

# THE MEDICAL JOURNAL

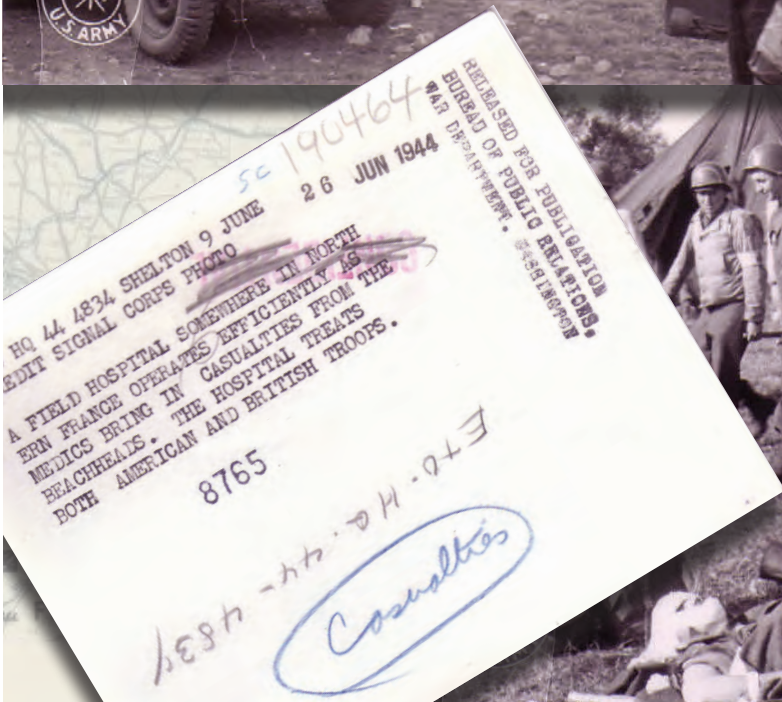
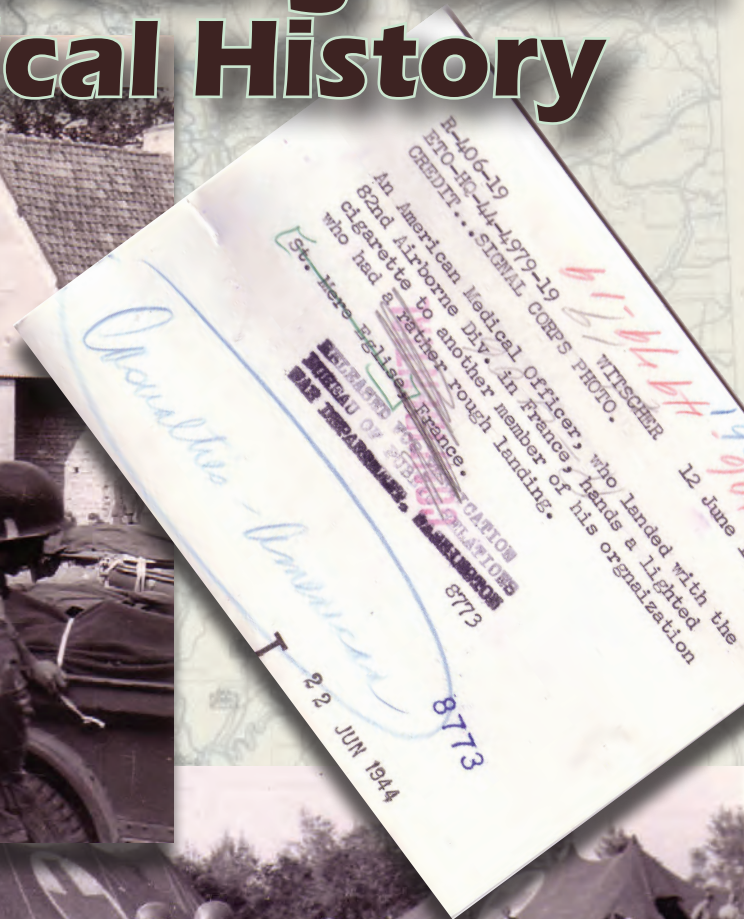
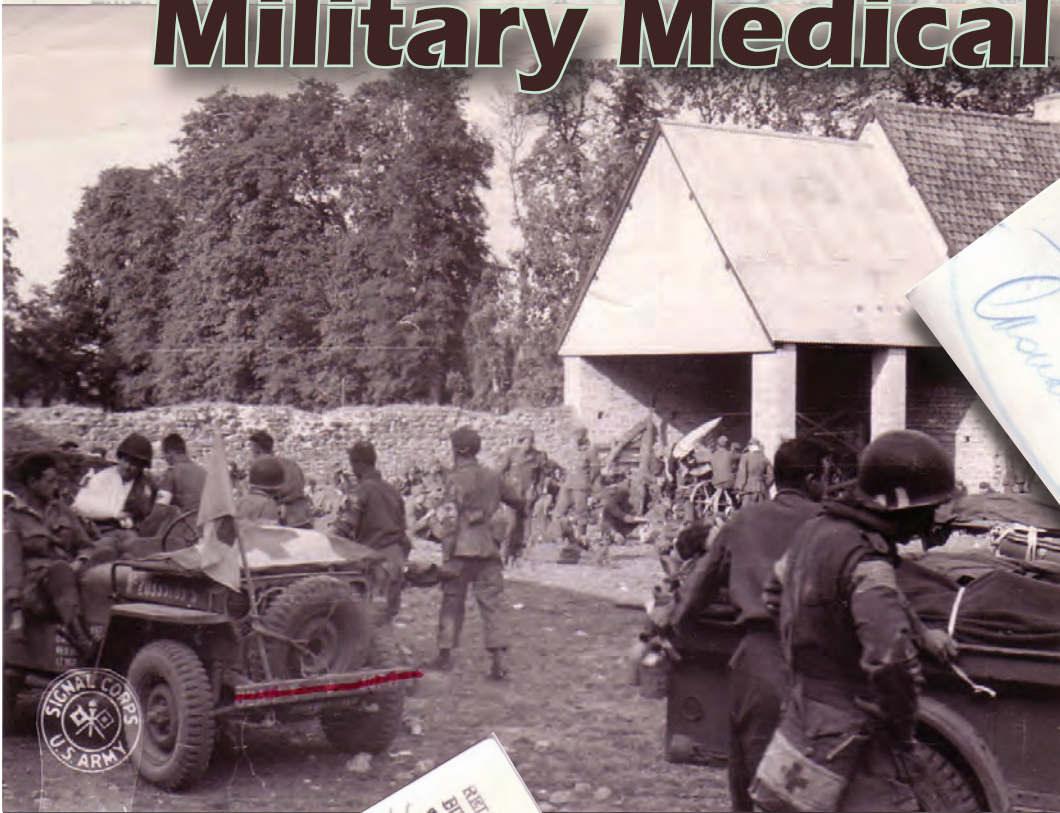
US ARMY MEDICAL CENTER OF EXCELLENCE

Winter

October-December

2022

## Through the Looking Glass: Military Medical History



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# J THE MEDICAL JOURNAL

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# The 44th Medical Brigade in the Great War: Vietnam, 1966—Activation, Deployment, and Initial Operations

COL (ret) Donald E. Hall, PhD, MSc

## AMEDD vs AMEDS

In 1950, Congress changed the name of the Army Medical Department (AMEDD) to the Army Medical Service (AMEDS) as part of the Army Organization Act of 1950. In March 1968, at the urging of Army Surgeon General Leonard D. Heaton, then in his ninth year of service as the Surgeon General, Secretary of the Army Stanley R. Resor petitioned Congress to restore the name of the Army Medical Service to the Army Medical Department, and Congress approved the restoration of the department's name in June 1969.<sup>1</sup>

## WHY "THE GREAT WAR?"

Why “the Great War?” Simply put, the US fought four “Great Wars” in the Twentieth Century—multi-year operations involving large formations in extended combat operations in the field—what, from the Army's perspective at least, could be considered a major theater war against a near-peer competitor. These operations were World War I—considered the original Great War—World War II, the Korean War, and the Vietnam War. The Army's paradigm for delivering health service support in combat shifted over time as operational, technological, and medical capabilities changed. As part of this paradigm shift, during the last “Great War,” the AMEDS would deploy a new type of command and control headquarters—a medical brigade. This work examines the activation, deployment, and initial operations of the medical brigade headquarters in the context of the AMEDS in the mid-1960s.

