ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS

SURGEONS IN CONFLICT

AWM, South Australian Medical Teams, Bien Hoa.
Mervyn Smith (PRACS 1983-1985) operating.

SURGEONS IN CONFLICT

KOREA

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

In 1945 Korea, a country with a somewhat dissonant past, had been occupied by Japan for 35 years. A post war settlement gave Russia control of the country north of the 38th Parallel, resulting in a communist government under Kim Il-sung. The South was controlled by the US who supported a provisional government under Syngman Rhee. By 1950, escalating tensions between the two zones led to a military build-up on the border and in June, a lightning offensive by the Korean Peoples' Army led to the capture of the capital, Seoul.

Assisted by Russia's boycott of the Security Council over its refusal to recognise China, the United Nations asked for its members to assist in rebuffing North Korea. 21 countries including the USA, Australia and New Zealand, responded and sent troops, ships, aircraft and medical units to South Korea. China entered the war on the North Korean side in October 1950.

The war was arduous for both troops and medical staff and this was exacerbated by the climate. Summer was blisteringly hot - and as Physician, Bryan Gandevia, RMO of the 3 RAR noted, it was extremely cold in Winter.

It was bitterly cold. Some of the fellows from WW2 were complaining about aches in their old wounds, and we had many cases of frostbite… from a medical point of view the supplies were a shambles.

February 1951 AWM

With narrow roads and snow up to a depth of 45 centimetres covering the bleak, mountainous landscape, evacuating the wounded was a difficult process:

We had to use jeeps as ambulances… which meant that the wounded were exposed to the weather.

February 1951 AWM

Severe cases were transported in centrally heated American ambulances to the American Mobile Army Surgical Hospital (M.A.S.H). After January 1951, helicopters were often used for evacuation but this had its limitations, especially if the weather was bad. Cold weather also affected the administration of drugs such as penicillin and ***'medical staff expecting casualties warmed phials of medication in their pockets'.***

SURGEONS IN CONFLICT

KOREA

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Surgeons serving with the ground forces in Korea included Zealand Ophthalmologist, Garth Powell (16th Field Regiment, NZRA) who spent 17 months in Korea, Neville Davis and Donald Beard. Initially Davis worked at the British Commonwealth Occupation Force Hospital (BCOFG) in Kure, Japan. He recalled:

I was a very young surgeon, not particularly experienced, and I regarded the treatment of servicemen as a great surgical challenge…

Neville Davis, RACS Archive

Don Beard, Third from right, AWM

Adelaide surgeon Don Beard went to Kure in 1949, then replaced Bryan Gandevia as RMO of the 3RAR. He spent 18 months in Korea and was present at the Battle of Kapyong (April 1951) which repelled a Chinese attempt to recapture Seoul.

As RMO, Captain Beard was an integral part of the battalion and was 'always on the move'. He worked with casualties whose wounds were mainly from small arms fire, and ministered to the sick. Compulsory vaccination kept serious illnesses like typhoid, typhus, tetanus and cholera at bay but the troops still suffered from other ailments, including hæmorrhagic fever – a virus carried by mice.

Beard also experienced the harrowing cold of winter:

Frostbite was a constant worry for everyone and it proved as much a threat to the men as the enemy bullet…You would sleep in a hole that was dug in the ice. You'd place your sleeping bag at the bottom of the hole.

AWM

AWM

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Don Beard's finest moment occurred during the Battle of Kapyong. Aiming to rescue more than 30 wounded, he went behind enemy lines in a tank. As each tank could only take two casualties, he devised a strategy:

We can't leave them here. They would either be shot on the spot or taken prisoner. And they need immediate medical attention. We'll have to take a chance, lash them to the sides of the tank and go as fast as we can down the valley and hope they miss us.

