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

IN REPLY REFER TO

AD 864126

AGDA (M)(5 Jan 70) FOR OT UT 694242

7 January 1970

SUBJECT: Operational Report - Lessons Learned, Headquarters, 44th Medical Brigade, Period Ending 31 October 1969

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Kenneth G. Wickham

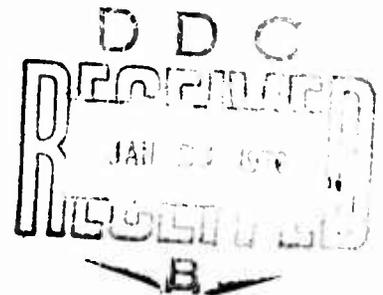
KENNETH G. WICKHAM
Major General, USA
The Adjutant General

1 Incl
as

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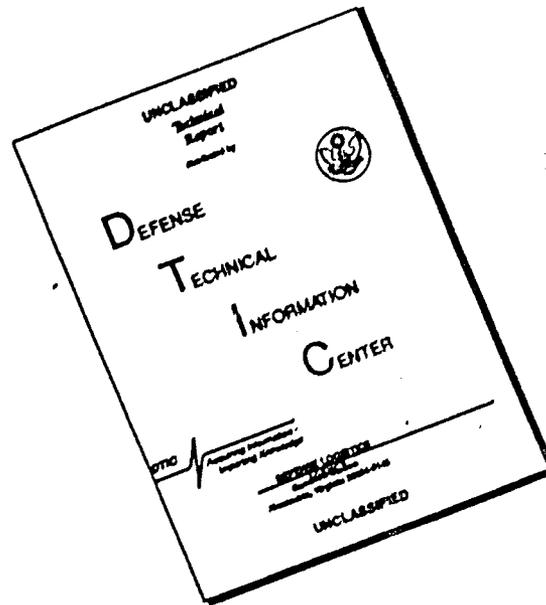


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DEPARTMENT OF THE ARMY
HEADQUARTERS, 44TH MEDICAL BRIGADE
APO San Francisco 96384

AVBJ PC

15 November 1969

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 October 1969, RCS CSFOR-65
(R2)

THRU: Commanding General
United States Army, Vietnam
ATTN: AVHGC-DST
APO 96375

THRU: CINCUSARPAC
ATTN: GPOP-DT
APO 96558

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

1. Section 1, Operations: Significant Activities.

a. Headquarters, 44th Medical Brigade was operational throughout the period 1 August to 31 October 1969, and accomplished its mission of furnishing Field Army level medical service throughout the Republic of Vietnam and exercise of command and control of assigned units, which numbered 155 at the end of the period.

b. The following ten USAR units of the brigade were redeployed to CONUS for eventual demobilization under Operation KEYSTONE EAGLE on the dates indicated:

305th Med Det (KB)	1 Aug 69
312th Evac Hosp	1 Aug 69
313th Med Det (KA)	1 Aug 69
378th Med Det (KE)	1 Aug 69

FOR OT UT
694242
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AVBJ PO

15 November 1969

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 October 1969, RCS CSFOR-65 (R2)

472d Med Det (KB)	1 Aug 69
889th Med Det (KA)	1 Aug 69
311th Fld Hosp	7 Aug 69
316th Med Det (NC)	13 Aug 69
74th Fld Hosp	13 Aug 69
482d Med Det (GD)	12 Sep 69

Replacement of the 312th Evacuation Hospital posed no problem since the 91st Evacuation Hospital had already been relocated to Chu Lai and was scheduled to assume the mission of the 312th. Both the 74th and 311th Field Hospitals were dedicated to care of PW patients and since this was a continuing mission other resources had to be generated to satisfy it. To this end the 17th Field Hospital was relocated from An Khe to Phu Thanh and assigned the mission of relieving the 311th Field Hospital. The 50th Medical Company (Clearing) was moved to Long Binh from Bearcat and assigned the mission of relieving the 74th Field Hospital. The PW facility at Long Binh was redesignated as the Long Binh PW Hospital to be jointly operated by the 24th Evacuation Hospital and the 50th Medical Company (Clearing). Other than the movement of a neurosurgical detachment from Qui Nhon to Chu Lai no other shift of medical resources was necessary.

c. Realignment of preventive medicine units and responsibilities was completed with the relocation of the 172d Preventive Medicine Unit from An Khe to Da Nang on 20 August and the move of the 926th Medical Detachment (LB) from Chu Lai to Qui Nhon on 6 August. Each medical group commander now has sufficient preventive medicine resources to accomplish the preventive medicine mission throughout his geographical area of responsibility.

d. The redeployment of the 9th Infantry Division(-) from Vietnam and the closure of the Dong Tam Base Camp necessitated the movement of the following units from Dong Tam to the locations indicated:

359th Med Det (IR) on 6 August to Cu Chi

247th Med Det (RA) on 1 September to Vung Tau

3d Platoon of the 45th Medical Company was moved from Vung Tau to Long Binh to join its parent unit on 1 September

61st Med Det (LB) on 2 September to Bien Hoa

3d Surgical Hospital (less equipment which was turned in) to Binh Thuy where it was attached to the 29th Evacuation Hospital on 5 September.

e. Operation KEYSTONE CARDINAL, the second phase of the redeployment of

AVBJ PO

15 November 1969

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 October 1969, RCS CSFOR-65
(R2)

forces from Vietnam required the following brigade units to inactivate in-country on the dates indicated:

