USARV - 15TH MEDICAL BATTALION

1960-69

HEADQUARTERS 15TH MEDICAL BATTALION
1st Cavalry Division (Airmobile)
APO San Francisco 96490

ARMY MEDICAL SERVICE ACTIVITIES REPORT (RCS MED-41 (R4))

1 JANUARY - 31 DECEMBER 1966

CLARKE M. BRANDT	HENRY A. LEIGHTON
Major, MSC	LTC, MC
Battalion Historian	Commanding

15TH MEDICAL BATTALION, 1ST CAVALRY DIVISION (AIRMOBILE) 1966

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1. MISSION: The mission of the 15th Medical Battalion is to provide division level medical services and unit level medical services as required to the 1st Cavalry Division (Airmobile). There has been no change in mission during the year. It is worthy of note, however, that this battalion is the only medical battalion in the United States Army which provides organic aeromedical evacuation and crash rescue service to its parent division.

2. ORGANIZATION: a. There has been no change in the basic organization of the battalion during the past year. The battalion is organized into a headquarters and four companies. TOE 8-25T remains the battalion TOE while TOE 8-26T and TOE 8-27T pertain to Headquarters and Support Company and the three letter companies, "A", "B", and "C" respectively. USARPAC TOE 8-26T has modified some personnel positions within Headquarters and Support Company without changing the unit's structure.

b. Although the structural organization was not changed, the airborne parachute capability of "A" Company was terminated by DA Message DA 700151 from OACSFOR, Subject: Airborne Capability in Airmobile Division. This decision eliminated positions designated as parachute duty positions. Only personnel in these positions prior to 1 September 1966 will continue to draw parachute pay. Personnel now being assigned to "A" Company need not be airborne qualified. While deletion of the airborne requirement would seem to deprive the battalion of a significant capability, in actuality there will be no change in battalion operations. Since activation of this battalion, the air medical personnel delivery capability has never been utilized during operations. Deletion of the airborne segment will result in a more homogeneous unit totally oriented toward the airmobile concept.

c. After months of operating in the combat zone, enough experience was gained to detect certain shortcomings in the current TOE. To rectify these shortcomings, modified TOEs were prepared and submitted based on the assigned mission and geographical location. No organizational or structural changes were recommended. Changes centered on addition of personnel with selected MOSs and certain equipment changes. Details of these proposed changes will be discussed in the personnel and equipment paragraphs. At this time MTOE's for TOE 8-26T and 8-27T are awaiting approval by higher headquarters.

d. 15th Medical Battalion remains stationed at Camp Radcliff, RVN. Each letter company has been dispatched from Camp Radcliff to support field operations, however these moves will be discussed under tactical operations.

3. PERSONNEL: a. The following personnel are assigned to key commands or staff positions within the 15th Medical Battalion as of 31 December 1966:

INCUMBENT	POSITION	ASSIGNED
Henry A. Leighton LTC, MC	Battalion Commander	19 August 1966
William R. Downey II MAJ, MSC	Executive Officer	31 July 1966
Gerald G. Miller CPT, MSC	S-1 Adjutant	29 May 1966
Clarke M. Brandt MAJ, MSC	S-2/3	25 July 1966
Louis J. Hansen CPT, MSC	S-4	10 July 1966
Walter L. Underwood 1LT, MSC	Division Medical Supply Officer	29 July 1966
William H. Hawkins MAJ, MSC	Maintenance Officer	27 July 1966
James H. Nichols MAJ, MSC	Platoon Leader Air Ambulance Platoon	15 July 1966
Gerald A. Ramthun MAJ, MSC	Social Worker	20 July 1966
Alfred J. Hess SGM	Sergeant Major	1 August 1966
Henry V.H. Stoever III CPT, MC	Commanding Officer, Headquarters & Support Company	1 October 1966

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INCUMBENT	POSITION	ASSIGNED
Samuel D. Axelrod CPT, MC	Commanding Officer, "A" Company	30 August 1966
Richard M. Sullivan CPT, MC	Commanding Officer, "B" Company	11 August 1966
James C. Morrison CPT, MC	Commanding Officer, "C" Company	8 August 1966

b. Overall, the personnel status of the battalion was favorable during the year. Assigned personnel exceeded the number authorized by the current TOE by approximately 100, however due to non-mission details the overage was fully utilized. Without this overage the battalion would have been hard pressed to perform its primary mission of providing medical support and meet its non-mission commitments. There was not the overage in officer strength as there was in enlisted strength. Medical Corps Officers were habitually in short supply and the battalion operated with two to four under the authorized number of seventeen. Operational requirements were met by shifting medical officers between companies on a temporary basis as a need arose. While this method is adequate as a temporary measure, it is certainly not a desireable situation. Assignment of TOE-authorized male nurse anesthetists is also worthy of comment. Due to the shortage of this speciality within USARV, the USARV Surgeon directed that all nurse anesthetists be reassigned to fixed medical facilities. As a result of this loss the battalion lacks the capacity to perform any extensive surgery. Sufficient Medical Service Corps, Dental Corps, or Warrant Officers were assigned during the year.

c. Certain adjustments to the personnel staffing of the battalion were achieved during 1966 and other modifications submitted for approval. A Modified Table of Organization and Equipment was the means used to recommend these changes. Additional personnel authorized were 12 aerial gunners and four helicopter mechanics. Gunners were approved in order to provide a defensive capability to the air ambulances in as much as the hostile forces in South Vietnam are in the habit of firing at these aircraft (in spite of elaborate red cross markings applied to the ambulances in accordance with the Geneva Convention). The increase in helicopter mechanics was needed for adequate organizational aircraft maintenance. With the number of mechanics now assigned, mobile maintenance teams can be formed for requirements in the operational areas.