Although to many today the Vietnam War seems a very recent event, it is important to remember the Vietnam War is as far behind us now as World War I was to the soldiers who fought in Vietnam. World War I is now as

far behind us as the Civil War was to those soldiers who fought in the Tet Offensive. It is important to remember these aspects when examining how individuals behaved, the tactics that were used, the technology available on the battlefield, how medical care was provided, or even how communication flowed.

## MEDICAL OPERATIONS IN THE EARLY YEARS

So how did we get to the decision to deploy a medical brigade to Vietnam? For that we must go back to April 1962, when the first real deployment of AMEDS units began. The 8th Field Hospital from Fort Lewis, WA, deployed the hospital headquarters and one hospital unit of 100 beds by sea to Vietnam, arriving at the port of Nha Trang on 10 April 1962. A field hospital in 1962 could operate independently of each other or, when co-located at one location, operate a single 400-bed facility. The headquarters provided only administrative services to the organization.

The other major unit to deploy in April 1962 was the 57th Medical Detachment (helicopter ambulance), bringing with it the first five UH-1s to deploy to Vietnam. These were not the first 5 medical UH-1s, but the first five of over 7,000 UH-1s the US would eventually deploy during the war.<sup>2</sup> Its second commander, Major Lloyd Spencer, selected the unit's callsign Dustoff. He chose it because it seemed fitting for a noncombat unit, and during a major battle in 1963 when callsigns were due to make a periodic rotation, command authorities decided not to rotate the 57th's callsign in the middle of the battle, later deciding it probably made sense for the medical evacuation units to have a permanent callsign and a dedicated frequency.<sup>3</sup> The callsign Dustoff was used by all medical evacuation units in Vietnam, save one—and continues to be used to this day, nearly 60 years later.<sup>4</sup>

The 57th's third commander was Major Charles L. Kelly (Figure 1). He was killed in action on 1 July 1964 on a medical evacuation mission when he was shot down trying to retrieve a wounded American patient. His dying words became a rallying cry to all medical evacuation (MEDEVAC) pilots following him when he responded to repeated requests to leave the area with, "when I have your wounded."<sup>5</sup>

The 57th Medical Detachment became the longest serving AMEDS unit in Vietnam, finally redeploying on 19 March 1973 to Fort Bragg NC. Its redeployment was 9 days before the final withdrawal of US combat forces from Vietnam under the terms of the Paris Peace Treaty.<sup>6</sup> Other units in the initial deployment included several specialty augmentation teams, dispensary detachments, a preventive medicine unit, and a medical laboratory.<sup>7</sup>

The US Army Pacific (USARPAC) surgeon and his deputy made a visit to Vietnam in April 1962, to ensure these early deploying units—the 8th Field Hospital, the 57th Medical Detachment, and the rest—arrived and successfully became operational. Deploying from the surgeon's office was the command surgeon, Major General Achilles L. Tynes, Medical Corps, US Army and his deputy surgeon, Colonel Thomas P. Caito, Medical Service Corps, US Army.<sup>8</sup>

With President Lyndon B. Johnson's announcement of a troop buildup in 1965, a medical surge occurred. Thus, on 12 May 1965, when the medical section of the 1st Logistical Command was activated, there were only 11 medical units in country and would ultimately be assigned to the logistical command, providing limited dispensary support, 200 hospital beds, 2 helicopter ambulance detachments (with 10 aircraft between them), laboratory, preventive medicine, veterinary, and dental support. Planning began immediately to increase the medical footprint to support the arrival of the large number of combat troops announced by the president, secretary of defense, and the US ambassador to the Republic of

Figure 1. Major Charles L. Kelly, Commander, 57th Medical Detachment (helicopter ambulance).



Vietnam through the end of December 1965, and the proposed troop list was approved as requested—but there was a slippage on the arrival dates of dispensaries, hospitals, and medical logistics units. This caused much concern because at any given time there was a projected shortage of available beds to support combat operations. A lower than expected casualty rate coupled with the arrival of units beginning in September finally alleviated the projected shortages.<sup>9</sup>

#### AMEDS POWER PROJECTION CONSTRUCT IN VIETNAM WAR

To understand the AMEDS of 1965, you must understand how it arrayed the deployable forces in the US. In modern terms, essentially, there were 4 AMEDS power projection platforms in the US at the time. Each of these installations had a large deployable medical footprint, which would additionally help to activate, equip, train, and deploy other medical units for service in Vietnam. While all major and many smaller Army installations deployed medical units to Vietnam, many of the major units came through these 4 installations.

The first power projection platform was at Fort Lewis, WA, home of the 43rd Medical Group. The 43rd had been activated in 1954, and deployed to Vietnam on 20 September 1965, arriving at Tan Son Nhut Air Base on 24 September.<sup>10</sup> Before they deployed to Vietnam in 1965, they activated and deployed 100-bed hospital units of the 3d, 9th, and 523d Field Hospitals and 1 medical detachment. They deployed 2 more medical detachments and had started the process of activating another medical detachment and the deployment of the 51st Field Hospital (-), both of which deployed after the 43d's departure for Vietnam.<sup>10</sup> Once they arrived in Vietnam, the 1st Logistical Command assigned the group the responsibility for all medical support in the Qui Nhon and Nha Trang support areas and the Cam Rahn Bay logistics area, relieving the 58th Medical Battalion of those responsibilities.<sup>10</sup>

The second was at Fort Meade, MD, home of the 68th Medical Group, which had been activated there on 27 July 1954.<sup>11</sup> Fort Meade served as a power projection platform because at that time there were several table of organization and equipment (TO&E) units at Fort Meade, including the 11th Armored Cavalry Regiment. Since it was located close to Walter Reed Army Medical Center and the Valley Forge General Hospital, they could obtain the professional staff for those units easily. The 68th had been deploying units since the departure of the 57th Medical Detachment (helicopter ambulance) in April 1962. Units deployed by them included the 57th,<sup>2</sup> the 36th Evacuation Hospital,<sup>12</sup> the 3rd Surgical Hospital,<sup>13</sup> and 2 other medical detachments.<sup>14,15</sup> Some were still in the final stages of deployment preparation when the 68th departed Fort Meade on 17 January 1966, arriving in Vietnam on 6 February 1966.<sup>16</sup> Once the group became fully operational at Long Binh Post on 7 March 1966, it was assigned the mission of providing medical support in the III and IV Corps areas, relieving the 58th Medical Battalion of that mission, which was in turn attached to the 68th as a subordinate unit.<sup>16</sup>

The third power projection platform was at Fort Bragg, NC, home of the XVIII Airborne Corps and the 55th Medical Group. The 55th had been activated at Fort Bragg on 6 September 1955 as a medical battalion headquarters and was converted to a medical group headquarters on 20 December 1956.<sup>17</sup>

To complicate things, elements of the group, minus the group headquarters, deployed to the Dominican Republic on 1 May 1965,<sup>18</sup> and would gradually redeploy over time before the headquarters deployed to Vietnam on 16 May 1966, arriving at Qui Nhon aboard the USNS General William H. Gordon on 10 June 1966.<sup>19</sup>

Before their own deployment, the 55th Medical Group deployed the 2d Surgical Hospital,<sup>20</sup> the 563rd Medical Company,<sup>21</sup> the 584th Medical Company (following their return from the Dominican Republic),<sup>18,22</sup> and the 39th Medical Detachment,<sup>23</sup> although some of those units were still in the process of preparing for overseas movement when the 55th headquarters departed for Vietnam.