22d Surgical Hospital, Phu Bai 18 October

29th Evacuation Hospital, Binh Thuy 22 October

520th Medical Company (Clr), Chu Lai 26 October

45th Medical Detachment (KB), Long Binh 30 October

In order to provide an acceptable level of medical service in the IV CTZ the 3d Surgical Hospital was designated as a 100 bed hospital and acquired the facility and equipment of the 29th Evacuation Hospital. The 520th Medical Company (Clearing) was augmenting the 27th Surgical Hospital at Chu Lai. This hospital continued to require augmentation and the 616th Medical Company (Clearing) minus one platoon was relocated from Phu Bai to Chu Lai for this purpose.

f. On 7 October the 17th Field Hospital was relieved of the PW mission in the Qui Nhon and Phu Thanh area and on 22 October the unit moved back to An Khe where it will operate a 100 bed facility in support of US forces and other eligible personnel stationed in the An Khe area.

g. S-4 Activities: Major construction projects completed under Military Construction, Army (MCA) Program:

(1) Medical Supply Warehouse for the 18th Surgical Hospital, MUST (Camp Evans). The new facility provides 1440 SF of covered storage area for medical supplies and equipment.

(2) WOQ's for the 18th Surgical Hospital, MUST, (Camp Evans). The new facility provides 2200 SF of living quarters at the hospital.

(3) Laboratory for the 9th Med Lab and the 20th PMU. The new facility provides 29,500 SF of space for the two units.

(4) Troop Housing, 9th Med Lab and 20th PMU. This project provides 14,400 SF of billets area.

(5) 36th Med Det, Tan Son Nhut. This facility (the MACV Dental Clinic) is a standard 4000 SF facility.

(6) 93d Evacuation Hospital, Long Binh. The water and sewage upgrade project is complete and operational.

(7) 332d Med Det. The new medical dispensary for the 332d Med Det is complete and operational. This is a standard 2000-5000 troop dispensary.

AVBJ PO

15 November 1969

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 October 1969, RCS CSFOR-65 (R2)

(8) 32d Med Depot, 4th Advanced Platoon. The Medical Supply Warehouses provide 20,000 SF of covered storage for the depot.

(9) 137th Medical Detachment. The USARV Dental Clinic is a 4000 SF facility, standard design.

h. Aviation Activities

(1) On 1 September 1969, the 247th Medical Detachment (Hel Amb) completed its move from Dong Tam to Vung Tau and became fully operational. This move was necessitated by the closing of Dong Tam following redeployment of the 9th Inf Div from its area of operation. In conjunction with this move, the 3d Platoon of the 45th Medical Company (Air Amb) rejoined its parent unit at Long Binh. No significant problems were encountered in either move.

(2) During the month of August, Brigade aircraft evacuated 17,721 patients which represents the fifth highest number since January 1968. A continuous decrease was shown in the succeeding two months with 15,333 patients evacuated in September and 15,038 patients evacuated in October. Total patients evacuated during the reporting period numbered 48,092 which is a decrease of 6,875 patients from the last reporting period. A total of 72 aircraft sustained combat damage and the aircraft availability averaged approximately 78%. The Brigade U-1A Otter was laterally transferred to the 247th Medical Detachment (Hel Amb) in conjunction with the unit's move to Vung Tau. The 247th was assigned a dual-rated warrant officer and a crew chief for the Otter. A total of 82 passengers and 6 tons of cargo were carried during the 119 hours flying time. The latter figure is 71 hours more than the previous reporting period.

i. Inspector General Activities

(1) During the period 1 August - 31 October the Office of the Inspector General processed 50 complaint cases, inspected all "other sundry fund" activities in the brigade and assisted brigade units in preparation for their annual general inspections. During this period eleven of the brigade units successfully completed the annual general inspection with none failing.

(2) In addition during the same period this office initiated a program of developing AGI-CMMI checklists, designed to assist commanders in maintaining a check system of all areas of emphasis. These checklists are developed from pertinent regulations and extracted information from the USAF Inspector General inspection material and reports.

(3) This office plans to prepare inspection checklist booklets for each medical group commander and maintain a record copy of each checklist in this office for making changes and modifications. The booklets should reach the group commanders during the 2d quarter FY 70.

AVBJ PO

15 November 1969

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 October 1969, RCS CSFOR-65 (R2)

j. Dietitians Activities

(1) MAJ Mary P. Lowery, Dietetic Consultant, Headquarters, USARV Surgeon and Staff Dietitian, 44th Medical Brigade departed this command for CONUS 2 September 1969 and was succeeded by LTC Julia N. Rosengreen.

(2) CPT John Harper arrived in-country on 22 August 1969 and was assigned to the 43d Medical Group.

(3) MAJ Mary P. Lowery was awarded the Bronze Star Medal for exceptionally meritorious service as Dietary Consultant for 44th Medical Brigade and USARV Surgeon's Office from 10 March 1969 to 2 September 1969.

(4) At the end of this reporting period, 15 warrant officers, MOS 941A and 33 Hospital Food Service enlisted personnel, MOS 94F40 are assigned to hospital messes in the 44th Medical Brigade.

(5) The Staff Dietitian and the Food Service Supervisor made 43 liaison visits to units in the Brigade during the quarter.

(6) 44th Medical Brigade Pamphlet 30-2 was re-written to incorporate the changes made in the 28 Day Master Menu for Field Ration Messes (SB 10-261).

(7) 44th Medical Brigade Food Service Regulation 30-1 has been revised, effective 1 November 1969.

(8) Disposable bedside pitchers are available in medical depots in Vietnam.

