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ARMY MEDICAL SERVICE ACTIVITIES REPORT  
(RGS MED-41 R4)  
44th Medical Brigade

CHRONOLOGY OF ACTIVATION AND DEPLOYMENT ACTIVITIES

Headquarters and Headquarters Detachment, 44th Medical Brigade, was constituted in the Regular Army on 30 December 1965<sup>1</sup> and activated at Fort Sam Houston, Texas, on New Year's Day, 1966<sup>2</sup> for future service in Vietnam.<sup>3</sup> The unit was organized under TOE 8-112E, with a strength authorization of 20 officers and 47 enlisted men.

First Lieutenant Byron L. Evans, MSC, was the first officer to report to 44th Headquarters at Fort Sam Houston, and assumed command on 7 January 1966. On 25 January, LTC John W. Hammett, MSC, took command. He was succeeded by Colonel Thomas P. Cuito, MSC, on 7 February. In Vietnam, Colonel (later Brigadier General) James A. Her, MC, (fig. 1) was assigned Director of Medical Services, 1st Logistical Command, on 26 January, and designated Commanding Officer of the 44th, to join in country.<sup>4</sup>

Orders for the April movement of the Brigade Headquarters from Fort Sam Houston were issued on 31 January.<sup>5</sup> The unit was to be assigned to USARPA upon embarkation. Readiness dates were set at 1 April for equipment and 24 April for personnel.

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1. Certificate of Lineage and Honors, dated 17 May 1966.
  2. (a) General Orders Number 3, Headquarters, Fort Sam Houston, dated 7 Jan (b) US Continental Army Command message 0319372, subject: Activation of SERAF Units, 30 December 1965.
  3. The unit was alerted for overseas movement by DA Message 748869, 27 Jan 66.
  4. Operational Report on Lessons Learned for Quarterly Period ending 30 April 1966, (RGS CSGPO-28 (R1)), Headquarters, 44th Medical Brigade, APO 96307, dated 17 May 1966.
  5. Letter Orders 1-56, Headquarters, Fort Sam Houston, 31 January 1966.

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Meanwhile, in January and February, personnel for the Brigade Headquarters were reporting to Fort San Houston. Preparation for overseas movement training was conducted in cooperation with the 67th Medical Group and the Medical Training Center on post. Fort San Houston Post Headquarters provided logistical assistance to the 44th to help meet the equipment readiness date. Other activities at Fort San Houston included the preparation of SOP's; assembly and packing of supplies, equipment, and administrative and professional references; and arranging transportation.

On 18 March, an advance party from the 44th Medical Brigade, consisting of 8 officers and 10 enlisted men, arrived in Vietnam to establish the Medical Brigade (Provisional), which became a working unit of the Medical Directorate, 1st Logistical Command. Colonel Caito commanded the advance party enroute while Colonel Herbert R. Faust, VC, Staff Veterinarian, remained in Texas to command the main body. On 24 March, Colonel Wier assumed command of the Medical Brigade (Provisional). Colonel Caito became Executive Officer. (fig. 2)

The main body of the 44th touched down at Tan Son Nhut Airport on 21 April. The Medical Brigade (Provisional) was immediately discontinued while Headquarters and Headquarters Detachment of the 44th set up its offices and billets at 24/8 Truong Quoc Dung, a group of villas in suburban Saigon. (fig. 1) The Brigade Headquarters, assigned to the 1st Logistical Command, became operational on 1 May and assumed command and operational control of all 1st Logistical Command medical units.

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6. See footnote 4.
  7. General Order 38, 1st Logistical Command.
  8. Colonel Caito continued as Executive Officer of the 44th, and remained in that position throughout the reporting period.
  9. General Orders 2470, United States Army, Vietnam.
  10. 1st Logistical Command, Letter of Instructions to 44th Medical Brigade, 28 April 1966.

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### MISSION-ORGANIZATION

When the advance party of the 44th arrived in Vietnam in March to establish the Medical Brigade (Provisional), the 1st Logistical Command had command and control of those Army medical units in-country which were not organic to divisions, separate brigades and similar units. Two Medical Group Headquarters (the 68th and 43rd) were the principal subordinate medical commands within the 1st Logistical Command.

The Medical Directorate, 1st Logistical Command, was staffed to develop, coordinate, and supervise medical plans and operations, medical supply and maintenance policies, medical statistics and records, professional medical and dental activities, preventive medicine, and medical regulating activities.

The Medical Brigade (Provisional) served as a vehicle of transition in transferring the direct command and control of medical support units from the 1st Logistical Command to the 44th Brigade. Colonel Wier continued to direct his staff in the Logistical Command's Medical Directorate while also serving as Brigade Commander. See Chart 1 for the Staff Organization of the Medical Brigade (Provisional).