Changes now pending approval reflect adjustments in MOS, grade structure and position description based on one year experience in Vietnam. A synopsis of personnel changes and pending recommendations is shown in Incl 1.

d. Staffing of the S-1 section was inadequate during the summer months. Since 240 members of the battalion rotated during the summer it was necessary to augment the S-1 section with additional clerical personnel in order to process all rotatees and their replacements efficiently. This rotation hump was a direct result of the whole battalion arriving in Vietnam at one time. Steps are being taken within the division to spread the rotation dates of personnel over a larger period in order to reduce the effect on the units in the upcoming year.

e. One year in the combat zone has increased the awards and decorations presented to members of the battalion. Administrative work involved in processing this large number of awards exceeds that found in units under non-combat conditions. For the year 1966 individuals of the battalion received awards and decorations as follows:

Legion of Merit	1
Distinguished Flying Cross	1
Bronze Star for Valor	2
Bronze Star for Meritorious Service	47
Air Medal for Valor	2
Air Medal	455
Army Commendation Medal for Valor	3
Army Commendation Medal	36
Purple Heart	11
Combat Medical Badge - 3d Award	3
Combat Medical Badge - 2d Award	29
Combat Medical Badge - Basic	532
Certificate of Achievement	22

Vietnamese Gallantry Cross with Bronze Star	2

f. At the end of the report period the strength of the battalion was:

MC	15
MSC	27
DC	4
ANC	0
WO	13
EM	457
TOTAL	516

4. TRAINING: a. Formal instruction was abbreviated in the field by mission accomplishment. Most training was "on the job" with individual supervision or small group instruction according to need. The trend, however, was toward a more formal approach to those mandatory subjects prescribed within the theater. Certain obstacles have existed in attaining a high degree of formalized training in terms of numerous extraneous commitments placed on the battalion. Consistently, battalion resources were divided between a garrison type activity in base camp and operational activities in the field. One unit has spent over six consecutive months in the field while Headquarters and Support Company remains continually in base camp. This variance in activity and location made battalion training extremely difficult. Also, since the first of the year, emphasis throughout the division has been on operational missions and improving the physical facilities in base camp. Only basic and essential training, i.e. weapons zeroing, were accomplished. In spite of these obstacles training progress was recorded especially in the latter half of the year. A recapitulation of the training effort is discussed in the following paragraphs.

b. Requirements existed to conduct a Quick Fire Reaction Course and a Grenade Course semi-annually. It was brought to the attention of G3 that such requirements were impractical for this battalion as the courses were designed specifically for combat

troops and not combat service support units. The recommendation to delete this requirement for the medical battalion was approved.

c. Battalion-conducted training was directed primarily toward maintenance activities. Instructional periods were set up for operatiors of generators and motor vehicles since the age and condition of equipment necessitated emphasis on maintenance and proper operating procedures to preclude unnecessary deadline of equipment.

d. Allocations were obtained during the last four months of the year for aircraft mechanics to attend a two week course in HU-1D air-frame maintenance. The course was taught at Vung Tau by the Army Aviation Maintenance and Training Assistance Program School. This represented the only training battalion personnel received from formal courses conducted outside of the division. Three mechanics attended the course.

e. Utilization of field sanitation teams within each company made it imperative that members of these teams be well trained. Since this requirement existed division wide, training was coordinated at division level. (All the teams attended one of the three courses conducted by USARV at Camp Radcliff during the year.) These formally trained field sanitation teams have proven valuable within the companies.

f. A replacement training center was activated by the 1st Cavalry Division in October 1966. This center assumed responsibility for providing most of the mandatory training to replacements arriving in the division. Each new man coming initially into the battalion spent two to three days at the Replacement Training Center receiving weapons and security orientation, a gas chamber exercise and viewing mandatory films. Battalion was responsible for maintaining a record of this training.

g. All newly assigned pilots were given training in tactical flight conditions prior to being sent to an operational area. Autorotations and patient extractions were practiced periodically under stringent safety conditions so that pilots would maintain proficiency in these maneuvers. With eight MED EVAC aircraft fitted so that hoists can be installed when necessary, all pilots received instructions and practical experience in techniques required to perform a hoist extraction of a patient. Other crew members were instructed in operations of the hoist and associated equipment, and in preparing the patient for lift. Instrument

training was conducted as frequently as the situation allowed in order to raise the level of proficiency of flight under instrument flight rules. (This aspect of training is very important as weather conditions in the country often require the use of instruments in fullfilling a mission.) In December a training team arrived in the division to conduct training with the decca navigation device which will be installed in all MED EVAC aircraft. The decca course consisted of three to four hours of instructions in the operation of the device and actual experience in flying an aircraft equipped with decca. Personnel assigned as crew chiefs or gunners were required to prove their proficiency with the M60 machine gun on an aerial gunnery range prior to being assigned to an aircraft.

5. MATERIEL: a. Supply: Effectiveness of the supply systems improved during the past year with resulting increase in responsiveness and percentage of fill.