(9) ARVN Training Aids in Saigon has dubbed Vietnamese on a hospital sanitation film for use in training food service employees in 44th Medical Brigade Hospitals. The film has already been shown in units of the 43d Medical Group.

(10) The Dietary Consultant instructed ten Thai mess sergeants in a class on normal nutrition as part of a training program instituted by 1st Logistical Command for Thai food service people.

(11) Seven dietitians attended the Dietetic Conference held in Dalat 23-24 August. The program was coordinated with United States Army Procurement Vietnam (USAPAV), Dalat Field Office.

(12) During this quarter, units of Brigade have served a total of approximately 928,571 rations of which 226,703 were served on the wards. Modified diets served to patients comprised 12% of total patient rations.

k. Chaplain Activities

AVBJ PO

15 November 1969

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 October 1969, RCS CSFOR-65
(R2)

(1) The average number of Chaplains assigned to Brigade during the quarter was 20. The number of assigned Chaplains last quarter was 24.

(2) Group religious services produced the following percentages based on an average personnel strength of 9,059:

(a) Attendance percentage, this quarter: 34.2%

(b) Attendance percentage, last quarter: 36.5%

(c) Attendance percentage, same quarter, last year: 49.1%

(d) Number of services per chaplain per week, this quarter: 6.04

(e) Number of services per chaplain per week, last quarter: 5.92

(f) Number of services per chaplain per week, same quarter, last year: 6.87

(g) Average attendance per service, this quarter: 19.6

(h) Average attendance per service, last quarter: 25.7

(3) All Chaplains have again been urged to increase the number of their services or chapel activities. The response to these additional opportunities for worship has been gratifying. Services conducted by non-Brigade Chaplains in our hospitals are not reflected in this report and therefore alters considerably the actual attendance figures and percentages.

(4) Pastoral visits to patients this quarter totaled 31,800, which includes:

(a) Hospital: 4,640

(b) Disciplinary Confinement: 10

(c) Counseling/Interviews: 19,597

(d) Barracks: 2,703

(e) Duty areas: 4,850

(5) The average number of pastoral visits per chaplain this quarter was 1,590.

1. Veterinary Activities

AVBJ PO

15 November 1969

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 October 1969, RCS CSFOR-65 (R2)

(1) The 245th Medical Detachment, Long Binh Post and 760th Medical Detachment, Qui Nhon which are reduced strength TOE 8-500D JB teams were placed at zero balance effective 15 August 1969. The 4th Medical Detachment assumed the mission of the 245th Med Det. The 176th Veterinary Detachment assumed the mission of the 760th Med Det. Placing these two units at zero balance, reduced the 44th Medical Brigade requirements by 8 VC officers and 30 enlisted men.

(2) The 4th Medical Detachment (TOE 8-500D JB team) relocated its headquarters from Saigon to Long Binh Post and became operational 1 August 1969.

(3) The 359th Med Det TOE 8-500G (IE team) located at Cu Chi was placed at zero balance on 10 Sep 69. The 4th Medical Detachment assumed the mission of this unit.

(4) The 764th Med Det TOE 8-500G (IE team) located at Cam Ranh Bay was placed at zero balance on 10 Sep 69. The 176th Veterinary Detachment assumed the mission of the unit.

(5) The 44th Medical Brigade, Staff Veterinarian assumed command of the 522d Medical Detachment (TOE 8-500G AF team) on 27 August 1969.

(6) The 522d Medical Detachment relocated its headquarters at Long Binh into larger and more adequate facilities. The 44th Medical Brigade Staff Veterinarian together with equipment and personnel relocated into the same facility thereby combining staff and command elements of brigade veterinary activities. This re-location and consolidation occurred on 21 Oct 69. The consolidated activity was operational on 22 October 1969.

(7) The consolidated non-standard veterinary drug supply point has been directed to move from Cam Ranh Bay to Long Binh. This facility will be located in the same building as the combined command and staff activity of brigade veterinary headquarters and will be under the operational control of the 936th Medical Detachment.

2. Section 2, Lessons Learned: Commander's Observations, Evaluations and Recommendations

- a. Personnel: None
- b. Intelligence: None
- c. Operations: None
- d. Organization: None
- e. Training: None

15 November 1969

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 October 1969, RCS CSFOR-65 (R2)

f. Logistics:

(1) Rabies Quarantine Facilities

(a) Observations: Within the Republic of South Vietnam, rabies is prevalent with dogs being the most commonly affected animal. Adequate quarantine facilities have not been available in many areas of the country. Work order requests for construction of quarantine kennels are usually disapproved or deferred for indefinite periods of time. When kennels are constructed, they are usually of concrete base design and therefore permanent. When unit moves are made, the task of acquiring quarantine kennels must be initiated once again.

(b) Evaluation: There is a need for a portable type of kennel that can properly secure rabid animals.

(c) Recommendation: A portable quarantine facility should be made available as a standard or non-standard item for use by veterinary units who are charged with maintaining quarantine facilities. There are kennel run combinations made of pipe and chain link fence commercially available that would be ideal for this purpose.

(2) Green Cross Flags and Guidons for TOE Veterinary Units

(a) Observations: Currently no guidons or green cross flags are authorized for veterinary units other than 8-500G team IE and 8-500G team ID.

(b) Evaluations: Veterinary service detachments under TOE series 8-500G are all charged with the responsibility of providing animal treatment with the exception of the AF team.