The mission of Headquarters, Medical Brigade (Provisional) was to "Provide medical service to the United States Army Vietnam (USARV) through command and control of operating units of the 1st Logistical Command (1st Log Cmd) medical service system; developing, (sic) refine and implement operations; reinforce the medical service of the Army divisions, separate brigades and other units having organic medical support, as required; provide staff and technical supervision over religious activities of assigned and attached units; and perform the overall medical service support operations which include patient evacuation, care and treatment; medical supply and maintenance; and the dental, veterinary, preventive medicine and laboratory services."<sup>2</sup>

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11. The 44th was assigned to 1st Logistical Command from the time of its arrival throughout the rest of the year.
  12. Memorandum Number 10-1, Headquarters, Medical Brigade (Provisional), 1 April 1966.

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The Brigade Commander was to "Direct the medical service of the 1st Log Comd and as the Med Dir, 1st Log Comd is responsible to the CG, 1st Log Comd for the accomplishment of the overall medical service mission."<sup>13</sup>

During the time that the Provisional Brigade was functioning, some of the personnel of the Logistical Command's Medical Directorate were transferred to the Brigade Headquarters; others were transferred elsewhere; and some rotated, so that when the 44th became operational, the only personnel left in the Medical Directorate, besides the Director, was a FASCOM Staff Medical Section (TOE 8-112),<sup>14</sup> consisting of two plans officers, a supply and maintenance officer,<sup>15</sup> a chief medical NCO, a typist and driver.

The Medical Directorate was physically located at Headquarters, 1st Logistical Command throughout the period, but on 1 October, all functions of the section were absorbed by staff sections at the 44th, and the office at the Logistical Headquarters was retained for liaison purposes only. The supply officer continued working in Brigade S-4, the assistant plans officer became S-3 of the 43rd Medical Group, while the plans officer,<sup>16</sup> the Medical NCO, the typist and driver remained at the Logistical Command for liaison.

After the 44th Medical Brigade became operational on 1 May, the mission remained, essentially the same as it had been for the Medical Brigade (Provisional).<sup>17</sup> A more detailed account of the mission stated that the Commanding Officer, 44th Medical Brigade, in support of USARV elements, would:

- a. Provide area medical support to units without an assigned organic medical support capability.
- b. Provide dental service on an area basis.
- c. Provide a system of hospitalization and evacuation.
- d. Supervise professional medical services of subordinate units.

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13. See footnote 12.

14. See FM 8-16 of June 1965.

15. LTC Erwin Zimov, MSC, who moved his office to the Brigade Headquarters.

16. LTC Robert E. Watkins, MSC.

17. LTC Winston K. Zowell, MSC.

18. Memorandum Number 10-1, Headquarters, 44th Medical Brigade, 15 Nov 1966.

e. Exercise custody of medical records and render reports on patients treated.

f. Collect, evaluate, interpret, and consolidate required medical statistical data from assigned or attached units and submit to this headquarters, as required.

g. Provide technical inspection and maintenance support of medical equipment and supplies.

h. Provide medical supply for US Forces and for designated Free World Military Assistance Forces as directed by this headquarters.

i. Provide veterinary food inspection and animal veterinary service.

j. Provide preventive maintenance support.

k. Provide medical laboratory support.

l. Provide medical equipment maintenance and repair facilities.

m. Supervise the medical equipment status reporting system.

n. Provide for medical regulation of patients intra-army or as directed by this headquarters.

o. Provide for the security of personnel, equipment, facilities and billets of elements of the 1st Logistical Command assigned or attached to this command.<sup>19</sup>

The Brigade Commander retained his other role as Medical Director, 1st Logistical Command. The staff organization of the Brigade continued to function along similar lines, though with expanded activities and responsibilities. (See Chart 2)

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19. See footnote 10.

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### CHANGE IN COMMAND

Colonel James A. Wier, MC, became USARV Surgeon on 10 June 1966. On 13 June a Change of Command Ceremony was held within the 44th Brigade compound area where Colonel Wier turned over the brigade flag to Major General C. W. Eifler, Commanding General, 1st Logistical Command, who in turn presented the flag to Colonel Ray L. Miller, MC. (fig. 4) Colonel Miller was Brigade Commander throughout the rest of the report period.<sup>20</sup>

Major Stuart A. Chamblin Jr., MC, served as Deputy Commander of the Provisional Brigade during the time of its existence. He rotated to CONUS in early May and the position remained vacant until 6 June, when Lieutenant Colonel Lewis A. VanOsdel, MC, became Deputy. After he rotated on 12 September, the position was vacant during the rest of the report period.

### BRIGADE UNITS - STRENGTH

There were 53 medical units in the 1st Logistical Command when the year began, and 65 under the 44th Medical Brigade when it became operational on 1 May. Before the year ended the 44th Medical Brigade had command and control of 121 units. (See Table 1 for a list of all the units, their arrival and operational dates, and general locations.)

The Veterinary, Dental, Preventive Medicine, Medical Depot, and Laboratory units, as well as the Medical Group headquarters were organized directly under the Brigade Headquarters (See Chart 3), while the rest of the units came under the further control of the Medical Groups by geographic area (See Charts 4, 5, and 6). See Map 1 for the general locations in South Vietnam of the major medical command and control groups.

