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IN REPLY REFER TO
AGAM-P (M) (29 Sep 67) FOR OT RD-670320 4 October 1967

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

TO: SEE DISTRIBUTION

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2. Information contained in this report is provided to insure appropriate benefits in the future from Lessons Learned during current operations, and may be adapted for use in developing training material.

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Kenneth G. Wickham

KENNETH G. WICKHAM
Major General, USA
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27

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DEPARTMENT OF THE ARMY
HEADQUARTERS 68TH MEDICAL GROUP
APO 96491

AVCA MB-GD-PO 9 May 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 30 April 1967 (RCS CSFOR - 65)

THRU: Commanding Officer
44th Medical Brigade
ATTN: AVCA-MB-PO
APO 96307

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

The OPERATIONAL REPORT-LESSONS LEARNED of this headquarters for the quarterly period ending 30 April 1967 is forwarded in accordance with Army Regulation 1-19 and LC Regulation 870-3.

CHARLES C. PIXLEY
Colonel, Medical Corps
Commanding

1 Incl
as

FOR OT RD File
670320

AVCA MB-GD-PO
SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending 30 April 1967 (RCS CSFOR - 65)

A. During the entire 89 day report period, this headquarters engaged in medical support missions, consistent with its assigned mission of command, control and staff supervision for 47 assigned and 4 attached units. Major subordinate units included four evacuation hospitals, three surgical hospitals, two field hospitals, two medical battalions, a provisional air ambulance company and other specialized units providing field level medical service to forces of the United States, Free World Military and Military Assistance Program Army of Vietnam in Corps Tactical Zone III and IV, Republic of Vietnam.

B. Personnel, Administration, Morale, and Discipline.

1. Personnel. Colonel Charles C. Pixley, Medical Corps, commanded the 68th Medical Group during the entire period.

2. Administration. Forty seven (47) assigned units were provided administrative support during the report period. Courier service and telephonic communications continued to be used extensively, but an adequate and reliable communications system continued to be a problem area.

3. Morale and Discipline.

a. Awards and Decorations.

(1) The following awards and decorations were approved and presented during the period:

(a) Legion of Merit - 6

(b) Distinguished Flying Cross - 13

(c) Bronze Star - 49

(d) Air Medal - 218

(e) Army Commendation Medal - 119

(f) Purple Heart - 1

(g) Certificate of Achievement - 35

(2) The following awards and decorations have been recommended, and are still pending as of 30 April 1967.

(a) Legion of Merit - 6

(b) Silver Star - 5

(c) Distinguished Flying Cross - 9

(d) Soldier's Medal - 4

3

(e) Bronze Star - 79

(f) Air Medal - 514

(g) Army Commendation Medal - 87

(h) Purple Heart - 3

(i) Certificate of Achievement - 23

b. Seven (7) Special Courts-Martial were convened by this headquarters during the period 1 February 1967 thru 30 April 1967. Four (4) Summary Courts-Martial were conducted within the command during the same period.

c. On 11 February 1967, a Commanders Conference was held at the 93d Evacuation Hospital, with commanders and executive officers from all major units attending. Emphasis was on problem areas and solutions. The USARV medical and surgical consultants also participated.

d. On 6 March 1967 a meeting of all Sergeants Major was held to discuss revision of Group promotion policies. A new regulation was published as a result of this meeting. On the same day, another meeting of Adjutants and Sergeants Major was held to clarify policies concerning publication of orders. This meeting resulted in publication of a new and revised regulation.

C. Personnel security actions during the period continued at a high rate. Two hundred and eighty-nine individual clearances were processed and as the rotational hump occurs during May, June and July this figure is expected to double. The consolidated personnel operation discussed elsewhere has materially contributed to rapid processing of each application as the records for widely separated units are readily available.

D. <u>Plans, Operations, Training.</u>

1. <u>Medical Regulating.</u>

a. Although communications continue to hamper pin-point medical regulating, improvements in the present systems have significantly contributed to the timely evacuation and treatment of wounded and sick patients.

b. Trunking and dial systems, particularly in the Long Binh and Saigon area, materially improved long distance telephone calls.

c. Radio communications improved so markedly during the report period that each hospital could be reached by radio if the equipment was available for issue.

(1) Four (4) Collins, KWM-2 and 2A, AM/SSB transceivers were distributed to those distant points requiring continuous contact with Medical Group.

(2) The erection of a seventy (70) foot antenna tower at Group Headquarters and the installation of ground plane antennas fifteen feet above the tower more than doubled the effective range of tactical FM radios.