(c) Recommendation: All veterinary units having animal treatment capability and/or responsibility should have authority to requisition the green cross flag. The AF team which is a command and control unit and functions at the same level of a medical group should be authorized a guidon and designated as a flag bearing unit.

(3) Critique of the MUST Hospital, Siting and Configuration

(a) Observations: A deficiency exists in the preliminary siting and function configurations of MUST hospitals that have been deployed in the Republic of Vietnam. Guidelines establishing criteria for planning MUST hospitals in either MUST Equipment Systems Operation Handbook or USARV and 44th Medical Brigade Regulations, have not been developed. Consequently, hospital commanders have used their own discretion in solving this problem; sometimes successfully, sometimes unsuccessfully.

15 November 1969

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 October 1969, RCS CSFOR-65 (R2)

(b) Evaluation: 1 It is proposed that an optimal plan that can accommodate the following criteria be developed:

- a Optimal functional relationships
- b Optimal revetment and bunker layout
- c Ability to easily replace the Utility Packs
- d Consideration for the existing terrain

2 Following is a discussion of each of the criteria in 1 above:

a Functional Relationships - If the function of a series of complexes is the same (each of the hospitals visited is a surgical hospital) then there should be some optimal relationship between function and physical layout that may be developed. In each of the surgical hospitals visited, functional relationships seem to be the only criteria used to plan the hospital. Nevertheless, in a complex of this size (the patient care area is approximately 150' x 150') functional relationships may be flexible enough to accommodate other non-medical demands of the design.

b Revetments - As is the case at the 45th Surgical Hospital at Tay Ninh, revetment and bunker construction may be the primary concern after the functional relationships have been set. In determining revetment and bunker design, three major goals must be considered. First, the design of the revetments should primarily protect the major patient care areas of the hospital, (these areas fall under engineer support) as well as the administrative and support areas. Second, a maximum area should be protected by a minimum of revetments. Third, the configuration of the hospital should minimize the effort in servicing and/or removing the Utility Packs. It should be noted that by locating the revetments in strategic locations between the patient care areas and the Utility Packs, considerable sound control can be obtained as well as establishing an effective fire barrier between the patient care area and the Utility Packs.

c Utility Packs - The configuration of the revetments may not be the only limitation in servicing the Utility Packs. The hospital buildings, sidewalks and drainage system may prevent one from being able to use the organic equipment to remove and/or repair the units. An excellent example of this situation exists at the 2d Surgical Hospital. In order to remove one of the Utility Packs, a hydraulic lift must be borrowed from the Air Force and driven across most of the sidewalks. Eventually, the new sidewalks, which are cracking under the weight of the lift, will have to be replaced. Instead of being a relatively simple problem that could have been solved using organic equipment, switching this Utility Pack has become a time consuming task.

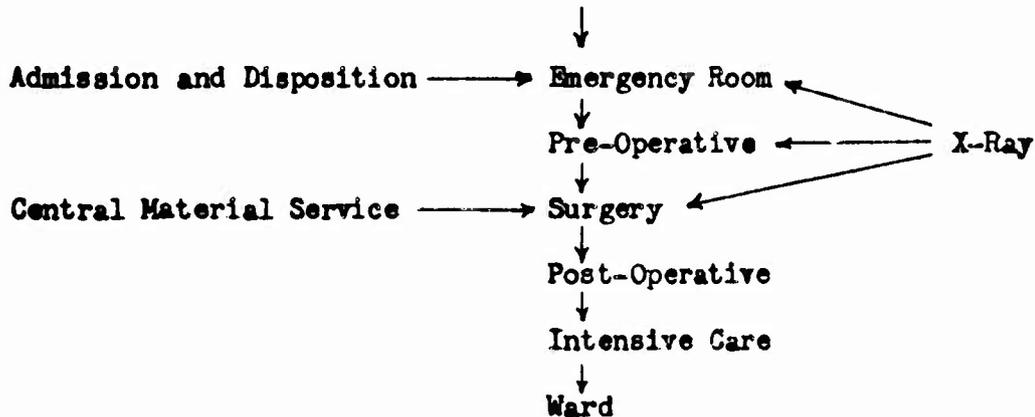
SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th Medical Brigade for Period Ending 31 October 1969, RCS CSFOR-65 (R2)

d Terrain - Of the three hospitals visited, all have been sited on flat terrain. Consequently, drainage patterns have been critical. It is essential that proper drainage patterns be developed to assure dry footings for the hospital. For instance, at the 2d Surgical Hospital, the flat terrain coupled with the revetment design, will not allow the site to drain properly.

(c) Recommendation: 1 The recommended proposal for a MUST hospital, siting and configuration would break the hospital into four functional areas.

- a Patient treatment
- b Administrative/mess hall
- c Billets
- d Motor pool/maintenance
- 2 Patient Treatment Area

a Function - The scheme developed for the patient care area of the hospital assumes a linear flow pattern between the various functions.



By adapting this relationship to a double-loaded corridor system, we can reduce the length of the walking distance by one-half that of a singly loaded corridor system. (Annexes A and B) For example the 45th Surgical Hospital uses a singly loaded corridor system. That hospital has twice the walking distance to service the same functions as the proposed scheme. This consideration has even greater implications when one discusses revetments.

b Revetments - Primary consideration is given to reveting the patient care area of the hospital. The height of the revetments needed around

AVBJ PO

15 November 1969

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 October 1969, RCS CSFOR-65
(R2)

surgery should be a minimum of 8 ft high. Therefore it is proposed that the patient treatment area of the hospital be resolved into a square. By doing so the following goals may be achieved.