The strength of all 44th Medical Brigade units went from 3,187<sup>21</sup> in May to 7,830<sup>22</sup> on 31 December. See Table 2 for a breakdown of strength figures at the end of the year.

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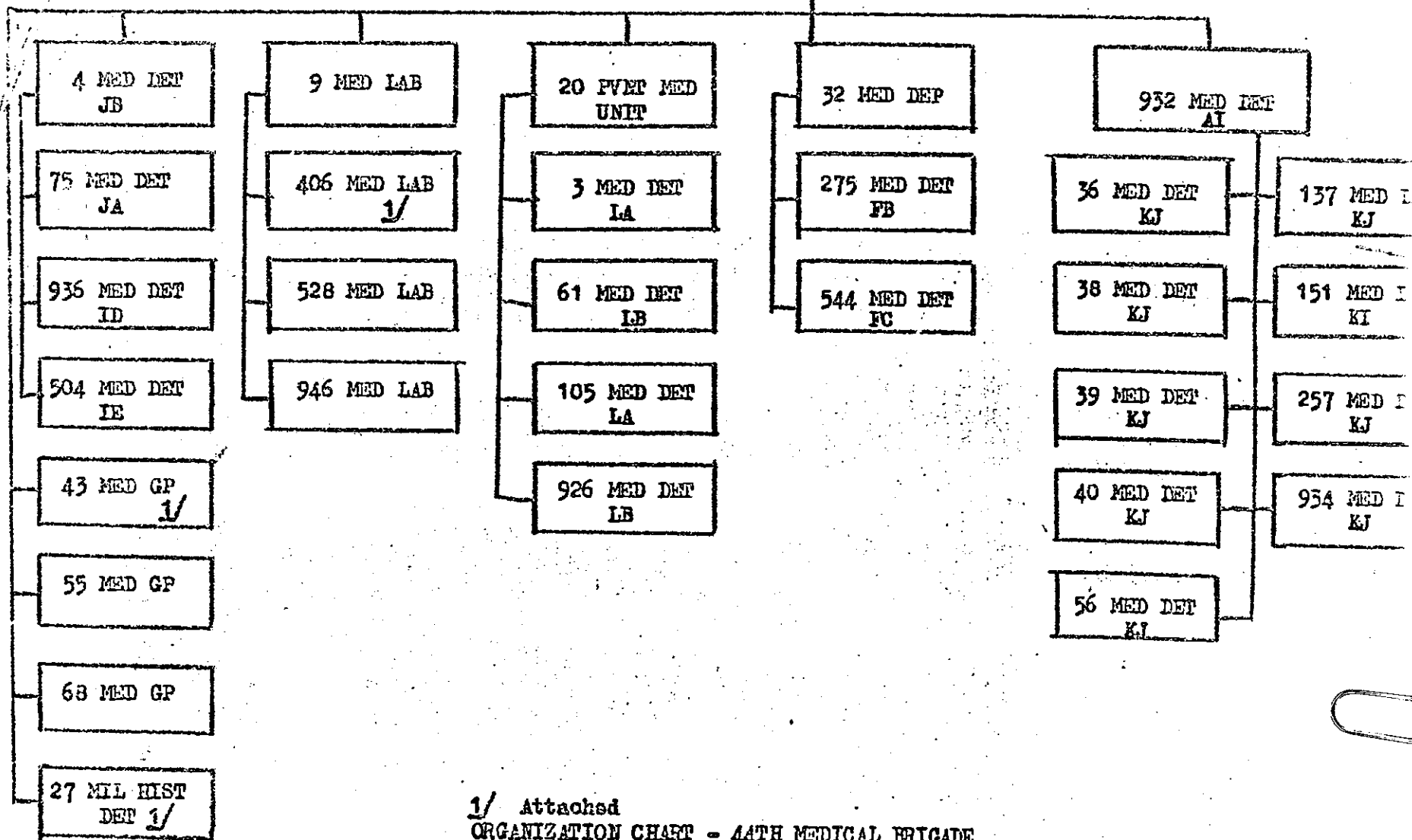
20. Newsletter, 44th Medical Brigade, August 1966.

