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| AGO D/A ltr, 29 Apr 1980 |

THIS PAGE IS UNCLASSIFIED
SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 July 1966 (RCS CSFOR-65)

THRU: Commanding Officer
55th Medical Group
ATTN: AVCA-MB-GB-B
APO 96238

Commanding Officer
4th Medical Brigade
ATTN: Historian
APO 96307

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

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

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

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

UNCLASSIFIED REPORT
DISTRIBUTION NO FOREIGN WITHOUT APPROVAL OF ASSISTANT CHIEF OF STAFF FOR FORCE DEVELOPMENT (ARMY) ATTN: FOR UT, WASHINGTON, D.C. 20310
SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 July 1966 (RCS CSFOR-65)

SECTION I

SIGNIFICANT ORGANIZATIONAL ACTIVITIES

On 1 May 1966, the bed capacity of the hospital was raised to 680 operating beds. 600 operating beds are maintained at the hospital site, while a platoon of the 542nd Clearing Company provides 80 beds in direct support. The beds of the clearing platoon are used to care for convalescent patients requiring only limited nursing care. The 528th Medical Detachment (Med Lab) remained attached to the hospital.

The mission of operating 680 beds required an increase in personnel, this was solved by the attachment of certain TO&E 0-500 teams by higher headquarters and by the utilization of personnel from the 67th Evac Hosp during the reporting period. The registrar has one man on duty from the 67th Evac Hosp. Nursing service has assistance from the 67th Evac Hosp as follows:

<table>
<thead>
<tr>
<th>MONTH</th>
<th>ANC</th>
<th>EM</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>34</td>
<td>66</td>
</tr>
<tr>
<td>June</td>
<td>30</td>
<td>93</td>
</tr>
<tr>
<td>July</td>
<td>30</td>
<td>87</td>
</tr>
</tbody>
</table>

On 1 July 1966, the hospital was assigned to the 55th Medical Group.

The following statistics indicate the workload for the 92 day period:

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DAILY AVERAGE</th>
<th>TOTAL</th>
<th>MALARIA</th>
<th>IRHA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BEDS OCCUPIED</td>
<td>ADMIS</td>
<td>ADMIS</td>
<td>ADMIS</td>
</tr>
<tr>
<td>May</td>
<td>503</td>
<td>1671</td>
<td>389</td>
<td>318</td>
</tr>
<tr>
<td>June</td>
<td>471</td>
<td>1617</td>
<td>492</td>
<td>235</td>
</tr>
<tr>
<td>July</td>
<td>476</td>
<td>1611</td>
<td>470</td>
<td>108</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>4899</td>
<td>1351</td>
<td>661</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MONTH</th>
<th>TOTAL ADMISSIONS</th>
<th>DISPOSITIONS TO DUTY</th>
<th>DISPOSITION BY TRANSFER</th>
<th>OTHERS</th>
<th>DEATHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>1700</td>
<td>900</td>
<td>724</td>
<td>58</td>
<td>18</td>
</tr>
<tr>
<td>June</td>
<td>1656</td>
<td>880</td>
<td>713</td>
<td>51</td>
<td>12</td>
</tr>
<tr>
<td>July</td>
<td>1599</td>
<td>915</td>
<td>622</td>
<td>55</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>4955</td>
<td>2695</td>
<td>2059</td>
<td>164</td>
<td>37</td>
</tr>
</tbody>
</table>
SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 July 1966 (RCS CSFOR-65)

<table>
<thead>
<tr>
<th>MONTH</th>
<th>SURGICAL PROCEDURES</th>
<th>OUTPATIENTS VISITS</th>
<th>X-RAY EXPOSURES</th>
<th>LABORATORY PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>643</td>
<td>2327</td>
<td>3914</td>
<td>6354</td>
</tr>
<tr>
<td>June</td>
<td>478</td>
<td>2190</td>
<td>3204</td>
<td>5846</td>
</tr>
<tr>
<td>July</td>
<td>308</td>
<td>2320</td>
<td>3015</td>
<td>5315</td>
</tr>
<tr>
<td>Total</td>
<td>1429</td>
<td>6837</td>
<td>10133</td>
<td>17515</td>
</tr>
</tbody>
</table>

The hospital plant was improved by the addition of covered walkways connecting all wards and other services. The electrical power supply was increased from 300 to 499 kilowatts. Under the self-help program, hospital personnel constructed a two-story wooden billet to house 70 men, an office for nursing service and a supply warehouse.

