

The Combat Medic in Vietnam

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Combat Medic NCOs in Vietnam

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The Combat Medics found themselves in a poor situation during the Vietnam Conflict. The organization and duties, weapons and heroes all played an important role in the development of the NCO during the Vietnam Conflict. Many organizational problems and power struggles were detrimental to the Combat medic's enforcement and accomplishments of duty. During the Vietnam Conflict, many Combat medic NCOs were using excellent supplies and materials. Resources available to the Medics however, were not as frequent as it should have been. Near the end of the United State's involvement in the Vietnam Conflict, the Medical organization structure had been facilitated to encompass an entire command. This facilitated the process of securing supplies as well as the movement of personnel and the stability of a central command doctor overseeing medical issues and concerns.

The structure of the force was such that at first the medical assets were all placed under the logistics command as a combat support element. From 24 February 1962 through 1 April 1965, the mission of the USASGV (U.S. Army Support Group, Vietnam), medical section was clarified as being to advise the USASGV commander and his staff on matters pertaining to the medical, dental, and veterinary services of the command, and to supervise all technical aspects of those services (<http://history.amedd.army.mil/booksdocs/vietnam/medsupp/chpt1.htm>). On 18 April 1962, the 8th Field Hospital became operational at Nha Trang, assuming responsibility for the hospitalization of all authorized U.S. military personnel, dependents, and civilians living or stationed in, Vietnam. The 8th Field Hospital also acted as a central medical supply point for all Army medical units in Vietnam, a duty for which the facility was ill-prepared and grossly understaffed. By the end of December 1962, the number of detachments offering area medical coverage for U.S. forces had doubled, and all obtained their medical supplies through the 8th Field Hospital. There was a physical separation of the USASGV surgeon from his medical

section which caused a lack of oversight to medical actions in theater. The USASCV (U.S. Army Support Command, Vietnam) was the result of restructuring of the former USASGV. (<http://history.amedd.army.mil/booksdocs/vietnam/medsupp/chpt1.htm>)

The medical command and staff structure, U.S. Army, Vietnam, 1 November 1965- 17 February 1966 was another evolutionary step towards the MEDCOM (Medical Command). Upon the activation of the 43d Medical Group on 1 November 1965, the 58th Medical Battalion ceased to be the senior army level medical unit in Vietnam. However, the 58th Medical Battalion continued to exercise major command and control responsibilities. The 58th Medical Battalion remained the command and control element for non-divisional units in III and IV Combat Target Zones, and for all preventive medicine, dental, and veterinary units, until the 68th Medical Group became operational on 18 March 1966. During this time medical services were visualized as a logistical service - The FASCOM (Field Army Support Command) commanding general was unconvinced of the need for a medical brigade, and had the medical groups placed under the operational control of the commanding officers of each of the three area support commands. (<http://history.amedd.army.mil/booksdocs/vietnam/medsupp/chpt1.htm>)

The medical command and staff structure, U.S. Army, Vietnam, 1 May 1966 - 10 August 1967 restructured the medical assets in theater once more. The 44th Medical Brigade remained subordinate to the 1st Logistical Command. Part of the growth in the USARV surgeon's office was the result of increased paperwork, principally planning, which was required the Army level. Administrative support was often confused with command responsibility. Administrative actions followed a communications channel from the support command directly to Headquarters, 1st Logistical Command, completely bypassing Headquarters, 44th Medical Brigade. (<http://history.amedd.army.mil/booksdocs/vietnam/medsupp/chpt1.htm>) Co-ordination with

Headquarters, 44th Medical Brigade was difficult and the two offices created duplicate, overlapping work, with confusing channels of communication. Consultants had to remain at the Army level because, in addition to visiting hospitals, they provided consultant services for organic medical units in divisions outside the purview of the 44th Medical Brigade. Collecting and compiling medical statistics could not be delegated to lower headquarters. This was terrible for the combat medic NCOs who relied upon the Surgeon for support, but had to use the logistical channels to communicate.

10 August 1967 - 1 March 1970 was the start of the structure changes that helped the combat medical NCOs become more effective and better supported. On 10 August 1967 the 44th Medical brigade was released from the 1st Logistical Command and reassigned directly to USARV as a major subordinate unit.

