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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20310

IN REPLY REFER TO
AGAM-P (M) (6 Feb 67) FOR OT

7 Nov 66

SUBJECT: Operational Report - Lessons Learned, Headquarters, 68th Medical Group (U)

Quarterly period ending 31 Oct 66

(12) 23p.

TO: SEE DISTRIBUTION

1. Forwarded as inclosure is Operational Report - Lessons Learned Headquarters, 68th Medical Group for Quarterly Period Ending 31 October 1966. Information contained in this report should be reviewed and evaluated by CDC in accordance with paragraph 6f of AR 1-19 and by CONARC in accordance with paragraph 6c and d of AR 1-19. Evaluations and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter.

2. Information contained in this report is provided to the Commandants of the Service Schools to insure appropriate benefits in the future from lessons learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

Incl
a/s

Kenneth G. Wickham

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 68TH MEDICAL GROUP
APO 96491

AVCA MB-GD-PO 7 November 1966

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966 (U) (RCS CSFOR65)

TO: Commanding Officer
44th Medical Brigade
APO 96307

1.(U)The attached report submitted in compliance with AR 1-19.

2.(U)Headquarters and Headquarters Detachment, 68th Medical Group engaged in operations in the Republic of Viet Nam for the entire period (92 days) covered by this report.

FOR THE COMMANDER:

Wade T. Mills

Long Binh 326

WADE T. MILLS
Captain, MSC
Adjutant

1 Incl
as

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 68TH MEDICAL GROUP
APO 96491

AVCA MB-GD-PO 7 November 1966

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966 (U) (RCS CSFOR65)

TO: See Distribution

SECTION I (C)

SIGNIFICANT ORGANIZATION AND UNIT ACTIVITIES

1.(U)MISSION. The mission of this Group continues to be commanding, controlling, and supervising assigned medical units located in Corps Tactical Zones III & IV, Republic of Viet Nam. Assigned Medical units provide medical support to U.S. and Free World Military Forces (FWMAF) in Corps Tactical Zones III & IV. Unit and division level medical service is provided by units with organic medical support. This Group provides required augmentation and back up Medical support on unit and area basis.

2.(U)EXTERNAL ORGANIZATION. The 68th Medical Group continues to be under the command of the 44th Medical Brigade.

3.(U)INTERNAL ORGANIZATION. The organization of the 68th Medical Group at the end of this reporting period is as follows: (major subordinate units are underlined. Other units are assigned or attached to major subordinate units)

3d Field Hospital
- 51st Fld Hosp (HU)
- 62d Med Det (KA)
- 104th Med Det (KD)
- 155th Med Det (KF)
- 629th Med Det (KP)
- 915th Med Det (KH)

3d Surgical Hospital

7th Surgical Hospital
- 45th Med Det (KB)

12th Evacuation Hospital

17th Field Hospital

24th Evacuation Hospital

36th Evacuation Hospital
- 872d Med Det (RB)
- 345th Med Det (MA)

45th Surgical Hospital (Mobile Army)

58th Medical Battalion
- 50th Med Co (Clr)
- 439th Med Det (RB)
- 561st Med Co (Amb)
- 584th Med Co (Amb)
- 616th Med Co (Clr)

61st Med Det (MB)

74th Medical Battalion
- 2d Med Det (MA)
- 25th Med Det (MA)
- 202d Med Det (MA)
- 229th Med Det (MC)
- 332d Med Det (MB)
- 346th Med Det (MA)
- 541st Med Det (MA)
- 673d Med Det (OA)

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93d Evacuation Hospital	436th Med Det (Co Hq) (Air Amb)
46th Med Det (KB)	57th Med Det (RA)
53d Med Det (KA)	82d Med Det (RA)
935th Med Det (KO)	254th Med Det (RA)
945th Med Det (KA)	283d Med Det (RA)

4.(U) NEW UNITS.

(MAP REFERENCE: Joint Operations Graphic (Ground) Series 1501, 1:250,000)

a. Since last report the following units were assigned to this Group:

UNITS	DATE OF ARRIVAL RVN
45th Surgical Hospital (Mobile Army)	3 October 1966
229th Med Det (MC)	8 September 1966
436th Med Det (AC)	1 September 1966
439th Med Det (RB)	1 September 1966
584th Med Co (Amb)	15 October 1966
872d Med Det (RB)	7 September 1966

b. The 45th Surgical Hospital, a Medical Unit Self Contained Transportable (MUST) is to be located near TAY NINH CITY, XT 2548) to support tactical operations in TAY NINH and surrounding provinces. It is located in the perimeter of the 196th Infantry Brigade (Light). This is the first MUST unit to be deployed to an active theater of operations. A detailed narrative of its deployment, staging and activities relevant to becoming operational is provided in this unit's operational report.