The gamble worked and the Chinese ***'…ceased to fire as the tanks sped past'.***

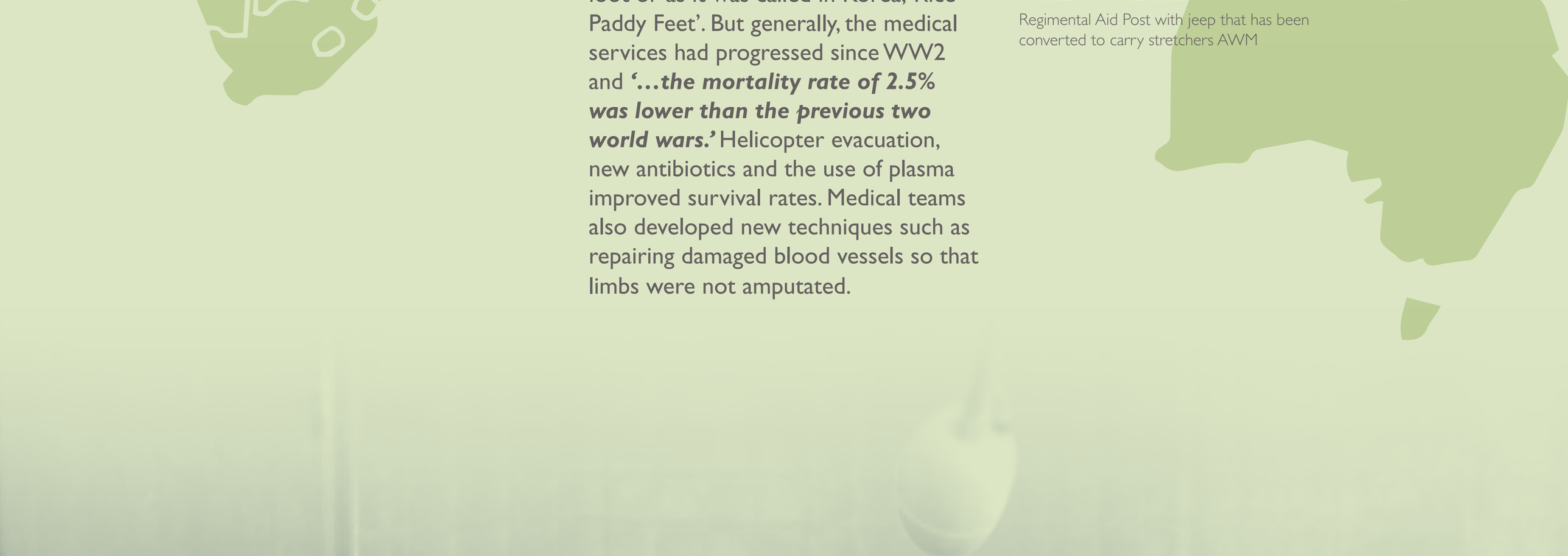
Soldiers from the 3RAR ride on an American Sherman tank, AWM

The Korean War ended in 1953 and trench warfare dominated the last two years of the war. This caused another medical menace – trench foot or as it was called in Korea, 'Rice Paddy Feet'. But generally, the medical services had progressed since WW2 and ***'…the mortality rate of 2.5% was lower than the previous two world wars.'*** Helicopter evacuation, new antibiotics and the use of plasma improved survival rates. Medical teams also developed new techniques such as repairing damaged blood vessels so that limbs were not amputated.

A final word belongs to Bryan Gandevia who impressed with the tenacity of the troops, described their 'pithy humour':

A young orderly was frightened that the bullets might hit him. His Sergeant quipped: ***'…it's not the one with your name on it that you need to worry about, it's the one marked to whom it may concern'.***

Regimental Aid Post with jeep that has been converted to carry stretchers AWM



SURGEONS IN CONFLICT

VIETNAM

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Following the signing of the South East Asia Treaty Organization (SEATO) in 1954, Australia became an ally of Vietnam. In 1962 as part of the SEATO and Colombo aid plans, countries such as Australia and New Zealand provided civilian medical teams to assist with Vietnam's poorly resourced hospitals. The war between South Vietnam and the Communist North was already underway and as the conflict escalated, Australian and New Zealand troops were also sent to augment American forces in Vietnam. These were supported by their respective Army medical services.

