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DEPARTMENT OF THE ARMY
HEADQUARTERS, 70TH MEDICAL BATTALION
APO 96235

INDEXED

7 November 1966

SUBJECT: Operational Report, for Quarterly Period ending 31 October 1966.

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

CC:

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

Commanding General
1st Logistical Command
ATTN: AVIC-GO-H
APO 96307

Commanding General
United States Army, Vietnam
ATTN: AVIC-DH
APO 96307

Commanding Officer
55th Medical Group
ATTN: AVIC-MB-GB-B
APO 96307

Commanding Officer
44th Medical Brigade
ATTN: Historian
APO 96307

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7 November 1966

SUBJECT: Operational Report – Lessons Learned for Quarterly period

Ending 31 October 1966 (ROS CSFRG-65)

SECTION I

STRATEGIC ORGANIZATIONAL ACTIVITIES

During this report period this Battalion had numerous organization changes with the activations and detachment of many units. The 103rd Medical Detachment (A) was detached from this Battalion on 15 August 1966 and attached to the 1st Aviation Brigade (GO 52/68), HQ USAV, dated 16 August 1966. The 210th Medical Detachment (SF) was attached to this Battalion on 29 July 1966 (GO 35, HQ 55th Medical Group, dated 11 August 1966) and was in turn attached to the 16th Surgical Hospital on 24 October 1966 (GO 49, HQ 55th Medical Group, dated 20 October 1966). The 501st Medical Detachment was attached on 21 September 1966 (GO 38, HQ 55th Medical Group, dated 21 September 1966) and further attached to the 18th Surgical Hospital on 24 October 1966 (GO 40, HQ 55th Medical Group, dated 20 October 1966). The 48th Medical Detachment (RS), a bus ambulance detachment, was attached to this Battalion on 17 September 1966 (GO 38, HQ 55th Medical Group, dated 21 September 1966) and was attached to the 495th Medical Detachment (RC) for command and administrative control on 15 September 1966 (GO 43, HQ 70th Medical Battalion, dated 13 September 1966). The 495th Medical Detachment (RC), a surgery headquarters detachment, was attached to this Battalion on 29 August 1966 (GO 38, HQ 55th Medical Group, dated 21 September 1966) and assumed administrative control of all Battalion detachments (GO 48, HQ 70th Medical Battalion, dated 4 November 1966). Of these, the following detachments are currently operating in direct support of the 65th Evacuation Hospital: 48th Medical Detachment (RC) (Surgical), 138th Medical Detachment (RS) (Neuro-Surgical), 139th Medical Detachment (KH) (Orthopedic), 485th Medical Detachment (RS) (Bus Ambulance) and the 483rd Medical Detachment (KH) (X-Ray). The two remaining detachments, 142nd and 152nd Medical Detachments (RS) (Dispensary) are operating in support of units in Phu Tai and USAG, Qui Nhon, respectively.

The missions assigned to the Battalion and its attached units during the report period continue as before and include providing area medical support, augmentation of other medical units, and direct support of tactical operations. The Battalion Headquarters, located in Qui Nhon, Vietnam, seven (7) miles west of Qui Nhon, provides command, control and administration of attached units.

The 51st Medical Company (AMB) at Phu Thanh continues to provide ambulance support throughout the northern half of the I Corps area and the I Corps area on special missions. One ambulance has been assigned for continuous 24-hour support for beach discharge operations at the Qui Nhon 217 Beach. This unit has also been called numerous times to support troop evacuation at both the 16th and 26th Beaches in Qui Nhon and evacuation of personnel at the Qui Nhon Airfield, including the arrival of the 116th Infantry Division from Ft. Lewis, Washington. The 51st Medical Company (AMB) supports the 2nd Surgical Hospital at An Khe with five ambulances, the 18th
Surgical Hospital at Pleiku with five ambulances and for the 85th Evacuation Hospital and 67th Evacuation Hospital at Qui Nhon, with ambulances as required. Three ambulances are stationed at the Qui Nhon Air Field 24 hours daily to meet any incoming air evacuation flights and provide aircraft crash standby. One ambulance each is provided for emergency coverage to the 85th and 67th Evacuation Hospitals at Qui Nhon, and the 542nd Medical Company (CLR) at Phu Thanh. Convey support is provided from Qui Nhon to Pleiku and back with at least one ambulance daily and often as many as three or four for additional convoys. On 29 October 1966, one ambulance was sent to support Col B. B. C. Engineer Battalion located 20 miles southeast of Pleiku, for an indefinite period. The 51st Medical Company (CLR) transported a total of 6,357 patients during this quarter including ambulance evacuations at Qui Nhon, an Eho, Pleiku and tactical operations support.