c. The 229th Med Det (MC) is located in the Long Binh Area (YT 0509) of Bien Hoa Province to provide area medical support primarily to transient personnel processed by the 90th Replacement Battalion.

d. The 436th Med Det (AC) is located in Long Binh (YT 0509) as a command and control headquarters for the four (4) Helicopter Ambulance Detachments (teams RA) assigned to this Group. This Company Headquarters replaced the provisional unit (Medical Company) (Air Ambulance) (Provisional) formerly assigned this mission.

e. The 439th Med Det (RB) equipped with three (3) 44 passenger coach-type buses, is to be used for transporting patients from hospitals in the Saigon/LONG BINH areas to air terminals in connection with both in and out-of-country evacuation.

f. The 584th Medical Company (Ambulance) augments the present Ambulance Company (561st). It will provide an additional source of surface ambulance support. As more roads are secured, surface ambulances will play a more important role in medical evacuation. This will ease the workload on the air ambulance resources of this Group. The headquarters of this unit is located in Long Binh (YT 0509) but elements will be stationed wherever the mission can best be supported.

g. The 8[illegible]2d Med Det (BB) is located at Vung Tau and attached to the 36th Evacuation Hospital. This unit is also equipped with three (3) coach type buses. It will be used to provide surface ambulance support in the Vung Tau (YS 2841) area and when conditions permit, in the area north and northwest of that city.

5(C)LOCATION AND RELOCATION OF UNITS.

a. The 57th Med Det (RA) and the 283d Med Det (RA) now located in SAIGON are scheduled to relocate to LONG BINH (YT 0509) on or about 1 November 1966. This move was ordered to comply with the current policy of reducing the number of U.S. personnel in the Saigon area. They will be sited adjacent to the 254th Med Det (RA) now at Long Binh. All operations for Army aeromedical evacuation will be concentrated in the Long Binh area except for operations of the 82d Med Det (RA) located at SOC TRANG (XR 0759). Long Binh operations will be consolidated into one operations office for maximum efficiency.

b. (1) The 12th Evacuation Hospital, the 24th Evacuation Hospital, and the 45th Surgical Hospital (Mobile Army) will become operational during the next quarter. The 12th Evacuation Hospital will be located at CU CHI (XT 6111) within the perimeter of the U.S. 25th Infantry Division (-). The 7th Surgical Hospital now at CU CHI will be relocated to XUAN LOC (YT 4809) and operate within the perimeter of the 11th Armored Cavalry Regiment.

(2) The 24th Evacuation Hospital will be located at LONG BINH (YT 0509) approximately one kilometer from the 93d Evacuation Hospital. This will assist in reducing the large patient load at the 93d Evacuation Hospital.

(3) The 45th Surgical Hospital (Mobile Army), the MUST unit, will be located at TAY NINH (XT 2548), within the perimeter of the 196th Infantry Brigade (Light).

6(U)946TH MEDICAL LABORATORY (MOBILE). Since the last report the 946th Medical Laboratory (Mobile) was relieved from assignment to this headquarters and assigned to the 9th Medical Laboratory but was attached to this Group for administration and logistical support. This action was taken to consolidate mobile laboratories under the 9th Medical Laboratory newly arrived in-country. The 9th Medical Laboratory is directly subordinate to the 44th Medical Brigade.

7(U)COMMAND AND ADMINISTRATION.

a. Colonel Charles C. Pixley commanded the 68th Medical Group during the entire reporting period. Major James A. Causey was assigned to this headquarters on 3 October 1966 with principal duty as Group S-1.

b. The following changes in command in major subordinate units occurred during the reporting period: LTC John R. Connelly assumed command of the 24th Evacuation Hospital 31 August 1966; LTC Dwight F. Morse assumed command of the 74th Medical Battalion on 19 September 1966; LTC Jose R. Salcido assumed command of the 58th Medical Battalion on 24 September 1966; LTC James J. DuBois assumed command of the 36th Evacuation Hospital on 18 October 1966; LTC Louis E. Harmon assumed command of the 93d Evaucation Hospital on 18 October 1966; LTC Theodore R. Sadler Jr. assumed command of the 3d Surgical Hospital on 20 October 1966.

c. This headquarters is now providing administrative support for forty-four assigned and attached medical units. Thirteen of these units report directly to this headquarters - 2 Field Hospitals, 4 Evacuation Hospitals, 3 Surgical Hospitals, 2 Medical Battalions, 1 Medical Detachment (Co Hq) (Air Amb), and 1 Dispensary.

d. During the report period, four Special Courts-Martial were convened by this headquarters resulting in four convictions. Ten Summary Courts-Martial were convened by subordinate units of this command.

