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AUTHORITY
AGO D/A ltr, 29 Apr 1980

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DISTRIBUTION STATEMENT A

APPROVED FOR PUBLIC RELEASE; DISTRIBUTION UNLIMITED.
OPERATIONAL REPORT - Lessons Learned for Quarterly Period
Ending 31 October 1966 (CMCS CS FOR - 65)
AVGA-jyiB-GB-SB-A

7 November 1966

SUBJECT: Operational Report - Lessons Learned for Quarterly Period

Ending 31 October 1966 (HQ AAF - 65)

SIGNIFICANT OPERATIONAL ACTIVITIES

The 16th Surgical Hospital (IA), operating in permanent-type buildings, is assigned the mission of providing resuscitative surgery and medical treatment necessary to prepare critically injured or ill United States Army, Vietnam (USA, VN) and other Free World Military Assistance Forces (FWMF), personnel located in Corps Tactical Zone II, North (CTZ II N), for further evacuation. In addition, it is to provide dispensary type medical service for certain non-divisional units located in CTZ II N.

To fulfill this mission, this unit has been augmented with the following attached units or elements of units:

- 2nd Platoon, 542nd Medical Company (Clearing)
- 501st Medical Detachment (Tent Nos.) Dispensary
- 2nd Medical Detachment (Team No) (Thoracic)
- 51st Medical Company (Ambulance)

There were several key personnel changes and additions within the unit during this report period. Lieutenant Colonel James B. Hanck assumed the duties of Executive Officer on 3 September 1966, replacing Captain David A. Sobey. 1LT William H. Hanay Jr. assumed the duties of S-4 Officer on 10 September 1966, replacing 1LT John K. Melton. Major Margaret L. Jaskozi joined the unit on 13 September 1966 and assumed duties as Head Nurse, Intensive Care Unit. Major Martha P. Miller arrived at this unit on 14 October 1966 to augment the Anesthesiology Department.

During the initial phase of this period, communications was a major problem area. Land lines were completely inadequate when emergency calls regarding evacuation of patients were necessary. This situation was not corrected until 29 September 1966 at which time an Air Force single side band radio, KW 2A (Collins) was installed by the 55th Medical Group. We also obtained a MAC - 25 which is utilized for direct communication with Army Medical Air Ambulances enabling us to receive advance notification of the impending arrival of casualties.

Because of the unfamiliarity with local requirements and reports peculiar to this command and the lack of sufficient time to become instructed in same, it was necessary for this unit to receive its education under trying conditions, thus in effect doubling the administrative workload.

It was evident at the outset of operations that the USAF generators were inadequate to supply this units electrical requirements in a fixed or semi-fixed situation. The total requirements for electrical needs were not realized until mid-October. Since then, three 100 KW generators have been utilized to meet these needs.
With increased patient flow, several casualty evacuations with minimum notification were required. Immediate support for these needs was coordinated by the Medical Supply Officer, 15th Medical Group and transportation furnished by the Air Force with a minimum of delay.

During the entire phase of initial operations this unit continued to improve and expand the medical treatment facility. Although much assistance was furnished by civilian contractors, many projects were completed by self-help programs. Road construction and proper drainage continued to be an insurmountable problem which emphasized the necessity of taking positive action during the forthcoming "dry" season.

Combat Engineer support provided by the 299th Engineer Battalion has been outstanding for the situation under which they are working. Due to more urgent combat support missions, they were withdrawn for periods of time to support those missions. This hindered and continues to hinder the completion of their assigned mission at this facility.

Security of the compound remained a constant problem until 10 September when sentry dogs were provided, partially relieving this unit of the constant drain of medical technicians from performing their assigned duties.

During the reporting period, although faced with the challenging task of rendering medical support to three combat brigades in almost continuous contact with the enemy, this organization continued to establish new facilities for better patient care and improve existing ones.

At the end of this report period, this hospital now consists of:

1. 13 completed quonsets.
2. Water supply and partial distribution system.
4. Sanitation facilities.
5. Administrative facilities.
6. Concrete pads and covered storage for supplies.
7 November 1966

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

SECTION II - COMMANDER'S OBSERVATIONS AND RECOMMENDATIONS

Part 1. Observations (Lessons Learned)

Synchronization Material

Item: Shortage of construction material for self-help programs.

Discussion: Materials which were planned for and envisioned to be utilized for self-help programs - shelving, frames for buildings, etc -- and other various sundry necessities (23 bundles of assorted lumber) have not with constant delays in arrival. As of the end of this reporting period, only 14 bundles have been received and those only in the last two weeks.

Observation: Some initial WABTC lumber should be planned for and carried on organic transportation where possible in order to facilitate the construction of basic initial necessities on a self-help program.

Definite Planned Facility

Item: Need for definite planned facilities.

Discussion: This hospital, although basically planned for the operational portion, did not include the plan for supporting facilities or staff billets for the installation. This created many problems which added to overall problems of drainage, water distribution and like items (road network etc).

Observation: An optimum plan for like installations should be developed (with arrangements for slight modifications) so that a typical installation can be planned for (dependent on available space) and contracted for so that facilities can be adequately programmed for the incoming unit and appropriate plans made for expansion into a larger facility.

Part 2. Recommendations

Personnel: Adequate arrangements should be made for security personnel (when required by the tactical situation) to be provided the medical installation for security and other details which would normally detract from the medical capability of the installation.

Operations: All available reports, recommendations, and copies of this report should be distributed to like units who are programmed for possible deployment to similar areas.