The fourth, final, and most active medical power projection platform was at Fort Sam Houston, TX, home of the Army Medical Department. There, the 67th Medical Group, which had been activated on 20 October 1954,<sup>24</sup> would raise, train, and deploy units, including the headquarters of the 44th Medical Brigade before the group itself would deploy in September 1967.<sup>25</sup> Prior to the deployment of the 44th, the 67th Medical Group had deployed the 6th Convalescent Center,<sup>26</sup> the 32nd Medical Depot,<sup>27</sup> the 7th Medical Laboratory,<sup>28</sup> the 20th Preventive Medicine Unit,<sup>29</sup> the 498th Medical Company (air

ambulance),<sup>30</sup> 19 additional medical detachments,<sup>31-48</sup> including the 82d Medical Detachment, the second helicopter ambulance detachment to deploy to Vietnam.<sup>49</sup>

Following the 44th's deployment, the 67th continued to deploy units, including the 24th Evacuation Hospital,<sup>50</sup> the 45th Surgical Hospital (medical unit, self-contained, transportable),<sup>51</sup> and an additional 10 medical detachments. Although as in the case of the other 3 medical groups, some units were still in the process of deploying when the 67th departed Fort Sam Houston for Vietnam.<sup>52-62</sup>

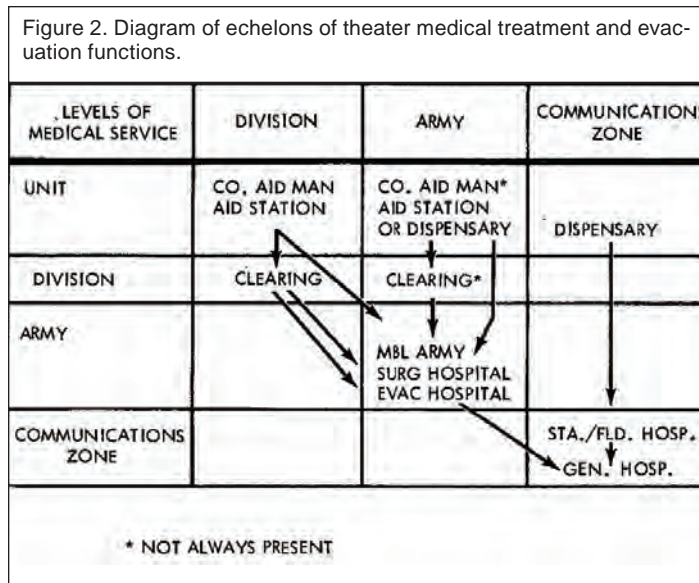
The Army had a requirement to maintain a strategic reserve, and once its 4 stateside medical groups deployed, it had to reconstitute. To do this, it first activated the 18th Medical Brigade at Fort Lee, VA, on 18 August 1967,<sup>63</sup> then moved it to Fort Meade on 14 March 1968,<sup>64</sup> where it would serve until reflagged as the redeploying 44th Medical Brigade on 16 December 1970. The 44th Medical Brigade headquarters would remain stationed at Fort Meade until it was inactivated on 19 March 1973; it was reactivated at Fort Bragg on 21 September 1974.<sup>65,66</sup> On 3 January 1968, the Army reactivated the 1st Medical Group (now the 1st Medical Brigade) at Fort Sam Houston to replace the 67th Medical Group.<sup>67</sup> At Fort Lewis, the Army activated and then quickly inactivated the 98th Medical Group.<sup>68</sup> It then attached all non-divisional TO&E medical units on the installation to the US Army Dispensary at Fort Lewis before finally organizing a Table of Distribution and Allowances (TDA) Medical Services Activity (Provisional) on 25 November 1967 to command those medical units<sup>69</sup> until the 62d Medical Group (now the 62d Medical Brigade) conducted a unit permanent change of station move from Bad Kreuznach, Germany, on 2 June 1968 as part of Operation REFORGER.<sup>70</sup> REFORGER was part of a withdrawal of US forces from Europe with the proviso the US would be capable of rapidly reinforcing NATO from the continental US—tested annually in the RETURN of FORces to GERMANY (REFORGER) exercises. Finally at Fort Bragg, the 39th Medical Group was activated to replace the 55th Medical Group, being inactivated when the 55th was again activated at Fort Bragg in 1971 following its 1970 inactivation in Vietnam.

## DOCTRINAL SUPPORT

Combat health support was doctrinally provided on the battlefield in 1965, as outlined in the November 1959 edition of *Field Manual (FM) 8-10, Medical Service, Theater of Operations with Change 2* dated 3 October 1962.<sup>71</sup>

The Letterman system was in full effect. There were four echelons of support, what we would now call roles,

due to the non-linear nature of today's battlefield. The four echelons of support were at the unit level, division level, and theater Army level, which provided in the communications zone. (Figure 2) From World War II until after the Vietnam War, corps were strictly tactical formations and had no logistical support assigned to them. All logistical support the corps required was provided by the theater Army, even when located in the corps rear area (Figure 3).



The third was his deputy and Chief of the Contingency Plans Section of the Plans Division at OTSG, Lieutenant Colonel Woodus A. Carter, Medical Service Corps.<sup>78</sup> Carter had been assigned to the plans branch after completing a tour commanding the 24th Medical Battalion, 24th Infantry Division, in the Republic of Germany. These 3 were involved in all the significant medical planning conferences during 1965.

The theater Army surgeon provided command and control to all echelon 4 medical assets using his staff. However, he was not commander. He functioned solely through the authority of his position and the theater Army commander's authority. This worked well when the surgeon got along with his subordinate commanders. When he didn't, it didn't. This held true for the other technical services as well.

