By any measure—casualty survival rates, disease rates, length of hospital stay—U.S. soldiers received better medical treatment in Vietnam than in any previous U.S. conflict, and the credit for this achievement belongs largely to the Army's medical service under the 44th Medical Brigade. Arriving in Vietnam in April 1966, the 44th eventually became a major subordinate command under USARV, bringing together the already large but disjointed medical effort. It had command and control responsibility for all Army medical support units not assigned to divisions or independent brigades.

From its headquarters at Long Binh, the 44th Medical Brigade commanded a vast network of personnel. At the beginning of 1967 it controlled 121 medical units and 7,830 men and women. These subordinate units operated either on a countrywide basis providing general medical support services or received assignment to a particular area of the country.

For area service, the 44th Brigade headquarters was the apex of a hierarchical system that provided direct medical support to battle casualties. Four medical groups were responsible for regions roughly equivalent to the military zones: the 43d and 55th in II Corps, the 67th in III Corps and later I Corps, and the 68th in III and IV Corps. By 1968 these four groups controlled four medical clearing battalions, six mobile army surgical hospital (MASH) units, eight field hospitals, ten evacuation hospitals, two surgical hospitals, a convalescent center, a POW hospital, and fourteen air ambulance and clearing companies.

These elements meshed to produce an efficient, effective medical service. On the front line, U.S. Army medics gave preliminary treatment to the wounded and called in helicopters. These air ambulances—nicknamed dustoffs for the call sign of one of the first medevac pilots—usually arrived in a matter of minutes and could pick up six to nine patients. Then they either carried the wounded to clearing stations, where they received short-term treatment or, with increasing frequency, flew them directly to the appropriate specialized hospital. This was accomplished by radio with the helicopter medic, the medical group regulating officer, and the brigade regulating officer, all coordinating to find the most suitable facility with the smallest surgical backlog. The inbound helicopter then informed the receiving hospital of its time of arrival, the nature of the casualties, and any special arrangements that would be needed.

Upon reaching a hospital, casualties had an excellent chance of living. Of all the wounded in Vietnam that reached Army medical facilities, 97.5 percent survived. Using ever-improving medical techniques against burns, shock, and head injuries, medical teams returned 40 per-
cent of the wounded to active duty in Vietnam. Air Force hospital planes evacuated the more seriously wounded to hospitals in the United States, the Philippines, Okinawa, or Japan.

Along with caring for wounded and ill soldiers, personnel of the 44th Medical Brigade aided Vietnamese civilians, both formally in army programs and informally. Many Vietnamese injured during fighting received medical and surgical care at U.S. facilities.

The guerrilla nature of the war meant that almost anyone in the 44th could come under enemy attack. In 1968, for example, the Vietcong attacked the 3d Surgical Hospital at Dong Tam thirteen times. But the most vulnerable medical personnel were the dustoff crews who flew their unarmed helicopters into hostile areas during any and all weather. Two dustoff pilots, Major Patrick Brady and Chief Warrant Officer Michael J. Novosel, received Medals of Honor for their efforts at rescuing the wounded.

On March 1, 1970, the 44th Medical Brigade was officially deactivated and its subordinate units assigned to the U.S. Army Medical Command, Vietnam. Still, the advances in medical care made under the 44th Medical Brigade remained, not only in the thousands of lives it had saved in Vietnam but also in the innovations it brought back to the United States.

Above. Sgt. Jerry Miller, a victim of malaria, lies huddled under a rubber blanket filled with water that can be cooled and heated to control his temperature at the Long Binh hospital in November 1967. Below. The survivors of a landmine are rushed to the same facility in April 1970.