(1) General Supply. Class I support has progressed to a point where A rations are usually issued for both patient and battalion consumption. Class II and IV supplies became more plentiful as the year ended. This improvement in the availability of supplies enabled the battalion to replace some of its overage vehicles, obtain more uniforms, boots, and tentage for issue. Class III and V items presented no problems during the year.

(2) Medical Supply. (a) Military: Medical supplies were obtained from the 2nd Advanced Platoon, 32nd Medical Depot, Qui Nhon on a supply point distribution system. Generally medical supply has been excellent. Temporary shortages in some items were experienced but this was usually a result of theater shortages and did not adversly effect overall patient care. Local climatic conditions made storage of medical items difficult. The damp climate and limited storage facilities combined to cause mildew and rotting which deteriorated cardboard containers and resulted in some medical supplies becoming unsuitable for issue. In the future, storage warehouses (to be constructed) will reduce this problem. Immediate resupply of critical medical items to medical companies in the forward operational areas was accomplished through a system know as LIFE LINE. Companies suddenly short of items essential to patient care because of enemy action or heavy patient load would request immediate delivery of these items. If the Division Medical Supply Officer had the stock on hand the selected items were forwarded immediately either through the use of MED EVAC aircraft or the aircraft courier service. Similar procedures applied to essential non-medical items. Deviation from the

normal supply system was acceptable during tactical operations when a medical company was operating in an area closer to the supporting medical supply platoon (depot) than to the Division Medical Supply Officer. Under these conditions the medical company was authorized to requisition directly from the depot. The Division Medical Supply Officer monitered the system and provided coordination and advice until the operation was terminated. In this way double handling was eliminated and rapid resupply was promoted.

(b) MEDCAP: During the past year the medical battalion took over the operation of the supply aspects of the division Medical Civic Action Program. The battalion commander became the approving authority for supply requests submitted by units, organization and activities engaged in MEDCAP operations within the division's tactical area of operation. Subsequently MEDCAP supplies were requisitioned, stored and issued by the Division Medical Supply Officer. Division MEDCAP supplies were obtained from the 70th ARVN Medical Base Depot in Saigon. These supplies have been accounted for on separate stock accounting records and stored separately from the division's military medical supplies. Approximately 114 line items were stocked for the program with a 45 day requisition objective. Requisitions have been submitted to Saigon once each month. Using units submitted requests to the Division Medical Supply Officer on a monthly basis.

(3) MTOE Changes. Based on operating experience during the past year, certain refinements in authorized equipment were found to be desireable. Some MTOE changes were promulgated by division in September while the battalion recommended other adjustments in another set of MTOEs prepared in October. Major items authorized during the year consisted of machine gun assemblies for air ambulances and flood light sets, generators and additional mechanic tool sets for use by the air maintenance section. Requisitions for these items were submitted but not filled as of 31 December. Recommended items pending approval are of several categories. Certain individual items such as M16s were increased due to additional personnel being requested. Medical items requested were sets to provide linen and utensils for operating suites. An EKG machine and components for a fixed type of X-ray set were requested for the Headquarters and Support Company in order to increase the degree of professional care available in the base camp Clearing Station. Additional 250 gallon water bladders and one water trailer per

company were asked for to increase the companies' water carrying and storage capacity. An increase in 2½ ton trucks was denied as the division preferred to increase this capability through assignment of a light truck company to DISCOM.

b. Maintenance:

(1) Maintenance was a definite problem during 1966, with major problems centering around vehicles and generators. An airmobile unit does not have sufficient ground vehicles to support operations in the field, to perform routine garrison type functions and to conduct a self help building program simultaneously. Nevertheless, this was accomplished, but unusually heavy reliance on limited vehicles, plus the rough conditions of roads, contributed to increased wear on vehicles. Some relief was gained in the later part of the year by a combination of issue of 21 new or rebuilt vehicles and increased command interest in preventive maintenance. Generators were over the standard programmed operating time, and replacements were limited. Spare parts for both vehicles and generators were scarce due to lack of valid demand data at all echelons within the supply system. Command emphasis and education of all personnel involved in maintenance resulted in improved maintenance procedures as well as the establishment of Prescribed Load Lists. Better demand data has resulted in a corresponding increase in availability of spare parts. Generators continue to present problems due to age and lack of parts for the older generators.

(2) UH-1D helicopters were in good condition but procurement of repair parts was difficult. Intensive effort was applied to the revision of prescribed load lists, establishment of fringe files and preparation of data cards.

(3) A major effort to update log books on all type of equipment was made. Classes were held on the correct way to maintain the log books and each book was screened and posted. By year's end all log books were in superior condition.

6. CONSTRUCTION:

a. Much time, thought and physical labor has been expended during 1966 to transform the battalion areas from a "Tent City" into a semi-permanent installation. Construction was slow at the start due to shortage of essential building materials but as the year drew to a close this situation improved. Base development plans for the headquarters and each company area were drawn up, and revised. Continual refinements to the base plans were

made until December when reconciliation between the revised plans and the original battalion plan was accomplished. From one quonset ward, approved semi-permanent battalion facilities have been added, so now there are 12 quonset hut wards, one dispensary, four mess halls, six latrines, eight troop billets, two orderly rooms and a supply room. In spite of these achievements, much remains to be done. Extended periods of field duty have hampered construction in the letter companies areas. Small rear detachments will continue as best they can with the construction program.

b. Revetment of all troop billets was begun in late October. Purpose of this program was to increase protection to sleeping personnel from mortar attack. The program has not been finished but will proceed as new barracks are completed.

c. A division-wide program for revetment of aircraft parking stalls on Golf Course was published in the fall, however higher priority commitments will delay this project until early 1967.