(3) A special communications bunker was erected. Utilizing two CONEXS and multiple layers of sandbags, the bunker provides both a fine central communications facility and a command/operations area. The communications portion was constructed for permanent occupancy. Spray painted with gloss white, provided with built-in shelving, indirect fluorescent lighting and circulating air, the facility is bright and cool, provides adequate protection against hostile fire, and is virtually soundproof from all directions. The usability of the facility was improved by the installation of a covered walkway between the bunker and the side entrance to the S3.

d. Increased demands for air ambulance coverage required the extensive use of fixed wing and Chinook aircraft. This rapid movement of large numbers of patients enhanced the medical regulator's role in effective patient management.

e. Hospitalization, evacuation and medical regulating were provided for the following tactical operations: (U) JUNCTION CITY, MANHATTAN, ALA MOANA, ENTERPRISE, DECKHOUSE VI, OREGON, FAIRFAX, PORTSEA, FITCHBURG, LAMSON 67, CHAPMAN, FT NISQUIALLY, LEETON, PALM BEACH, MAKALIA, and PITTSBURGH.

f. Some important statistics for 68th Medical Group facilities during the report period are as follows -

(1) Total Average Beds Available.

(a) February - 2041

(b) March - 2111

(c) April - 2166

(2) Daily Average Beds Occupied.

(a) February - 1000 beds

(b) March - 1170 beds

(c) April - 1236 beds

(3) Total Air Evacuation from Medical Group Facilities.

(a) February - 784

(b) March - 1059

(c) April - 892

(4) Total Admissions.

(a) February - 3,961

(b) March - 4,662

(c) April - 4,529

g. During the period significant organizational changes were as follows:

(1) The 7th Surgical Hospital became operational at Long Giao (vic YT 4405), base camp of the 11th Armored Cavalry Regiment. Operating 30 beds and providing area service, the hospital expects to complete construction of the 60 bed facility in early May 1967.

(2) The 3d Surgical Hospital became non-operational on 30 April 1967 and commenced movement to Dong Tam (vic XS 4542) where a 60 bed Medical Unit Self-Contained Transportable (MUST) will be erected. Target date for full operation is 15 May 1967.

(3) Consistent with the designation of the 24th Evacuation Hospital as the neurosurgical treatment center for CTZ III and IV, neurosurgical specialists were transferred from the 3d Field Hospital. In addition, the 45th Medical Detachment (KB) and the 104th Medical Detachment (KD) were attached to the 24th Evacuation Hospital from the 7th Surgical Hospital and 3d Field Hospital respectively to further increase the 24th Evacuation Hospital's surgical capability.

(4) The 616th Medical Company (Clearing) was split, with one platoon remaining at Phu Loi continuing assignment to the 68th Medical Group and the remaining parts of the organization being detached and reassigned to the 55th Medical Group.

(5) One (1) new unit was assigned to the 68th Medical Group. The 500th Medical Detachment (RB) was further attached to the 58th Medical Battalion upon arrival in-country.

(6) Team D of the 222nd Personnel Services Company, 44th Medical Brigade, was attached for rations and quarters, to serve as the personnel service augmentation for the 68th Medical Group.

h. The scheme of evacuation changed slightly during the report period. Continued emphasis was placed on the utilization of ground ambulance evacuation. Daily shuttle runs are in effect between Tay Ninh, Cu Chi, Saigon, Long Binh, Bien Hoa and Long Giao. In early May, a bus run will be instituted between Phu Loi, Di An and the Long Binh medical facilities, greatly reducing aeromedical movement requirements for routine and priority patients from these locations.

E. Following a series of explosions at the Long Binh Ammunition Supply Dump, units in the proximate area reviewed disaster and mass evacuation contingency plans, particularly those portions concerned with chemical

agent contamination.

F. A staff study on space utilization of the 3rd Surgical Hospital facility, Bien Hoa, culminated in the determination that the 20th Preventive Medicine Unit (Service)(Field) and the 84th Medical Detachment (OA) will jointly occupy the site. Consolidation of the preventive medicine activities and the need for a dispensary holding capacity were two prime factors considered.

G. LOGISTICS.

1. "Adams" huts are being constructed by self-help in accordance with the Long Binh Post Master Plan. Materials and equipment for this project are available except for cement mixers.

2. Road improvement efforts required that two buildings and several bunkers in the headquarters area be moved. All structures were relocated within three days.

3. A supply conference was held on 13 February 1967. All Supply Officers and Noncommissioned Officers attended.

4. During this period the 222nd Personnel Services Company was staged in the 68th Medical Group's area at Long Binh. Completed wooden buildings and tents were provided for the unit's equipment and personnel.

5. Food service personnel continually visited subordinate units giving help and advice on food preparation, handling and storage.

6. The construction of a consolidated mess hall has been completed and will begin operation as soon as electrical power and mess equipment can be installed. The mess hall will be operated by the 58th Medical Battalion and will provide service for the 68th Medical Group Headquarters, 74th Medical Battalion, 561st Medical Company (Amb) and three helicopter detachments.

7. A dietary analysis of food ingested by POW patients at the 50th Medical Company (Clearing) was completed by the group dietitian. All requirements of the Geneva Convention concerning quality and quantity of food service for POW's have been attained.

8. One-half pint cartons of milk, individual servings of ice cream and carbonated beverages were programmed for patient feedings in the evacuation and surgical hospitals of the 68th Medical Group.

