CHAPTER 30

# HOLD ON A MINUTE, THIS PATIENT IS COVERED WITH FUR

*Queen Tonic, we have three WIA's and a possible case of rabies onboard*

**FRED:** When I was working nights in the ER (6 pm to 6 am) I'd be getting ready to hit the sack at just about the same time Steve was getting up to go to work in Headquarters from 8 to 5. So even though we bunked right next to each other, we barely had a chance to even say hello, let alone discuss what was going on in our respective little worlds. It was odd because we had spent the previous ten months together, literally seven days a week, and now whenever one of us would see the other, he was usually asleep. Such were the realities of war!

**STEVE:** Working nights in the Emergency Room was normally pretty easy duty for Fred since there wasn't much battle action after sundown. When patients did arrive, they'd usually come in one or two at a time, whereas during a daylight battle or ambush, the 24th Evac could at times receive as many as a dozen in the space of a half hour.

**FRED:** But even when it was slow, we had to carefully monitor the radio since the Dustoffs (medical evacuation helicopters) would call ahead to let us know the number and types of casualties they were

bringing in. This allowed us some precious time— like 10 to 20 minutes— to make sure we had the right equipment and personnel ready as soon as the chopper touched down on our helipad.

**STEVE:** It also gave our people a chance to wave off the "bird" and send it to a nearby hospital if for some reason we didn't have sufficient capacity or the proper equipment or specialists to handle the types of casualties onboard.

**FRED:** One of my duties was to assist in unloading the wounded from the bird and bringing them into the ER to be set on litter stands. I would then perform other tasks like cutting off their clothing with a large scissors, inspecting them for multiple wounds to make sure we didn't overlook anything, and making sure we obtained their correct name, rank and serial number in case they lost consciousness. I would also collect their personal possessions to be logged in and stored in a secure area until such time as the patient was ready to leave the 24th. To prevent overdosing, we would write an "M" on their forehead to indicate they had been given morphine for pain, or a "T" if they received a tetanus booster. An IV would be started to replace lost fluids, along with a blood transfusion if needed.

**STEVE:** What would you say was the worst aspect of working in the Emergency Room as far as you were concerned?

**FRED:** For me that would have had to be whenever we had to put a deceased patient into a rubber body bag for transfer to the Morgue. Fortunately I only had to do it a couple times.

**STEVE:** Then when things got really busy in the ER, a doctor might have to ask one of the nurses to perform certain tasks he would normally do himself. And a nurse might then have to ask a corpsman to take on some assignments she would normally do herself, like debriding a wound by cutting away the dead tissue around it.

**FRED:** In a mass casualty situation, whether it involved battlefield casualties or victims of a train wreck, medical personnel often had to decide which patients to treat first, which ones could wait and which ones were not likely to survive whether they received treatment or not. This practice was known as "triage," which gets its name not from the three categories of patients but from the French verb "trier," meaning "to sort or separate out."

**STEVE:** And in fact some triage systems separate patients into four or five groups instead of three. The military system of triage was developed in the 1930's for the purpose of saving the maximum number of lives, sometimes at the expense of those few that were likely to be lost no matter what steps might be taken to try to save them.

**FRED:** In Vietnam there were two types of criteria for triage, one involving who the individual was and the other involving the type or severity of his injuries. American soldiers and civilians were treated first, followed by South Vietnamese soldiers and civilians, followed by enemy soldiers. We had two wards of VC prisoners guarded around the clock by American MP's. Naturally we assumed the guards were there to protect hospital staff from the VC. Some MP's, however, have said it was more common for them to have to protect those VC from American GI patients who wished to exact revenge on enemy soldiers for killing their friends.

**STEVE:** Personally I felt a lot of empathy for the VC patients since I viewed them as being mostly conscripts who had been compelled to serve in the military just like we had. And unlike a lot of American combat troops, I felt no hatred toward the enemy— especially since I worked with Vietnamese civilians every day. The ones I knew were all very decent (but primitive) people, as near as I could tell.

**FRED:** Agreed, I did not feel any hostility whatsoever toward the Vietnamese people we knew— although some guys did.

**STEVE:** Anyway, the US field medics used a form of triage when assessing battlefield casualties to determine who should be evacuated first. But triage "officially" began when the patient arrived at a hospital or aid station. A physician would normally be responsible for making triage decisions, but if things got hectic he might have to delegate that function to a nurse. And when things would get really hectic, it might have to be delegated to a corpsman.