e. A total of 293 awards were presented to members of this command in the following categories: Silver Star - 1; Distinguished Flying Cross - 7; Bronze Star - 32; Army Commendation Medal - 101; Air Medal - 137; Certificate of Achievement - 15. 487 Purple Hearts were awarded by Hospitals of this Command.

f. Distinguished visitors to this command were as follows: RADM John W. Cowan, Surgeon, CINCPAC, visited this headquarters and selected units on 22 October 1966. Colonel E.S. Chapman, Deputy Chief Surgeon, USARPAC, visited this headquarters and selected units on 16 August 1966.

g. During the period 17 - 22 October 1966 the 44th Medical Brigade conducted liaison visits to this headquarters and all assigned and attached units. Representatives from the S-1, S-3, and S-4 staff sections of the Brigade made these visits to discuss problem areas and to offer assistence if needed.

h. This headquarters conducted Command Inspections on the following units during the period August - October: 17th Field Hospital on 16 Sep 66; 3d Surgical Hospital on 7 Oct 66; 93d Evacuation Hospital on 21 Oct 66; and 3d Field Hospital on 28 Oct 66. The primary purpose of these inspections was to assist the units in preparing for their Annual General Inspections.

i. On 10 August 1966, a Commander's Conference was held at this headquarters with commanders and executive officers from all major subordinate units attending. The purpose of this conference was to present certain areas that required command emphasis, to include safety, maintenance, and security and control of weapons.

j. In order to enhance a competative spirit and esprit de corps, a Soldier of the Month program was established during the month of October. All major subordinate units will select representatives to appear before the 68th Medical Group Soldier of the Month Board. The winner receives an award as well as the right to compete for the title of 44th Medical Brigade Soldier of the Month.

k.(1) Command emphasis from this headquarters was placed on the Savings Bond Program. LTC Paul W. Hubbard, Executive Officer, 68th Medical Group was assigned Special Projects Officer and made personal visits to 6 major subordinate units in order to put life into the Savings Program.

(2) The effects of this command emphasis on Savings was seen realized as the overall percentage of the 68th Med Gp rose from the low 70% to over 80% at the present time. Within the next few weeks we should reach our goal of 90%.

1. (1) Planning by this headquarters is in progress to implement the bulk method requesitioning system for personnel replacements. To date, no published policy has been received from higher headquarters; however, notes made at the recently conducted Group Commander's Conference form the basis for this planning.

(2) USARV Form 76 (1 Aug 66), Personnel Information Roster, provides basic data for the system in addition to unit morning reports. Separate rosters are maintained by this headquarters for officer and enlisted personnel and is up-dated as of the 15th of each month.

(3) No major problems are anticipated by this headquarters in implementing this new system.

8(U)OPERATIONS. a. Method of support of tactical operations remains as previously reported. Liaison is maintained with Surgeon, II FFORCEV, from whom information is received on current and projected operations. Most operations are supported from the "home base" of hospital and aeromedical evacuation units. If necessary, resuscitative surgery support is placed in augmentation support of division and separate brigade clearing stations. Also, if necessary, because of time-distance factors, aeromedical evacuation helicopters are placed on standby in direct support at the division or separate brigade clearing stations.

b. Primary medical care is provided on an area basis by dispensary units. The 74th Medical Battalion, a subordinate unit, is charged with providing this type of support. To it are assigned, MA, MB, MC, and OA Medical Detachments. The commander of the 74th Med Bn keeps abreast of population increases and changes to adjust where necessary area medical support. He has also appointed area surgeons to serve as medical advisors to several geographical-area commanders in Corps Tactical Zone III. These area surgeons are also responsible for preventive medicine activities in their area.

c. Surface ambulance evacuation is provided by the 58th Medical Battalion, a unit directly subordinate to this headquarters. This unit has two ambulance companies and one ambulance detachment (Team RB) assigned to it. Surface ambulance support is provided on standby basis at hospitals, dispensaries, and division clearing stations and other sites as required. All surface evacuation from dispensaries to hospitals, between hospitals, from hospitals to airfields is provided by these ambulance units. As additional roads are secured it is envisioned that surface ambulance units will play a greater role in medical evacuation thereby easing the burden on the aeromedical units.

d. Hospitalization is provided by two Surgical Hospitals, two Evacuation hospitals and two Field Hospitals. As mentioned earlier, two Evacuation Hospitals and one Surgical Hospital will become operational during the next quarter. Casualties are evacuated to these hospitals by air ambulance units. The hospitals do not displace forward as they ~~did during~~ World War II and the

Korean Conflict. However, as the "perimeter" of operations extends further, hospitals are sited nearer to the areas of expected combat operations. 8