The 542nd Medical Company (CLR) with its 1st Platoon and headquarters at Phu Thanh, has continued to operate 80 beds for convalescent and malaria patients transferred from the 85th Evacuation Hospital. When the 67th Evacuation Hospital became operational in Qui Nhon on 6 October 1966, the 542nd Medical Company (CLR) assumed the responsibility for providing for overflow convalescent and malaria patients from that unit. The 2nd Platoon of the 542nd Medical Company (CLR) has been in direct support of the 16th Surgical Hospital at Pleiku and is presently operating an 80 bed holding facility. This platoon is now operating in a new triple quarters which was recently completed. The 3rd Platoon serves a similar role for the 2nd Surgical Hospital at An Nho. During the period, 5,792 US military personnel and 397 Vietnamese civilians were treated at the 1st Platoon dispensary in Phu Thanh. The 542nd Medical Company (CLR) has also established a provisional dispensary at the 61st Millers Company (N.E.) on 25 October 1966. With the development of a large industrial and heavy equipment maintenance area on Route 19 (13 miles west of Qui Nhon) a need for close medical support was observed and the support provided. This provisional unit will soon be replaced by an incoming dispensary.

The 142nd Medical Detachment (CLR) located at Plei Tai (Valley 49), under Captain John W. Hasting, KS, 30712700, has undertaken additional projects and programs while also performing the primary mission of medical coverage to US military units in that area. He has initiated a venereal disease lecture program among area units and scheduled talks with all supported units. Fourteen (14) lectures have already been given. The lectures are for the purpose of acquainting US military personnel of the characteristics and inherent dangers of venereal diseases. The unit also works to improve the health and to cultivate the friendship of the local Vietnamese with an active Civil Affairs Program. Blood calls is held at the Dong Tien Catholic School and at the dispensary for the Vietnamese children in attendance there. An immunization program was conducted at the Catholic school. Two hundred and eighty (280) children were inoculated against smallpox and plague in early August. On 23 September, five hundred and forty (540) Tetanus-Diphtheria inoculations were administered to children and to a number of parents who
SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 October 1966 (RCS CSFOR-65)

accompanied them. During the report period 7,437 US military personnel and 406 Vietnamese and Koreans serving in Vietnam were treated by the 142nd Medical Detachment (Ma). This unit has also undertaken a Christmas project to support area schools and orphanages and needy children with items of clothing, shoes, school supplies, bedding, etc. The program is being sponsored by the Active 20-30 Club in Sacramento, California, and has been enlarged to a city-wide project with radio, T.V., and newspaper coverage. On 22 and 23 August 1966, portions of the village of Phu Thanh were stricken by fire. This unit aided in assistance by sending a team of men who helped in combating the fire and evacuating endangered civilians. Burned civilians received treatment at the dispensary. A Tine Testing program for tuberculosis among Vietnamese workers with supported units was introduced. During the report period two hundred and eighty (280) personnel (house girls, laborers, kitchen help, etc.) were tested. Of these five (5) were diagnosed as active-pulmonary tuberculosis and were admitted to the Qui Nhon Province Hospital for treatment.

The 152nd Medical Detachment (Ma), Captain George L. Honning, 35-65-216498, Commanding, which serves the Qui Nhon Support Command and is located in the Qui Nhon Support Command compound is also conducting an active Civil Affairs Program in addition to serving its military population. The detachment treated 7,202 US personnel, 409 Vietnamese and 372 Koreans at the dispensary. In addition, sick call was held on a once a week basis at two (2) Qui Nhon orphanages. Eight hundred and forty-five (845) orphans were seen and treated.

The 438th Medical Detachment (RB) (Bus Ambulance) arrived in Qui Nhon on 16 September 1966. Their three 44 passenger ambulance buses were received on 24 September 1966 and after two weeks maintenance one of them became operational on 6 October 1966. Since then they have transported 824 patients from both the 85th and the 67th Evacuation Hospitals to the Qui Nhon Air Field for evacuation and from the Airfield to those units.

During this report period one of the battalion units had its first Annual General Inspection while in Vietnam. On 31 October 1966 an A&I Team from 1st Logistic Command conducted an inspection of the 51st Medical Company (A&I). The team awarded a rating of satisfactory. Courtesy inspections had been given the 51st prior to the 31 by both the staff of the 70th Medical Battalion and the 55th Medical Group.