21. Based on Command Health Reports.

22. Based on figures compiled by Brigade S-1.

44 MED BDE

16 DEC 66

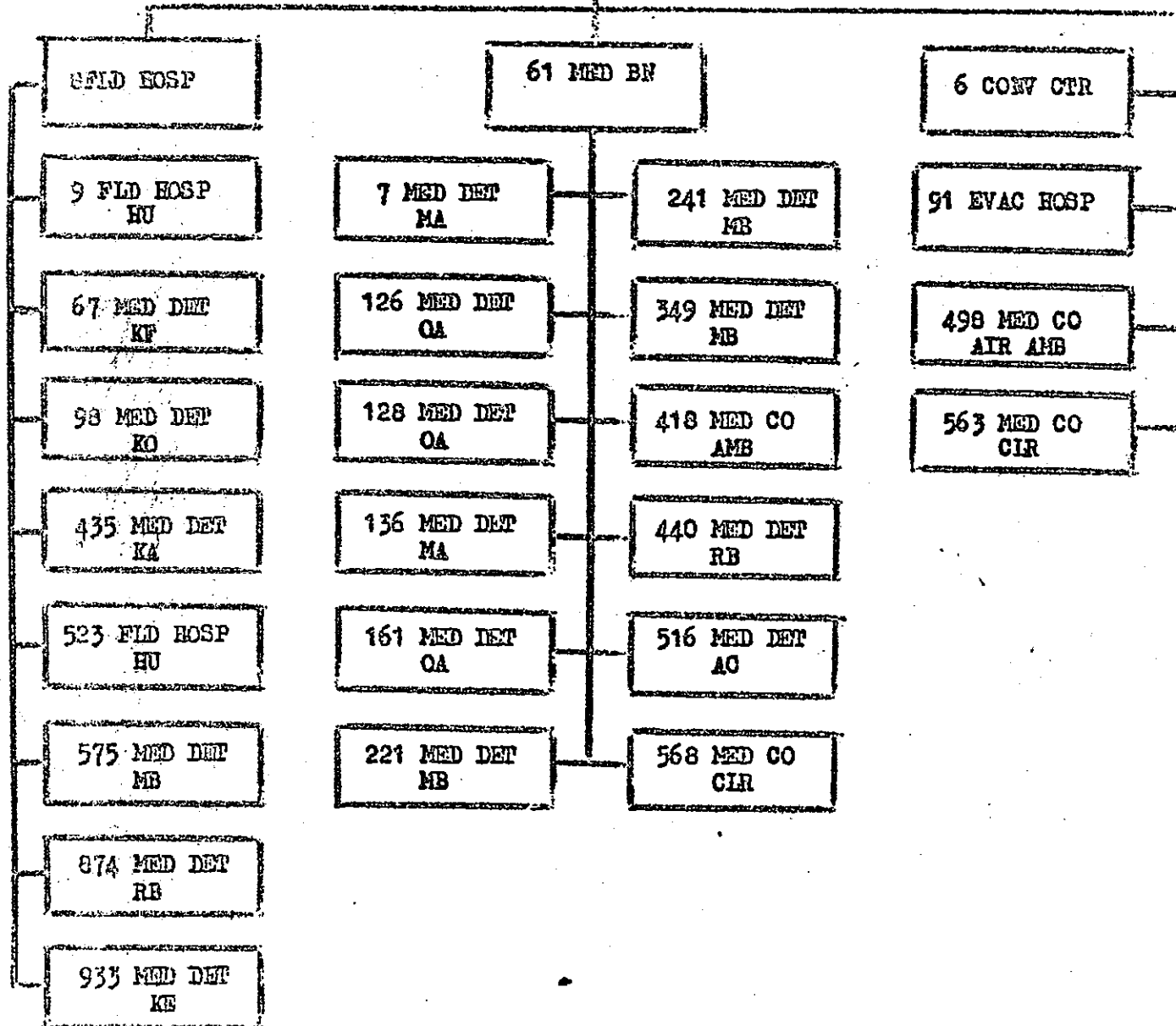


1/ Attached  
ORGANIZATION CHART - 44TH MEDICAL BRIGADE

CHART 3

43 MED GP

16 DEC 66



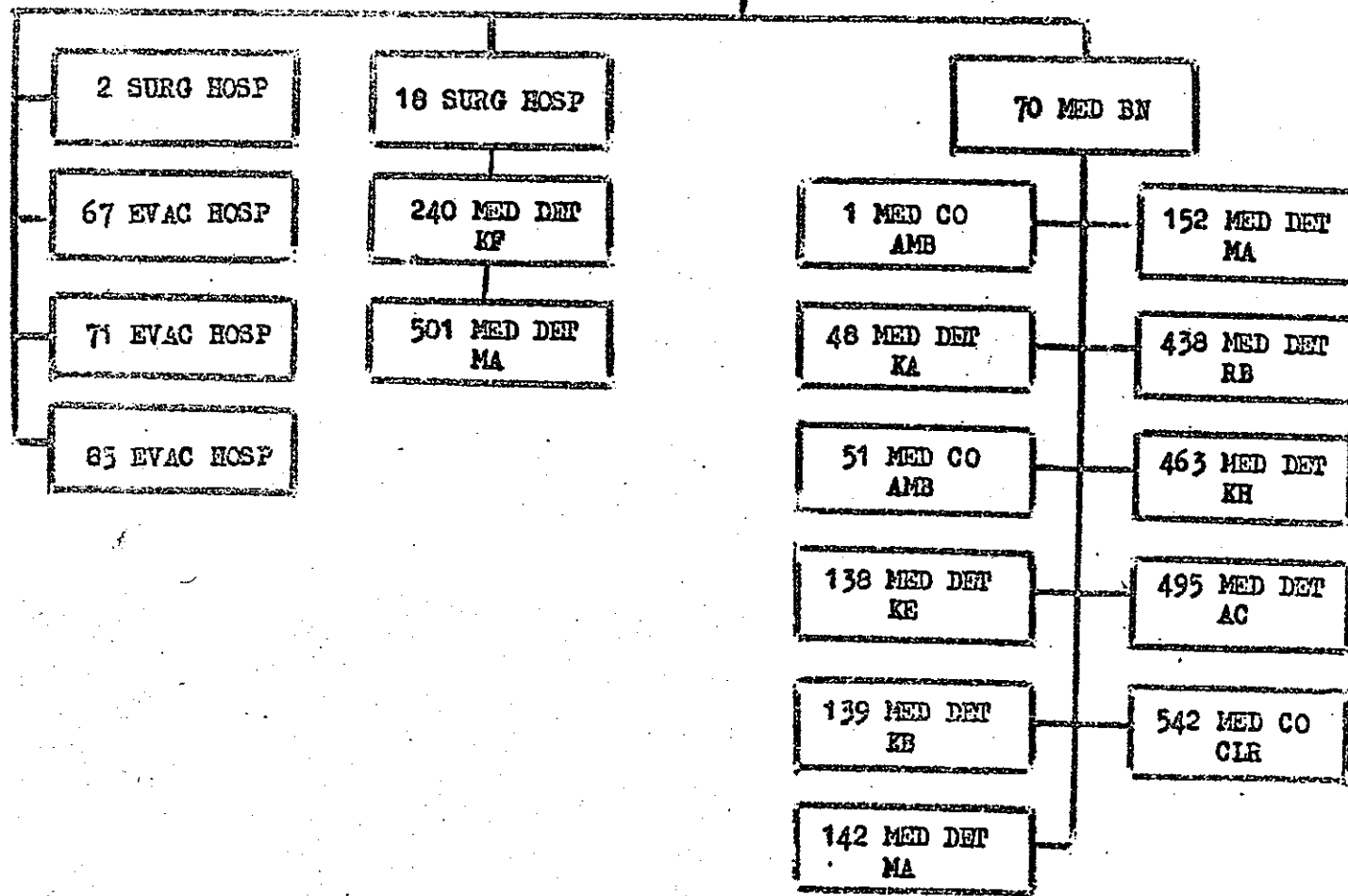
ORGANIZATION CHART - 43D MEDICAL GROUP

CHART 4



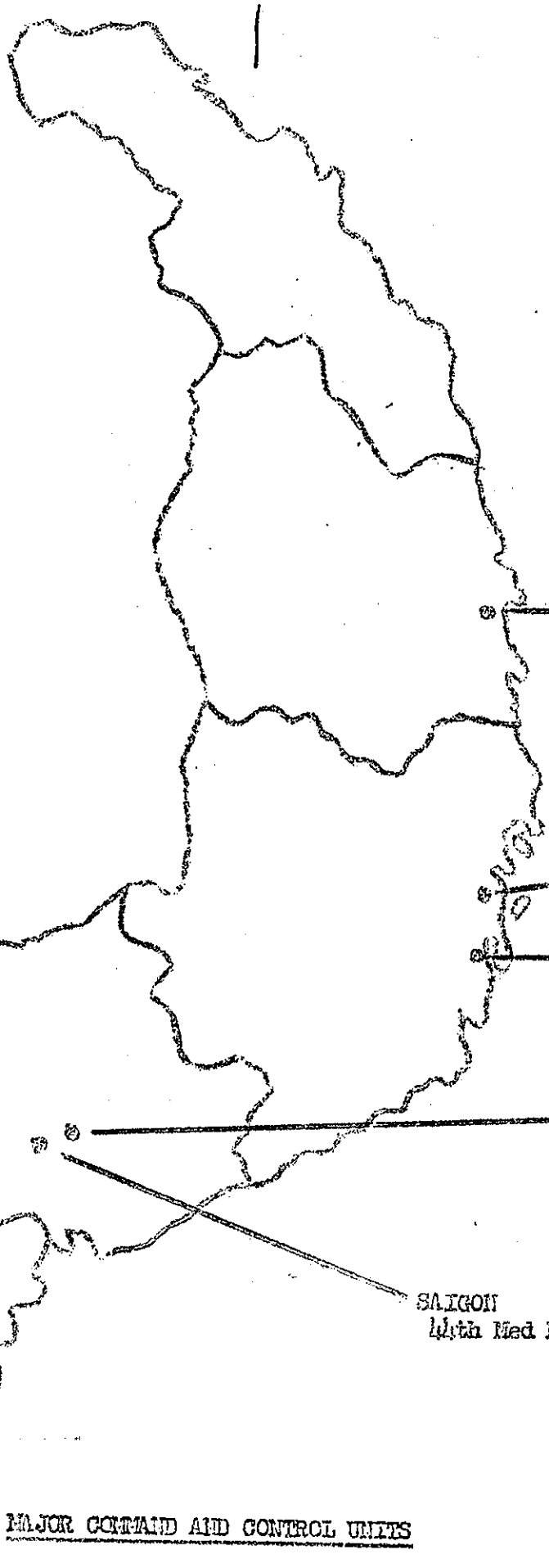
55 MED GP

16 DEC 66



ORGANIZATION CHART - 55TH MEDICAL GROUP

MAP



QUI NHON  
55th Med Gp  
70th Med Bn

NHA TRANG  
43rd Med Gp

CAM RANH BAY  
61st Med Bn

LONG BINH  
68th Med Gp  
58th Med Bn  
74th Med Bn

SAIGON  
44th Med Bde

MAJOR COMMAND AND CONTROL UNITS

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Helicopter Support in Vietnam.--The medical air ambulance helicopters in Vietnam supported combat operations and gave general area support for all forces in-country. The secondary mission included delivery of emergency whole blood and medical supplies as well as air lifting key medical personnel, (i.e., surgical teams, etc.)