9.(U)SUPPORT OF CONTINGENCY OPERATIONS.

a. In the last Operational Report this headquarters reported that two Surgical Hospitals, one Evacuation Hospital and one Platoon of a Clearing Company were directed to maintain their personnel and equipment in constant readiness for possible relocation in support of contingency operations.

b. During this quarter, this headquarters, on direction of higher authority, has also alerted a Clearing Company, and one KB (Orthopedic) team, to remain ready to relocate in support of contingency operations.

c. The three (3) KA (Surgical) teams assigned to this Group have been directed to remain mobile for possible support of contingency operations. This alert was issued very early after arrival of this Group to this theatre.

d. When the 45th Surgical Hospital (Mobile Army), a MUST unit, arrived in-country, it too received a directive from this headquarters to be in constant readiness for possible relocation.

e. As mentioned in the previous Operational Report, it is not uncommon for medical units to become "fixed" at their base, loan out their equipment, usually on direction of higher headquarters, and therefore, become unable to move on short notice. The alert actions taken above are expected to remedy this situation.

10.(U)AEROMEDICAL OPERATIONS:

a. A total of 7812 patients were evacuated by the 436th Medical Detachment (Co Hq) (Air Amb) during the quarter. Aircraft were flown a total of 4123 hours. Average flying time per aviator amounted to 58 hours.

b. Construction was begun on a 24 pad heliport in Long Binh adjacent to the 254th Medical Detachment (RA). This new facility will support the 57th and 283d Medical Detachments (RA) which have been directed to move from Saigon. The move is programed for 1 November 1966.

c. The Air Ambulance Detachments continued to enjoy a favorable aircraft availability. This is significant as the majority of crew chiefs are arriving direct from CONUS. This speaks well of their attitude and the individual commanders maintenance supervision. As of 23 October 1966, 21 of the 23 on-hand aircraft were operational. The percentage of operational versus on-hand aircraft has been running about 82 to 91%.

d. Tragedy struck on 13 August 1966 with the helicopter crash fatal to Majors Kent E. Gandy and Harry V. Phillips Jr. MSC's, while attempting to land through low clouds and ground fog at night to a jungle pick up site. Both officers were assigned to the 254th Medical Detachment (RA).

11(U)HOIST OPERATIONS

a. The actual use of the hoist both with the forest penetrator and stokes litter for extraction of wounded personnel from inaccessable areas was initiated during the quarter. Two of the four air ambulance detachments presently have this capability. Approximately 75 hoist extractions have been performed by these two units.

b. Classes and demonstrations have been presented to combat units on the operation of the hoist. This has greatly assisted in making hoist operations work more smoothly.

c. Information available indicates that the remaining two air ambulance detachments will obtain the hoist lift capability during the next quarter.

12(U)EVALUATION OF LITTER DEVICE, HELICOPTER HOISTING OPERATIONS.

a. The 254th Medical Detachment (RA) a unit subordinate to 436th Medical Detachment (Co Hq) (Air Ambulance) under the 68th Medical Group recently evaluated the Litter Device, Helicopter Hoisting Operations.

(1) The litter device when lowered to the ground in the closed package has proven to be a significant problem. Although there are very simple instructions printed on the inside surface of the device, they cannot be read until the device has been completely opened and spread out on the ground. The spreading of the item on a hard flat surface is not simple. Attempting to accomplish this task in the jungle is extremely time consuming and cannot be accomplished in some areas. Tests have shown that approximately 10-15 minutes are required for ground troops who are unfamiliar with the device to use it properly at the first exposure. They can reduce the time by approximately half on subsequent lifts. In approximately 50% of the tests, the individuals did not read the instructions. In summary, lowering the device in the closed package is too time consuming and thus makes its use in a hostile environment prohibitive.

(2) In an attempt to expedite the hoist operation using this device, it was assembled and the litter placed in the device and lowered from the aircraft. This procedure was unsuccessful in approximately 50% of the attempts as the hole in the jungle canopy was not large enough to permit the device to be lowered. On these occasions the diameter of the holes were 8 - 10 feet. Additionally when the litter is not supporting sufficient weight, it tends to swing or move, catches on branches and makes control of the descent difficult and sometimes impossible.

(3) The face shield, does not provide the protection for which it was intended. When the individual is placed in the litter and the litter properly slung, the shield still comes in contact with the individual's forehead and/or face. There is no clearance. Thus there is no protection from a bouncing blow which could result from a swinging of the litter and/or a direct lift of the litter and collision with tree limbs.