H. At the beginning of the report period, there were very few recreational facilities due to crowded conditions in Headquarters Detachment, 68th Medical Group. As personnel rotated and transferred, two of the barracks were vacated and converted into a dayroom and Enlisted Men's Lounge. The dayroom presently has a regulation size pool table, ping pong

7

table, several card and game tables, writing facilities, tape recorder, and record player. This has contributed immensely to the excellent morale and esprit de corps of the unit. Sufficient dayroom furniture is present to enable the men to relax comfortably during off-duty hours. Refreshments are sold daily and outdoor bar-b-ques are held at least twice a month.

I. A new policy has been instituted by 68th Medical Group Headquarters for officer and senior NCO personnel. Upon departure, plaques are presented to each member with their name and dates served in the "Group" engraved thereon. A large metal 44th Medical Brigade shield is the center attraction of the plaque. Recipients of this plaque during this period are:

LTC Charles Braden, Executive Officer
CPT Clarence E Hopkins Jr, S2/Asst S3
CPT James Stuhlmuller, Dietetics Advisor

8

AVCA MB-GD-PO 9 May 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 30 April 1967 (RCS CSFOR - 65)

A. PERSONNEL, ADMINISTRATION, MORALE AND DISCIPLINE:

ITEM: Consolidation of Personnel Records.

DISCUSSION: The 68th Medical Group continued to operate a consolidated personnel section. During February the records from a fourth evacuation hospital were moved to the personnel section at Group Headquarters. This completed the consolidation which was begun in November 1966 and now includes the records of four evacuation, three surgical and two field hospitals, two medical battalions, one air ambulance company and one separate dispensary. Approximately three thousand records are maintained in the section. Beginning 1 February 1967, a team from the 222nd Personnel Services Company assumed responsibility for maintenance of the personnel records. The total effort now is directed to providing the very best in personnel service on a timely basis. A satisfactory system of maintaining liaison between the personnel section and the serviced units has now been implemented by having individuals designated as liaison NCO's.

OBSERVATION: The volume of personnel actions and the personnel turbulence in this command impose an unbelievably large administrative burden upon the personnel services function. Basic data must be accurate. In many instances, basic data are not correct, hampering the timely submission of accurate reports as well as other essential tasks. Lessons learned were that during any holiday, each commander should insure that the morning report is signed, that it is an accurate document and that he continues to insure its accuracy. Authorized positions reflected in the TOE, as modified, determine to a great degree whether or not the unit can successfully perform its mission. It behooves the commander to know what personnel he is authorized.

ITEM: Long Haul Evacuations.

DISCUSSION: This war has generated, more than in any other such conflict, the requirement for a well defined and reliable system for transporting large numbers of patients over long distances. Very little evacuation between medical groups has occurred to date. However, long hauls of more than ten patients between field army medical treatment facilities, from division medical units and to aerial ports of embarkation occur daily. At this time, one must depend on small load carriers such as the UH-1D series helicopter, or the less available Chinook, Caribou, C-123, and the C-130. Utilization of fixed wing aircraft is contingent on airfield construction and runway length. Although patients are regulated to make maximum use of these aircraft, the disadvantage of no runway facilities close to the medical facility makes large fixed wing aircraft, including the Caribou, an obstacle for the regulator. Since it is not probable that medical facilities will be moved to the airfield or that the airfield will be constructed next to the hospital, helicopters, specifically the Chinook, could provide the service required if available. The medical planner cannot predict a casualty load in the same term that the tactician uses to plan a movement or tactical operations. Presently, Chinooks, Caribous and other aircraft, excepting specifically designated

Air Force medical evacuation planes, are not prepared for and often do not carry the equipment required to transport litter patients in the numbers prescribed by Army doctrine. There is a need to move medical supplies and medical personnel for which air lift provisions are not routinely programed. The Chinook presently will move patients on an urgent basis, but not on a routine schedule. Even urgent requirements are often not met in a timely fashion due to previously scheduled tactical and tactical support missions. The UH-1D helicopter is a fine small aircraft, but was not intended to move large numbers of patients over prolonged distances, e.g. 35-65 miles. A new helicopter detachment should be adopted for deployment in Vietnam, consisting of two (2) Chinook helicopters, normal crew composition, maintenance support personnel and medical attendants assigned to assist patients in flight. This helicopter unit could, on a daily basis, provide for intragroup movement of patients, movement of routine consultation patients to and from division clearing stations and transportation of medical supplies to points of greatest need. Further, in the event of a mass casualty situation, the Chinook could be dispatched to move volumes of patients from the disaster site, when under present conditions a larger number of smaller helicopters would be required.

OBSERVATIONS: Air Force non-medical aircraft and Army Chinooks available within this AO are not supporting the timely needs of the Army Medical Service. The designation of two (2) Chinook helicopters, or the formation of a Chinook helicopter medical evacuation detachment, would enhance the army medical service support to the combat units, and would reduce psychological trauma resulting from long ground movement and/or prolonged waiting periods when such helicopters or fixed wing aircraft cannot be made available because of preplanned tactical requirements.