7. PREVENTIVE MEDICINE:

a. Preventive medicine activities were limited to measures taken within the battalion itself and to assistance rendered to the support command.

b. Anti-malaria precautions were stressed throughout the 1st Cavalry Division (Airmobile). Seven and one half grains (1 tablet) of cloroquine-primaquine were taken weekly and 25 milligrams (1 tablet) of dapsone (DDS) taken daily by each individual. In accordance with division policy, exact records were maintained at company level to insure each man took the required tablets. To complement the oral drugs, other precautionary measures were enforced after 1800 hours daily: Sleeves were rolled down; mosquito bars, repellants, and aerosol sprays were used; Chronic puddles were drained. The battalion incident rate of malaria was held to two cases during the year.

c. Field sanitation teams were active in each company. Responsibility was placed on these teams for supervision and execution of environmental health projects. Rosters indicating personnel taking anti-malaria drugs were maintained; rat poison and traps were set in designated areas; unit mess halls were inspected; and proper care of latrines was promoted.

d. To improve the level of sanitation within the Support

Command (DISCOM), a sanitary inspection team was formed from battalion personnel in October. Each subsequent month a two man team has been designated from the available Medical Corps and Medical Service Corps officers. It is their responsibility to inspect each unit in DISCOM, to evaluate the current status of sanitation within each area, and to offer recommendations and assistance to the commanders. This program has been most successful.

8. DENTAL SERVICE:

a. Dental care for the division was rendered by four dental officers assigned to the battalion. Dental treatment was generally of an emergency nature with more definitive treatment provided by the 56th Dental Detachment (KJ) at Camp Radcliff. Patients reporting for treatment were given instructions in basic oral hygiene as part of the program to decrease dental disease. It has been found that the quality of oral hygiene tends to decrease when troops are in the field.

b. Procurement of Encore dental units (portable air drive high speed units) has increased the capability of the battalion to perform almost any procedures normally done in a fixed or semifixed dental clinic. Full employment of these units has not yet been obtained as this item is still non-standard and maintenance and repair parts are a problem.

9. CIVIC ACTION:

a. Participation by the battalion in civic action programs was divided into those projects conducted in the An Khe area and those performed by companies in the field. The project in An Khe was far more organized and sustained than operations in the field.

b. Sponsorship of the An Khe Hospital was the civic action project of the 1st Cavalry Division Support Command; however, the 15th Medical Battalion was the operating agency and as such provided the actual supervision and staffing of the facility. Significant progress has been made in the over-all operations of the hospital during the past year. Staffing of the hospital by personnel of this battalion has fluctuated depending on facilities and personnel available. Staffing has stabilized and now consists of 13 enlisted technicians who live in the hospital compound and one Medical Corps Officer who is present during normal duty hours

daily. One Vietnamese interpreter from the battalion was assigned full time to assist in overcoming the language barrier. This arrangement has proved to be very satisfactory. The American staff provided assistance and instruction for the partially trained physician and the five corpsman provided by the Vietnamese government. Improvement to the physical plant was undertaken and is progressing slowly. A three ward building was completed in September. This materially improved the inpatient facilities. As part of a continuing program to improve the physical plant, an area is being refurnished to provide limited laboratory facilities. The first statistics on patient load were compiled in April. Since that time 42,973 outpatients have been treated, 10,462 physical examinations have been conducted and 364 babies delivered.

c. Because of tactical considerations, medical companies in the operational areas had less time and manpower to devote to civic action projects. They did however, contribute to the overall effort when possible. Their primary civic assistance was rendered to Vietnamese injured as a result of US-NVA/VC action. Other acts of assistance were centered around individual incidents such as a dental officer visiting a montagnard village in the central highlands, a medical officer providing consultations to a local physician at Phan Thiet, or the referal of a child needing open heart surgery to the USS REPOSE. The only long term direct type of civic action effort engaged in by a deployed letter company was at Phu Cat where "A" Company provided three enlisted men to assist in the local dispensary. This support was started in September and is still continuing at the end of the year.

d. The overall effort applied by this battalion in the civic action field has been well worth the effort and is contributing to the United States objectives in Vietnam.

10. IMPROVEMENTS:

a. October saw the establishment of a Rabies Control Board which would consider treatment procedures for the relatively large number of animal bite cases. The board established the policies in consonance with the recommendations of the World Health Organization. This board consisted of MC officers and an MSC recorder from within the Headquarters and Support Company, 15th Medical Battalion. Additional regular members of the board were the Division Preventive Medicine Officer and the Commanding Officer, 4th Veterinary Detachment. The board was subject to

the supervision of the battalion commander and the technical control of the Division Surgeon. All cases of animal bites in Camp Radcliff were considered by this board. An effective rabies prevention program to include pet control and rodent extermination as well as medical treatment was promoted.

