Literary Club Budget Paper

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Call-up and Mobilization of the 311th Field Hospital, April 1968

As a 1st year surgical resident at the Cincinnati General Hospital in 1962, I became an active Army reservist by joining the 311th Field Hospital in Sharonville, Ohio. My personal motivation was to serve six years of Active Reserve duty in lieu of a two-year stint on active duty that was, at the time, required for physicians under the Berry Plan.

Allegedly, the 311th Field Hospital was a Korean War era mobile tent hospital or MASH (Military Acute Surgical Hospital) unit. However, the unit bore little resemblance to the hospital in the colorful TV series, and was equipped with just a minimum of materials to administratively 'exist on paper' and form a small convoy of military vehicles to travel to summer camp each year. Curiously, the 311th routinely received a superior 'readiness' rating on annual inspections by Army Evaluators.

The 'fighting 311th' (as it was affectionately called), had 160 enlistees who were mostly college graduates with just six months of basic military training. This basic training plus five-and-a half years in the active reserves fulfilled an enlistee's military obligation and, at that time, preempted the draft that could result in spending a year in the Republic of South Vietnam.

Reserve meetings were essentially 'paper pushing' and equipment maintenance exercises, mixed in with movies about such engaging topics as military courtesy and army regulations. At all day Sunday meetings, most of the unit's 13 physicians and 10 nurses dutifully signed-in at 8AM to be credited with attendance, then left to conduct hospital rounds or chores, and return in the early

afternoon to sign out. My primary role as a Captain in the Reserves was to maintain the unit's 'call list' to assemble the troops in the event of a disaster or special drill.

The workload for a reservist was minimal. Yearly, the unit did cursory physical exams on other reservists and 'career' reserve officers completing their reserve obligations to qualify for pensions. Generally, the unit went to Camp Pickett Virginia for the two weeks of summer camp. Once there, the training consisted of staffing a dispensary that mainly treated poison ivy, sprained ankles and other minor ailments. For the physicians, summer camp was a welcomed respite from the demands of medical practice. Afternoons during the week were set aside for golf, reading and bridge, and the weekend for a junket to Virginia Beach to act like college kids on Spring Break.

During the first week of April 1968, I received an urgent phone call from my father who informed me that the news commentator at Rotary Club had announced that President Lyndon B. Johnson was activating reserve units including the 311th Field Hospital for duty in Vietnam. With just four months remaining in my reserve commitment and finishing my second year of urologic practice, I initially thought this turn of events impossible.

Within the next three months, the entire unit assembled at Ft Leonard Wood in Missouri, a base legitimately called Fort Lost in the Woods, for training to prepare for deployment to Vietnam.

The advanced party of the 311th arrived at Ft. Leonard Wood in May to begin the training process leading up to deployment in October 1968. The Army Brass elected to maintain the unit as a Field Hospital that consisted of a Headquarter plus two mobile 100 bed acute care Hospital units. Despite my total lack of basic military training, my rank as a Captain and seniority promoted me to the position of Hospital Unit Commander. To equip the units, the men combined the remnants of three Korean War Field Hospitals housed in giant warehouses.

The standard performance benchmarks for a mobile field hospital are to be able to disassemble the hospital in the field, load it onto trucks, move 20 miles

and be operational within four hours. 'Operational' meant triage of causalities, and functioning emergency room, laboratory, pre-op holding area, operating rooms and post-op recovery room. Although very monotonous, the men of the 311th became very proficient at erecting and tearing down tents day-after-day.

The program to get the unit up to speed and ready for deployment was poorly planned and messy.

First, Ft. Leonard Wood was a basic training facility for about 40,000 newly enlisted draftees. It had only a rudimentary medical facility that treated a few permanent-party military personnel, but primarily screened new recruits for conditions that disqualified them from active duty and lead to immediate discharge. None of the Physicians or Medical Service Corp officers at Ft. Leonard Wood had experience with mobile Field Hospitals, or, for that matter, dealing with Reservists. To put it bluntly, the Post Commander and his subordinates had little clue what to do with their new foster children left at their doorstep. Yet, they were under pressure to satisfy their superiors and demonstrate that the 311th was ready for duty in a war zone.

Secondly, with dust-off helicopter evacuation and no defined battle lines, all U.S. hospital facilities in the Republic of South Vietnam were fixed installations with permanent Quonset hut medical wards and tropical housing. What possible role could a mobile Field Hospital play in Vietnam?

Thirdly, the 311thField Hospital was grossly undermanned with shortages of specialists and only one MSC administrative officer with combat experience. Also remarkable was the fact that the Commanding Officer of the 311th , Major Poe, had just six months of formal military training at Ft. Sam Houston followed by time in the Active Reserves.

Lastly, probably in desperation, the Post-Commander researched the army manuals and hit upon the idea of a three-day Army Training Test (ATT) in the field for the 311th performing as a MASH unit. He conjectured that this grueling test would impress his superiors and verify the readiness of the 311th for service in Vietnam.