**FRED:** The basic criteria were: Class I, patients who were likely to survive only if given immediate attention; Class II, patients who were likely to survive even if their treatment had to be delayed for some period of time; and Class III, patients who were not likely to survive with or without treatment and were essentially waiting to die. Over time, the hospital medics would gradually learn to recognize certain

symptoms that provided strong evidence as to the category in which each patient was likely to be assigned. Had I spent more time in the ER as opposed to the Admissions Office, I'm sure I would have refined those skills as time progressed.

**STEVE:** But you did get an opportunity to test your surgical skills.

**FRED:** Yes. One evening we had nearly a dozen patients occupying the litter stands when a few more were brought in and set down over in a corner of the ER. These were South Vietnamese (ARVN) soldiers, as I recall, with gunshot wounds. One doctor took a brief look at them and said "This one needs a trache, right now!"

**STEVE:** What he meant was if someone didn't immediately make an incision in the patient's throat that would allow him to breathe through his neck, he could die of suffocation because his airway was blocked. The physician looked around and saw no doctor or nurse available, so he hollers "Does any corpsman wanna do a trache?"

**FRED:** Now back in Medic School, there were several procedures that weren't part of the official curriculum but the instructors briefly explained them to us anyway. Their theory was that we might have to perform them at some point, even if the Army didn't think we were supposed to. (The brass probably thought it would be too easy for a corpsman to make a mistake and kill somebody.)

**STEVE:** One of these "unofficial lectures" was about delivering a baby; another described how to perform a tracheotomy. They tried to teach us so much stuff in Medic School that I knew I wouldn't be able to retain it all. So I had a system for memorizing the key points, just like when I learned the General Orders back in Basic. In the case of a tracheotomy, I determined there were two important points I had to remember: Be sure to start the incision below the Adam's Apple, and be sure to make a vertical cut as opposed to a horizontal one— otherwise you might slice the jugular vein or carotid artery, resulting in the patient's quick demise. I figured I could pretty much handle the other aspects by operating on instinct alone.

**FRED:** In my case I didn't have any specific points I had memorized, so I just told the captain "I'll do it sir, but I've never done one before." He handed me a scalpel, showed me where to cut and how to stick my finger in the hole before inserting the breathing tube. With

that I was off and running. I wouldn't say I was nervous about it, although if he had said "Here, take this scalpel and cut a hole in Steve Donovan's throat," I might have had some trepidation about that. But since the patient was a stranger to me, as well as a Vietnamese who was about to die if I didn't deliver, I had no second thoughts. It went pretty smoothly and in a matter of minutes, he was able to breathe as well as could be expected under the circumstances.

**STEVE:** I did learn later that at Fort Sam, new Army doctors and nurses (most of whom had never performed a tracheotomy) were taught to practice doing them on live goats. Apparently goats were selected because of their long necks— allowing for repeated incisions— that were very similar to those of humans.

**FRED:** But of course we didn't have the benefit of practicing on goats or any other living creatures. For us it was like everything else— just another case of "Look at this. Remember it!!! Next subject!" (A line that came directly from an old Bill Cosby comedy routine about when he was being trained as a Navy corpsman.) Then again, maybe they didn't teach us medics how to do tracheotomies because they just didn't have enough goats to go around.

**STEVE:** Naturally the first tracheotomy would be the toughest. In Medic School, I remember when I was about to give my first "practice injection" to a fellow trainee and I observed that my hand was trembling. (Probably too much coffee that morning!) Not wanting the "patient" to see it, I went ahead and quickly plunged the needle into his arm. I can only imagine what I would have done when I was about to cut into someone's throat for the first time.

**FRED:** At least if he were Vietnamese, he wouldn't have been able to curse at you in English! Actually I've been told that at some point after we got our Medic School diplomas, traches were added to the curriculum. Not sure about delivering babies, though.

**STEVE:** I do recall committing to memory the four basic life saving steps when treating a battlefield casualty: "Stop the bleeding. Clear the airway. Protect the wound. Treat for shock." The instructor said "If you don't remember anything else from your medic training, remember these four steps!!" Unfortunately I suspect there were some trainees who couldn't even remember the four basic steps. Overall, the

guys in Medic School were definitely a more educated and teachable group than, say, the men in your average platoon of ground pounders. But the Army tried to give you so much information during the 10-week course that I doubt if anyone could remember it all.

**FRED:** And there were some guys who seemed incapable of retaining anything. We had a few of 'em at the 24th. Those were the ones who— once they got to Vietnam as an infantry or hospital medic— were put on permanent guard duty, shit burning detail or garbage detail. If nobody trusted them as medics, they weren't going to be assigned to caring for patients or treating battle casualties.