B. OPERATIONS:

ITEM: Lack of VOR (OMNI) Navigation Facilities in Saigon/Long Binh Area.

DISCUSSION: The Saigon VOR Navigation facility located at the Tan Son Nhut airport has been decommissioned. The facility was used extensively by the air ambulance pilots to assist in locating coordinates, avoiding artillery and providing a rapid evacuation of aircraft positions at any time required. This facility was extremely valuable during night flights and during periods of navigation under actual instrument conditions. Consequently evacuation missions were completed promptly. Range of the VOR was 60 plus miles. The air ambulance aircraft presently have two other navigational aids installed which are of great assistance when they are operational. Neither is as reliable as was the VOR. The IFF Transponder is a transmitter/receiver instrument which provides positive recognition on a radar screen. This device is very accurate and of great assistance when operational. Approximately 50 percent of the transponders are inoperative at any one time. The instrument is limited to use beyond a range of 15 miles from the radar site. This limitation is significant when evacuations are performed within close proximity to Saigon under conditions of reduced visibility. The ADF homer

is a valuable instrument, however, it is frequently unreliable during heavy storm activity such as the monsoon season and is not accurate enough to locate a coordinate on the ground. The FM receiver/transmitter also has a limited homing capability. This instrument is not to be used for navigation purposes. When operational it will give an indication as to direction of the signal when relatively close to the station. A DME TACAN Facility has been commissioned at the Tan Son Nhut Airfield. This system is more accurate than VOR. However, our air ambulance aircraft are not equipped with this system and information available indicates they will not be. The DECCA navigation system is operational in Vietnam. This system when operating properly provides a readout on a map in the aircraft of the exact location of the aircraft. This system requires a special set of maps for each area in which the aircraft operates and provides some limitations on relatively long flights. This system has been requested for installation in all the aeromedical aircraft. Availability is not known at this time.

OBSERVATION: Evacuations by air ambulance will be delayed during the monsoon season until the DECCA systems are installed.

ITEM: Requirements for Hoist Missions.

DISCUSSION: The use of the hoist for extraction of patients has continued to increase. Since January 1967 hoist extractions have averaged 40 per month. Approximately 50 percent of the hoist missions requested could have been otherwise accomplished by the clearing of an LZ in the same area or by moving the patients only a short distance to an LZ. Additionally, more than 50 percent of the patients who were evacuated by hoist extraction were not urgent type patients. According to current policy, hoist extractions are to be requested only when the patient is an urgent category and an LZ is not available. On approximately 80 percent of the hoist missions, the mission is requested long before the patients are ready for extraction. The aircraft arrives over the area and is required to orbit for up to 30 minutes waiting for the ground party to get the patient into the pickup area. Frequently the aircraft is positioned over the extraction site, after the pilot has been informed the ground element is ready, and the patients are still not in the immediate area. This situation causes undue delay and creates additional exposure and hazard to crew and ground elements. This organization has briefed the surgeons of the combat elements supported on the problem areas associated with use of the hoist. Demonstrations have been presented on several occasions to some units and offered to all. A special information pamphlet was prepared for distribution.

OBSERVATION: The elimination of problems associated with the hoist can only be accomplished through education. Frequently the injured are categorized by non-medical personnel and the tendency is to place the injured in a higher category than necessary. Troops operating in heavily wooded areas still continue to work these areas without explosives or saws to make LZ's when required. Normally speed is the major consideration in movement of urgent patients. The use of the hoist does not always produce the most rapid method of extraction. This is particularly true if any number of casualties are involved.

ITEM: "Priority" as a Classification of Patients.

DISCUSSION: The definition of the category of patient designated as a priority patient is confusing and misleading to a number of the medical officers assigned to combat elements. By definition (USARV Reg 59-1), if otherwise committed, air ambulances have up to 24 hours to evacuate a priority patient. A number of situations have developed in which the medical officer indicates the patient, due to the nature of the injury was not an urgent patient, yet he could not wait 24 hours for further treatment nor could his unit keep him with them for 24 hours. Generally when a priority evacuation request is made an ETA is requested. This cannot always be given due to aircraft commitments and the urgent evacuation requirements. Our policy is to give them an ETA before dark if the request is made during day light hours, and for first light if the request is made during the hours of darkness. More definitive ETA's are given when possible. Two further problems are common. Some conditions do not warrant this urgent category evacuation, yet the status of the patient indicates that a delay of up to 24 hours would result in unjustified complications. Secondly, the tactical situation may dictate the movement of the patient in order that the mission may continue without further delay, even though the patient is not classified as urgent.

OBSERVATION: Frequently when priority evacuation requests are received if an ETA cannot be given or the reply is "We'll evacuate him before dark", the requestor will change the category of patient. The patient's condition has not changed -- the category was upgraded to expedite the evacuation. The subject might be further investigated and if required USARV Reg 59-1 be changed accordingly.