b. Concepts concerning use of the surgical pod were refined during the past twelve months. The pod is a component of a CH-54 helicopter (Flying Crane) equipped as a portable operating suite. Through use and experience a revised concept of the proper use of this item has been formulated. The surgical pod will be deployed with forward clearing stations only when the distance from the clearing station to complete surgical facilities indicates that patient evacuation time may be prolonged or when inclement weather might preclude rapid response by air ambulance. Under such conditions the presence of a clean, comfortable sterile operating suite would be advantageous. Staffing of the medical companies is at this time inadequate to provide complete surgical coverage due to absence of nurse anesthetists and fully trained general surgeons. To offset these discrepancies it is planned to augment the medical company with a KA Surgical team when it is determined the surgical pod will be displaced forward. A KA team would have to be provided from designated theater resources. This concept has as yet not been tried in practice but will be evaluated when the stated conditions exist.

c. An X-Ray monitoring service was added in October 1966. Although the risks of exposure to scattered ionizing radiation are small with the 15 MA machines utilized in the clearing stations of the 15th Medical Battalion, it was deemed advisable to establish a film badge system. The battalion S-4 was designated Radiological Control Officer, and in conjunction with the Sacramento Army Depot, Sacramento, California, exposure rates on badge films are now measured and recorded monthly.

11. PATIENT CARE AND EVACUATION:

a. PATIENT CARE

(1) Both inpatient and outpatient care were provided by clearing stations. No unusual problems developed in treating outpatients. Inpatients generally were kept in accordance with the division evacuation policy of 72 hours although certain patients remained longer when the situation permitted in order to reduce manpower loss to the division. Evacuation policy

for the wounded was 24 hours, but patients in the categories of IMMEDIATE or EXPECTANT were resuscitated and moved immediately to a surgical facility. Patients requiring extensive inpatient care were sent to the 2nd Surgical Hospital, Camp Radcliff, the 18th Surgical Hospital, Pleiku, or to the 85th and 67th Evacuation Hospitals, Qui Nhon.

(2) During extended periods of rain, the clearing stations received many cases of immersion foot. Infantry units in forward areas who operated day after day in inclement weather were the units effected. These cases were not the classical immersion foot of cold injury, however. Rather the patients presented blanched, soft, water-permeated skin which excoriated easily and became tender. Marked swelling and rubor were generally absent. Recovery was rapid (two or three days) as soon as the men were hospitalized. Treatment involved cleaning, drying and exposing the feet to air. If superimposed infection existed, it was treated and as the skin dried it was lubricated with lanolin containing lotions. No sequelae have been observed.

(3) Other medical problems of note included gastrointestinal parasitic infestations (Primarily ascaris, hookworm and whipworm). These cases were diagnosed and successfully treated in clearing stations. Complicated cases were referred to higher medical facilities. Many FUO's were treated. Malaria cases, once diagnoised or strongly suspected, were also promptly evacuated.

(4) Inpatient psychiatric care was provided, under the technical professional supervision of the Division Psychiatrist and Social Worker and by the Headquarters and Support Company of the Medical Battalion. The function of the ward was primarily as a psychiatric observation and holding facility. Acute intoxications were treated medically with subsequent psychiatric referal when indicated. Further discussions of the psychiatric services will be covered in the Division Psychiatrist's report.

b. EVACUATION

(1) Aeromedical evacuation was the means of evacuation within the operational areas. In the counterinsurgency environment, rapid movement by helicopter, dispersion of units and fluid tactical situations made the text book concept of evacuation obsolete within the 1st Air Cavalry Division. Evacuation by helicopter, was the normal and often

the only means of transporting patients from the forward areas to division clearing stations. Battalion aid stations were overflown, and patients generally were moved from the site of injury directly to the clearing stations. Within division and brigade base camps, ground evacuation was available for local use.

(2) Evacuation capabilities centered around an air ambulance platoon of 12 UH-1D helicopters. While the TOE specified that these aircraft be apportioned with eight to the air ambulance section and four to the crash rescue section, highly variable and scattered support requirements revealed that only the merged of the two sections could provide a homogeneous pool for effective resources management. The platoon has supported operations in four separate areas simultaneously for extended periods of time.

(3) With almost total reliance on aeromedical evacuation, certain difficulties have been encountered. Inclement weather has hampered patient evacuation. Safety of crew and patients demanded that minimum safe weather conditions be met before an evacuation mission was flown. If conditions were below minimum, evacuations were sometimes delayed. Operating bases of aircraft have had to be repositioned at times to avoid a particulary bad weather area. Hostile fires were another serious factor affecting air evacuations. Patients in areas which were under enemy fire could not always be extracted until the landing zone was relatively secure. Also, since flight patterns continually placed air ambulances over hostile territory the aircraft were hit numerous times by enemy fire while they were enroute to a pick up point as well as times they entered an assault LZ.

12. INSPECTIONS

Inspections of the battalion by various agencies began in late September and continued through December. A listing of the more important inspections is shown here:

DATE	INSPECTING HEADQUARTERS	TYPE INSPECTION
29 Sep 66	USARV	Supply Records
29 Sep 66	USARV	Aircraft Technical Supply

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DATE	INSPECTING HEADQUARTERS	TYPE INSPECTION
16 Nov 66	1st Air Cav Div	CMMI
18 Nov 66	1st Air Cav Div	AGI
22 Nov 66	Dept of Army	Supply Records

The first inspections found discrepancies in PLLs, maintenance procedures and log books. Action was taken to correct these discrepancies and subsequent inspections showed a marked improvement in these areas. The final inspections were passed with favorable remarks by the examining teams.