(4) The litter device when properly loaded does permit the individual to be lifted in a head high position. This seems to prevent excessive spin, permits the individual to be pulled into the aircraft head first, and is more comforting to the patient. This is an advantage over the stokes litter. 10

(5) The anti-spin device has not been used. If it is used, it is thought that there will be additional time required to retrieve the rope and also the possibility the rope might blow into the main or tail rotor blades. The anti-spin device does have a safety device which permits the rope to separate from the device with approximately 50 - 70 pounds of pull. If the rope should become entangled in the trees this would not be a problem.

(6) The pads for the litter handles and the other straps and webbing in the present configuration represent hazards as they can easily snag on branches while operating in small areas.

b. It was recommended that the device be modified to cover all existing irregular surfaces, elimination of excessive webbing, and provide a means for permanent clearance between the head shield and the man's face, if it is to be used in a jungle or heavily forested environment.

c. The commander of the 254th Medical Detachment does not recommend its use even if modified in a hostile environment. It requires excessive amount of time to assemble and this exposes the crew of the air ambulance to additional hazards which are not necessary.

d. The hoist has been used to extract people who are combat casualties and the lifts are being made in a hostile environment. The average time required to extract two litter patients with the stokes litter is 10 - 15 minutes. However the use of the litter device will greatly increase the time requirement which is considered excessive in a hostile environment. The stokes litter is far superior to the present litter device, helicopter hoisting operations.

13.(U)UH-1D AIRCRAFT. During the past quarter the 57th and 82d Medical Detachments (RA) were issued a total of eleven (11) UH-1D aircraft. Of the twenty-four helicopters authorized the 436th Medical Detachment (Co Hq) (Air Amb) a subordinate unit of the 68th Medical Group, twenty-three (23) are of the UH-1D type. It is anticipated that the remaining UH-1B model will be replaced during the next quarter.

14.(U)OPERATING BEDS.

a. (1) As of 31 October 1966 the number of operating Hospital beds available in this Group totals 1317 and are distributed as follows:

HOSPITAL	LOCATION	NUMBER OF BEDS
3d Fld Hosp	SAIGON	307
3d Surg Hosp	BIEN HOA	60
7th Surg Hosp	CU CHI	60
17th Fld Hosp	SAIGON/CHOLON	100
36th Evac Hosp	VUNG TAU	390
93d Evac Hosp	LONG BINH	400

(2) These hospitals have an expansion capability totalling 593 beds.

b. In addition to hospital beds, there are 240 beds available in the 616th Medical Company (Clearing)--two hundred of which are located in Long Binh (YT 0509) and forty located at PHU LOI (XT 8215).

c. Within the next quarter, the 12th Evacuation Hospital, the 24th Evacuation Hospital, and the 45th Surgical Hospital (Mobile Army) will become operational. This will increase the number of operating beds by 860.

d. The average bed-occupancy rate has been running from about 65 to 70 per cent.

15(U)MEDICAL SPECIALTIES. a. The following medical specialties were available in medical treatment facilities of this Group as of 31 October 1966:

AUTOPSY PATHOLOGY	OPTOMETRY
CARDIOLOGY	ORTHOPEDIC SURGERY
DERMATOLOGY	OPTHALMOLOGY
GENERAL SURGERY	ORAL SURGERY
INTERNAL MEDICINE	OTORHINOLARYNGOLOGY
MAXILLO-FACIAL SURGERY	PHYSIO-THERAPY
NEURORADIOLOGY	PLASTIC SURGERY
NEURO PSYCHIATRY	RADIOLOGY
NEUROSURGERY	RENAL HEMODIALYSIS
OB-GYN	THORACIC SURGERY
	UROLOGY

b. In addition, the following laboratory facilities were available to Medical treatment facilities of this Group:

COMPLETE CLINICAL PATHOLOGY	VIROLOGY
HEMATOLOGY	WHOLE BLOOD DEPOT
SURGICAL PATHOLOGY	

c. The above specialties and services are published throughout the command. Lists are up-dated periodically to reflect specialties gained or lost by assignment or departure of professional personnel.

16(C)HOSPITAL PRIORITIES IN PATIENT EVACUATION.

a. Inasmuch as inadequate communications does not allow this headquarters to completely regulate patients, a system of priorities of hospitals to which patients should be evacuated has been established for the guidance of aeromedical evacuation units. This system will distribute the patient load to best advantage of patients and hospital staffs.

b. Currently, combat wounded North and Northwest of Saigon are evacuated as first priority to the 7th Surgical Hospital, CU CHI, or to the 3d Surgical Hospital, BIEN HOA, whichever is nearest. Second priority goes to the 93d Evacuation Hospital, LONG BINH, last to 3d Field Hospital, SAIGON.