ITEM: Security of LZ.

DISCUSSION: Since the beginning of January 1967 a significant number of air ambulance aircraft have received combat damage in the LZ while evacuating patients from a so-called "Secure" area. The security of the LZ is recognized to be relative to the situation. However, there have been a number of incidents in which the aircraft came under fire while loading patients and the ground element could not suppress the enemy actions.

OBSERVATION: This problem has been discussed with medical representatives of the combat elements. Command action within these units has been taken to eliminate the lack of suppressive fire support for aeromedical aircraft while in the LZ. Frequently evacuations are delayed to wait for the arrival of a light fire team escort.

C. COMMUNICATIONS:

ITEM: Radios and Allied Equipment for Hospitals.

DISCUSSION: The increasing complexity of medical evacuation has placed a strain on the communications authorized evacuation, surgical and field

hospitals. Although a Department of the Army letter authorized each hospital an AN/VRC 46 radio, 1.5 KW D.C. generator, AC to DC rectifier and an antenna system, the equipment has not been available for issue even utilizing the highest (02) priority. Definitive regulation of patients and reliable contact with evacuation aircraft are hampered by absence or non-availability of appropriate systems. Additional factors encountered are terrain features and distance. FM radios with appropriate omni-directional antenna systems have a reliable range of 15-25 nautical miles under ideal conditions in fairly flat terrain. Hospitals located in semi-mountainous terrain may be unable to communicate at distances of 5 to 15 nautical miles. This medical group has received four (4) Collins KWM-2A series AM/SSB commercial radios. This powerful radio can reliably communicate with any other similar unit at ranges in excess of 100 nautical miles irrespective of terrain and normal atmospheric conditions.

OBSERVATION: Each hospital should be authorized and issued on the highest, mission essential priority, one (1) AN/VRC 46 or 47 FM radio, a rectifier, DC generator, appropriate antenna system and one (1)AM/SSB, the same as or similar to the Collins KWM-2 series.

ITEM: Communications Equipment for Medical Groups.

DISCUSSION: Besides hospital radio needs, the medical group has even greater requirements for a sophisticated communications system. The experience gained in this AO indicates that more radio equipment is required, enabling the group to communicate with aeromedical evacuation aircraft which operate on both FM VHF and UHF, division medical units on FM VHF and the HF for distant hospitals, medical brigade and other groups with whom only AM/SSB is a reliable means of contact. Further, local base camp security nets are handled by FM radio to each main command headquarters.

OBSERVATION: Rapid movement of patients and supplies over long distances can only be controlled as effectively as the capability of the radio communication equipment will permit.

ITEM: Convalescent Care in Evacuation Hospitals.

DISCUSSION: The 1,000 bed convalescent center serves adequately for those patients for whom little or no treatment is required other than minor surgical support or physical,occupational and psychological therapy as required. A different category of patient, however, confronts the evacuation hospital and medical regulator with a new problem. This patient is too sick for convalescent center care with further definitive surgery being required and continual nursing care desired, yet the patient will be ready for duty or true convalescent care in ten to thirty days. The patient is not such a burden that intensive care is required. The individual does require some bed rest and attention, and possibly some surgery but less attention is necessary than could be expected for the IRHA recovering from battlefield injury. There is a period between immediate intensive care and convalescent

care for which no particular hospital is designed nor is such a special facility required. A modified evacuation hospital would serve the requirement adequately. Such a facility would operate 500-700 beds of which all in excess of the normal 400 would be designated as semi-convalescent. Operating in a secure rear area, such a facility would place all patients closer to their parent units. This increased capability would reduce the convalescent center load, provide more available bed space in the forward evacuation hospitals and provide the medical group with the needed extra bed capacity.

OBSERVATION: The expansion of one (1) evacuation hospital in each medical group would provide a specific treatment area for those patients which should be moved from the forward facilities, but for whom the convalescent center is not designed nor equipped.

SECTION II PART II RECOMMENDATIONS

14.

AVCA IB-GD-PO 9 May 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 30 April 1967 (RCS CSFOR-65)

1. Recommend that a Chinook aeromedical helicopter detachment be formed to augment the existing aeromedical capability of the medical group deployed in the Republic of Vietnam.

2. Recommend that the DECCA navigational system for inclement weather operation of aeromedical helicopters be considered as mission essential in this theater of operation.

3. Request clarification of hoist mission policies as outlined in USARV Regulation 59-1.

4. Recommend revision of "Priority" classification for patient evacuation as outlined in USARV Regulation 59-1.

5. Recommend that ground element commanders provide at least one light fire team in the immediate area when URGENT evacuation requests are submitted whenever the security in the area is questionable.

6. Recommend that radios and allied equipment required in the performance of medical missions be issued prior to deployment and that those organizations presently in-country be issued the necessary equipment immediately.

7. Recommend earliest consideration at the highest level to review the requirement for an augmented evacuation hospital which with 500-700 beds can serve as an intermediate between the normal evacuation hospital and the convalescent center.