**STEVE:** By the way, the Field Medic's Manual dated 1984 had 20 pages on how to deliver a baby and what to do if something should go wrong. I don't think we spent 10 minutes on it in training class in '66.

**FRED:** Regarding the four life saving steps, I believe the Army later changed them to "stop the bleeding, clear the airway, treat for shock, prepare for evacuation." But we were inducted into the "transitional Army" that was in the process of changing its medical procedures. In the old Army, casualties traveled by ambulance from the field medic... to an aid station... to a clearing station... to a field hospital... and then to an evacuation hospital or surgical hospital, depending on what the patient needed. But in Nam, casualties were being evacuated by helicopter directly from the battlefield to the evac hospital or surgical hospital. This saved a lot of time and, of course, a lot of lives.

**STEVE:** The principle of the "Golden Hour" referred to the idea that if a casualty could be transported to the Operating Room in less than 60 minutes, he stood an excellent chance of surviving. The objective in Vietnam was to reduce that period to under 30 minutes, which was usually achieved. As a result, the survival rate for casualties who were still alive when they reached an evac hospital was around 97 percent. (Although I found out later that a patient had to survive for 24 hours before he was counted as being "alive on arrival.")

**FRED:** Usually at 2 or 3 in the morning in the ER, there was absolutely nothing going on. But we still had to constantly monitor the radio in case an air ambulance might call in to report its estimated arrival time, plus brief descriptions of the wounds suffered by the casualties onboard. So I would often be sitting in a chair right next to

the radio, with the speaker less than 8 inches from my ear. Sleeping was permitted in that situation because: a) you weren't on guard duty, where sleeping could be a court martial offense, and b) the radio was so loud that it would wake you instantly if a call came in.

**STEVE:** Did anyone give you amphetamines to help you stay awake? Despite assertions that the Army commonly used benzedrine or dexedrine pills to keep the troops awake at night, I don't believe I ever saw or was offered any myself. Apparently you could get them from the hospital pharmacy if you needed them. Some claim that during the war, "bennies" were "handed out like candy" to the infantrymen who had to remain alert for guard duty or night ambush missions.

**FRED:** There were benzedrine tablets available to those of us on the night shift, although I'm not sure where they came from. I would take them occasionally, but if it was a slow night, I preferred to just sleep right next to the radio. This one night there were no radio transmissions coming in to wake me up. I slept there so long with my left arm pressed against the sharp edge of the radio that my arm went numb. Apparently I severely pinched a nerve because my arm was partially numb for three or four days before it cleared up. I was reluctant to report it due to the stigma that would be attached to my explanation that I was "asleep on duty" when it happened.

**STEVE:** So you were on duty— and wide awake—in the ER the night the rabid dog came in.

**FRED:** Yeah, it was actually early in the evening when there was still plenty of daylight. The 24th Evac had its own dedicated radio frequency (62.05 kHz) and our call sign was "Queen Tonic." I heard the radio crackle a few times, then some static, and then:

*"Queen Tonic... Queen Tonic... this is Dustoff three-six-bravo-niner, inbound from Tay Ninh. Do you read, over."*

Sergeant Renfro grabbed the mike as he sat down in his chair.

*"Go ahead bravo-niner, this is Queen Tonic. What's your status? Over."*
*"Queen Tonic, ETA is 22 minutes. We have three litters, four WIA's total. One serious head wound... one bullet wound shoulder... one shrapnel wounds in lower extremities... and one dog bite. We're also bringing the dog for observation, over."*
*"Roger bravo-niner, we copy one serious head wound... one bullet*

*wound shoulder... one shrapnel in lower extremities... one dog bite... and one naaaasty dawg. What's the disposition of this dawg? Over."*
*"Wait one."*
*"OK Queen Tonic, dog appears to be calm and relaxed, no outward signs of agitation. We'll give you a shout when we're three minutes from touchdown. Three-six-bravo-niner, over and out."*

**STEVE:** And what were you guys supposed to do with a rabid dog?

**FRED:** Well, Captain Stiller told me to go next door and alert Headquarters about the dog. I go tell the Officer of the Day, Lieutenant Gorman, whose response is: "Where in the hell are we gonna put a rabid dog? Do we have a cage or anything like that?" A stunned silence pervades the room for a moment, then the always resourceful Company Clerk, SP4 Maxwell, says "I'll get a rope and some welder's gloves from the Motor Pool and meet the chopper. If it's calm and relaxed, I should be able to handle it. No problem, sir."