c. Priority for combat casualties originating in other directions goes to the nearest hospital, but if distances are approximately equal, the 36th Evacuation Hospital, VUNG TAU, takes precedence over the 93d Evacuation Hospital and the 93d Evacuation Hospital takes precedence over the 3d Field Hospital. 12

d. Head injuries are an exception to policy. They continue to go to the neurological center located at 3d Field Hospital.

e. When the 12th Evacuation Hospital at CU CHI, the 24th Evacuation Hospital at LONG BINH and the 45th Surgical Hospital at TAY NINH become operational and the 7th Surgical Hospital moves from CH CHI to XUAN LOC the current policy will require revision.

f. Revision plans are progressing towards evacuating combat wounded from areas shown to the nearest hospital indicated:

AREA	HOSPITALS
West to North of Saigon	3d Surgical Hospital - Bien Hoa 12th Evacuation Hospital - Cu Chi 45th Surgical Hospital - Tay Ninh
North to East of Saigon	3d Surgical Hospital - Bien Hoa 7th Surgical Hospital - Xuan Loc 3d Field Hospital - Saigon
East to South of Saigon	3d Field Hospital - Saigon 7th Surgical Hospital - Xuan Loc 36th Evacuation Hospital - Vung Tau
South to West of Saigon	3d Field Hospital - Saigon 12th Evacuation Hospital - Cu Chi 36th Evacuation Hospital - Vung Tau

g. Surgical Hospitals will evacuate patients to designated Evacuation Hospitals, However, here, medical regulating will control patient flow. In general, the Surgical Hospitals listed below will evacuate patients to Evacuation Hospitals shown:

3d Surgical Hospital to: 93d Evacuation Hospital, Long Binh
7th Surgical Hospital to: 24th Evacuation Hospital, Long Binh
45th Surgical Hospital to: 12th Evacuation Hospital, Cu Chi

17(U)MOTOR VEHICLE TRAFFIC ACCIDENTS--PREVENTION.

a. In an effort to reduce the motor vehicle accident rate within the 68th Medical Group several procedures and techniques have been introduded within the Safety Program.

b. (1) After the occurence of an accident the following individuals are directed to report to the Group Commander:

(a) The driver of the vehicle.

(b) His unit commander.

(c) The senior occupant of the vehicle

(d) The motor officer and motor sergeant of the unit from which the vehicle was dispatched.

(e) The commander of the unit superior to the commander of the unit involved.

(2) These individuals explain, in detail, all they know of the events before, during and after the accident. The information presented is evaluated by the 68th Medical Group Accident Analysis and Evaluation Board.

(3) This procedure is used with the objective of determining the cause of the accident and preventing recurrences.

(4) The individual involved in the accident then presents his experience to other medical units. The lessons learned are imparted in order to attempt to eliminate futufe accidents.

c. Guards at vehicular entrances to medical unit compounds greet incoming and outgoing drivers with the slogan "Drive Safely." This same greeting is returned by the occupants of the vehicle. This serves to keep personnel safety conscious.

d. All telephone conversations are begun and ended with the slogan "Drive Safely". Here again as a safety reminder.

e. The Group periodically publishes a Safety Newsletter which contains a synopsis of each accident that occurred during the period. The cause, preventative measures that could have been taken to prevent the accident, and corrective action taken against the individual or individuals involved are set forth for each accident.

f. The Group Commander imposes his own speed limits where he feels authorized limits are excessive. It is interesting to note that the 20MPH speed limit between TAM HIEP (YT 0409) and BIEN HOA (YT 0011) imposed by the Group Commander was later followed by the same imposition by higher headquarters.

g. Since the program began vehicle accidents have been reduced by nearly 70%.

18(U) WEAPONS SECURITY.

a. Because of several instances of careless handling of firearms this headquarters has placed more stringent directives in effect on proper control of weapons.

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14

b. Commanders were directed to maintain a registor of all firearms and to keep all firearms in the arms room when not required to be carried.

c. Weapons of patients are to be tagged for identification and secured. Unclaimed weapons are to be returned to supply channels.

d. All personnel are required to read and sign a statement that they understand the local directives on weapons control.

19.(U)FAMILIARIZATION FIRING PROGRAM.

Once each quarter our medical units are required to schedule a weapons firing familiarization course. Even though an individual may have fired a weapon for familiarization, he is still required to zero in the weapon assigned to him after arrival in-country.

20.(U)NEWSLETTER PROGRAM:

a. In order to disseminate to other medical units the experience gained in each of our subordinate units, a newsletter program was started.

b. Each subordinate unit publishes quarterly a newsletter disseminating information on new medical procedures, supply, administration, equipment, maintenance, safety, and any other subject of interest. Wide distribution is made of this letter.