(<http://history.amedd.army.mil/booksdocs/vietnam/medsupp/chpt1.htm>) The Medical Brigade was a Major Subordinate Command of USARV Headquarters, and could use assets from within to support requirements. The Commander had a dual role as both the Surgeon, USARV, and Commanding General, 44th Medical Brigade. This unified medical command enabled personnel to be effectively reduced due to reduction of duplicity and the degree of co-ordination between higher and lower headquarters was enhanced. Considerable confusion still remained as to the precise staff functions to be performed at each level, especially with respect to operational responsibilities.

The medical command and staff structure after 1 March 1970 was significant in that it brought about the consolidation of military medical assets and gave control to one command. On 1 March 1970, Headquarters, 44th Medical Brigade, was consolidated with the USARV surgeon's office, forming the USAMEDCOMV (Provisional).

(<http://history.amedd.army.mil/booksdocs/vietnam/medsupp/chpt1.htm>) Manpower was reduced by 17 percent with no loss in functional efficiency. Duplication of efforts in the functional areas of command, including dental and veterinary control, administration, and plans and operations, was eliminated. Manpower requirements were reduced without degrading the efficiency of medical operations. The responsiveness and flexibility of the command to the changes in medical support requirements improved, and this structure was perhaps the ultimate value of Army medical service in the Vietnam conflict.

Throughout the Vietnam conflict, the medical NCO for the first time utilized both offensive and defensive weapons against the enemy, rifles and grenades were as relevant as an aid bag to the combat medic on the battlefield. There are many types of equipment used by the combat medic in Vietnam. One of the most prolific was the use of preventive medicine measures. (<http://history.amedd.army.mil/booksdocs/vietnam/medsupp/chpt8.htm>) Past battles show that disease and non-battle injuries (DNBI) were devastating to the forces and that only through preventive medicine measures and the use of field sanitation techniques, a reduction of these casualties would occur. Combat effectiveness was enhanced due to the reduction of insect borne disease, a reduction of personnel encountering common diarrheal diseases, and the reduction of soldiers returned to rear echelon to provide for mental disorders caused by sleep deprivation and combat fatigue.

Offensive and Defensive weapons included, but were not limited to the M-16 rifle which is the standard U.S. military rifle used throughout Vietnam from 1966. The M-16 was the successor to the M-14 rifle. The M-26 grenade was a 425g with a fuse delay of five seconds. The grenades were not normally issued to combat medics, however, once on location, during excursions and missions, the medic would often be required to utilize grenades to protect

themselves and those of their squad members. The M-79 was a U.S. military hand-held grenade launcher. These were exclusively issued to Infantry Soldiers, however, Combat medics could find themselves using one if necessary. The M-1911A1 or .45 caliber Automatic Pistol was standard issue to officers. The combat medic NCO also was likely to be issued a .45 pistol in stead of a rifle. This would enable the medic to secure the casualty without having to decide between a casualty and a sensitive item. Also there were the CAR-15 which was essentially a carbine M-16 rifle with a telescopic butt and short barrel. These resemble today's M-4 rifle. Other equipment and "weapons" utilized by the combat medic NCO during the Vietnam conflict were medical tools. The Combat medic NCO's Preventive Medicine equipment included the knowledge to provide and use insect repellent, waste disposal operations, and bed-netting to name a few. Employing the proper methods of waste disposal would ensure that a continued existence within an area would not be overcome with disease and disease carrying vermin. The Combat medic NCO was vital to the reduction of malaria in the Vietnam conflict by eradicating huge mosquito populations and ensuring Soldiers were taking the proper dosage of required prophylaxis (Martin, 2000-2004).

