

Interview Number: **15**

Participant: **Colonel Tran Moc**

DOB: 1934

Role at DBP: Physician, Regt 98, Div 316

Date/Time: 30th July, 2017. 0830hrs.

Location: No 20, N2,K808, Ngo 376 Chuong Bua, Hanoi.

Interviewer/Interpreter: Dr Hoang Hai Ha

[Comment: Vietnamese medical terms are difficult to translate into a western context because of the differences between training and terminology. For example all western surgeons are doctors, but not all doctors are surgeons, and the western terms: “medic,” “paramedic,” medical orderly,” “corpsman,” or “nurse,” might be used to describe one individual with one set of medical skill sets or individuals with four or five distinct skill sets. For the sake of clarity in summarizing this interview, and that of Madam Tran Bich Tho at interview No.16, I have settled upon four terms to describe training and roles of medical staff in the PAVN as follows:

- Medical Orderly: Someone who has received basic training in emergency medical care. Usually attached to a front line company or platoon.
- Nurse: Someone who has received further training in emergency care and in general medical procedures. Usually attached to companies, battalions, or higher level medical treatment teams. Could also specialize in areas such as pharmacy.
- Physician: Someone who has received up to three years of medical training but is not a university graduate. They would be able to conduct minor operations but not normally be able to conduct major surgery. Could also specialize in areas such as sanitation or pharmacy.
- Doctor: Someone who has received between four and six years of university level education and who can conduct surgery.]

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Background, Medical Training and Early Service

Moc was born into a family of small landowners and business owners in Hai Duong Province. He was educated in the local French primary school where he learnt to speak French and then was sent to Hanoi for secondary education. He was in Hanoi for the 1945 revolution and was politicized there. After one year he returned to Hoi Duong. He wanted to join the PAVN but because his brother had joined in 1946 he had to wait until 1948 when he was 15 to join.

In order to be recruited Moc had to pass a medical examination and the doctor who administered the test “talent spotted” him on account of his education. The doctor told Moc that he was setting up a medical course and that if he joined this would allow him to fight the French and have good qualifications after the war, so Moc accepted the offer. The three-month course was conducted in a forest in Hoi Duong and Moc qualified as a medical orderly trained to administer the “Four Emergencies” in the front line: bandaging wounds; tourniquet application; resuscitation; and the moving of injured soldiers.

Moc came first in the medical orderly course so he was immediately sent to further training as a nurse. This three-month course had very primitive facilities, they didn’t even have a blackboard, but Moc graduated and was posted to Company 34, Bn 215, Regt 98, where he served during the Bac Giang campaign at a company aid post which consisted of one nurse, (himself) and three medical orderlies. In 1950 their medical supplies were very limited and consisted of one hypodermic, one thermometer, some quinine, some aspirin and some laxatives. At battalion level there was a “leading nurse” (Moc was not sure how you became a leading nurse, there was no special training for the post but they seemed to be selected based on experience and the subjective preferences of the higher commanders,) and a pharmacist in addition to nurses and medical orderlies. At this level they focused on containing shock using orally administered fluids. They did not have intravenously administered blood plasma or saline drips. At regimental level there was a doctor: a four year medical student who could operate. The medical establishment was not systemized across the PAVN and different regiments had different establishments. In

addition units that were operating separately from their battalion or regiment usually had the number of medical orderlies increased.

After the Border Campaign in 1950 Moc's Regiment became part of the newly formed 316th Division and was sent for six months' training in China. Although they received logistical support and more medical equipment in China Moc received no medical training there. After their return to Vietnam, Moc received eight months further training between February and November 1952. This was administered by the Ministry of Health in the Viet Bac and qualified him as a physician. He also received specialized training in disease prevention. He was moved up to Regiment level and served there during the 1952-53 North-West Campaign and Upper Laos Campaign. The division then returned to Thanh Hoa to prepare for the next campaign.

Moc had become a Party member in 1952. It was difficult for members of the small land-owners class to become members but Moc believes he was admitted because he had demonstrated his revolutionary spirit.

Reorganization and the March to DBP

Back in Thanh Hoa the division received political training, including briefings on land reform, to improve their military performance. In October and November 1953 the division reorganized its medical units in preparation for the new campaign. At divisional level the organization was headed by a lead doctor, effectively a battalion commander. Under him came departments for casualty treatment teams; disease prevention; pharmacy; and casualty evacuation. These were headed by doctors or 5th year medical students. The 316th only operated one divisional casualty treatment team at DBP not two as some divisions did, because it was not operating over an extended area. [Comment: I showed Moc a map from the Logistics Museum that showed two divisional level teams but he was clear on this point and his argument makes sense.]

