

# Vietnam's Medevac 'Saints' Provided a Crucial Lifeline

By R.W. Trewyn

If there was ever a general category of Army personnel deserving of sainthood status, my vote would go to the helicopter medical evacuation pilots I saw in action in Vietnam. To say they were awesome, would be a huge understatement and a disservice to them. Their dedication to saving the lives of those wounded cost many of them their own lives.

Medevac helicopter crews flew nearly a half-million missions from the beginning of U.S. involvement to the end, with 90 pilots and 121 crew members killed. Over four times those numbers were wounded.

Yes, they were saints to those of us on the battlefield, which is a much more appropriate description than “awesome.”

Although my stint in Vietnam was a short one, only 3½ months, I observed “Huey” medevac pilots in action a lot more than I would have liked. My unit, Company D of the 2nd Battalion, 3rd Infantry Regiment (The Old Guard), 199th Light Infantry Brigade, used their services far too often. Moreover, I made use of their transport my last day in the field in Vietnam as well, prior to “lounging” in Okinawa, Japan, for four months in the hospital and on light duty.

## Medevac Parade Begins

My initial observations of these saints in action on a large-scale basis was on Groundhog Day in 1969, my third week in the field. That all day encounter with what was initially thought to be a Viet Cong squad was determined in an after-action report to have been a

battalion of North Vietnamese Army regulars.

My Company D brothers started the medevac parade that day, and we were joined by Company C and Company B later on. By the end of the day, the total U.S. casualties amounted to 27 wounded and seven killed, the latter including Delta Company's commanding officer. The medevac saints got a workout that day, and they never failed us. If they had, some of the wounded numbers could have easily shifted into the killed column.

After Groundhog Day, Delta utilized the Huey dustoff capabilities more for booby trap casualties than for firefight wounds. In early 1969, those hidden killers were plentiful in our areas of operation—far too plentiful

Of course, not all of our medical evacuations were due to wounds sustained in combat or from booby traps. Heat exhaustion was another sporadic reason. We had 12 of those in 10 days on one company-size mission. The medics couldn't distribute enough salt tablets and Darvon to keep up with the needs.

But, the common denominator—with or without incoming enemy fire—was that the medevac pilots would routinely put the Huey down in places that didn't seem to have the space to do so.

“There's no way!”

That was the common assessment by those of us on the ground watching the landings and takeoffs by these saintly daredevils. That's assuming we weren't taking fire and could observe, of course. And when we were subject to incoming rounds,

the medevac pilots would drop in anyhow. We were thankful for their visits each and every time.

## Wounded Warrior

My personal medevac experience occurred April 18, 1969. The day before, I had taken over 3rd Platoon after its lieutenant and two sergeants were wounded.

Third Platoon was pushing point on a tear gas mission outside Binh Chanh, South Vietnam, a mission intended to deny communist fighters access to our base from that direction. Bags of powdered CS gas were being wrapped with detonation cord to be blown once the bags had been strung out in the dense vegetation along the river. Since the dry season was in full force, the nasty, irritating residue would likely stay on the overgrowth for a long, long time, discouraging the Viet Cong from sneaking in that way.

At least, that was the theory.

Clearing the path, we had gotten a bit ahead of the troops hauling the bags, so we held up on a patch of high ground to take a break while keeping alert up front.

I had already dropped my helmet when one of my guys found what might have been a



Then-Staff Sgt. R.W. Trewyn, center, with two other patients at the 3rd Field Hospital in Saigon, in 1969

cache of some sort next to a big tree. Since digging into it with entrenching tools would take forever, dropping a hand grenade into a fist-size opening that had been located seemed like a much better idea. It wasn't our first rodeo with such things; hand grenades often proved useful in enhancing access to items stashed below ground. Plus, grenades tended to be resupplied more dependably than C-4, our other option.

I was kneeling down in front of the mound of dirt, grenade in my right hand, index finger of my left hand through the ring, ready to pull the pin.

Then my plans changed—abruptly.

Hearing a click behind me, I twisted around just enough to see a massive gray cloud accelerating toward me. I don't remember hearing an explosion. The next thing I knew, blood was running down my forehead into my eyes, and I couldn't straighten my right arm; it was locked at about a 45-degree angle. The grenade was still clutched in my right hand.

A chemical and radiation expert major—a first-timer in the field after seven months in-country—had tripped a booby trap behind me. Two of my privates first class squad leaders and a sergeant accompanying the major caught some of the shrapnel at the same time.

Inconceivably, 3rd Platoon's leadership hits continued.

### Quick Response

Those missed by the shrapnel were scrambling around, grabbing as many bandages as they could find. They began applying those to the wounded closest to them. In addition, the company commander, his medic and radio operator joined us moments later, having been not far from us when the explosion happened. He and his medic began tending to the major, while

the commander's radioman called battalion requesting a dustoff.

The major was riddled with holes from his ankles to his neck. Though he was alive, keeping him that way was greatly in doubt. That's where a medevac saint came into the picture. He seemed to show up—out of the blue—almost instantly.

“How did they get here so fast?”

Again, there seemed to be no way the guy could set the Huey down at our location. There just wasn't enough clearance among all the trees. But he did.

A few decades later, visiting the National Archives in Washington, DC, I was able to pull the battalion duty officer's log for that day. Entry No. 40 at 11:54 a.m. was Delta's request for a dustoff for five casualties: three litter and two ambulatory. Entry No. 41 at 11:56 a.m. was “Dustoff on station.” Two minutes after Delta made the call.

By chance, the medevac was almost directly overhead with one casualty on board when he got the word. Entry No. 42 at 12:02 p.m. was “Dustoff complete” and we were on our way to 3rd Field Hospital in Saigon.

As expected, the major cleared triage as the No. 1 priority. His wounds were visibly life-threatening, and he needed to be in surgery immediately if he was going to survive.

Since I was one of the two who walked on and off the helicopter, I expected to be one of the last two leaving triage. It made no sense to me when I was next after the major.

“What? Why me?”

No answer was forthcoming.

It wasn't until the surgeon had sewn up the wound on the top of my head and was digging the piece of shrapnel out of my arm that I found out the reason. He told me a third piece of shrapnel

had hit me that I didn't know about. Apparently, it missed my spine by about an inch, went between two ribs and was in the middle of my left lung, about 2 inches from my heart.

During the short flight in the Huey, I had noticed a stinging sensation on my back, but I had no clue there was an entry wound back there. I figured I had just scrapped against something; scrapes, cuts and bruises were an everyday occurrence in Vietnam.

Since the doctor was expecting my lung to collapse—it hadn't yet—I was going to be flown to Japan. It turned out to be Okinawa; the major and I both landed there the next day.

Importantly, though, I know the major was alive a month later. Because the hospital needed more beds at the time, I was being sent to a casual company along with a number of other half-healed individuals to await my next assignment. The major was still a long way from the halfway point, but I visited him before I headed out.

He continued to deal with significant infection issues, but was alive and making progress. That was due to his miraculously speedy delivery to Saigon a month earlier. St. Dustoff had gotten him there before he bled to death.

Yes, there's no question—sainthood. Vietnam medevac pilots are deserving.

---

**R.W. Trewyn** retired in 2022 as vice president for research emeritus after 28 years at Kansas State University. He was wounded in action in Vietnam after serving for 3½ months as a staff sergeant in Company D, 2nd Battalion, 3rd Infantry Regiment (The Old Guard), 199th Light Infantry Brigade. He holds a doctorate in microbial physiology from Oregon State University.