During the reporting period numerous tactical operations were conducted in the Corps Tactical Zone II, North; several of which were supported by elements of the 70th Medical Battalion. Operation Thuyar, conducted by the 1st Cavalry Division, was opened on 13 September 1966 approximately 25 miles north of Qui Nhon near Phu Cat on Route 19. The 51st Medical Company (A&I) was called upon to supplement helicopter ambulance evacuation support from the forward support area (FSA) to Qui Nhon. This is considered a most significant undertaking for it represents the first planned overland evacuation
of battle casualties in the Vietnamese action. By 31 October 1966, 369 patients had been evacuated utilizing 70 ambulances. Due to poor radio communications from the FSB to the 55th Medical Group in Qui Nhon the 70th Medical Battalion was called upon to set up a radio communications relay for medical helicopter evacuation ("Dust-Off"). Normally the calls were relayed through the 53 Communications Center in the Phu Thanh compound but on two occasions stations had to be set up on a hill (the Tour d'Argent) at the junction of Route 1 and Route 19 six (6) miles north of Phu Thanh. During the reporting period 133 "Dust-Off" requests were relayed providing helicopter evacuation for 396 patients. On 13 October 1966 one ambulance with driver and aidman from the 51st departed Qui Nhon aboard an ISP to go to Da Nang to support Operation "North Carolina". Earlier on 10 October 1966, four air ambulances from the 542nd were also sent to Da Nang at the close of Operation "Hawthorne". One aidman was also supplied by the 542nd Medical Company for Task Force Baron. He went by "Dust-Off" to Dak To on 2 August 1966 and returned on 5 September 1966. The personnel that had been supporting Operation "Hawthorne" were returned to the Battalion.

There were numerous key personnel changes during the three month period. First Lieutenant Allen F. Crook, MSC, 05418318, joined the Battalion staff as 34 Officer on 19 October 1966 succeeding Captain Jerry B. Coleman, MSC, 0553000. Captain Thomas H. Bradock, MSC, 059185, joined the Staff as Adjutant and Headquarters Detachment Commander on 23 September 1966 and succeeded First Lieutenant George K. Vinceljovich, MSC, 0552804. The 542nd Medical Company (GCR) has had three commanding officers during the report period. The unit lost Captain Byron E. Linos, MSC, 05310907, on 6 August 1966. He was replaced by First Lieutenant Robert L. Williams, MSC, 0532429 who was in turn replaced by Captain Roy E. Spencer, MD, 05412341, on 15 August 1966. SSG Herbert F. Wright, RA 1524597, was the senior individual in the 542nd Medical Detachment (GCR) from 20 July 1966 to 15 August 1966 until the arrival of Captain Jerry B. Corbin, DC, 05510572. Captain Corbin was succeeded by Captain John H. Keating, DC, 05712700, on 23 August 1966.

The improvement of living conditions for battalion personnel continues. Work is well underway on the third two-story wooden tropical building. Completion of the first two buildings has allowed personnel of the 51st Medical Company (AG) and the 1st Platoon, 542nd Medical Company (GCR) to move out of tents. Construction of an officers' club commenced during the first week of October and it is anticipated that its completion will take between three and four months. The 152nd Medical Detachment (MCR) has completed the framework for their dispensary tent and plans for construction of a prefabricated permanent dispensary with materials and manpower to be furnished by units who dispense supplies.

Seven Battalion men were singled out for awards for outstanding meritorious service during their year in Vietnam. Captain Jerry B. Coleman, MSC, 092300, CA Officer for the 70th Medical Battalion was awarded the Bronze Star. Also chosen for this award were 1 SGT Forrest L. Neldor, RA 3617985.
SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 October 1966 (RCS CSFOR-65)

of the 542nd Medical Company (GLR) and SFC Kenneth J. Marshall, RA 1920-6979, Battalion Mess Sergeant. The Battalion's Personnel Officer, First Lieutenant Thomas F. Kirby, 05321368, the Adjutant, First Lieutenant George N. Vlaisavljevich, 05532804, Supply Sergeant MSG Joseph J.R. Mustacchio, RA 15291535, and 1 Sgt Arturo Fernandez, RA 18345494 of the 542nd Medical Company (GLR).