13. COMBAT OPERATIONS

a. Tactical operations conducted by the 1st Cavalry Division (Airmobile) were supported medically by the 15th Medical Battalion. Operations carried troops of the battalion from the Cambodian border, east to the South China sea, North to Bong Son and as far south as Phan Thiet. A detailed list of operations the responsible medical companies and the support bases is shown in Incl 2. From this experience the battalion learned several lessons relative to airmobile operations.

(1) To support a whole brigade, the medical company had to be complete and fully operational, i.e. present with full TOE equipment and personnel. A significant patient load could occur rapidly even when only small numbers of troops were operating in the area. Medical companies needed all their assets at such times. To piecemeal the remainder of a medical unit into the area of operations in a crisis could not be accomplished quickly enough to assist in the situation. Distance, weather and aircraft priorities were other governing factors. It is standard practice now to commit an entire medical company in support of a brigade operation.

(2) In counterinsurgency warfare it has been exceedingly difficult to forcast patient loads; large numbers of casualties do occur rapidly and without warning. In order to insure efficient further evacuation of casualties to fixed treatment facilities, the supporting medical group was persuaded to place a field medical regulator with each medical company in the field. Although medical regulating rearward from

division clearing station is the responsibility of the supporting medical group, the efficiency with which regulating is accomplished directly influences the clearing station. This arrangement expedited movement of casualties when large numbers were encountered and assisted the clearing stations in maintaining an adequate number of open beds.

b. In a fashion analagous to the brigade level forward area support teams of conventional divisions, FSEs or forward support elements are deployed by the DISCOM of the 1st Cavalry Division. Sundry support detachments along with a medical company are placed in the body of the FSE. The FSE is established under the direction of an operational "commander" provided from DISCOM headquarters. Differences of opinion occasionally arose last year between FSE chiefs and the medical battalion as to how best to employ the companies and associated messes. Normally, relationships were good as the FSE commanders confined themselves to the general security and management of the forward bases while the medical activities were directed by the medical battalion headquarters. The focal nature of airmobile logistics in the counterinsurgency environment and the immediate availability of aerial medical evacuation precluded most disagreement that can occur in conventional warfare over schemes of maneuver and medical support.

c. Employment of the air ambulance platoon.

(1) General guideline for allocation and operation of the air ambulance platoon in the field has evolved. During initial phases of an operation, MED EVAC aircraft were committed on the basis of one helicopter per infantry battalion for a brigade force but a minimum of two for a battalion sized task force. In the latter case, two MED EVACs were required so that backup support was readily available and some relief for the crews provided. After the initial assault by any task force the number of MED EVAC aircraft was tactically tailored according to the casualty rate, number of locations being supported and aircraft availability. This criterion has worked very well.

(2) While MED EVAC aircraft normally operated from the medical company they were supporting, they were able to operate independently if certain conditions were met. In independent missions it was necessary that a secure area be provided, that mess and refueling facilities were present and a ground radio station was attached. Medical battalion provided the ground radio and operator when this type of operation was necessary.

This method of employment was not desireable, but it was workable if weather or other conditions necessitated separation of MED EVAC from the medical company.

(3) Installation of a hoist on MED EVAC aircraft gave the medical battalion a capability of extracting patients from otherwise inaccessable areas. It must be realized, however that a hoist operation is slow, presents a greater hazard to the aircraft and crew, is more traumatic to the patient and is limited to one patient per hoist mission due to density altitude in this location. For these reasons, hoist operations were undertaken only when a patient was in a location where a landing zone was not within reasonable distance or one could not be quickly cleared. Close control of requests for hoist extractions was mandatory to preclude excessive missions of this type.

(4) Arming of MED EVAC aircraft was found to be necessary due to the type of missions being flown. With small units scattered over a wide area, MED EVAC pilots usually flew over hostile terrain to pick up a patient. Enemy forces have shown no hesitancy in shooting at air ambulances in spite of multiple red cross markings on the aircraft. In order to have some defensive capability without requiring gunships for escort, each aircraft was armed with two M60 machine guns, one manned by the crewchief and one by an assigned gunner. Guns were fired only on order of the aircraft commander after hostile fire was detected. The mere presence of machine guns has been found to act as a deterent. Experience has shown that unarmed MED EVAC helicopters received more fire than those equipped with machine guns. The weight of the added crew member and the armament decreased the lift capability; however this factor has not been detrimental to evacuation missions as most patient pickups involve less than the maximum load for the HU-1D.

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PERSONNEL CHANGES

I APPROVED

a. ADDITIONS

	REASONS
12 Aerial Gunners	Provide defensive fires for air ambulances
1 Senior Helicopter Mechanic	To increase organizations aircraft maintenance capability
1 Helicopter Mechanic	
2 Helicopter Mechanic's Helpers	

b. CONVERSIONS

	REASONS
4 Medical Aidmen to Crash Rescue Specialist	Better balance between crash rescue specialists and medical aidmen in crash rescue section

II RECOMMENDED and PENDING

a. ADDITIONS

	REASONS
1 Clerk	Increased administrative work load in S1
1 Switchboard Operator	To provide 24 hour coverage on the switchboard
4 Medical Supply Specialists	In the field each company is an isolated medical supply point for supported units and currently has no medical supply personnel. The MEDCAP II program complicates medical supply accounting also.
1 Powerman	To provide HQ & Spt Co with a powerman which they now lack