21(U)CONSTRUCTION.

a. (1) In September 1966, the Headquarters, 68th Medical Group moved into its new building. This building, constructed by Engineer troop labor, is actually three shed-type buildings connected into a U shape. Each portion of the U is 40 ft by 50 ft for a total of 6000 square feet of floor space. This shape adapted to the real estate that was available. It brought together under one roof the entire headquarters that was previously spread out in 3 GP large and 1 GP medium tents.

(2) The building is set on a concrete slab. The frame is of steel girders and supports. The exterior roof and sides are covered with corrugated sheet metal. The interior, ceiling and walls are covered with masonite. Office partitions are of ply-wood two feet off the floor and half-way to the ceiling to allow for maximum air circulation.

b. (1) The Headquarters is now in the midst of constructing quarters on a self-help basis (assigned personnel perform all labor). All personnel will soon be out from under tentage, which incidentally, has begun to deteriorate due to hot sun, dust and rain.

(2) These buildings consist of wooden floors, screened and louvered sides and corrugated steel roofs. Each building measures 20 X 30 feet. Each individual receives the amount of space authorized for his grade.

c. Identification of inclosures to this report:

(1) Incl 1. Unit sign designed by a member of this Group.

(2) Incl 2. Headquarters building built by Engineer troop labor. Object in window in center of photograph is not an air-conditioner. Window serves as cage for outgoing mail.

(3) Incl 3. View of Personnel Section, Hq 68th Medical Group.

(4) Incl 4. Communications Center, S-3 Section, Hq 68th Medical Group.

(5) Incl 5. Conference Room Hq 68th Medical Group.

(6) Incl 6. Personnel of HHD 68th Medical Group building their own quarters, Headquarters building in background.

(7) Incl 7. View of completed quarters. Local laborers are hauling laterite for area landscaping.

(8) Incl 8. Completed quarters.

(9) Incl 9. Single occupant quarters built by Group personnel for the Commanding Officer.

(10) Incl 10. Local laborers building bunkers. A must in Vietnam. Bunkers were designed by Group personnel.

(11) Incl 11. Bunker ready for use, if necessary.

(12) Incl 12. Improving bunker and entrance to the Medical Compound, Long Binh, Vietnam.

22.(U) I. G. INSPECTION

Headquarters and Headquarters Detachment, 68th Medical Group was given an annual I. G. Inspection by the 1st Logistical Command Inspector General on 29 August 1966. A rating was not awarded. The Group Headquarters was considered as performing its mission in an efficient manner. Discrepancies found were corrected and so reported through channels.

7 November 1966

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966 (RCS CSFOR 65) (U)

16

SECTION II (UNCLAS)

Part 1

PERSONNEL

ITEM: Reducing number of motor vehicle accidents.

DISCUSSION: The number of motor vehicle accidents can be reduced if the commanders down to the lowest level of command vigorously display and express their interest in this matter. It has been this Group's experience that written directions alone do not reduce accidents. The Commander must personally become involved in safety lectures, corrective measures, and preventative measures. He must keep hammering at safety. He must, with his staff, come up with positive measures to reduce accidents. The entire command must know that the commander himself is vitally and personally interested and will do all within his power to reduce accidents.

OBSERVATION: A commander must manifest to the entire command his desire to reduce accidents.

LOGISTICS

ITEM: Disposition of Excess Medical Supplies.

DISCUSSION:

1. During the past year, hospitals of this command have generated excesses due to the following reasons:

a. Limited usage of assembly components which have become obsolete or are not required in this theater.

b. Over estimate of usage when initial stockage was established for new items.

c. Tendency to overstock and heard because of delays in shipment from depot.

d. Failure to establish adequate controls to accumulate demand data.

2. To correct this situation the following actions have been taken:

a. All hospitals are required to maintain informal stock records in accordance with chapter 13, AR 711-16.

17

b. With the improvement of depot supply support units are required to limit stockage to 10 day operating level and 5 day safety level plus actual order - shipping time.

c. As soon as units accumulate adequate demand data, excesses are determined and an excess list is circulated for screening by other units. After other units have received items they can use, excesses are turned in to Depot.

d. Newly arriving units are checked as soon as they become operational to assure that adequate procedures have been established to accumulate necessary demand data for computation of realistic stockage.

OBSERVATION: Sound accounting procedures must be established as soon as hospitals become operational. This will decrease cost of inventories on hand and assure a more responsive supply system.

ITEM: Property Book Administration for TOE 8-500 Teams.

DISCUSSION: Most Cellular Teams and Dispensaries organized under TOE 8-500 are not authorized supply and administrative personnel, however current regulations require that they maintain property records in accordance with AR 735-35. Inspections of these units have disclosed several deficiencies and irregularities in supply administration and control of property. Since these units do not have knowledgeable supply personnel the following actions are being taken:

a. Supply officers of Hospitals or Battalions having TOE 8-500 Teams assigned or attached are appointed Responsible Officer for the detachment property books.

b. TOE property is placed on hand receipt to the detachment commander. This will enable detachment commanders to retain control of equipment and ensure correct administration of supply prodedures.