15

A N N E X E S

AVCA MB-GD-PO 9 May 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 30 April 1967 (RCS CSFOR - 65)

ANNEX A

SAFETY

1. The 68th Medical Group has initiated new vehicle safety policies to aid in the reduction of accidents. These policies have been instrumental in reducing the accident rate from 18-20 a month down to 3-4 a month.

2. Most accidents that still occur could have been prevented had proper defensive and strategic driving techniques been observed.

3. Special emphasis has been placed on orienting newly arrived personnel to the driving hazards prevalent in Vietnam. Several units have instituted a 45-hour drivers' course that has proved instrumental in reduction of the accident rate. All unit commanders have been instructed to incorporate safe driving classes into their normal driver instruction periods.

AVCA MB-CD-PO 9 May 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 30 April 1967 (RCS CSFOR - 65)

ANNEX B

MILITARY CIVIC ACTION

1. During the report period civic action projects were conducted by each hospital and other major units within the 68th Medical Group. The Assistant S3 was appointed as Military Civic Action Officer for the group, specifically to coordinate military civic action projects and request the clearance of physicians who desire to participate in MEDCAP II activities.

2. Go Vap Sub-Sector Capitol Military District, Saigon Area, was in particular need of US civic action projects. Refugee centers, Chieu Hoi centers and heavily populated hamlets were in need of medical assistance. Coordination with the Sub-Sector Advisor resulted in a military civic action project in the most needed areas.

3. Extremely noteworthy and widely publicized is the support given an eleven year old Vietnamese boy whom everyone calls "Sam". Sam has for most purposes been adopted by the men of the Headquarters, 68th Medical Group, who provide him with clothing, meals, and tuition to a Vietnamese school. Sam has been taught English, a language in which he has become quite proficient. This young boy in turn acts as an unofficial interpretor in both Vietnamese and Mandarin Chinese when local laborers must be informed of matters such as pay, holidays, work schedules etc,. The boy's picture and a feature story appeared on the front page of the Army Times and also were found in the Stars and Stripes and other local military papers.

AVCA MB-GD-PO 9 May 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 30 April 1967 (RCS CSFOR - 65)

17

68TH MEDICAL GROUP

The following units were assigned to the 68th Medical Group at the end of this report.

UNIT	LOCATION	OP BEDS
3d Field Hospital	Saigon	327
51st Field Hospital	Saigon	
62nd Med Det (KA)(Surg)	Saigon	
155th Med Det (Thoracic)	Saigon	
629th Med Det (KP)(Renal)	Saigon	
915th Med Det (KH)(X-Ray)	Saigon	
3d Surgical Hospital	Dong Tam (not operational until 15 May 67)	60
7th Surgical Hospital	Long Giao	30
12th Evacuation Hospital	Cu Chi	300
17th Field Hospital	Saigon/Cholon	100
24th Evacuation Hospital	Long Binh	368
45th Med Det (KB)(Orthopedic)	Long Binh	
104th Med Det (KD)(Maxillofacial)	Long Binh	
36th Evacuation Hospital	Vung Tau	400
345th Med Det (MA)(Disp)	Vung Tau	
872nd Med Det (RB)(Amb)(Bus)	Vung Tau	
45th Surgical Hospital	Tay Ninh	60
58th Medical Battalion	Long Binh	
50th Med Co (Clr)	Long Binh	150
439th Med Det (RB)(Amb)(Bus)	Long Binh	
498th Med Det (RB)(Amb)(Bus)	Long Binh	
500th Med Det (RB)(Amb)	Long Binh	

Inclosure 1

18

UNIT	LOCATION	OP BEDS
561st Med Co (Amb)	Long Binh	
584th Med Co (Amb)	Long Binh	
1/616th Med Co (Clr)	Phu Loi	40
61st Med Det (MB)(Disp)	II Field Forces (Long Binh)	
74th Medical Battalion	Long Binh	
2d Med Det (MA)(Disp)	Saigon/Cholon	
25th Med Det (MA)(Disp)	Long Binh (185th Maint Bn)	
84th Med Det (OA)(Disp)	Bien Hoa (Camp Green)	
133d Med Det (OA)(Disp)	Cat Lai	
202d Med Det (MA)(Disp)	Saigon (TSN)	
229th Med Det (MC)(Disp)	Long Binh (90th Repl Bn)	
332nd Med Det (MB)(Disp)	Long Binh Post HQ	
346th Med Det (MA)(Disp)	Can Tho	
541st Med Det (MA)(Disp)	Long Binh (Tanker Valley)	
673d Med Det (OA)(Disp)	Saigon Port	
93d Evacuation Hospital	Long Binh	400
46th Med Det (KB)(Orthopedic)	Long Binh	
53rd Med Det (KA)(Surg)	Long Binh	
935th Med Det (KO)(Psychiatric)	Long Binh	
945th Med Det (KA)(Surg)	Long Binh	
436th Medical Detachment (Co Hq)(Air Amb)	Long Binh	
57th Med Det (RA)(Hel Amb)	Long Binh	
82nd Med Det (RA)(Hel Amb)	Soc Trang	
254th Med Det (RA)(Hel Amb)	Long Binh	
283rd Med Det (RA)(Hel Amb)	Long Binh	