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15TH MEDICAL BATTALION, 1ST CAVALRY DIVISION (AIRMOBILE) 1966

ADDITIONS	REASONS
4 Assistant Evacuation Platoon Sergeants	To provide each company with 24 hour supervision of evacuation (and litters) and platoon
1 Medical Laboratory Assistant	To increase laboratory capability within HQ & Spt Co due to additional work load in base camp
3 Radio Operators	To supervise and operate radio communications in each letter company
3 cooks and 3 first cooks	One each to each letter company because of increased number of personnel fed in the field - not only patients but the whole forward support element

b. Grade, MOS or Position Descriptions Adjustments

	REASONS
Prefix 6 added to Executive Officer and S3's MOS	To provide better background in air operations.
Air Operations Sergeant title changed to Intelligence Sergeant	More accurate job description
Air Ambulance Platoon Leader, Operations Officer, Air Ambulance Section Chief and Crash Rescue Section Chief increased in grade	Responsibility of positions felt to warrant grade of major for platoon leader and captain for others
Air Ambulance Platoon Sergeant MOS changed from medical to helicopter mechanic	Duty requires primary emphasis in supervising crew chiefs and not medical personnel

15TH MEDICAL BATTALION, 1ST CAVALRY DIVISION (AIRMOBILE) 1966

Grade, MOS or Position Descriptions Adjustments	REASONS
Increased grade of Mess Steward	Base on number of cooks supervised
Receiving-Forwarding Clerks changed to A & D Specialist	To make description fit MOS
Increased grade of Medical Equipment Repairman	Based on large area and number of experimental medical items he is responsible for

OPERATIONS SUPPORTED BY 15TH MEDICAL BATTALION

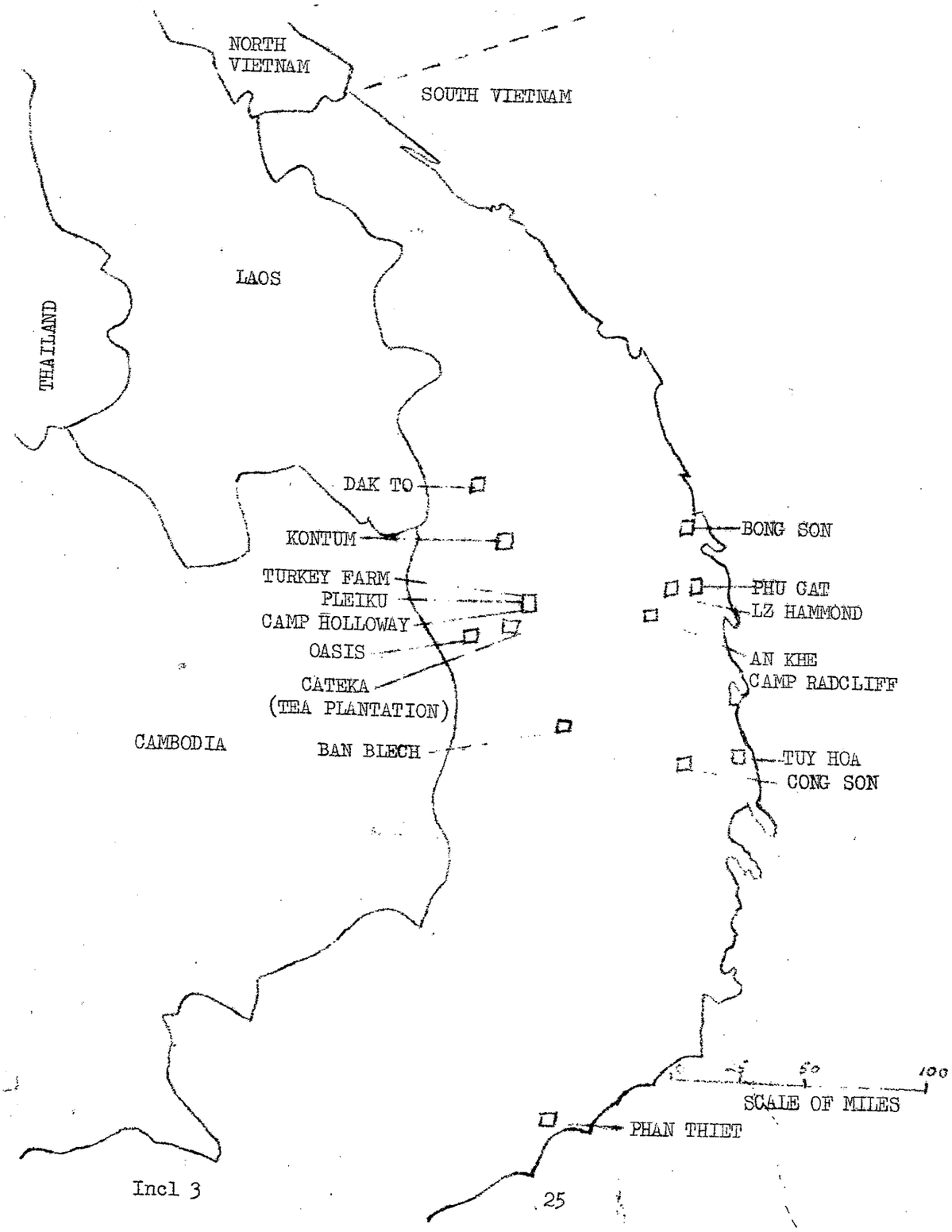
OPERATION	AREA OF OPERATION	DURATION OF OPERATION	SUPPORTED BY	SUPPORTED FROM
BENNING	AN KHE, BINH DINH PROVINCE	1 Jan-1 Oct 66	"HSC" 1 Jan-1 Oct 66	CAMP RADCLIFF
MATADOR	PLEIKU & KONTUM PROVINCES	1-17 Jan 66	"A" 2-17 Jan 66 "B" 4-20 Jan 66	CATEKA CAMP HOLLOWAY (PLEIKU)
MASHER	BINH DINH PROVINCE	25 Jan-6 Mar 66	"C" 24 Jan-2 Feb 66 3 Feb-6Mar 66	 PHU CAT BONG SON
WHITE WING	BINH DINH PROVINCE	2 Feb-6 Mar 66	"B" 1 Feb-6 Mar66 "A" 17Feb-24Mar66	SOUTH OF BONG SON
JIM BOWIE	NORTH BINH DINH PROVINCE	13 Mar-28 Mar 66	"A" 13-22 Mar 66 "C" 13-28 Mar 66	CAMP RADCLIFF CAMP RADCLIFF
LINCOLN I	WESTERN PLEIDU PROVINCE	25-31 Mar 66	"A" 24-31 Mar 66	OASIS
LINCOLN III	WESTERN PLEIKU PROVINCE	1-8 Apr 66	"A" 1-8 Apr 66 "B" 1-8 Apr 66	OASIS PLEI ME
MOSEY I	PLEIKU & KONTUM PROVINCES	11-17 Apr 66	"A" 11-18 Apr 66 "C" 11-15 Apr 66	OASIS PLEI MRONG
MOSBY II	PLEIKU & KNOTUM PROVINCES	21 Apr-3 May 66	"B" 20-25 Apr 66 "B" 26 Apr-3May66	PLEI KU KONTUM