Combat operations were supported by placing one or more air ambulances and ground ambulance support in direct support of the combat troops. The aircraft picked up wounded soldiers, not at an aid station, but at the spot they were hit. On an average a wounded man was in a hospital or being treated by a surgical team at a clearing station within thirty minutes. All combat wounded were evacuated by air at least once before being air evacuated out of country. (See charts 7, 8, and 9.)

Thus, in Vietnam, medical mobility no longer lay with the medical treatment facility, but with the transporting units. This helped bring about the establishment of more or less fixed medical facilities throughout the country, and enabled them to install better equipment and offer better care to the patients. (See Map 2)

The extent of the air ambulance capability in Vietnam in 1966 was 49 medical helicopters. They were formed into two companies. One TOE Medical Company (Air Ambulance), the 498th, had four helicopter ambulance platoons under it. The second air ambulance company was headed by the 436th Medical Detachment as company headquarters with four Medical Detachments (Helicopter Ambulance) operating under it. The 498th had responsibility for air ambulance support of CTZ II North and South, and the 436th had responsibility of supporting CTZ III and IV. (See Map 3)

These 49 air ambulances in January 1966 were evacuating about 2500 patients a month but with the increased buildup of combat strength throughout 1966 the same 49 helicopters were evacuating over 7000 patients a month before the end of the year.

The Viet-Cong did not respect the Red Cross and the air ambulance helicopters were fired on and hit almost daily. Many of the aircrews of the air ambulance helicopters are as decorated as any combat helicopter crew in Vietnam. These aircraft were not armed with machine guns, but only had the individual weapons authorized medical personnel. The weapons were for patients protection only and the crews were not to fire unless fired upon.

In September the air ambulance units received the first in-country shipment of helicopter rescue hoists. These hoists were used to extract patients from inaccessible areas where helicopters can not land, such as deep woods or jungle, mountain sides, water or small river boats.

AEROMED EVAC STATISTICS  
(MISSIONS FLOWN)