- 1/ The greatest area is serviced with the least amount of revetments.
- 2/ The double loaded corridor system is used.
- 3/ By staggering the buildings, each function can be compartmentalized to provide blast protection to the surrounding buildings. (Annex C)
- 4/ Fire protection is provided between the structures.

Annex D presents a scheme for the patient care area that combines all these elements into one design.

c Utility Packs - By placing the Utility Packs outside the hospital revetments, a threefold goal is achieved. First, the Utility Packs can be located so that they are completely accessible using the TOE equipment. Second, the patient care areas of the hospital are protected from the high noise level generated by these units. Third, protection is provided against explosions or fire from the units.

d Terrain - This proposal assumes that a minimum level graded area of 150' x 150' can be obtained. If this is done, then the proposed configuration can be achieved. Annex E indicates the flow of water in the compound, which is the major problem created by siting a complex on level ground.

3 Administrative/Mess Hall, Billets, and Motor Pool/Maintenance

a Annex F is a plan of the entire hospital. In this configuration the revetments around the patient care area are used to provide protection for the billets and the administrative/mess hall area.

b If the terrain does not allow this particular configuration, each of the four functional areas could be separated. It would be essential though, for each area to maintain its integrity. Annex G is a schematic plan illustrating a layout in which the areas are separated.

4 Conclusion: This proposal is one of many that may be developed. It does exemplify that with prior consideration, one may be able to eliminate many of the built-in problems connected with laying out a facility in a combat zone. Perhaps some of these criteria may never be a problem. It is foreseeable that revetments may not be available or that the site may be so sandy that drainage is not a problem; nevertheless, by assuming certain geometries initially, all contingencies may be anticipated.

g. Communications: None

AVBJ PO

15 November 1969

SUBJECT: Operational Report - Lessons Learned of Headquarters, 44th
Medical Brigade for Period Ending 31 October 1969, RCS CSFOR-65
(R2)

h. Material: None

i. Other: Incidence of Rabies in Young Dogs

(1) Observations: A significant percentage of young dogs have been diagnosed as positive for rabies by the fluorescent antibody technique in the Republic of South Vietnam. It is not uncommon for dogs less than 4 months of age to show clinical signs of rabies and positive brain lesions upon laboratory examination.

(2) Evaluations: None

(3) Recommendation: A study should be initiated to evaluate the unusually high incidence of rabies in dogs less than 4 months of age.



DAVID E. THOMAS
Brigadier General, MC
Commanding

ANNEXES:

- A-MUST Hospital, Single Loaded Corridor
- B-MUST Hospital, Double Loaded Corridor
- C-MUST Hospital, Revetment Pattern
- D-MUST Hospital, Patient Care Area
- E-MUST Hospital, Water Flow Pattern
- F-MUST Hospital, Consolidated Configuration
- G-MUST Hospital, Separated Configuration

AVHGC-DST (15 Nov 69) 1st Ind
SUBJECT: Operational Report-Lessons Learned of Headquarters, 44th Medical
Brigade for Period Ending 31 October 1969, RCS CSFOR-65 (R2)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96375 8 DEC 1969

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-D1,
APO 96558

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

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 October 1969 from Headquarters, 44th Medical Brigade.

2. Comments follow:

a. Reference item concerning "Rabies Quarantine Facilities", section II, page 8, paragraph 2f(1); concur. A portable kennel of this type would have worldwide application. Medical Materiel Division, USARV Surgeon's Office, is investigating the possibility of procuring portable kennels for use in Vietnam as non-standard items to meet immediate operational requirements.

b. Reference item concerning "Green Cross Flags and Guidance for TOE Veterinary Units", section II, page 8, paragraph 2f(2); concur. The 522d Medical Detachment (AF) will submit a MTOE change as exception to paragraph 74, AR 840-10 when the restriction on MTOE submission is lifted.

c. Reference item concerning "Critique of the MUST Hospital, Siting and Configuration", section II, page 8, paragraph 2f(3); concur. Reduction of requirements while achieving increased utilization is the objective of the design process. Optimum siting and revetment design are developed and consideration of utilities, drainage, and ancillary facilities are included in the finalized design. Consideration must also be given to the amount of engineer effort and materials required to achieve the desired degree of sophistication. The criteria developed in this study of the MUST siting and functional configurations would be beneficial to units utilizing MUST equipment. The 44th Medical Brigade will distribute these guide lines to subordinate commands that may utilize MUST equipment in future operations.

8 DEC 1969

AVHGC-DST

SUBJECT: Operational Report-Lessons Learned of Headquarters, 44th Medical
Brigade for Period Ending 31 October 1969, RCS CSFOR-65 (R2)

d. Reference item concerning "Incidence of Rabies in Young Dogs",
section II, page 12, paragraph 21; concur. The high incidence of rabies
in dogs under four years old in Vietnam would indicate that this group
should be studied by Department of the Army on a worldwide basis.

FOR THE COMMANDER:

~~Added + Incl~~
~~+ Station List~~
Incl wd HQ, DA
Cy furn:
44th Med Bde


RICHARD V. FULP
CPT, AGC
Assistant Adjutant General

GPOP-DT (15 Nov 69) 2d Ind

SUBJECT: Operational Report of HQ, 44th Medical Brigade for Period
Ending 31 October 1969, RCS CSFOR-65 (R2)

HQ, US Army, Pacific, APO San Francisco 96558 19 DEC 69

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

1. This headquarters concurs in subject report as indorsed.
2. Reference paragraph 2a, 1st Indorsement. Recommend that Veterinary Division, Office of the Surgeon General, DA, ascertain the availability of commercial type portable kennels for possible standardization as rabies quarantine facilities.