BINH DINH PROVINCIAL HOSPITAL, QUI NHON, APRIL 1963

Based at Binh Dinh hospital at Qui Nhon, a coastal city in central Vietnam, the first civilian medical team to arrive in Vietnam came from New Zealand. The team of six was led by Dunedin surgeon, Michael Shackleton, accompanied by his wife and five children. Its mission, common to all civilian teams, was to treat local war and accident casualties, deal with infectious diseases and provide support and training to Vietnamese staff.

Binh Dinh Hospital, NZ Govt

LONG XUYEN HOSPITAL, OCTOBER 1964

Although the area was relatively free of Viet Cong, the Royal Melbourne Hospital team arriving at Long Xuyen near the Cambodian border, had to deal with a multitude of issues – poor facilities such as an erratic electricity supply, overcrowding, language and cultural difficulties; and a heavy workload. DG 'Scotty' Macleish commented on the 'varied spectrum' of the work:

Some of the admission diagnoses would be unfamiliar in Parkville, Fitzroy or Heidelberg and yet diagnoses such as 'tossed by a buffalo', acaris perforation, and scalp avulsion [caused when long hair was caught in the propeller of a boat] had reasonably specific implications…

Scotty Macleish far right, Australians at War Film Archive, UNSW

Another significant issue was the absence of a blood bank – an idea that was alien to Vietnamese cultural beliefs. However, as Scotty Macleish comments, there was a breakthrough in October 1964:

…a very sick man was admitted with multiple bullet wounds in the abdomen. He had been regarded as hopeless, but some American, some Australian and some Vietnamese blood was rapidly obtained and administered… Fortunately he recovered and blood transfusion was accepted as practical.

Most civilian teams consisting of surgeons, an anaesthetist, physician, radiographer, registrars and nurses, did three to four months stints in Vietnam; and many medical staff came back for a second or third tour of duty. In October 1965, a team from St Vincent's Hospital, Melbourne took over the running of the Long Xuyen Hospital.

SURGEONS IN CONFLICT

VIETNAM

Royal Australasian College of Surgeons

BIEN HOA HOSPITAL, JANUARY 1966

Located near the Long Binh air base, Bien Hoa was a large city 25 kilometres NE of Saigon. As Peter Ryan stated in his report to Council in 1965, the surgical suite was:

…exactly the same as Long Xuyen, with entrance hall flanked by 5-bed recovery room on one side and instrument room on the other; the hall widening to an annexe building leading to a scrub up area, with one operating theatre on each side…

The civilian surgical team sent to Bien Hoa from the Alfred Hospital found similar logistical problems to Long Xuyen and had the additional issue of living near an airbase in a Viet Cong controlled area. The medical team often found that their work was interrupted when mortar attacks caused the hospital windows to be blown out or the power cut.

South Australian Medical Team, Health Museum of SA

Bien Hoa Hospital, AWM

Surgical work consisted mainly of war wounds and injuries caused by accidents. In October 1967, the South Australian team at Bien Hoa was replaced by a group from the Royal Brisbane Hospital. On his second day, Doug Friend highlighted a devastating accident caused by the use of stolen petrol:

4th October: Theatre all day… Many skin grafts delayed Primary Closures from old and recent Gun Shot wounds. Bad burns to 35% of body and face from a domestic fire…using petrol in house burners. Maintenance on mechanical devices very poor…Operate on local Bien Hoa power which is often below par and fluorescent lights barely glimmer…

LE LOI HOSPITAL, VUNG TAU, NOVEMBER 1966

Home of the Australian logistics base and some medical facilities, the port town of Vung Tau was located on a peninsula in the south of Vietnam. Prior to the war it had been a popular resort and it was later used by the troops as a rest area. Doug Tracy (the Head of Surgery from Prince Henry Hospital, Sydney) led the first 13 member surgical team, including a female anaesthetist, Judith Ross. The hospital was very rundown and the team was assisted in the clean-up by off duty servicemen from the nearby base:

The team spent its first two weeks scrubbing wards, dispatching some very large rats, spraying insecticide and scrounging for basic supplies.