At regimental level the team leader was a physician or medical student supported by two physicians, more than 10 nurses and a flexible number of medical orderlies. At battalion level the team leader was a Leading Nurse with a pharmacist, nurses and medical orderlies. At company level the team leader was a nurse with one medical orderly, and one sanitation soldier who was not medically trained but was responsible for disease prevention under the direction of the company nurse. The number of medical orderlies at company level had been reduced because the company teams would operate in close

proximity to the battalion team and because the troops in the company had now been equipped with a basic field dressing each, (a simple bandage,) and training in the “Four Emergencies.” It was the company nurse’s job to deliver this training. At company, battalion and regimental level all the personnel were male. There were some females at division level but not many. In terms of treatment the hierarchy was:

- Company Level: The “Four Emergencies.”
- Battalion Level: Stabilize shock.
- Regimental Level: Simple operations, and could be reinforced by personnel from the divisional level if necessary.
- Divisional Level: Fully capable for emergency operations. After operating on and stabilizing the patients they would retain them for up to seven days before evacuating them to one of the DDTMTs (Doi Dieu Tri Mat Tran: Frontline Treatment Teams,) further in the rear.

Casualty evacuation was handled by the divisional transport which deployed Dan Cong as appropriate. At busy times these attendants became semi-permanently attached to the teams.

In addition to his medical duties as a physician Moc was the regimental sanitation officer charged with disease prevention. To do this he had Mercurochrome and Potassium Permanganate to use as antiseptics and tincture of iodine for water purification.

Moc believes that the 316th were well organized for the march to the North West. They started on 20th November 1953 and marched on foot all the way to Tuan Giao, arriving on 9th December. In addition to their personal kit each soldier carried a Chinese water bottle, rice for seven days and five to seven kg of medical equipment or medicines. They did not carry rifles or other weapons. From Tuan Giao Moc’s team was deployed to support Bn 439’s rush move to capture Lai Chau. They were trucked to Pham Hang, [Comment: Moc says no one was carsick as described in some accounts of this movement,] and from there marched to Lai Chau.

After the liberation of Lai Chau Moc’s treatment team marched to DBP and prepared for the battle to come. Interestingly Moc remembers seeing a movie show in February 1954 near Muong Phuong.

The Assaults on C1 and C2 and Life at the Front

Although the casualty treatment teams were always ready for emergencies they were given two days' advance notice of the assaults on C1 and C2 and A1 so they made preparations accordingly. In addition to general cleaning they made charcoal so they would be able to keep patients in shock warm, dug additional foxholes and bed spaces with the help of divisional soldiers, (not Dan Cong in this case,) prepared additional wooden operating tables and wooden bed boards so the patients would not have to lie on the ground. Parachute material was used to line the operating room and bed spaces and there were mosquito nets for all the bed spaces.

For the assault the company medical posts were established about 100 metres behind the front line. The battalion posts were about a 20 minute walk behind the line and Moc's regimental post was a 40 to 50 minute walk behind the front. During the initial assault the casualties from C1 were light so Moc's team handled casualties from A1. With the French counterattacks the team became very busy and life was difficult. Sometimes they had had so many casualties that, in addition to the Dan Cong, they had to mobilize the lightly wounded to move the seriously wounded.

Napalm burns were particularly difficult to treat and keep clear of infection. They had antibacterial applications such as sulfonamide but penicillin was in short supply and was only used for the most difficult cases. Malaria was also common and these patients were treated with quinine and some were evacuated to the rear depending upon the severity of their illness.

The patients received rice and, sometimes, canned meat, young bamboo shoots, vegetables from the forest, green bean soup and green bean sprouts. The medical staff received 600 gms of rice a day in rice balls with salt and, sometimes, canned meat. All water was boiled and there were no cigarettes. Once, Moc's team received five boxes of food from miss-dropped French supplies, including some much prized officers' rations. These were consumed in a party.

Moc says that there was no pressure to return casualties to the front. The soldiers were experienced and knew what to expect. The troops remained optimistic and Moc saw no sign of malingering. In his capacity as sanitation officer he was sometimes able to visit the front on C1 and he considered the water and sanitation conditions there as acceptable.

After the battle Moc's team spent six months at DBP, treating the casualties that were not evacuated by air or land and also recovering bodies and clearing out the entrenchments, which was very dirty and difficult work. [Comment: This reflects Moc's role as sanitation officer.] His team did not take over the French hospitals. [Comment: Presumably this was done by higher level DDTMTs.]

Moc remained in the medical service and became Disease Prevention Officer for the 316th Division. In 1960 he studied to qualify as a doctor. During the American War he was the Medical Battalion Commander for Division 320A and fought in the South between 1968 and 1975. He retired as a colonel in 1991.