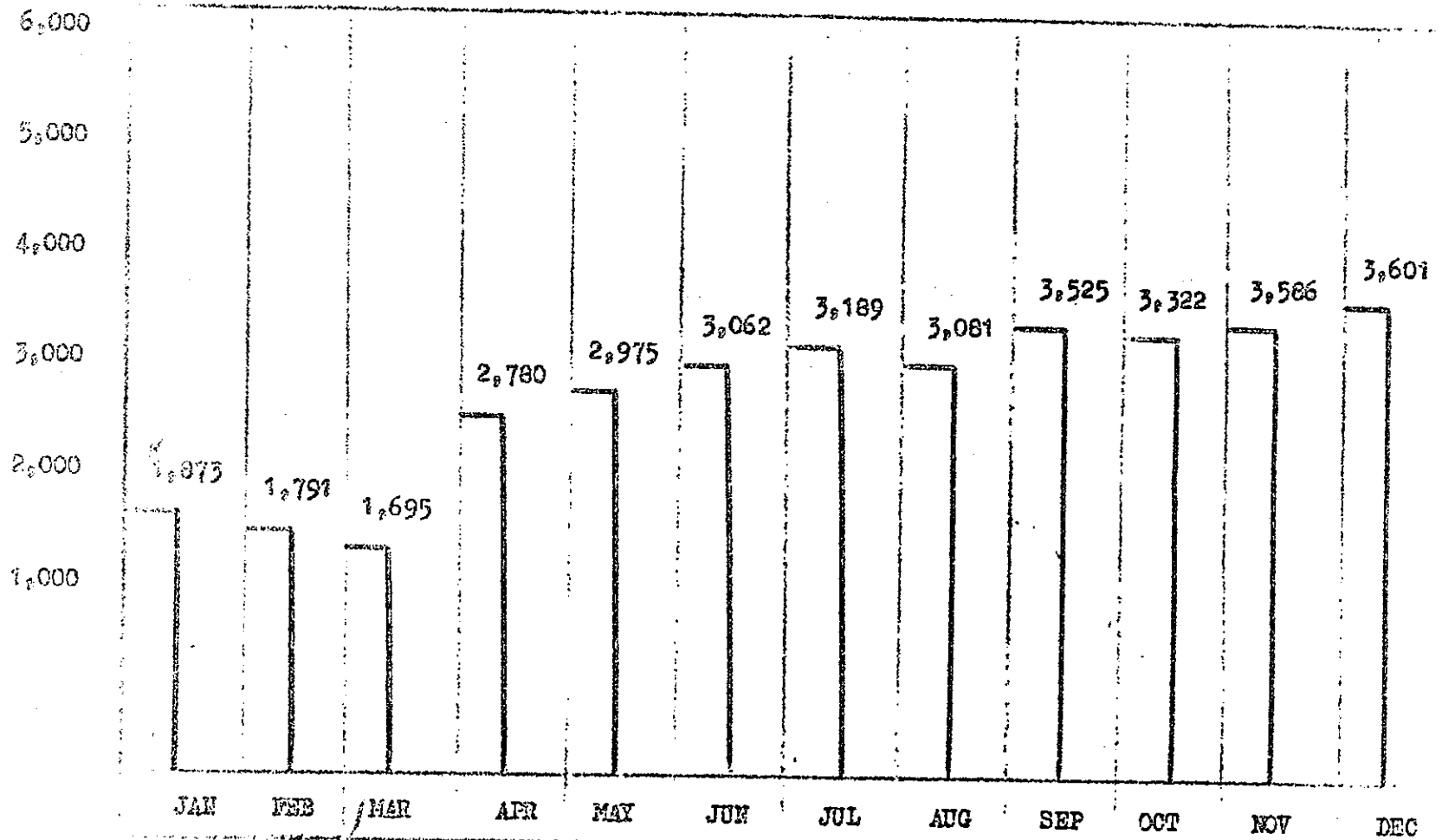


CHART 7

AEROMED EVAC STATISTICS  
(PATIENTS EVACUATED)