**STEVE:** In the Motor Pool, PFC Lovejoy was the only one on duty when SP4 Maxwell burst into the tent. Pulling a little rank and seemingly in a mild state of panic, Max panted "Quick, we've got an emergency! I need a 10-foot piece of rope and a pair of welder's gloves! Plus I gotta borrow that catcher's mask that Wendell's got in his hooch. Go grab it and meet me at the helipad in ten minutes!"

**FRED:** Being the Company Clerk, Max commanded more respect than most other guys of his rank— he was, after all, the Company Commander's right-hand man. Digging out some rope and gloves, Lovejoy asks "What in the hell is going on? Are we under attack?" Max replies "Not exactly... but there's definitely a rabid dog coming in on a chopper, and I get to be the designated dog handler!!!" Lovejoy says "Whooeee, whatever you do— keep him away from me, man!"

**STEVE:** At certain times, word could travel plenty fast at the 24th Evac. By the time Maxwell had managed to acquire his rope, gloves, and the catcher's mask that Wendell had been sent as a gag gift, a small crowd had gathered around the helipad. They were waiting to see how the medics (and especially SP4 Maxwell) were going to handle this vicious animal that was about to descend out of the skies in a green flying machine with a big red cross painted on its nose.

**FRED:** As soon as the bird touched down, we ran out to meet it

carrying fresh litters. Once the wounded patients were offloaded, those clean, folded-up litters would be given to the chopper crew to replace the ones that were carrying the wounded.

**STEVE:** Later, when the chopper made its next extraction from a battle site, the clean litters would be given to the ground troops to replace the ones carrying their comrades. Litters were constantly being moved from place to place in this fashion, kind of like a five dollar bill at a shopping mall.

**FRED:** As the chopper medic was releasing the security locks on the patients' litters, I could see the crew chief sitting back in the corner, watching us intently. Normally he'd be assisting with the offload, so I assumed he must have had control of the dog and probably had it tied up so it posed no threat to those onboard.

**STEVE:** Maxwell stood off to the side, putting on his heavy gloves. As soon as the last patient was offloaded, he donned his catcher's mask, stepped up to the doorway of the chopper with his lasso and hollered "Ready for the dog!" At which point the crew chief stood up, turned toward Max and thrust out both his hands. Nestled comfortably between them was a ball of snow-white fuzz— the cutest little four-pound puppy that you're ever likely to see.

**FRED:** It looked like it could be a Maltese or Bichon Frise, which would have made sense since the Bichons were popularized in France in the 16th century and probably brought to French Indochina some time afterward.

**STEVE:** What's more, it was obviously thrilled with all the attention it was getting— and determined to lick the face of anyone who came within its reach. We never stopped to think about the fact that the rabies virus could be transmitted through the dog's saliva to humans— although it would probably have had to break the skin first. Or that rabies was a disease of the central nervous system that infected the brain and was usually fatal if not treated promptly.

**FRED:** I believe the virus could also enter the human body through the eyes, nose or mouth. So dog saliva should definitely have been avoided— but then, what did we know? I don't remember them covering rabies in much detail in Medic School.

**STEVE:** At that point Max dropped his gloves and mask and took the pup in his arms. It immediately started licking his face— and for Max, it appeared to be a case of love at first sight. As soon as all personnel cleared the pad, the chopper lifted off and was gone.

**FRED:** And thus began the saga of Maxwell's dog, "Pie."

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***FACT OR FICTION?*** *The story goes that some time after MSGT Hanley retired, he was preparing to enter the Pearly Gates when he was stopped at the entrance by St. Peter. "This is a routine check on your eligibility. Have you done any good in your life?" asked the saint. "Oh absolutely," replied Hanley. "For example, I was out looking for meteorites in the desert when I saw a young lady surrounded by a bunch of mean-looking thugs from a motorcycle gang. They appeared to be working her over pretty good, so I jumped into the middle of the fray. I socked one of 'em in the jaw— he went down— then I elbowed one in the stomach and he went down. I kicked another one in the groin, and he went down too. Then I yelled "You're messin' with the US Army now, boys! If you mother truckers don't get on your little bikeys and get the hell outa here now, I'm gonna kick the snot out of every one of ya!" St. Peter was quite impressed. "That's very interesting, sergeant. When did this happen?" he asked. "About ten minutes ago," Hanley replied.*

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