Dr Tom Hugh and Doug Tracy, AWM

SURGEONS IN CONFLICT

VIETNAM

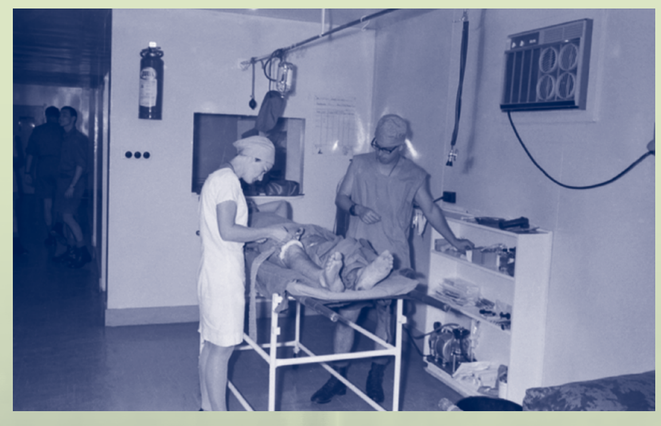
ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

BA RIA HOSPITAL, NOVEMBER 1968

Ba Ria was in 'the heart of heavily contested countryside' and a small civilian team of seven came from Vung Tau to work at the hospital. Most of the work was with war injuries and the team's resolve was tested in February 1969 when it became the target of a Viet Cong attack. Enduring several hours in a bunker, the team emerged unscathed but it was deemed too dangerous to stay and they were withdrawn soon afterwards.

1ST AUSTRALIAN FIELD HOSPITAL, VUNG TAU, 1968

Until the establishment of the 1AFH, a limited field ambulance service catered for Australian casualties and serious cases were sent to the US Evacuation Hospital at Vung Tau. By 1970 the 1AFH was well established and its 2/ic was physician, Major Shirley Coghlan. As Susan Neuhaus noted, she was ***'the first female medical officer to serve officially with the Australian Army in a combat zone.'***



Wounded soldier, Vung Tau, AWM

Wing Commander Allan Beech spent three months at the hospital from the end of March 1970. During his time there, he treated 103 cases and helped to run the hospital. His diary makes interesting reading:

23rd April. Quiet days after previous few days. GSW hand Cpl Bell – shot while walking out of the orderly room as someone was trying to shoot a snake.

Land mines were a perennial problem:

24 April. …a bad day…the accident occurred after stepping on a land mine… [which] knocked him over and stripped all the skin from the buttock to the back of the calf…

29 April. Late in the afternoon two children who had strayed onto a minefield. One aged 15 years was DOA. One aged 12 lost both feet and has multiple shrapnel wounds of the arm and chest…the problem here is the parents. Is he to become another war orphan?

He was also impressed by the stoicism of his patients, including Graham Edwards who later became a West Australian and Federal politician:

12th May. A fairly busy day and a worrying one as we had to perform an above knee amputation bilateral on Private Edwards. These boys are remarkable and his only remark was you can't win them all.

Graham Edwards and Allan Beech, 1980s, RACS Archive

SURGEONS IN CONFLICT

ANNETTE HOLIAN

EAST TIMOR AND AFGHANISTAN

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Orthopaedic (Paediatric) surgeon Annette Holian received her commission in the RAAF Specialist Reserves in 2000. Prior to deployment she did a Definitive Surgical Training Course (DSTC) and engaged in the challenging task of learning to handle and shoot a rifle.

In 1999, violence erupted in East Timor when attacks by anti-independence militants escalated and then spread from Dili to the countryside. Annette had two deployments to the UN Military Hospital in Dili in 2000 and 2001. She felt that she had a lot to learn and during the second trip commented:

The need-to-know restriction of information is critical in deployed environments. This is a hard concept for surgeons with little military experience… Respect for the chain of command is also a lesson at odds with civilian practice.