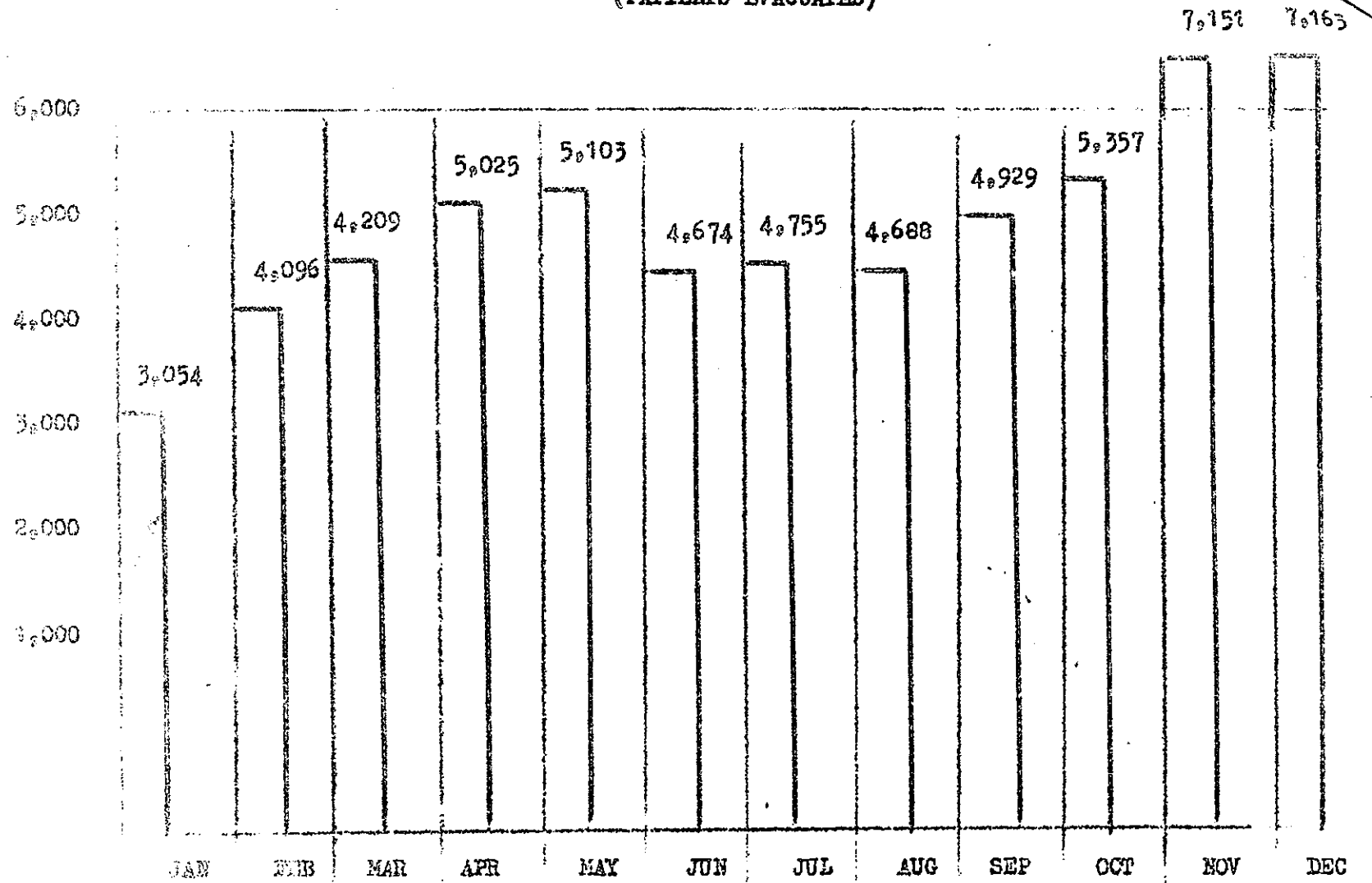
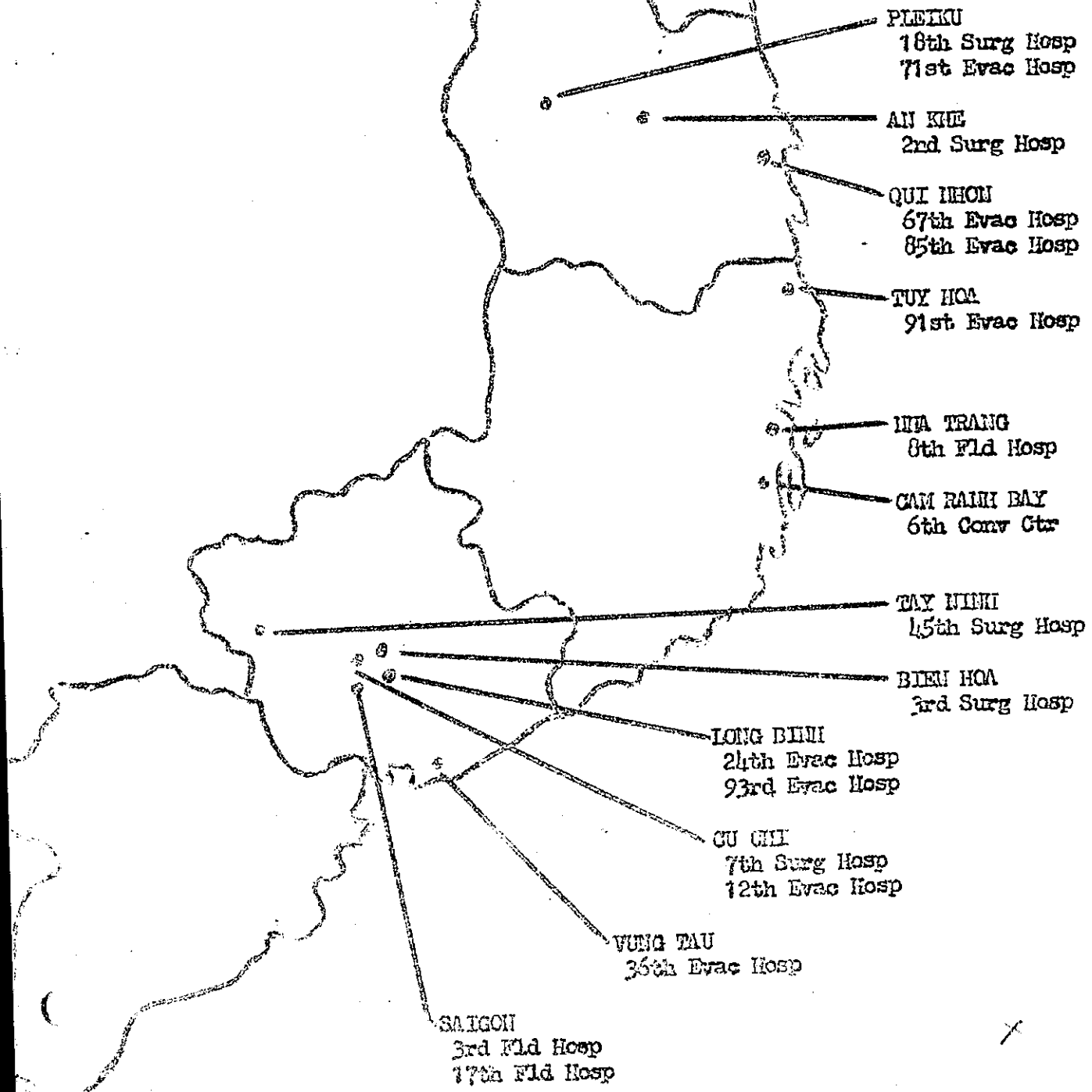


CHART 8

HOSPITALIZATION UNITS



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