In the early 1960s, the Army Surgeon General developed a new construct to provide for a senior medical headquarters, commanded by flag officer, called the medical brigade. This headquarters would provide a senior level command and control element for the theater Army medical system, reporting directly to the commanding general of the Field Army Support Command, also a new construct.<sup>72</sup> Indeed, the first published reference to the medical brigade in AMEDS doctrine would not appear until the publication of *Field Manual 8-16, Medical Support, Field Army* on 23 June 1965.<sup>73</sup> And, as 1965 drew to a close, there was only one medical brigade in the Army's inventory—the 7th Medical Brigade in Europe, activated in July 1965.<sup>74</sup>

### DECISION TO DEPLOY A MEDICAL BRIGADE HEADQUARTERS

There were 3 key medical planners involved in the buildup of Army medical forces in Vietnam in 1965. The first was Colonel Spurgeon H. Neel, Jr., Medical Corps, US Army, serving as the Command Surgeon of the US Military Assistance Command, Vietnam (MACV) (Figure 4).<sup>75</sup>

The second was Colonel Thomas P. Caito, former Deputy US Army Pacific (USARPAC) Surgeon. He was now assigned as the Chief of the Plans Division at the US Army Office of the Surgeon General (OTSG).<sup>77</sup>

Although several planning conferences during the year focused on determining the number of beds required, evacuation policy and the different types, deployment dates, and numbers of medical units to be deployed, the planning conference most significant to the deployment of the 44th Medical Brigade occurred from 27 September to 1 October 1965. It was a Commander in Chief, US Pacific Command (CINCPAC) planning conference, and it was this conference to first recommend adding a medical brigade headquarters to the deployment troop list. This is important because at the time, plans called for deploying 10 evacuation hospitals with 4,000 operational beds to Vietnam in 1966, and the Logistical Command commanding general favored attaching medical groups to each of his area support commands to manage the medical system in-country, rather than having a single medical headquarters.<sup>79</sup>

To put this conference in context, by 1 November 1965 there were 100,000 US troops in Vietnam, and 1,700 operational US hospital beds in country to support them. The Battle of the Ia Drang Valley was fought by the 1st Cavalry Division's 1st Battalion (airmobile), 7th Cavalry, between 14 and 18 November 1965,<sup>80</sup> and on 31 December 1965, the 44th Medical Brigade was constituted.<sup>66</sup> A unit is constituted when it is added to the official rolls of the Army. It doesn't mean the unit exists per se; it simply means the Army has recognized there is a unit with a particular numerical designation.<sup>81</sup> When a unit is activated, it is moved from the inactive rolls of the Army to the active rolls, is stationed at a specific location, and personnel and equipment are assigned to it.<sup>81</sup> The 44th Medical Brigade was activated on 1 January 1966 at Fort Sam Houston, TX.<sup>82</sup>

PICKING A LEADER

Once the decision was made to add the 44th Medical Brigade to the troop list for deployment to Vietnam, it became necessary to staff it. Colonel James A. Wier, serving as the Executive Officer and Chief of Professional Services of the Letterman General Hospital at the Presidio of San Francisco, CA, was notified he had been selected for promotion to Brigadier General and would be assigned as the senior medical officer in Vietnam, with a report date of 29 January 1966 (Figure 5). Initially serving as the 1st Logistical Command Surgeon, he would assume command of the 44th Medical Brigade once it arrived in country, as policy was Medical Service Corps officers would command units in a training status, to be replaced by Medical Corps officers once the units were ready to assume a patient care mission.<sup>83,84</sup>

Wier, a native of Newberry, IN, graduated from the University of Louisville School of Medicine in 1938, completed a civilian internship, and entered the Army in 1939. He spent most of World War II in the Surgeon's Office of the Panama Canal Department, serving as

Figure 3. Schematic diagram of Army Medical Service (AMEDS) facilities in theater of operations.<sup>71</sup>

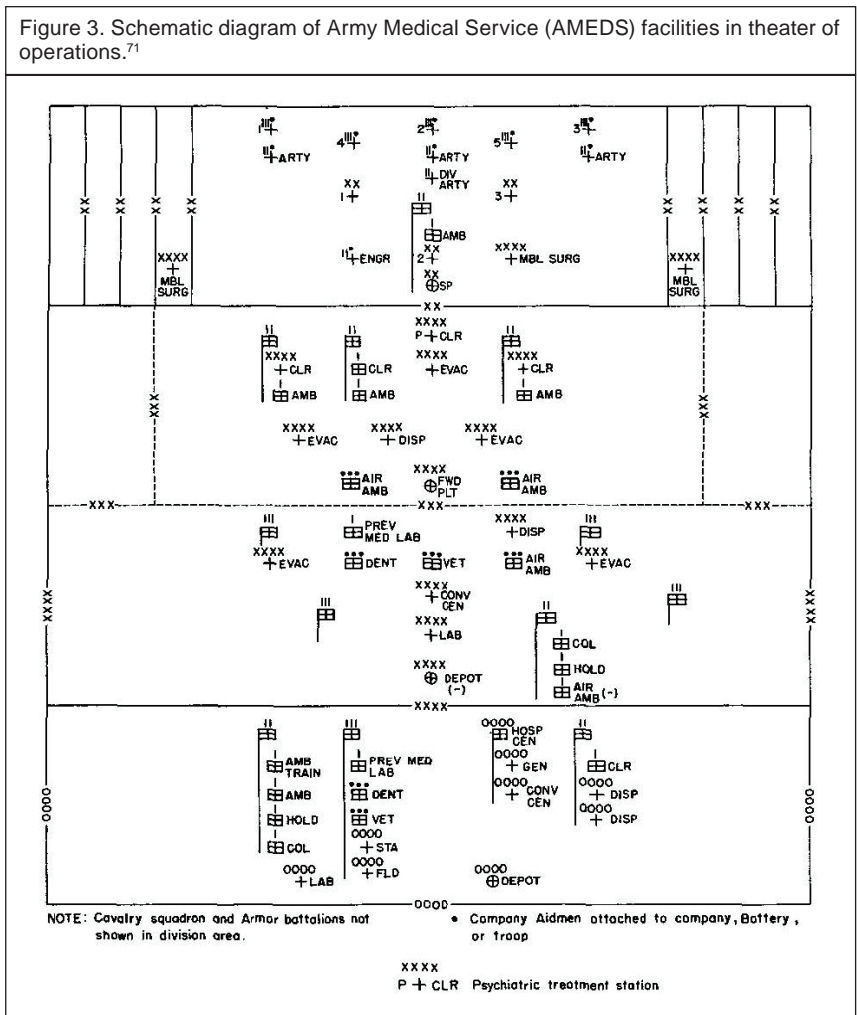


Figure 4. Brigadier General Spurgeon H. Neel, Jr., Commander, 44th Medical Brigade, Long Binh Post, Republic of Vietnam, 1968.<sup>76</sup>



Figure 5. Colonel (promotable) James A. Wier, Commander, Medical Brigade (Provisional) 24 March 1966 to 20 April 1966 and 44th Medical Brigade 21 April 1966 to 10 June 1966.<sup>85</sup>



Medical Inspector and Deputy Surgeon, then moved to Carlisle Barracks in 1944, to finish out the war as an instructor at the Medical Field Service School. From 1945 to 1946 he was Chief of Internal Medicine at the Letterman General Hospital at the Presidio of San Francisco, and from 1947 to 1949 he was the Professor of Military Science and Tactics at the University of Buffalo School of Medicine (part of the Army's Medical Corps Reserve Officer Training Corps [ROTC] programs), while simultaneously serving as a research fellow in internal medicine. Following that, he served as the Senior Resident in Medicine at the Gorgas Army Hospital in the Canal Zone.<sup>86</sup>

Upon returning to the states, he was assigned as the chief of the Consultants Division at the Office of the Surgeon General, then as Chief of the "Officers and Women's Section" of the Department of Medicine at the Walter Reed General Hospital until June 1953.<sup>87</sup> In June 1953, Wier began a residency in pulmonary diseases at Fitzsimmons General Hospital in Aurora, CO, and then served as Chief of the Pulmonary Disease Service there from 1954-1960.<sup>87</sup>

From July 1960 to August 1961, Wier served as both the Eighth US Army and United Nations Command Surgeon in Korea, before returning to Fitzsimmons, this time as Chief of the Department of Medicine. After eight months in the position, he became Fitzsimmons' Executive Officer and Chief of Professional Services until he moved to Letterman General Hospital in April 1964, when he again served as hospital Chief of Professional Services and Executive Officer.<sup>87</sup>