The close proximity of the 22nd Division (ARVN) Firing Range adjacent to the Battalion Compound continued to be a source of constant danger to personnel working in the area. At the close of the report period, however, work had begun on the construction of an earthen barrier. Completion time is estimated at two weeks.

During the months of August and September the temperature ranged from 105° during the day to 80° at night. Intermittent rain commenced in late September and continued through October. The temperatures during this period were from highs of about 90° to lows of 74°.
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 October 1966 (RCS OSF02-66)

of the 52nd Medical Company (OIR) and SFC Kenneth J. Harris III, RA 1930-6573, Battalion Medical Sergeant. The Battalion's Personnel Officer, First Lieutenant Thomas F. Hickey, 05321358, the adjutant, First Lieutenant George N. Vlasevich, 05328501, Supply Sergeant MSG Joseph S. Mastacchio, RA 15291955, and 1st Sgt Antonio Fernandez, RA 18245434 of the 52nd Medical Company (M).

The close proximity of the 22nd Division (RVN) firing range adjacent to the Battalion Compound continued to be a source of constant danger to personnel working in the area. At the close of the report period, however, work had begun on the construction of an earthen barrier. Completion time is estimated at two weeks.

During the months of August and September the temperature ranged from 105° during the day to 90° at night. Intermittent rain commenced in late September and continued through October. The temperatures during this period were from highs of about 90° to lows of 74°.
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NVCH-13-GB-34-C

7 November 1966

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 October 1966 (RCS CGF-65)

SECTION II - CONCLUSIONS OBSERVATIONS AND RECOMMENDATIONS

Part 1. Observations (Lessons Learned)

Combat Medical Badge

Item: Personnel of the 70th Medical Battalion are not entitled to receive the Combat Medical Badge (CMB).

Discussion: Members of this battalion, in particular, personnel of the 51st Medical Company (MCl) and 512nd Medical Company (CMR) have on numerous occasions been in direct support of combat operations. These men have been subjected to the same conditions and dangers for the same periods as tactical unit personnel assigned to the divisional medical elements but they are not equally eligible for the Combat Medical Badge. The criteria for eligibility is that an individual must be assigned or attached to the unit that is supporting the combat operation. Personnel of this Battalion have been subjected to hostile activities to include mines and mortar attacks, yet none have received the CMB. Needless to say this an important morale factor and is considered an inequity to the personnel involved.

Observations: The CMB should be awarded to medical services personnel, who would otherwise meet the criteria, actively engaged in support of a combat operation.

Bus Ambulances

Item: Three non-standard US ambulances were shipped from CONUS To this Battalion in a state of disrepair with no source for repair parts in the theater.

Discussion: The 135th Medical Detachment (RD) arrived in RVN on 16 September 1966. Their equipment, received on 24 September 1965, included three 44 passenger bus ambulances (1503 Superior Coach). All buses had 30 to 50 thousand miles. One vehicle's floor boards were rotting away, another vehicle's windshield and lights were broken, the driver's seat was missing, and the horn was inoperable. No driver's manuals, maintenance publications, or tools or spare parts were received with the buses. The unit had not seen the buses prior to their departure from CONUS thus affording them no opportunity to correct deficiencies or stock spare parts. After two weeks of extensive maintenance and painting in the Battalion motor pool, two of the buses became operational on 6 October 1966.

Observations: Two solutions to this problem are observed. First, where at all possible, standard army equipment should be issued to that spare parts, manuals, etc., will be readily available initially and regularly through supply channels. Secondly, units should have all of their equipment in their possession in ample time prior to departure from CONUS to allow them to adequately prepare it for overseas movement.

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OPERATIONAL REPORT — Lessons Learned for Quarterly Period
Ending 31 October 1966 (RCS 0502-66)

Part 2: Recommendations — No. 2.

[Handwritten note]

SHERB B. FOYNTAI
Lieutenant Colonel, NC
Commanding

COPIES FURNISHED:

1 - Commander-in-Chief, USARPAC
   ATTN: CPPO-DH, APO 96558 (Direct)

3 - Commanding General, USARV
   ATTN: AVG-DH, APO 96307 (Direct)

1 - Commanding General, USAUP COM, Qui Nhon
   ATTN: Historian, APO 96238 (Direct)
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SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 October 1966 (RCS CSFOR-65)