Incl 1 Continued

19

AVCA MB-GD-PO 9 May 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 30 April 1967 (RCS CSFOR - 65)

UNIT	LOCATION	OP BEDS
Attached Units		
20th Pvnt Med	Bien Hoa	
38th Med Det (KJ)	Long Binh (Post HQ)	
222nd Personnel Services Co (-)	Long Binh	
946th Med Lab (Mobile)	Long Binh	

Inclosure 1 Continued

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AVCA MB-PO (9 May 67) 1st Ind
SUBJECT: Operational Report - Lessons Learned For Quarterly Period Ending 30 April 1967 (RCS CSFOR - 65)(Hq, 68th Med Gp)

HEADQUARTERS, 44TH MEDICAL BRIGADE, APO 96307 MAY 23 1967

TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-O, APO 96307

This headquarters has reviewed the observations and recommendations contained in the basic report. The following comments are forwarded pertaining to Section II Part II (Recommendations).

a. Paragraph 1 - Nonconcur. A request for CH-47 helicopters to augment the AMEDS aeromedical evacuation capability was submitted to this headquarters by the 498th Air Ambulance Company on 18 November 1966. This request was forwarded to USARV with the recommendation that it be approved. After being staffed at USARV, the request was forwarded to MACV where it was disapproved. Disapproval was based on the shortage of CH-47 helicopters within the US Army, and the fact that responsibility for evacuating patients between hospitals has been assumed by the 7th USAF.

b. Paragraph 2 - Concur. It should be noted that action is presently being taken to install DECCA navigational equipment in AMEDS aircraft. The system is already functional in a few helicopters and it is anticipated all air ambulances will be provided with DECCA capability in the near future.

c. Paragraph 3 - The AMEDS policy concerning hoist missions was clarified in a message, (U) AVCA MB-PO, DTG 270241Z, April 67, which was dispatched to all major commands.

d. Paragraph 4 - Nonconcur. "Priority" classification for patient evacuation, as outlined in USARV Regulation 59-1, does not require revision. Under existing procedures, patients are evacuated ASAP. A patient originally classified as Priority whose condition subsequently worsens should be reclassified as urgent and evacuated immediately. There is no record of any patient waiting 24-hours before being evacuated because his classification was priority.

e. Paragraph 5 - Concur. A light fire team (gunship team) should accompany Dustoff aircraft whenever the security of the LZ is questionable. Prior to dispatching an air ambulance on a mission to an area in which the security is doubtful, the Dustoff operations officer or responsible surgeon should request that the supporting aviation company provide gunship escort. In some cases when a gunship team cannot be made immediately available to escort the air ambulance, a slight delay in accomplishing the mission may be warranted.

AVCA MB-PO
SUBJECT: Operational Report - Lessons Learned For Quarterly Period Ending 30 April 1967(RCS CSFOR - 65)(Hq, 68th Med Gp)

f. Paragraph 6. Nonconcur. The recommendation that radios and allied equipment be issued to medical organizations prior to deployment is not valid. The medical support mission varies from one medical group to another and with each tactical operation supported. For this reason requirements for communications and related equipment frequently differ from one operation to another. It is recognized that present communications are not completely satisfactory. Methods for improvement, however, are being considered. The most recent action taken by 44th Medical Brigade to improve communications for subordinate medical units has been the acquisition of sixteen (16) KWM - 2A Transceivers for use by medical groups.

g. Paragraph 7 - Nonconcur. Although hospitals assigned to the 68th Medical Group have a heavy workload they have never been required to perform beyond their capabilities. For this reason, the recommendation that a 500-700 bed evacuation hospital be established to serve as an intermediate treatment facility between evacuation hospitals and the Convalescent Center is not presently feasible. Patients requiring minimal surgical care and rehabilitation can be accomodated in the hospital facilities currently located in III CTZ. In the event the workload of the evacuation hospitals become excessive, however, consideration will be given to assigning another treatment facility to the 68th Medical Group.

TEL: Lynx 389

RAY L. MILLER
Colonel, MC
Commanding

23

AVCA GO-O (9 May 67) 2d Ind
SUBJECT: Operational Report for Quarterly Period Ending 30 April 1967 (RCS CSFOR 65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 25 JUN 1967

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

1. The Operational Report - Lessons Learned submitted by the 68th Medical Group for the quarterly period ending 30 April 1967 is forwarded.