After his service in Vietnam, Wier would return to command the William Beaumont General Hospital at Fort Bliss, TX, be promoted to Major General, serve as the Director of Staff for the Assistant Secretary of Defense for Health Affairs, and retire as the commanding general of the Fitzsimmons General Hospital in Aurora, CO.<sup>87</sup>

Once Wier was identified to command the deploying medical brigade, he was contacted by members of his future staff. First among them was his adjutant at Letterman General Hospital, Major Herbert F. Dorsett, who informed Wier he would be the brigade's adjutant in Vietnam. Indeed, Dorsett was the first person to inform Wier a brigade headquarters was being deployed as, according to Wier:

[...] I got word first that we were sending the brigade

Figure 6. First Lieutenant Byron L. Evans, Medical Service Corps, US Army, as Commander, Company D, 24th Medical Battalion, 24th Infantry Division (Byron L. Evans, email communication, 2019).



over when I got a call from the Adjutant at Fitzsimmons and said that he was going to be my Adjutant and what did I know about it. I said, well I don't know what I was having that I needed an Adjutant and then we started finding out from other people and at about the same time they did send word that the Brigade would be coming over.<sup>84</sup>

Finally, the personnel assignments were made official. On 6 January 1966, the Fourth US Army, then headquartered at Fort Sam Houston, after coordinating with the Army Surgeon General, issued instructions for losing organizations to issue orders to 14 officers to report for assignment to the 44th Medical Brigade. The first to be reassigned was First Lieutenant Byron L. Evans, from the 67th Medical Group to the 44th, effective the

next day.<sup>88</sup>

#### 1LT BYRON L. EVANS

First Lieutenant Byron L. Evans (Figure 6), Medical Service Corps, US Army entered the Army in December 1962 and was stationed in Germany with the 24th Medical Battalion after completing his officer basic course. He was completing a successful company command, had met a nice German girl, and was planning on returning to the states, separating from the Army, perhaps getting married, and settling down to continue his life as a civilian.<sup>89</sup>

Evans then received the proverbial "call from Medical Service Corps Branch." In this case, it was from his former battalion commander, Lieutenant Colonel Woodus A. Carter, who was Chief of the Contingency Plans Section at the Army Surgeon General's Office. Carter contacted Evans at the flight terminal in Frankfurt, Germany on the day Evans was to fly to the US, said he knew that Evans was planning on separating from the service, and asked Evans to stop and see him in Washington on his way back home to Tennessee—just "to talk." Evans said he would do so, and they agreed to meet at Carter's office at the Pentagon.<sup>89</sup>

When Evans got off the plane at McGuire Air Force Base, NJ, there was a military policeman waiting for him with a note asking him to call Carter. Evans called Carter and was told the Pentagon was closed due to the Christmas holiday and would he please meet Carter at his quarters for dinner rather than at the Pentagon. Being a good lieutenant, Evans agreed.<sup>89</sup>

Over dinner, Carter asked Evans if he would remain in the Army and deploy to Vietnam as the aide-de-camp to Colonel (promotable) James A. Wier, who was to be the commanding general of a new medical unit—the first of its kind to be deployed in combat—the 44th Medical Brigade. Evans agreed and was told to report to Fort Sam Houston as soon as he could. Orders were quickly cut, and after a short leave, Evans headed to Fort Sam Houston (Byron L. Evans, email communication, 2019).

On 7 January 1966, Evans signed into the 67th Medical Group at Fort Sam Houston. He then signed 44th Medical Brigade General Order Number 1, dated 7 January 1966, assuming command of the 44th Medical Brigade, making him the first of a long and distinguished line of commanders of the 44th. Evans, in a rather humble manner, recalls he was “an emperor of nothing.” Two weeks later he relinquished command to Lieutenant Colonel John W. Hammett, who would become the brigade S-3.<sup>90</sup>

### THE ULTIMATE PICK-UP TEAM

In a way, the staff of the 44th Medical Brigade was the ultimate pick-up team. Assembling at Fort Sam Houston in January 1966, their advance party would be deployed and operational in Saigon just over 90 days later, and their main body less than 60 days after that. To a force that today plans for routine deployments on an 18-month notification cycle, this seems extraordinary.

The brigade’s executive officer was Colonel Thomas P. Caito (Figure 7). There was likely no one in the Army Medical Service better qualified for this position. Essentially, Caito had been training for this role the previous 5 years in his assignments at the USARPAC Surgeon’s Office and as head of Plans Division, his second tour in the Office of the Surgeon General.<sup>91</sup>

Caito, a native of Ohio, enlisted as an Army medic in March 1941 and was commissioned in the Medical Administrative Corps in March 1942.<sup>92</sup> By the end of World War II, he found himself in command of the 4th Convalescent Hospital during the waning few days of its existence.<sup>93</sup> While serving in the USARPAC Surgeon’s Office, he worked closely with the Eighth Army and United Nations Command Surgeon, Colonel James A. Wier.<sup>84</sup>

Caito originally planned to retire upon his return from Vietnam but changed his plans while deployed.<sup>94</sup>

Figure 7. Colonel Thomas P. Caito, Executive Officer, 44th Medical Brigade, at the Medical Service Corps Anniversary celebration, Saigon, Republic of Vietnam, 1966.<sup>95</sup>



Returning to the Office of the Surgeon General and his position as Chief of the Plans Division after redeployment, Caito retired in mid-1968. As he told Surgeon General Leonard Heaton on the eve of his retirement, it was “a fitting climax to end my active military service in your office after having completed a tour of duty in Vietnam.”<sup>91</sup>

The brigade S-3, or operations officer, Lieutenant Colonel John W. Hammett, had the most interesting backstory of any member of the brigade staff. He joined the Royal Canadian Air Force after graduating from high school in Louisiana, learned to fly, was sent to England with the Royal Canadian Air Force, was shot down over Dunkirk during the evacuation, and when the US entered the war, he

was transferred to the US Army, becoming a field artillery aviator-observer spotting artillery fire in Europe.<sup>96</sup> In Korea, as a field artillery officer, he commanded the 49th Medical Detachment (helicopter ambulance).<sup>97</sup> When Lieutenant Colonel Spurgeon H. Neel, Jr., commander of the 30th Medical Group, decided to combine his 5 helicopter ambulance detachments into a single provisional air ambulance company, he made Hammett its first commander.<sup>96</sup> Now a Medical Service Corps officer, when the 54th, 57th, 82nd, and 247th Medical Detachments (helicopter ambulance) were activated at Fort Sam Houston in 1954, he became the first commander of each well as well.<sup>98</sup> By the time he was selected to be the brigade S-3, he had served as commander of the 52d Medical Battalion in Germany and had been serving as the Assistant Chief of Staff for the Fort Sam Houston Garrison for 9 months.<sup>99</sup>

The brigade sergeant major was Albert W. Kippes<sup>56</sup> (command sergeant major did not exist as a separate rank until 1968).<sup>100</sup> When Kippes returned from Vietnam, he was assigned as the Sergeant Major of Brooke Army Medical Center,<sup>101</sup> and when the Army’s first command sergeant major selection board convened on 29 December 1967, Kippes was a member of the first cohort of 192 sergeants major selected,<sup>100</sup> becoming the first command sergeant major of Brooke Army Medical Center, before moving to Tripler Army Medical Center in 1969 for his final assignment before retiring from the Army.<sup>102</sup>