A significant increase in the number of malaria infections due to the vivax strain was encountered. The July total of confirmed vivax infections was greater than the entire cumulative total prior to that month. Also during July, 5 cases of severe form of encephalitis were observed. Recovery was prolonged and all patients will probably be left with permanent mental or physical defects, or both. Four cases of amoebic liver abscess were also recognized and treated.

The unit was operational during the entire period.

The unit did not make any tactical or administrative moves during the period.

SECTION II COMMANDERS' OBSERVATIONS AND RECOMMENDATIONS

Part 1. Observations (Lessons Learned)

**PERSONNEL**

Item: Replacement personnel may be diverted enroute.

Discussion: Personnel requisitioned as replacements frequently fail to arrive in this command. This has been true even with individuals having Department of the Army orders to this unit. Apparently personnel especially in key enlisted positions may be diverted at any point in the replacement stream.

Observation: Cross training of personnel is a must especially in key enlisted positions.

**OPERATIONS**

Item: Physical separation of commands cause communication problems.
SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 July 1966 (RCS CSFC-65)

Discussion: During most of the period this hospital was under the control of the 43rd Medical Group in Nha Trang approximately 90 miles away. There was no radio contact and telephone communications were not dependable. Travel between units had to be by air.

Observation: Radio facilities should be established and frequent liaison visits scheduled to provide day to day guidance and face to face communications.

TRAINING and ORGANIZATION

Item: the TO&E is inadequate to support the current concept of operations.

Discussion: This hospital is operating more as a station-type hospital than as an evacuation hospital. The requirement to use clinical records rather than the Field Medical Records imposes an additional load on attending physicians and the registrar activity. There are approximately 50 admissions and 50 dispositions daily. This is more than can be managed by the authorized A&D staff.

Observation: There is a need for a full scale study of the TO&E by experienced, fully qualified personnel.

INTELLIGENCE

No comment.

LOGISTICS

No comment.

OTHERS

Item: The hospital and the surrounding area are on flat low ground. The type of soil does not absorb moisture easily.

Observation: The area engineers have been requested to design and install an adequate drainage system prior to the rainy season.

Item: More logistical support is required for civil affairs programs.

Discussion: Personnel of the hospital volunteer to spend their off duty time assisting in medical programs at local hospitals, orphanages, etc. Frequently hospital transportation can not be made available at the time personnel are off-duty.

Observation: Provisions should be made with supporting headquarters to furnish a full time vehicle for use in this program.
AVLC-MB-CB-85EH-CO
19 September 1966
SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending
31 July 1966 (RCS CSFOR-65)

Item: There are no medical or special services libraries available at this hospital.

Discussion: Lack of space has been the primary reason no libraries have been established. There are a limited number of medical journals and books. There are sufficient paper-back books to provide recreational reading material for all patients and assigned personnel. Paper-backs are now kept on each ward and present a housekeeping problem.

Observation: It is planned to partition one quonset building to provide space for a medical library. Plans for a special service library are not firm.

Item: The traffic pattern in the x-ray facility reduces efficiency of operation.

Discussion: Personnel using the x-ray facility use the same door as entrance and exit. This creates waiting space problems particularly for patients on litters. The corridor space is so narrow the incoming and outgoing traffic cannot pass. A separate exit cannot be made as the pharmacy occupies one end of the building and is separated from x-ray by a solid wall.

Observation: It is planned to move the pharmacy to the same building as the Medical library mentioned above and to remove the wall separating the pharmacy and x-ray. This will provide for through flow of traffic thus reducing congestion and allowing patients to be seen more rapidly.

Part 2

Recommendations

None.

AC
A. C. DONOHOO
LTC, MC
Commanding

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ATTN: GROOP-IM, APO 96558 (Direct)

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

1 - Commanding General, USASUPCOM, Qui Nhon
ATTN: Historian, APO 96238 (Direct)
TO: Assistant Chief of Staff for Force Development, Department of the Army, Washington, D. C. 20310

1. The basic report has been rewritten to reconstruct the activities of the 85th Evacuation Hospital during the reporting period from reports and records. Both the Hospital Commander and the Executive Officer departed this compound during the month of August 1966.