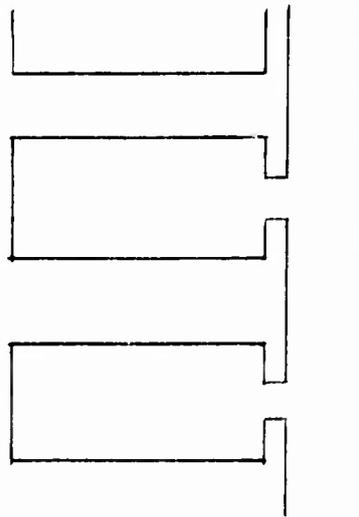
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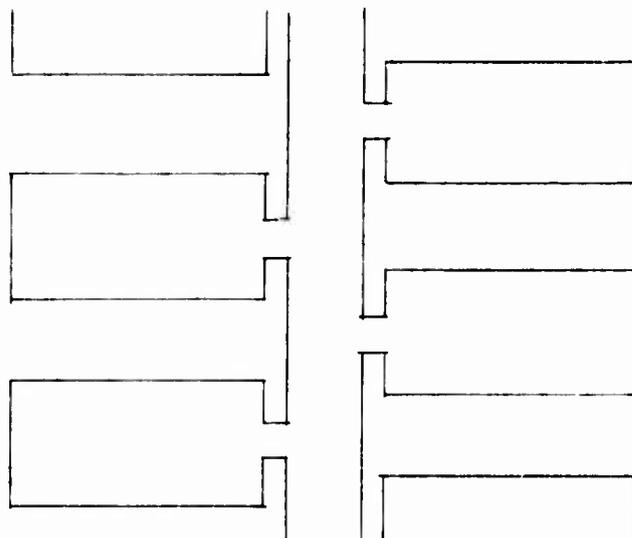
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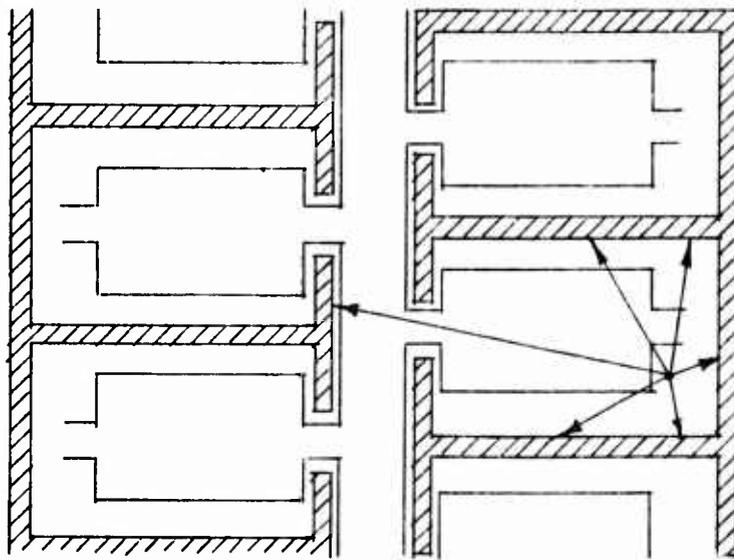
**ANNEX A
MUST Hospital
Single Loaded Corridor**



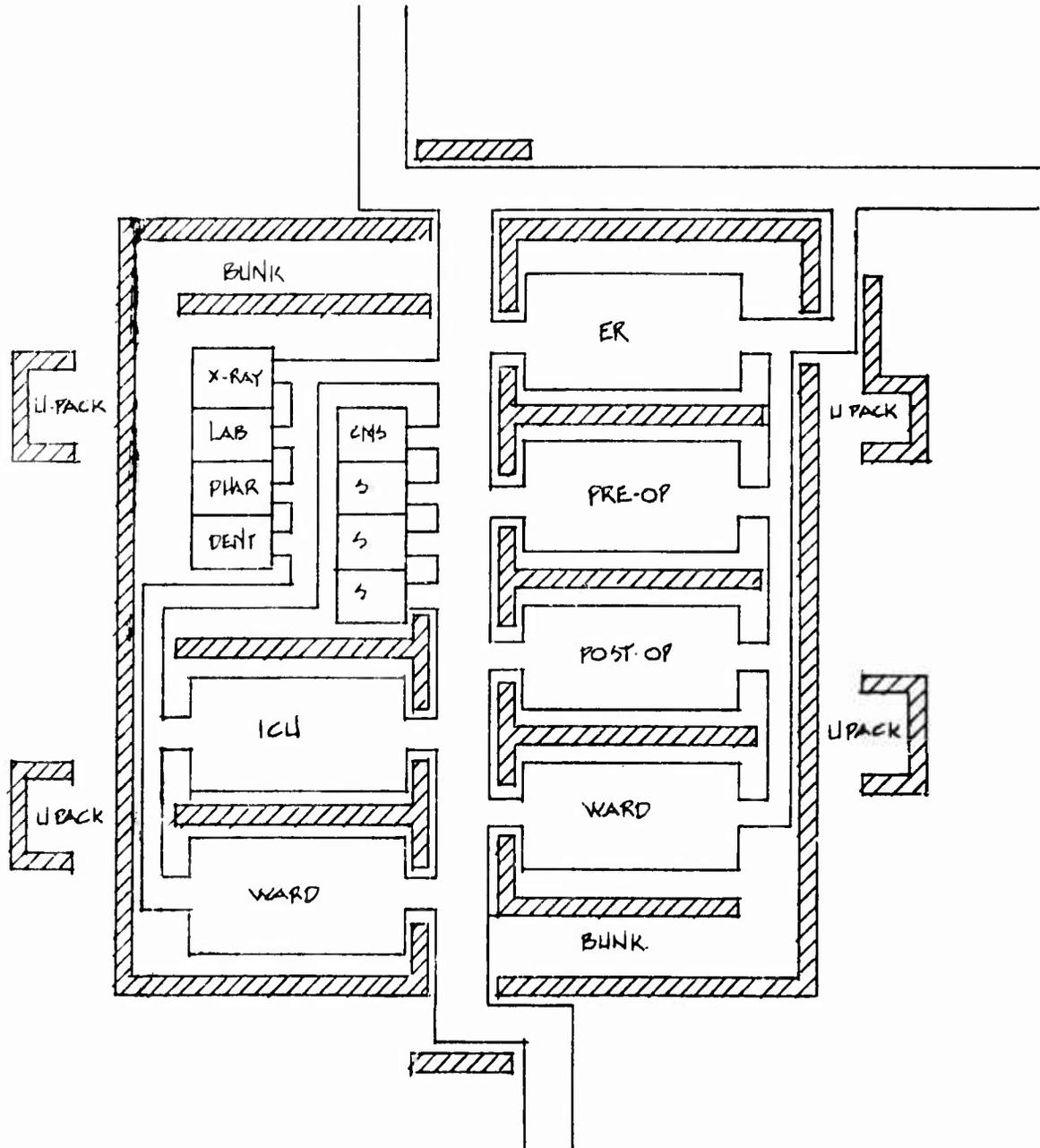
**ANNEX B
MUST Hospital
Double Loaded Corridor**