2. Reference page 16, paragraph 6, and 1st Indorsement, paragraph f: This headquarters recognizes that medical groups and hospitals have a definite need for radio communications. This need may be for HF (AM/SSB) or VHF (tactical FM) or UHF radios or combinations of these. This headquarters recommends that FM radios and allied equipment be issued prior to deployment and that those organizations presently in-country without FM radios be given priority for issue of one FM radio and allied equipment. Although the medical support mission will vary from one medical group to another and with each tactical operation supported, these units will require FM radios to enter alert or emergency nets and for various administrative nets. As to HF and UHF radios, it is not valid to issue these prior to deployment due to the variance of the medical support mission. Due to this variance, each unit's situation needs to be evaluated separately as to its requirements for additional radios and the proper MTOE or other request for authorization needs to be submitted for the necessary radios and allied equipment.

3. The 68th Medical Group engaged in combat service support for 89 days during the reporting period.

4. Concur with basic report as modified by indorsements. The report is considered adequate.

FOR THE COMMANDER:

Timothy S O'Hara.

TIMOTHY S. O'HARA
1LT, INF
Acting Asst AG

TEL: Lynx 782/430

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as

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AVHGC-DST (9 May 67) 3d Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending 30 April 1967 (RCS CSFOR-65) (U)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96375

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 30 April 1967 from Headquarters, 68th Medical Group as indorsed.

2. Pertinent comments follow:

a. Reference item concerning radios and allied equipment for hospitals, pages 12 and 16; paragraph c, 1st Indorsement and paragraph 2, 2d Indorsement: Concur with the ORLL as indorsed with the exception of paragraph f of the 1st Indorsement. In reference to this item paragraph 2 of the 2d Indorsement more appropriately expresses the position of this headquarters.

b. Reference item concerning CH-47 helicopters for aeromedical evacuation, paragraph a, page 9; paragraph 1, page 16 and paragraph a, 1st Indorsement: Nonconcur. As noted in subparagraph a, 1st Indorsement, CH-47 aircraft are not available for assignment to air ambulance units. Operational unit aircraft (UH-1 and CH-47) have been and will continue to be made available for evacuation and patient transfer or emergency situations on an individual mission basis.

c. Reference item concerning lack of VOR (OMNI) facilities, paragraph b, page 10; paragraph 2, page 16 and paragraph b, 1st Indorsement: Concur. Decca equipment is programmed for all of the assigned medical air ambulances. Subject to scheduled arrival of the required modification kits, 100% installation is estimated to be complete by 1 September 1967.

d. Reference item concerning security of LZ, page 16, and paragraph e, 1st Indorsement: Concur.

(1) This is a judgement area and a "it depends on the situation" type problem.

(2) An utmost effort should always be made to secure LZ's for medical evacuation, resupply or any other traffic for that matter.

AVHGC-DST 3d Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending 30 April 1967 (RCS CSFOR-65) (U)

(3) The resources committed toward security and the degree of security achieved will depend on the enemy situation, the terrain and the troops/fire support available to secure the LZ depending on the units mission. An LZ can be secure one minute, as far as a commander knows, and the scene of an enemy attack the next.

(4) The USARV regulation on medical evacuation points up the desirability for maximum LZ security. It tasks the senior commander on the ground with determining the need for the evacuation and whether or not it should be attempted.

(5) The best answer is to insure, through training, that the officer or NCO making the decision will consider all the factors, weight necessity against risk and possible loss, and reduce the risk to the minimum within his resources. Our soldiers' confidence in receiving timely medical attention is a major factor in their performance and a service which they richly deserve. We cannot downgrade this service by establishing undully restrictive policies based on the safety of those providing the service.

FOR THE COMMANDER:

1 Incl
nc

C E St Martin

C E ST MARTIN
Capt AGC
Asst AG

GPOP-DT (9 May 67) 4th Ind
SUBJECT: Operational Report for the Quarterly Period Ending 30 April 1967 from HQ, 68th Medical Group (RCS CSFOR-65)

26

HQ, US ARMY, PACIFIC, APO San Francisco 96558 21 SEP 1967

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

This headquarters has evaluated subject report and forwarding indorsements and concurs in the report, as indorsed, subject to the following comments regarding CH-47 helicopters for aeromedical evaluation (paragraph a, page 9):

a. There can be little doubt that CH-47 aircraft were not readily available for aeromedical evacuation during the period of this report. Deployment of combat elements approved under program 4 had been substantially complete; however, deployment of Assault Support Helicopter Companies (CH-47) required and approved to support the theater, was only approximately 50% complete. This resulted in a high demand for the available CH-47s. Their use was restricted to those tasks that could not be accomplished by other means such as the displacement of artillery batteries. Since the end of this reporting period CH-47 deployments approved under program 4 have been brought to 70% of completion. The programmed deployments will be completed in the 4th quarter, FY 1968. Availability of CH-47s for aeromedical evacuation should be appreciably improved over that experienced during this reporting period and this improvement should continue.

b. Provision of CH-47 helicopters specifically designated and configured for aeromedical evacuation is desirable. However, they should not be provided until requirements for these critical assets to support combat elements are satisfied.

FOR THE COMMANDER IN CHIEF:

1 Incl
nc

G. L. McMULLIN
MAJ, AGC
Asst AG