrun the position, the U.S. troops had called in friendly artillery. One of the rounds had scored a direct hit on the disabled helicopter.

Misfortune struck again on 10 October during Operation SHINY BAYONET near An Khe. Three of the platoon's ships flew out to evacuate eleven seriously wounded soldiers from the 3d Brigade. As they approached the landing zone at 1630, they saw the fires from Air Force tactical strikes still burning. A firefight also raged, and the ground commander radioed that the landing zone was insecure. The senior pilot elected to stay at high altitude with his Huey gunship escort and one other Medevac ship while the third ship made a low approach to the pickup zone. As he took his aircraft in, the pilot of the third ship, Capt. Charles F. Kane, Jr., was struck in the head by an enemy bullet. His copilot flew the aircraft to the 85th Evacuation Hospital, where Kane became the platoon's first fatality.

By mid-October the North Vietnamese Army had begun its drive against allied forces in the Central Highlands. In supporting the ARVN forces that tried to repulse this attack, the 1st Cavalry and its Air Ambulance Platoon received their first severe test. By early October the *32d* and *33d North Vietnamese Regiments* had infiltrated western Pleiku Province between the Cambodian border and Plei Me, a Special Forces base camp forty-three kilometers south of Pleiku. Route 6C stretched north from Plei Me toward Pleiku. A third unit, the *66th North Vietnamese Regiment*, was soon to arrive.

On 20 October the *33d North Vietnamese Regiment* attacked four South Vietnamese Civilian Irregular Defense Group (CIDG) companies at Plei Me. The North Vietnamese *32d Regiment* lay in ambush for the ARVN forces expected to move south from Pleiku. On 23 October the ARVN armored relief force left Pleiku and marched south toward Plei Me, covered by the artillery of the 1st Cavalry Division. On the afternoon of the 24th, Air Ambulance Platoon helicopters carried an artillery liaison party into the column and returned with some noncombat-injured soldiers. At 1750 the Communist ambush struck

the convoy, but the ARVN troops broke out and reached the besieged camp the following day.

Over the next month the 1st Cavalry Division and ARVN forces continued to fight over this territory in the battle of the Ia Drang Valley. On 27 October General Westmoreland ordered Maj. Gen. Harry W.O. Kinnard, 1st Cavalry Division commander, to conduct search-and-destroy operations in western Pleiku Province. For the first time the division's mission was unlimited offense.

In this battle the Air Ambulance Platoon proved its worth. Early in November Lt. Col. Harold G. Moore took his cavalry battalion by helicopter into a landing zone near the Cambodian border. The newly-arrived *66th Regiment* and the remnants of the *33d Regiment* waited on a mountain overlooking the landing zone. Heavy enemy fire from these regiments restricted helicopter approaches and departures, and friendly casualties began to mount. The battalion surgeon, with medical supplies and four medical corpsmen, flew in under heavy enemy fire on an Air Ambulance Platoon ship and immediately began treating the casualties. This saved the lives of many soldiers who could not have survived a long wait for evacuation. By that night the Air Ambulance Platoon and returning gunships had evacuated all the wounded. Although the gunships had helped, the brunt of the evacuation burden had fallen on the Air Ambulance Platoon, which had performed superbly.

At the start of the Ia Drang campaign the Air Ambulance Platoon operated twelve aircraft. One was destroyed on 10 October 1965, four were usually down for maintenance, two were required for division base coverage at An Khe, and two supported the operations of the Republic of Korea (ROK) forces east of An Khe. To support the nearly three thousand men of a reinforced brigade, which was the average strength committed at any one time to the Ia Drang, the 15th Medical Battalion now had only three aircraft to site forward. The casualties varied, but averaged 70 to 80 a day, with 280 on the worst day. Fortunately the troop ships carried the less critically injured men from the landing zones, easing the platoon's load.

In his after-action report, Colonel Moore described another problem he had met in his medical evacuation: the heavy enemy fire and the dense 100-foot high trees had prevented the platoon from evacuating men from the spot where they were wounded. The ground troops had had to move many of the wounded to a single secure landing zone. Moore reported: "I lost many leaders killed and wounded while recovering casualties. Wounded must be pulled back to some type of covered position and then treated. Troops must not get so concerned with casualties that they forget the enemy and their mission. Attempting to carry a man requires up to four men as bearers which can hurt a unit at a critical time." The solution, which came later, involved a

technical innovation rather than restraining the soldier's natural concern for his wounded comrades.

By mid-November the 15th Medical Battalion and its Air Ambulance Platoon were short five pilots and fifty-six enlisted men. Of the twelve Medical Service Corps pilots authorized the platoon, one was dead, one was injured, and the battalion commander had placed two on his staff and had reassigned another who had only four months remaining in his tour of duty. The commander asked for replacements, but none could be found because all units were short of men.

Saturday, 18 December, was another dark day for the Air Ambulance Platoon. Capt. Walter L. Berry, Jr., pilot, and WO1 George W. Rice, copilot, had just settled to the ground at a pickup site to evacuate two 1st Cavalry wounded when an enemy soldier opened fire on the helicopter from the left. One bullet, entering through the open cargo door, struck Rice in the head. Another hit the crew chief in the hand. Berry raced to the nearest clearing station, but Rice died there within an hour, the first warrant officer in the Medical Service Corps Aviation Program to be killed in action. The Medevac ship had been unescorted and unarmed. Shortly thereafter the platoon commander, Maj. Carl J. Bobay, wrote: "Within three months of operations in Vietnam, two pilots have been killed, one enlisted man wounded, and nine helicopters shot up, all due to enemy action. Believe me... we are not proud of these statistics. What the next eight months may hold in store for us is too much to even consider."

During this period more of the regular medical detachments were deploying in the two southern Corps Zones. The 283d Medical Detachment (Helicopter Ambulance), activated at Fort Lewis, Washington, landed at Saigon on 1 September 1965 and started to help the 57th cover III Corps Zone. In November 1965, the 254th Medical Detachment (Helicopter Ambulance) also arrived at Tan Son Nhut Airport, Saigon. The two ships that had sailed from Tacoma, Washington, with all the 254th's equipment, reached the South Vietnamese coast on 29 October but could not be unloaded until mid-January because of the congestion in the ports. Until then some of the 254th's pilots worked with the 283d and 57th. The 254th declared itself operational on 1 February at Long Binh with the primary mission of direct support for the 173d Airborne Brigade on its sweep operations in III Corps Zone. The 57th and 283d supported the other allied units in the sector.

The Medical Company (Air Ambulance)

In September 1965 another new type of medical evacuation unit deployed in Vietnam—the medical company (air ambulance). The 1959 table of standard equipment for such a unit provided for twenty-