Headquarters, 55th Medical Group, APO 96238, 10 November 1966

THRU: Commanding Officer, 44th Medical Brigade, ATTN: Historian, AIO 96307

Commanding General, 1st Logistical Command, ATTN: AVCA GO-H, AIO 96307

Commanding General, United States Army, Vietnam, ATTN: AVC-DH, AIO 96307

Commander-in-Chief, United States Army, Pacific, ATTN: GFOP-VH, AIO 96558

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

This headquarters concurs in the observations contained in the basic report submitted by the Commanding Officer, 70th Medical Battalion. Based on the Observations (Lessons Learned) contained in Section II, Part 1, of this report, the following recommendations are submitted:

a. It is recommended that nondivisional medical troops placed in direct support of combat operations who are subjected to the same hostile fire as division medical personnel be authorized favorable consideration for the award of the Combat Medical Badge currently being authorized division level medical troops in Viet Nam in accordance with paragraph 97, AR 672-5-1.

b. It is recommended that all equipment shipped to Viet Nam be properly inspected for serviceability and that where possible shipped only after equipment has been inspected by members of the using unit who have been thoroughly trained in its operation.

Robert H. Odzorth
Lieutenant Colonel, MC
Acting Commander

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WCA-HE-70 (7 Nov 66) 2nd Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
       Ending 31 October 1966 (NS C-2C-6-66)

HEADQUARTERS, 64th Medical Brigade, APO 96907, 23 November 1966

TO: Commanding General, 1st Logistical Command, ATTN: WCA-SC-C, APO
     96907

     1. Reference Section II, Part 1, item concerning Combat Medical
        Badge, basic report, and paragraph d., 1st Indorsement. This headquar-
        ters concurs that consideration should be given to the awarding of the
        Combat Medical Badge to medical personnel involved with a combat unit
        engaged in direct contact with enemy forces on a day to day basis.
        However, the responsibility for recommending and awarding the Combat
        Medical Badge should remain with the tactical commander, whose units
        are directly involved in a tactical operation with the enemy and di-
        rectly supported by 46th Medical Brigade units/personnel.

     2. Reference Section II, Part 1, item concerning Bus Ambulances,
        basic report, and paragraph b., 1st Indorsement. Concur in remarks
        relative to condition of busses on arrival in country. In order to
        have equipment (EC) in country upon arrival of unit, it would be
        necessary to either ship the equipment prior to departure of unit
        and/or on the same ship with the unit. This is a continuous problem,
        especially with units which are transported by air.

     3. The 70th Medical Battalion was operational during this entire
        report period.

[Signature]
Colonel, MB
Commanding

[Stamp]
IN REPLY CLASSED
HEAD OFFICE

CONFIDENTIAL
CC0-0 (7 Nov 66) 3d Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966
(AGS CSGMA-76) (U)

HEADQUARTERS, 1st Logistical Command, APO 96307

TO: Deputy Commanding General, US Army Vietnam, ATTN: AVHSC-OX, APO 96307

1. () The Operational Report - Lessons Learned submitted by the 70th Medical Battalion for the quarter ending 31 October 1966 is forwarded herewith.

2. () Reference Section II, Part I, page 7, item entered for Combat Medical Badge: Headquarters USAFW has requested D. to revise the eligibility criteria for this award.

3. Concur with the basic report as modified by the comments contained in the preceding inclosures. The report is considered adequate.

FOR THE COMMANDER:

TEL: Tynx 722/930

1 Incl
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AVHC-DM (7 Nov 66)  
SUBJ: Operational Report-Lessons Learned for the Period Ending 31 October 1966 (ROC 057FR-66)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 55507  
19 DEC 1966  
TO: Commander in Chief, United States Army, Pacific, APO 55555  

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 October 1966 from headquarters, 70th Medical Battalion as ordered.

2. Reference Section II, Part I, Bus Ambulances (Observation): This headquarters initiated action to inform the 70th Medical Battalion of parts source for commercial design vehicles.

FOR THE COMMANDER:

R. J. THORNTON  
1st Lt, AGC  
Asst Adjutant General
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GPOP-OT (Nov 66) 5th Ind (U)
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 October 1966 (AGS CSPOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96568 13 JAN 67

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

This headquarters concurs in the basic report as indicated.

FOR THE COMMANDER IN CHIEF:

[Signature]

CPT, AG
Asst AG

[Handwritten note: CONFIDENTIAL]
Operational Report - Lessons Learned, HQ, 70th Medical Battalion

Experiences of unit engaged in counterinsurgency operations, 1 Aug to 31 Oct 66.

CO, 70th Medical Battalion

7 November 1966

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N/A

N/A

OACSFOR, DA, Washington, D.C. 20310

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