Some humanitarian surgery was done during her second visit, including a surgical correction of talipes in a 4 month old child. Visiting the National Hospital in Dili, she was distressed by the limited surgical services. Inspired by Annette's concern, RACS Global Health has since implemented a program of surgical support for the hospital.

Annette, East Timor

After East Timor Annette moved to Trauma Surgery and worked at both the Royal Children's and the Alfred Hospitals in Melbourne.

The longest war fought by Australia (and the USA) was in Afghanistan. Its origins are complex but the war was triggered in 2001 by the September 11 attacks in America. The enemy was the religiously conservative Taliban who ruled the country.

Annette did three deployments in Afghanistan. The first two in 2008 and 2010 were to the Dutch led NATO Role 2E medical facility at Tarin Kowt in Uruzgan. The third tour (2012) supported the US Navy at the Role 3 Multinational Medical Unit at Kandahar.

All her deployments carried an element of danger with rocket attacks on aircraft and bases common. Her patients were civilian and military personnel from several nations. Cases included a 14 year old boy who was resting a shotgun against his thigh when it discharged and blew a hole in the middle of his left leg. After some issues with the family, the leg was amputated and the boy's life saved. However, Annette noted that amputees like this boy who was the eldest son, ***'lost their position in the family'*** when they lost their limbs.

Military surgery was also challenging – when two soldiers arrived, one needed emergency surgery for injuries such as '***…multiple long bone fractures, an ischemic left leg, a gaping hole in his perineum, a blast to the head..'*** Lacking a CT scanner and the neurosurgeon, the team spend many difficult hours trying to stabilise the patient.

As a RAAF surgeon, Annette's experiences have been both difficult and emotionally draining but her work is important; and her service has made a difference to those in strife-torn countries.

Annette (middle, in colourful hat) with US Navy team, Kandahar

SURGEONS IN CONFLICT

A HISTORY OF SURGICAL SUPPORT

RECENT PROJECTS IN SOUTH EAST ASIA

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

One of the legacies of the Vietnam War was the '*…cross cultural bond…*' that was formed between countries such as New Zealand, Australia and Vietnam. *'The New Zealand Viet Nam Health Trust was formed in 1997 to continue the work begun by Kiwi health workers in Quy Nhon prior to and during the Vietnam War (1963-1975).'*

In 2000, New Zealand Orthopaedic (Paediatric) surgeon, John Dunbar made his first visit to Vietnam as an outreach volunteer. Since then he had made yearly teaching and training visits to Vietnam and is active in the NZVNHT. He noted in 2013:

Many surgeons from New Zealand have visited Quy Nhon over this period, mainly to work alongside local surgeons to provide advice and support. Activities have included courses on fracture management… and instruction for children with disabilities, and more recently, arthroscopic knee surgery and hip and knee replacement surgery.

In 2011, funded by the RACS Foundation for Surgery and organised by John Dunbar and Simon McMahon, Vietnamese surgeons visited New Zealand and attended clinics and theatre sessions in Dunedin, Nelson and Auckland. The visitors stated afterwards:

This was a very valuable time because we were fortunate to experience and learn in modern and well-organised hospitals with experienced and passionate surgeons.

Dunedin, John Dunbar with Drs Viet and Nhan

Visit to Qui Nhon, Alan Panting and Drs Viet and Nhan

Another current program is the SE Asia Paediatric Surgical Education initiative. It was started in 2010 as a joint venture between the Monash Children's Hospital International, the RACS Foundation for Surgery and an Australian Government Aid Program. Focussed on education and training in Cambodia and Vietnam, the program also provides clinical experience in Australia and New Zealand. In 2015 another collaborative project directed by Paediatric Urologist, Chris Kimber, was developed. It aims to assist Cambodian and Vietnamese surgeons to treat children suffering from sexual development disorders.

Endosurgery - Chris Kimber with Cambodian surgeons