### PREPARATION FOR DEPLOYMENT

Within 3 weeks of Evans reporting to the 44th at Fort Sam Houston, the headquarters received a prepare to

deploy order<sup>103</sup> and determined who would be on the advance party. Led by Caito, and with Evans among them, the advance party had movement orders cut by 31 January. Although, multiple amendments would be published as personnel shifted in and out of the unit due to disqualification during the preparation for overseas movement process and changes due to mission analysis.<sup>104</sup>

The headquarters spent their time at Fort Sam Houston preparing for overseas movement. This entailed receiving individuals into the organization, cross-leveling equipment from other units into the 44th, starting a property book, obtaining supplies for the deployment, and all the other myriad activities entailed in pushing a unit out the door. Additionally, the staff worked to prepare standing operating procedures for use upon their arrival in Vietnam, as well as obtaining administrative and professional reference materials and arranging for transportation into theater.<sup>56</sup>

The 67th Medical Group was well versed in preparing units for deployment. It was in the process of deploying the 6th Convalescent Center,<sup>105</sup> and had deployed the 32d Medical Depot just over 3 months earlier,<sup>27</sup> as well as the numerous units deployed since 1962, described previously. Assistance was also provided by the Medical Training Center, an organization separate from the Medical Field Service School which ran combat medic advanced individual training at Fort Sam Houston.<sup>90</sup>

The Fort Sam Houston Garrison “smoothed the way” towards ensuring the headquarters met their equipment ready-to-ship date.<sup>90</sup> It was here Lieutenant Colonel Hammett’s previous assignment as the Assistant Chief of Staff for the Garrison came into play, as he began to call in his chips. According to an oral history he gave in 2009, he was able to obtain needed supplies and equipment over and above the TO&E authorizations, which were unavailable through the supply system in Vietnam. This included, according to his recollection, a sedan to serve as the commanding general’s staff car as well as associated spare parts and consumables.<sup>95</sup>

While the staff began to assemble at Fort Sam Houston, Wier travelled to the Office of the Surgeon General the second week of January 1966, to receive briefings on what he should expect and what would be expected of him, in his new position. There, he first linked up with Caito in his role as Brigade Executive Officer, although, as mentioned earlier, they had worked together

Figure 8. Lieutenant General Charles W. Eifler, Jr. As a Major General, Eifler commanded the 1st Logistical Command in the Republic of Vietnam from January 1966 through May 1967.<sup>107</sup>



as Eighth Army Surgeon and USARPAC Deputy Surgeon, respectively.<sup>84</sup>

The Army Medical Service Historical Unit realized the opportunity available to them with Wier, Caito, and Lieutenant Colonel John Wrigley, who had been identified to deploy as the operations officer for the brigade, all being at the Surgeon General’s Office at the same time. The historical unit explained the need for information to support the requirements for completing the “Maroon Books,” the medical history of the US Army in the Vietnam War (which was never completed). It was also to include the projected study of “The Army Medical Service in the Buildup, 1962-1965,” which was completed in draft form but never published.<sup>106</sup> On 14 January 1966, members

of the AMEDS Historical Unit met with members of the brigade—Wier, Caito, and Wrigley—to sensitize them to the historical importance of the deployment of the brigade, and their requirements for documentation and preservation.<sup>74</sup>

Wier deployed to Vietnam at the end of January, replacing Colonel Ralph E. Conant as the 1st Logistical Command Surgeon on 26 January 1966.<sup>56</sup> Conant, Commander of the 43d Medical Group, had been performing the duties of the surgeon as an additional duty since 25 October 1965, when the group became operational.<sup>9</sup> When Wier arrived in Vietnam, he came with marching orders from Lieutenant General Heaton, the Surgeon General: Get the Medical Brigade assigned as a direct reporting unit to the US Army Vietnam (USARV) Headquarters, in a fashion similar to that of the 1st Aviation Brigade and the 18th Engineer Brigade, and not underneath the 1st Logistical Command, as called for under the new doctrine. Wier, having read the new doctrine,<sup>72</sup> told Heaton he “suggested politely that they had already lost the battle because in the COSTAR concept the regulation that was published on it shows the Medical Brigade at the Army Support Command level and not at US Army Headquarters,” but he was told to “get the brigade up to the USARV level.”<sup>84</sup>

Upon arrival, Wier found the situation was even worse than he anticipated, as the 1st Logistical Command’s commanding general, Major General Charles W. Eifler, Jr. (Figure 8), told Wier he neither wanted nor needed a medical brigade, preferring to attach a medical group to each of his support commands supporting the II, III, and IV Corps Areas (the I through IV Corps Areas [later changed to Corps Tactical Zones] were operational

boundaries used by the Army of the Republic of Vietnam. They were also used as administrative boundaries by the US Army, Vietnam). This organization allowed the local commander to provide support as needed in a way the brigade would not be able to do centrally from Saigon. Although, as Wier noted, Eifler “managed his Log Command from Saigon and rather personally.”<sup>84</sup>

### ADVANCE PARTY DEPLOYMENT

The 44th Medical Brigade’s advance party left Fort Sam Houston on 15 March 1966 (Byron L. Evans, email communication, 2019), and spent 5 days en route to Vietnam. They departed from Kelly Air Force Base, TX, at oh-dark-thirty, bound for their first stop, Travis Air Force Base, CA. From there they flew to Hawaii, meeting with Admiral Roy L. Johnson, Commander of the US Pacific Fleet. They left Hawaii the next day, bound for Wake Island, where they stopped to refuel, then made an unscheduled stop at Iwo Jima, Japan. From Iwo Jima, they flew to Okinawa. Finally, they flew from Okinawa into Tan Son Nhut Air Base in Saigon, Vietnam, arriving there mid-afternoon on 18 March 1966.<sup>89</sup>

The delay at Iwo Jima was due to problems with the flight of the Gemini “VIII” spacecraft.<sup>89</sup> This mission, commanded by Neil A. Armstrong (Figure 9) on the first of his 2 spaceflights, was the first space mission to successfully dock 2 vehicles together while in space, an essential task for the upcoming Apollo missions. A malfunctioning retrorocket on the Gemini spacecraft required them to abort their mission after less than 11 hours of flight. The grounding of the 44th, and all other aircraft in the Pacific, was because the spacecraft was forced to land in the Pacific Ocean rather than its scheduled splashdown area in the Atlantic (Byron L. Evans, email communication, 2019).

### ARRIVAL & OPERATIONS IN VIETNAM

When the advance party arrived in Vietnam, they were assigned to the 1st Logistical Command, and by 1st Logistical Command General Order 38, the Medical Brigade (Provisional) was established under the command of Colonel Wier, assuming command and control of the 43d Medical Group and the 58th Medical Battalion.<sup>90</sup> But the Medical Brigade (Provisional), consistent with Eifler’s view of how medical support should be provided,

Figure 9. Astronauts David R. Scott (left), pilot; and Neil A. Armstrong (right), command pilot, pose with model of the Gemini Spacecraft after being selected as the crew for the Gemini VIII mission.<sup>108</sup>



“became a working unit of the Medical Directorate, 1st Logistical Command.”<sup>56</sup>

Wier found this arrangement for the brigade was workable, as Wier said Eifler “made the Director of Medical Service and Supply a member of his general staff and in matters that pertained to the Medical Service I had direct access to all the medical units.”<sup>84</sup> Wier explained he could move people in an emergency, “I had nearly the same control that we would have had under a command structure. This, however,

depended on General Eifler’s being there, and it was feared that if we had a different commander it might not hold up to the same rules of the game.”<sup>84</sup>