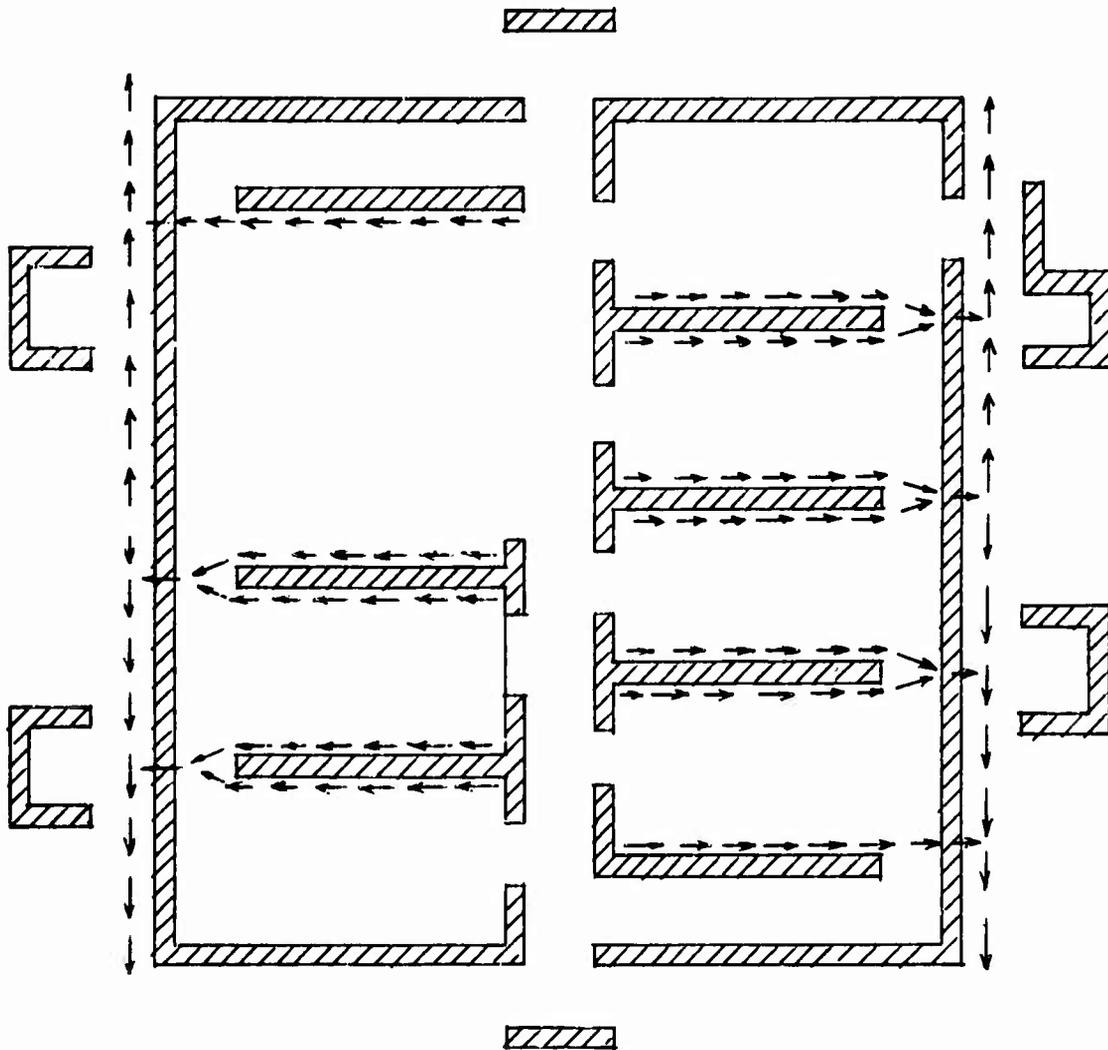
ANNEX C
MUST Hospital
Revetment Pattern



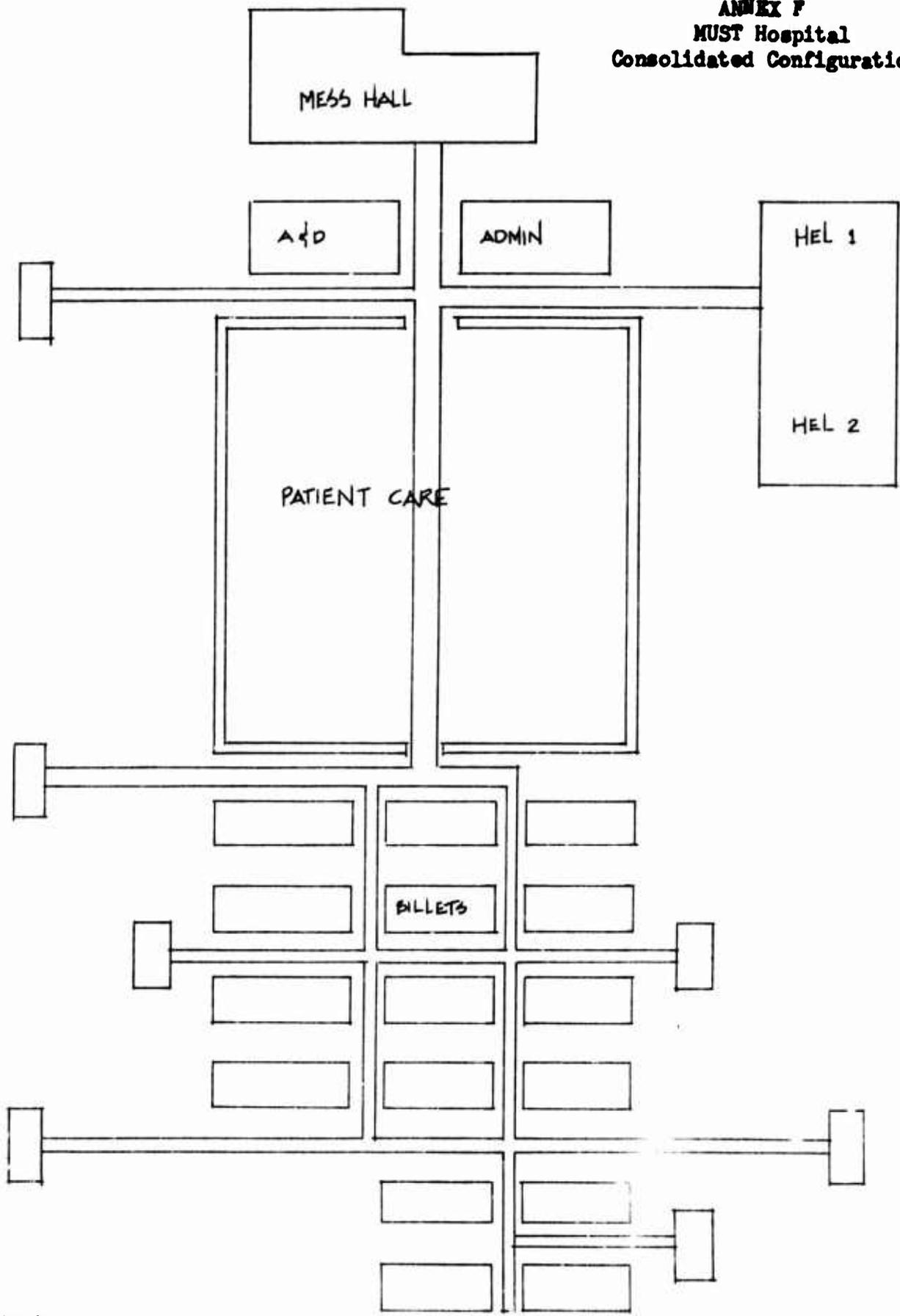
ANNEX D
MUST Hospital
Patient Care Area



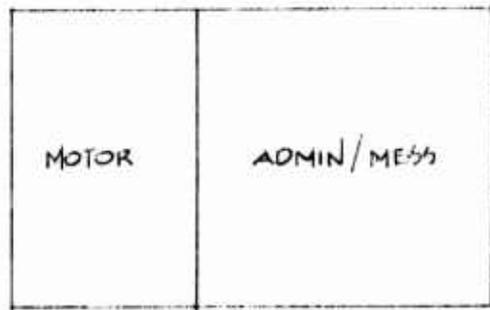
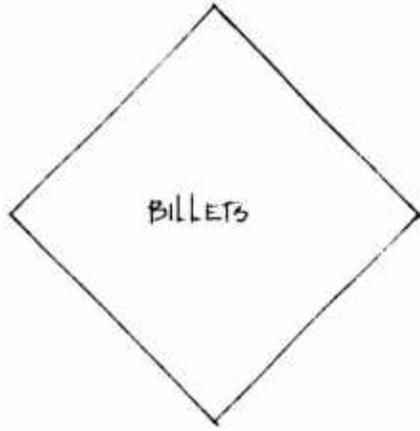
ANNEX E
MUST Hospital
Water Flow Pattern



ANNEX F
MUST Hospital
Consolidated Configuration



ANNEX G
MUST Hospital
Separated Configuration



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