OPERATION	AREA OF OPERATION	DURATION OF OPERATION	SUPPORTED BY	SUPPORTED FROM
COCHISE	PLEIKU, POLEI KRING & KONTUM PROVINCES	17-30 Apr 66	"B" 20 Apr-3 May66	KONTUM
LEWIS & CLARK	PLATE GI, KONTUM PROVINCE TO AN KHE, BINH DINH PROVINCE	3-15 May 66	"B" 3-15 May 66	CAMP RADCLIFF
DAVY CROCKETT	BINH DINH PROVINCE	4-16 May 66	"C" 3-15 May 66	BONG SON
PAUL REVERE	PLEIKU PROVINCE	9 May-20 Jun 66	"B" 1-9 Jun 66	OASIS
CRAZY HORSE	VINH THANH VALLEY, EAST BINH DINH PROVINCE	16 May-5 Jun 66	"A" 16 May-5 Jun 66	CAMP RADCLIFF
HOOKER I	KONTUM PROVINCE	10-21 Jun 66	"B" 10-23 Jun 66	KONTUM
NATHAN HALE	VICINITY TUY HOA & DONG TRE, PHU YEN PROVINCE	19 Jun -1 Jul 66	"C" 20 Jun-1 Jul 66	TUY HOA
HENRY CLAY	PHU YEN PROVINCE	2-30 Jul 66	"C" 2-19 Jul 66 "A" 18-28 Jul 66	CUNG SON BAN BLECH
HAYES	DAK TO, KONTUM PROVINCE	18-31 Jul 66	"C" 25-31 Jul 66	DAK TO
PAUL REVERE II	PLEIKU PROVINCE	1-25 Aug 66	"B" 3-26 Aug 66 "C" 2-20 Aug	PLEIKU(TURKEY FARM OASIS

OPERATION	AREA OF OPERATION	DURATION OF OPERATION	SUPPORTED BY	SUPPORTED FROM
BYRD	VICINITY PHAN THIET BINH THUAN PROVINCE	*26 Aug-31 Dec 66	*"C" 21 Aug-31 Dec 66	PHAN THIET
THAYER I	BONG SON, CROWS FOOT BINH DINH PROVINCE	13 Sep-1 Oct 66	"A" 13 Sep-1 Oct 66	LZ HAMMOND
* DAZZLEM	VICINITY ANKHE BINH DINH PROVINCE	* 1 Oct-31 Dec 66	* "HSC" 1 Oct-31 Dec 66	CAMP RADCLIFF
IRVING I	PHU CAT, BINH DINH PROVINCE	2-12 Oct 66	"A" 2-12 Oct 66	LZ HAMMOND
IRVING II	PHU CAT, BINH DINH PROVINCE	13-26 Oct 66	"A" 13-26 Oct 66	LZ HAMMOND
* THAYER II	BONG SON, CROWS FOOT BINH DINH PROVINCE	*25 Oct-31 Dec 66	* "A" 25 Oct-31 Dec 66	LZ HAMMOND
PAUL REVERE IV	WESTERN PLEIKU PROVINCE	31 Oct-27 Dec 66	"B" 31 Oct-27 Dec 66	OASIS

* - Indicates operations continuing into 1967

AREA OF OPERATIONS
15TH MEDICAL BATTALION



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