In late August, the Army Training Test proceeded during the three hottest days of the Missouri Summer. The exercise was surreal. The terrain was rocky, the Evaluators mistakenly triggered a simulated 'atomic' attack (we had no idea how to respond) and key personnel were shared and migrated between units. The absence of administrative officers and seasoned first sergeants contributed to a lack of coordination and delegation of responsibilities.

At the end of the exercise, it took a great deal of courage for the Evaluators and Post Commander to fail the fighting 311th Field Hospital on the Army Training Test. For redemption, the unit was given a second chance by remaining in the field for an additional 24-hour training exercise involving just one hospital unit. With a full complement of personnel, the unit handily passed the test with distinction. The Army Brass must have been concerned, because a Major General arrived to convey the good news about our excellent performance. As an aside, the General intimated that disgruntled reservists who did not wish to deploy to Vietnam must have sabotaged the earlier test. My total exhaustion and sense of self-preservation prevented me from taking strong issue with his allegations.

The Vietnam mission of the 311th Field Hospital was to staff a Prisoner of War (POW) hospital. When the unit arrived in October 1968 in Qui Nhon (third largest city in South Vietnam located in II Corp), the POW hospital was still on the drawing boards and the 311th was incorporated into the 85th Evacuation Hospital. During this process, the unit was scattered; the female nurses separated; and the Headquarters unit relocated to the 'Rehabilitation Center' in the Valley where the new POW hospital was to be located. A scaled down 85th Evacuation Hospital transitioned to the acute care facility for POWs.

The Viet Cong and North Vietnamese POWs seemed like children—small in stature, speaking a funny musical language and grateful for our care. It was hard to understand how they could be such an effective fighting force. Most of our POWs had extremity wounds, because those with abdominal or chest wounds rarely made it to the hospital. In fact, the hospital had one entire Quonset hut with 40 compound fractures of the upper and lower extremities. When recovered, the prisoners were transferred to the Rehabilitation Center where

after further convalescence they were classified as A (able to work) or B (disabled and unable to work). They were then turned over to the South Korean military serving in Vietnam who, it was rumored by reliable sources, put the As to work and executed the Bs.

As with all military call-ups and deployments, the uncertainty, stress and separation was devastating to the personal lives and marriages of many members of the unit. While in Vietnam, letters and voice tapes took five to ten days to arrive, and once a week, those troops in support areas could talk with relatives over a primitive short-wave MARS station radio. The one way conversations usually went like this; Hello; *Over*; How are you; *Over*; We are okay; *Over* and so on for about 90 seconds.

The 311th Field Hospital arrived in Vietnam after the Tet Offensive of January and February 1968. Even with the widespread anti-war riots at home and media coverage that showed horrific carnage, the Tet Offensive was a huge success for the American forces in Vietnam because it eliminate more than half of the Viet Cong and NVA forces and temporarily decimated their command structure. After Tet, there was a lull in the fighting. For me, this slow period provided an opportunity to work with and train Vietnamese physicians in their Provincial and Army (ARVN) hospitals.

On one notable occasion, three Vietnamese Officers (2 doctors and a chopper pilot) asked me to explain the violent anti-war protests in America. I did my best to put a proud face on our free democratic system and suggest that only a vocal minority opposed the war. In return, I asked them about their discrimination and brutality toward the two million Chinese who lived in the Cholon district of Saigon and how they would solve that problem. All three stated emphatically that it was 'no problem.' One said he would just line up the Chinese and kill them, but the other two relented and said they would only kill the men, and spare the women to bear Vietnamese children. Although said in a flippant manner, this episode brings into focus the vast cultural differences between the Eastern and Western ways of thinking. Most of my Vietnamese friends had more than just a streak of nationalism and xenophobia. The ordinary Vietnamese

disliked the Chinese, French and Japanese more than they disliked Americans. However, on a personal basis, I found the Vietnamese to be warm, gracious and appreciative of our efforts.

In August 1969, the 311th Field Hospital regrouped to return home two months shy of a year's tour. Everyone returned safely to civilian life except Dr. Thomas Fox, a gifted surgeon, who contracted acute hepatitis and died in a hospital in Japan. When the unit reformed, it seemed to me that each soldier of the original 311th Field Hospital had had a very different experience in Vietnam. Overseas duty and 'hostile fire pay' may foster camaraderie and teamwork, but the experience when fighting and then returning to civilian life affects everyone differently. Although not in combat, my Vietnam time was a year of living dangerously, challenging many of my earlier priorities and feeling badly about the sacrifices my family had to make.

I have purposely avoided the political and national interest perspectives about the Vietnam War. When I was there, I fortunately thought it was winnable through American military might and pacification programs. As events evolved, I was wrong. I now think that military intervention is not a suitable catalyst to spread Democracy around the world. Tribalism, corruption, money, theocracy and vast cultural differences make untenable bedfellows for originating an open, free society such as ours.