Interfacing with the enemy ensured the medic not only the ability to follow basic soldiering orders, but to also display supreme acts of heroism other than the lifesaving efforts. During the Vietnam conflict, the combat medic ensured the fighting strength of the unit was sustained. Through careful and relentless training, preparation, and action, the medic provided required support to the soldier routinely. Often ending up in the middle of a hot zone, the medic was able to provide care as well as offensive power during interaction with the enemy. Acts of heroism were displayed by the character of many Soldiers in the Vietnam conflict. Combat medical NCOs were not lacking in this arena. True selfless service and loyalty were displayed

many times by combat medic NCOs. Not only did the combat medic treat the wounded during rear echelon support, but also during intense firefights which usually ended with multiple injuries that only the medic could repair. If a soldier who is bleeding profusely is not cared for within a short amount of time, that otherwise healthy Soldier would become a casualty of war. The medic was trained to repair the injuries sustained by the war-fighter during battle. Many times the medic would repair the wounds only to return later to assist with other wounds on the same soldier. Less frequently the medic would need to self treat injuries in order to continue to provide for the wounded Soldiers within the unit during a battle.

One of the Army's combat medic NCO Heroes was Spc5 Charles Chris Hagemeister. Spc5 Hagemeister received the Medal of Honor from the United States Army for conspicuous gallantry and intrepidity in action at the risk of his life above and beyond the call of duty (<http://www.medalofhonor.com/Medical.htm#12>). His citation is filled with inspiring actions of his heroism and selfless service. During combat operations against a hostile force, his platoon came under heavy attack from three sides by an enemy force occupying well concealed, fortified positions and supported by machine guns and mortars. Seeing two of his comrades seriously wounded in the initial action, Spc5 Hagemeister unhesitatingly and with total disregard for his safety, raced through the deadly hail of enemy fire to provide medical aid. He continued to brave enemy fire and crawled forward to render lifesaving treatment. Spc5 Hagemeister was fired upon at close range by an enemy sniper. Spc5 Hagemeister seized a rifle from a fallen comrade, killed the sniper, then continued to kill three other enemy soldiers and also silenced an enemy machine gun that covered the area with deadly fire. He then secured help from a nearby platoon. He placed men in positions to cover his advance, he then moved to the other flank and evacuated

additional wounded men despite the fact that his every move drew fire from the enemy. Spc5 Hagemeister was a true American military hero.

Spc6 Lawrence Joel was another Vietnam Combat Medic Noncommissioned Officer Hero. SPC6 Joel was awarded the Congressional Medal of Honor. He treated the wounded Soldiers that survived a vicious attack that killed nearly every Soldier in the lead squad of the company. Spc6 Joel bravely moved forward to assist others and was struck in the right leg by machine gun fire. He bandaged his own wound and self-administered morphine to deaden the pain enabling him to continue. After being struck a second time and with a bullet lodged in his thigh, he dragged himself over the battlefield and succeeded in treating 13 more Soldiers before his medical supplies ran out. He saved the life of one Soldier by placing a plastic bag over a severe chest wound to congeal the blood. The Viet Cong dead numbered 410 (<http://www.medalofhonor.com/Medical.htm#12>), but snipers continued to harass the company. Throughout the long battle, Spc6. Joel never lost sight of his mission as a combat medic. Spc6 Joel was a true American military hero.

The last hero I will discuss is SGT Gary B. Beikirch who also was awarded the Congressional Medal of Honor. SGT Beikirch, medical aidman, moved unhesitatingly through the withering enemy fire to his fallen comrades, applied first aid to their wounds and assisted them to the medical aid station. When informed that a seriously injured American officer was lying in an exposed position, SGT Beikirch carried the officer to a medical aid station after he was seriously wounded by fragments from an exploding enemy mortar shell. He left the relative safety of the medical bunker to search for and evacuate other men who had been injured, evacuating others to the aid station before he collapsed. Only then did he permit himself to be

treated (<http://www.medalofhonor.com/Medical.htm#12>). SGT Beikirch was a true American military hero.

In Summary, not until the end of U.S. involvement in the Vietnam Conflict did the United States finally structure the medical assets in such a way as to provide a structured force to provide critical care as well as reduce the efforts by of the day to day operations. The Vietnam conflict combat medic noncommissioned Officers used a variety of weapons, skills and medical instruments to conserve and preserve the fighting strength. Many heroes fought valiantly in Vietnam, and none more courageously than the Combat medic NCOs.

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