Training and Organization: Strongly recommend that like units receiving these "Lessons-Learned" reports be thoroughly instructed as to procedures and policies for the area to which they may be committed and these items be made a matter of annual general inspectors special area of emphasis.
AVC-NE-GB-GB-A

7 November 1966

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

INTELLIGENCE: Not used.

LOGISTICS: The antiquity of the 1960s 3-571E together with the currently
prescribed procedures for processing additional items of equipment and personnel
make a very poor combination. An incoming unit may well have anticipated
some of the items (which the TOE does not provide) which are absolutely
essential for the performance of the mission in the manner required by
modern day medicine but it is not likely that all such, will have been
procured and be on hand.

In our own case we then proceeded to submit the required paper work for
these essential items in a manner prescribed by our logistic advisors and
it was all returned for re-submission in a different format.

Although this is intrinsically an administrative problem it is also
a morale factor, and one that affects every member of the professional staff.
Though there are undoubtedly many major remaining problems in the procurement
and distribution of item of medical equipment in this theater, it is
recommended that additional clarification and simplification be provided in the
area of unit procurement of non-standard, essential items. The only
alternative would seem to be to accept, either openly or "helplessly", a
lower standard of professional medical care for our patients and this is
unacceptable.

OTHERS: Although professional complement personnel are not immediately
necessary to accompany a unit in its initial move, definite plans should be
made so as to allow these personnel adequate time to "marry up with" and
become acquainted with the overall members of the medical team prior to
becoming functional. This recommendation is made to "shake-down" the unit
and iron out differences so as to promote a smooth, operating team when
called upon to perform their optimum mission.

[Signature]

Mark T. Clancy

LTC, MC

Commanding

Copies Furnished:

1 - Commander-In-Chief, USAMC
    Attn: GCF-MA, APO 96558 (Direct)

3 - Commanding General, USAV
    Attn: AVC-21, APO 96307 (Direct)

1 - Commanding General, USAMC, QUI MNIN
    Attn: Historian, APO 96238 (Direct)

1 - Commanding Officer, Pleiku Sub Area Support Command
    Attn: Historian, APO 96518 (Direct)
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 October 1966 (RCS CSFOR-65)(G)

Headquarters, 55th Medical Group, APO 96307, 10 November 1966

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

Commanding General, 1st Logistical Command, ATTN: AMLC CO-H,
APO 96307

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

Commander-in-Chief, United States Army, Pacific, ATTN: COPP-NH,
APO 96307

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

This headquarters concurs in the observations and recommendations
contained in the basic report submitted by the Commanding Officer, 16th
Surgical Hospital.

TEL: CNH 679

ROBERT H. FOGARTY
Lieutenant Colonel, MC
Acting Commander
2nd Ind


TO: Commanding General, 1st Logistical Command, ATTN: ACH-95-0, APO 96307

1. The 19th Surgical Hospital was operational during this entire report period.

2. Reference Section II, Part 1, item concerning Construction Facilities, basic report. Concur with comment. All organizations are experiencing similar shortages. Requirements are not whenever material is available.

3. Reference Section II, Part 1, item concerning Definite Planned Facilities, basic report. All medical facilities being constructed have been planned with roads, drainage, buildings and other factors being considered on a priority basis.

4. Reference Section II, Part 2, item concerning Personnel, basic report. The problem of requiring medical specialists to perform the additional duty as sentries is recognized. The headquarters concurred in a request from the hospital commander that sentries be provided by the 4th Subarea Command.

5. Reference Section II, Part 2, item concerning Logistics, basic report. Concur that the ICSs of all evacuation, surgical, and field hospitals are augmented. An equipment list has been published by USMC authorizing evacuation and surgical hospitals additional equipment items. Applicable USMC forms are available for requesting additional equipment items deemed necessary by hospital commanders. Procedures have been simplified to assist in expediting procurement of medical equipment and supplies.

6. Reference Section II, Part 2, item pertaining to Other, basic report. With each incoming unit, the input of professional complement is carefully adjusted to provide sufficient time to allow a "shakedown" period, while conserving the talents represented, avoiding any extended period of inactivity.

7. Concur with all comments and recommendations of the hospital commander, and with the comment contained in the 1st Indorsement, except as stated above.

[Signature]
Colonel, 4th
Command
AVCA 00-0 (7 Nov 66)  3d Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966
          (RCS GSFOR-65)

HEADQUARTERS, 1st Logistical Command, APO 96307  - 1 DEC 1966

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

1. The Operational Report - Lessons Learned submitted by the 18th
   MASH for the quarter ending 31 October 1966 is forwarded herewith.

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

FOR THE COMMANDER:

TEL: Lynx 782/930

GUNS A. ROYCE
Capt., AOG
Asst. At.
AVHOC-DH (7 Nov 66)  1st Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 October 1966 (TOC 01 CFR-66)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96302 0 Jul 66

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

1. The Operational Report-Lessons Learned submitted by the 18th Surgical Hospital (NA) for the period ending 31 October 1966 is forwarded herewith.

2. Concur with the comments contained in the report as modified by the previous indorsements.

FOR THE COMMANDER:

[Signature]

W. R. AUTRY
1st Lt, AGC
Asst Adjutant General
GPOP-01 (7 Nov 66) 5th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending 31 October 1966

HQ, US ARMY, PACIFIC, APO San Francisco 95558 24 JAN 1967

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

This headquarters concurs in the basic report as indorsed.

FOR THE COMMANDER IN CHIEF:

[Signature]
L. E. CHAPPELL
MAJ, AGC
Asst AG
Operational Report - Lessons Learned, HQ, 18th Surgical Hospital

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

CO, 18th Surgical Hospital

7 November 1966