OBSERVATION: That knowledgeable supply personnel should be responsible for supply administration for property books of units not authorized administrative or supply personnel.

ITEM: Expendable Medical Supply and Maintenance Support for Medical Dispensaries.

DISCUSSION: Nine medical dispensaries are assigned to this Group. These dispensaries are dispersed thoughout the command and in most cases are located near Evacuation ~~or Field Hospitals.~~ In the past these dispensaries have been drawing medical supplies from the 1st Advance Platoon,

UNCLASSIFIED

32d Medical Depot, Saigon. This procedure has resulted in excess travel by the dispensaries and has increased the work load on the depot supply system. Since these units do not have trained supply personnel, administrative procedures have been lax, stockage has been excessive to the dispensary needs, and maintenance of medical equipment has been excessive to the dispensary needs, and maintenance of medical equipment has been neglected. To correct this situation, medical dispensaries have been satellited on the nearest hospital for recurring medical expendable supplies as well as technical assistance and repair parts support for medical equipment.

OBSERVATION: Satelliting medical dispensaries to Field and Evacuation hospitals for expendable medical supply and equipment maintenance support will reduce traffic exposure, time consuming trips to the medical depot and result in increased efficiency in the dispensary operation.

SECTION II (U)

Part 2

RECOMMENDATIONS

None

12 Incl
as

CHARLES C. PIXLEY
Colonel, MC
Commanding

REGRADED UNCLASSIFIED UPON
MOVEMENT OF UNIT TO NEW
LOCATION

UNCLASSIFIED

CONFIDENTIAL

19

AMGCT-[illegible] (7 Nov [illegible]) 1st Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 October 19[illegible],
([illegible])

HQ [illegible], 44[illegible] Medical Brigade, APO 96307, 27 November 19[illegible]

TO: Commanding General, 1st Logistical Command, ATTN: AMGCT-[illegible], APO 96307

(U) This headquarters concurs with the comments and observations as contained in this report and submitted by the Medical Group.

[illegible]
Colonel, MC
Commanding

[illegible]
[illegible]
[illegible]

CONFIDENTIAL

CONFIDENTIAL

AVCA GO-O (7 Nov 66) 2d Ind
SUBJ CT: Operational Report for Quarterly Period Ending 31 October 1966 (RCS CSFOR-65) (U)

HEADQUARTERS, 1st Logistical Command, APO 96307

TO: Deputy Commanding General, US Army Vietnam, ATTN: AVHGC-DH, APO 96307

1. (U) The Operational Report - Lessons Learned submitted by the 68th Medical Group for the quarter ending 31 October 1966 is forwarded herewith.

2. (U) The 68th Medical Group was engaged in combat support for 92 days during the reporting period.

3. (U) Concur with the basic report as modified by the comments contained in the preceding indorsements. The report is considered adequate.

FOR THE COMMANDER:

Glenn A. Doyle
Capt, AGC
Asst Adjutant General

TAI: Lynx 782/930

1 Incl
nc

REGRADED UNCLASSIFIED WHEN SEPARATED FROM CLASSIFIED BASIC DOCUMENT

CONFIDENTIAL

CONFIDENTIAL

AVHGC-DI (5 Nov 66) 3d Incl
SUBJECT: Operational Report-Lessons Learned for the Period Ending 31 October 1966 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307 16 DEC 1966

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-OT APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 October 1966 from Headquarters, 65th Medical Group as indorsed.

2. Concur with the basic report as modified by the previous indorsement.

FOR THE COMMANDER:

R. [illegible]
1st Lt [illegible]
Asst [illegible]

1 Incl
nc

CONFIDENTIAL

GPOP-OT (7 Nov 66) 4th Ind (U)
SUBJECT: Operational Report-Lessons Learned for the Period Ending 31 October 1966 (RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 13 JAN 1967

TO: Assistant Chief of Staff for Force Development, Department of the Army, Washington, D. C. 20310

1. This headquarters concurs in the basic report as indorsed.

2. Reference paragraph 12, page 7, basic report: The evaluation of the litter device differs slightly from the final report submitted by Army Concept Team in Vietnam, dated 19 December 1966. However, the conclusions of the basic report and the ACTIV report are the same, i.e. the litter device tested is not operationally suitable for evacuating casualties under combat conditions.

FOR THE COMMANDER IN CHIEF:

G. L. McMULLIN
CPT, AGC
Asst AG

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[illegible] CLASSIFIED
[illegible]