About mid-March, the 1st Logistical Command prepared a decision brief for Lieutenant General Jean E. Engler, the deputy commanding general of USARV, who at that time was examining whether USARV should assume the logistics advisory functions of the Military Assistance Command, Vietnam (MACV) headquarters. Engler’s contention was logistics should be performed by the operational headquarters (as well as the advisory function), and USARV should be expanded to a full-fledged Army Component Command.<sup>84,109</sup> In this decision brief, the 1st Logistical Command presented alternatives for where the 44th Medical Brigade headquarters should be located. Wier would brief on behalf of the Army Medical Service; Eifler would brief on behalf of the 1st Logistical Command. Wiers’s position, reflecting his guidance from Heaton, was the brigade should be a direct reporting unit to USARV, with the brigade commander also serving as the USARV surgeon. Eifler’s position was the brigade should remain under the command and control of the logistical command, consistent with the COSTAR doctrine. Engler’s decision was that nothing had been presented to show the structure outlined in the doctrine—having the theater medical brigade under the control of the theater logistical command—would not work, or having the brigade work directly for USARV would work any better.<sup>84</sup> Engler did like one part of the plan, however, the idea the senior medical officer in theater should be the USARV surgeon and directed Wier to move to the USARV Surgeon’s Office.<sup>84</sup>

The main body of the brigade headquarters arrived at Tan Son Nhut Air Base on 21 April 1966. Its members were met by the entire advance party and escorted to their billets. On the same day, the Medical Brigade

Figure 10. Photographs of the 44th Medical Brigade headquarters area at 24/8 Troung Quoc Dung in Saigon.<sup>89</sup>



(Provisional) was disestablished, and the 44th Medical Brigade was assigned to the 1st Logistical Command by USARV.<sup>90</sup> The brigade then issued guidance to its subordinate units: primarily the 43d and 68th Medical Groups, the 32d Medical Depot, and the Veterinary and Dental Headquarters and through them, their downtraces—through individual letters of instruction.<sup>110</sup> A third medical group, the 55th, would expand their command and control structure in June, and a fourth, the 67th Medical Group, would be added in 1967.

The brigade quickly discovered their TO&E was inadequate for the tasks assigned to the brigade in Vietnam. Specifically, the brigade S-3 section was understaffed, and the non-commissioned officers assigned to the section lacked experience in medical operations, a particular skill set not easily learned on the job. They also found they lacked sufficient vehicles and communication equipment for basic communications and medical regulating, particularly given the poor commercial phone system available in Vietnam. Further, the brigade S-1 section was severely understaffed, to the point it could not even handle the personnel actions of the brigade headquarters.<sup>110</sup> The problems with personnel actions would not be solved until the arrival of the 222d Personnel Services Company and its assignment to the brigade, an Adjutant General Company, but

with Medical Service Corps officers assigned instead of Adjutant General Corps officers. The company became operational on 1 February 1967 with one composite personnel team attached to each medical group.<sup>111</sup>

Moreover, during the first 7 months in operation, the hospitalization capability of the 44th grew significantly, with the 12th Evacuation Hospital arriving on 9 September 1966, the 45th Surgical Hospital arriving on 4 October 1966, the 12th Evacuation Hospital becoming operational on 15 November 1966, and the 45th Surgical Hospital becoming operational on 18 November 1966. Additionally, the 71st Evacuation Hospital had arrived in country on 15 November 1966 and the 91st Evacuation Hospital on 3 December 1966, but neither had begun operations by 31 December.<sup>112</sup> The 71st became operational on 29 May 1967<sup>113</sup> and the 91st on 15 March 1967.<sup>114</sup>

The brigade headquarters itself was a group of rented villas at 24/8 Troung Quoc Dung in Saigon (Figure 10).<sup>56</sup> It had previously served as the headquarters of the 58th Medical Battalion, which had vacated the buildings on 15 April 1966,<sup>115</sup> and it sat in the middle of a residential neighborhood in Saigon. At this time in the war, the security threat was not as high as it would later become, and units were able to provide their own security.<sup>61</sup> One would be hard pressed to imagine a unit

Figure 11. Medical Service Corps anniversary celebration, Saigon, Republic of Vietnam, May 1966. Left to right: Colonel Thomas P. Caito, Executive Officer, 44th Medical Brigade; Colonel (promotable) James A. Wier, Commander, 44th Medical Brigade; Colonel Spurgeon H. Neel, Jr, US Military Assistance Command, Vietnam, Surgeon; Colonel Samuel C. Gallup, US Army Vietnam Surgeon.<sup>95</sup>



Figure 12. Photos of Captain Byron L. Evans, Executive Officer, Bravo Company, 1st Medical Battalion, 1st Infantry Division.<sup>89</sup>



today setting up a medical headquarters in the middle of Sadr City in Baghdad or on the outskirts of Kabul, Afghanistan, but perhaps these were more innocent times.

It was not all work for the 44th Medical Brigade, and much of the senior leadership gathered at the Vietnamese Officers Club in Saigon for the Medical Service Corps' birthday in May 1966, hosted by the senior Medical Service Corps officer in theater, Colonel Caito. But far from being an outing just for the Medical Service Corps, he ended up surrounded by senior Medical Corps officers including Colonel (promotable) Wier, the Brigade Commander; Colonel Spurgeon Neel, the MACV Surgeon; and Colonel Samuel C. Gallup, the USARV Surgeon (Figure 11).<sup>95</sup>

On 9 June 1966, Colonel Samuel C. Gallup, Medical Corps, US Army, left his position as the USARV Command Surgeon, assuming the duties of Deputy Surgeon and Chief of Professional Services for the USARV Surgeon's Office the next day.<sup>116</sup> Then on 10 June 1966, Colonel Wier was transferred to serve as the USARV Surgeon, and Colonel Ray L. Miller replaced him as 44th Medical Brigade Commander.<sup>56</sup> Wier also attempted to take Colonel Caito with him to serve as the executive officer for the USARV Surgeon's Office, noting in a string of correspondence with the Army Surgeon General that Caito was "probably the most knowledgeable officer on medical organization and operations in Vietnam."<sup>117</sup>

When Wier originally broached the idea of moving Caito to the 1st Logistical Command's, Commanding General Eifler said he would release Caito "over his dead body," and Wier told the surgeon general he hoped to get Caito

released upon the assignment of Colonel Larry W. Coker, Medical Service Corps, to Vietnam, hoping to get Coker assigned as the 44th executive officer and Caito released to be his executive officer at the US Army Vietnam Surgeon's Office.<sup>117</sup> Apparently the combined efforts of Wier and Heaton had no effect on Eifler, as Coker ended up assigned as executive officer to the USARV Surgeon.<sup>116</sup> Caito spent his entire tour as the executive officer of the 44th Medical Brigade.<sup>61</sup> Coker would become the executive officer of the 44th on 7 March 1967, the day after Caito departed the brigade to return to the US.<sup>111</sup>

Wier would finally receive his stars on 10 November 1966, from the deputy commanding general of USARV.<sup>118</sup> Evans, having been promoted to captain just before Wier was reassigned, never actually served as a general's aide, as a captain could not serve as the aide for a brigadier general.<sup>89</sup> He was offered his choice of assignments and chose to be transferred to become the executive officer of Bravo Company, 1st Medical Battalion, 1st Infantry Division (Figure 12),<sup>89</sup> because "if you gotta be one, be a Big Red One!"