2. The increase in the power supply referred to in paragraph 1e was from 300 to 400 kilowatts. The 85th Evacuation Hospital acquired one additional 100 kilowatt generator during the reporting period.

3. The personnel problem referred to in paragraph 2a has been resolved. Personnel requisitions are being filled in bulk rather than on a name basis from Department of the Army.

4. Action has been taken to resolve the problem of the traffic pattern in the X-ray facility. Work orders requesting appropriate modifications of this facility have been submitted through appropriate channels.

TEL: QN 679
HEADQUARTERS, 44th Medical Brigade, APO 96307, 24 October 1966

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

1. This headquarters concurs with the comments as contained in 1st Indorsement.

2. Reference Section II, Part 1, item concerning Personnel, basic report and paragraph 3, 1st Indorsement. Replacement personnel are frequently diverted en route. This is an operational necessity to meet the unprogrammed loss of personnel due to illness, leave, or transfer. Unfortunately, the current personnel needs of a unit are often inconsistent with the needs at the time a requisition is submitted. These changes are Army-wide, therefore, diversions may occur anywhere in the replacement stream. The advent of a bulk replacement system will resolve the problems inherent in the present system.

3. Reference Section II, Part 1, second item under Others, basic report. Special Services library collections are available in country, one of which has been scheduled for this hospital. This will create a requirement for responsible personnel to be designated, as well as space to be furnished. There is an immediate availability of paperback collections which will not necessitate the requirement for additional personnel. This matter has been brought to the attention of the hospital.

4. Reference Section II, Part 2, item concerning Operations, basic report. The hospital is now assigned to the 55th Medical Group, which is located in the same area, thereby eliminating the problem for this particular hospital.

5. Reference Section II, Part 1, item concerning Training and Organization, basic report. The commander of an organization is in the best position to determine how an organization should be modified to best accomplish the mission. Therefore, the hospital commander was advised to submit an MTCE in accordance with USARV Regulation 310-31.
ANCA-2B-FO (19 Sep 66)  2nd Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 July 1966 (RES CSPOR-65) (Corrected Report)

6. Reference Section 2, Part I, paragraph f., item concerning
Logistical Support for Civil Affairs Programs, basic report. Trans-
portation specifically for this program is not authorized, and units
must use organic transportation. Unit has been advised concerning
this matter.

FOR THE COMMANDER:

Lynx 898

RICHARD M. HERLOT
Major, USA
Adjutant
SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 29 OCT 1966

TO: Commanding General, United States Army, Vietnam, ATTN: AVHGO-DH

1. Forwarded in accordance with AR 1-19 and USARV Regulation 870-2.

2. Concur with the Operational Report of the 85th Evacuation Hospital as indorsed.

3. Reference Section II, Part I, Item concerning drainage: A drainage system is under construction by the 937th Engineer Group. The project is 85% complete, with an estimated completion date of 31 October 1966. This area was inspected on 28 October 1966 after 10 hours of rainfall and the drainage was satisfactory.

FOR THE COMMANDER:

E. W. MARCKS, JR.
1st Lt., A&G
Asst Adjutant General

TEL: Lynx 834
AVMCO-EM (19 September 1966)  
SUBJECT: Operational Report-Lessons Learned for the Period Ending 31 July 1966 (RCS CSFOA-65)  

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96307 

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

1. The Operational Report-Lessons Learned submitted by the 85th Evacuation Hospital for the quarter ending 31 July 1966 is forwarded herewith.  

2. Concur with the comments contained in the basic report and the previous endorsements.  

FOR THE COMMANDER:  

W. R. AUTRY  
1st Lt, AGC  
Asst Adjutant General
SUBJECT: Operational Report—Lessons Learned for the Period Ending 31 July 1966 (RGS CSFOR-65)

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. L. CHAPPELL
MAJ, AGC
Asst AG
Operational Report - Lessons Learned, HQ, 85th Evacuation Hospital

Experiences of unit engaged in counterinsurgency operations, 1 May to 31 Jul 66.

CO, 85th Evacuation Hospital

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