Although the 1st Logistical Command Surgeon's Office always maintained a presence in the command headquarters, after 1 October 1966, all of the responsibilities of the surgeon's office were absorbed by the appropriate staff sections of the brigade, and the surgeon's office served only as a liaison cell.<sup>56</sup> Wier had intended to do this from the beginning, but Caito had disagreed with him. The 2 headquarters were 2-3 miles apart, and travel between them could take 15-20 minutes in Saigon's traffic. Wier found, however, there was a significant amount of confusion caused by the situation. Wier stated in an interview:

THE 44TH MEDICAL BRIGADE IN THE GREAT WAR: VIETNAM, 1966

Figure 13. 44th Medical Brigade Executive Officer's Staff Journal entry for 5 December 1966.<sup>122</sup>


DAILY STAFF JOURNAL OR DUTY OFFICER'S LOG		PAGE NO.	NO. OF PAGES
ORGANIZATION OR INSTALLATION 44 Med Bde		LOCATION APO 96307	
PERIOD COVERED		FROM 5 Dec 66 TO 5 Dec 66	
<p align="center">    <b>HEADQUARTERS</b>                      1ST LOGISTICAL COMMAND                      Office of the Deputy Commanding General                        5 December 1966                        (W)                      Director of Medical Services: <i>RJM</i>                        During a visit to Tay Ninh on 3 December, I noted the following which needs your attention:                        The overall condition and general state of police around the 7th Surgical Hospital is in very sad shape. I suggest you have someone look at this and clean the place up.                        Outside the 12th Evac there is a laundry area that's in very poor condition. This also needs attention.    <i>S.E.L.</i>    <i>MFT: Above information passed to Col Pixley at 1700 hours to Dec 66</i> </p>			

Figure 14. Christmas Eve, 1966 was "a normal S-4 day."<sup>122</sup>

DAILY STAFF JOURNAL OR DUTY OFFICER'S LOG		PAGE NO.	NO. OF PAGES
ORGANIZATION OR INSTALLATION 44th Med Bde, S-4		LOCATION APO 96307	
PERIOD COVERED		FROM 24 Dec 66 TO 24 Dec 66	
<p align="center">                     INCIDENTS, MSGS, ORDERS, ETC.                      A normal S-4 day.                 </p>			

[p]apers would not get properly staffed—we had to write letters to ourselves at times—I would indorse a paper to the Brigade to go through Log Headquarters and I would find it in my basket again to put an indorsement on it as Director of Medical Services. Some of these were ridiculous. We were able to eliminate some of this but it actually was a duplication of effort. I believe that Colonel Caito agreed with this and I think later they did away with the [Surgeon's] Section; kept only one man over at the Log Command Headquarters.<sup>84</sup>

Other things happened to the 44th during that first year. When they deployed to Vietnam, the members of the brigade wore the 1st Logistical Command shoulder sleeve insignia, because the brigade hadn't been authorized one of its own. That authorization came from the Institute of Heraldry on 5 October 1966.<sup>119</sup> Once they were authorized their own shoulder sleeve insignia, the brigade commander eagerly presented a plaque containing one to the 1st Logistical Command's Commanding General, Major General Eifler.<sup>120</sup>

For anyone who has spent time at Fort Bragg, where the 1st Logistical Command redeployed at the end of the war and where the 44th Medical Brigade was restationed in 1974, it is no surprise an intense rivalry has always existed between the 2 commands. This rivalry appears to have existed since the beginning, as witnessed by a

document found in Colonel Caito's staff Journal for 5 December 1966 (Figure 13). There, the deputy commanding general of the 1st Logistical Command informed the director of medical services, not the medical brigade commander, (although we've already explored the 1st Logistical Command's commanding general's position on this) that he found fault with the conditions of police call around 2 hospitals in the brigade and directed corrective action be taken. Caito's memorandum for record on the note states he passed the information to Colonel Charles C. Pixley, commander of the 68th Medical Group (future surgeon general), under which the 2 hospitals fell, at 1700 on the day after the note was written.<sup>121</sup>

Other staff sections were not as diligent in their record keeping, perhaps because they had not been briefed before deployment by the AMEDS Historical Unit the way Caito had been. The brigade S-4, for example, noted 24 December 1966 was "A normal S-4 day (Figure 14)."<sup>122</sup>

USARV began a campaign to move units out of Saigon and into more secure quarters, and in September 1967, the 44th Medical Brigade moved to a new headquarters on Long Binh Post, northeast of Saigon.<sup>61</sup> (Figure 15)

The 44th Medical Brigade received its first full-time chief nurse on 12 March 1967, when Lieutenant Colonel Rose Straley was assigned as a full-time brigade chief nurse.<sup>61</sup> From New Jersey, Straley joined the Army in 1942, served in North Africa and Italy, including on the Anzio beachhead, and during the Korean War served as a nursing consultant to the Republic of Korea's Army Medical Service.<sup>123</sup>

It wasn't until 10 August 1967, when the 44th finally got its general officer in command. It moved from under

Figure 15. Headquarters, 44th Medical Brigade, Long Binh Post, 1967.<sup>61</sup>



it was broken up in August 1943. He received a Masters of Hospital Administration from the Army-Baylor Hospital Administration program in 1960, reportedly the first Medical Corps graduate.<sup>124</sup>

Putting into perspective the support the 44th Medical Brigade provided, at the end of 1965, the 1st Logistical Command had 58 medical units under its command and control. On 1 May, the day the 44th Medical Brigade became operational, it had 65. On 31 December 1966, the 44th Medical Brigade was composed of 121 units.<sup>56</sup> At its peak, the 44th had more than 220 subordinate units, ranging from 2-person specialty teams to 400-bed evacuation hospitals.<sup>126</sup> Designed to operate as a subordinate headquarters of a field army logistics command but spending most of the war acting as major subordinate command to an

the 1st Logistical Command to become a direct reporting unit to USARV, with the assignment of Brigadier General Glenn J. Collins, Brigade Commander and USARV Surgeon (Figure 16).<sup>61</sup> Collins came to the brigade after serving as the commandant of the Medical Field Service School at Fort Sam Houston, and following his return from Vietnam, he would be awarded his second star and serve as deputy surgeon general, retiring as the commander of Walter Reed Army Medical Center. He had previously served as the last commander of the 1st Medical Regiment (now the 1st Medical Brigade) before

army component command level headquarters, it fell between the operational paradigms used in World War II and Operation Desert Storm.

At their peak, the men and women of the 44th Medical Brigade were supporting a force in the field of 359,800,<sup>127</sup> some 74% of today's entire active army strength of 485,000.<sup>128</sup> A force with 3 corps (I Field Force Vietnam, II Field Force Vietnam, and XIV Corps), 7 divisions (1st Cavalry Division (airmobile), 1st, 4th, 9th, and 25th Infantry Divisions, the Americal Division, and the 101st Airborne Division (airmobile)), 4 separate brigades (1st

Figure 16. Brigadier General Glenn J. Collins, Commander, 44th Medical Brigade, Long Binh Post, Republic of Vietnam, 1967.<sup>61</sup>



Brigade, 5th Infantry Division (mechanized); 3d Brigade, 82d Airborne Division; 173d Airborne Brigade, and the 199th Light Infantry Brigade (separate)). Although deployed as separate infantry brigades, the 11th, 196th, and 198th Infantry Brigades are counted here as subordinate brigades of the Americal Division), a special forces group (5th) and an armored cavalry regiment (11th), along

with all their enablers—nearly 80% of our current active Army's combat strength—in the field in near-continuous combat operations. Add to this, a Marine Amphibious Force of 2 divisions to which the brigade would provide some support, as well. By any definition, this meets a major theater war, and it bears more study for that reason, before it fades from memory, as The Great War faded from our organizational memory over time, or our memories of how we supported the massed armies of the Second World War.

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