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AGDA-A (M) (20 Apr 71) FOR OT UT 704160 5 May 1971

SUBJECT: Operational Report - Lessons Learned, Headquarters, 68th Medical Group, Period Ending 31 October 1970

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1. The attached report is forwarded for review and evaluation in accordance with para 4b, AR 525-15.

2. The information contained in this report is provided to insure that lessons learned during current operations are used to the benefit of future operations and may be adapted for use in developing training material.

3. Information of actions initiated as a result of your evaluation should be forwarded to the Assistant Chief of Staff for Force Development, ATTN: FOR OT UT within 90 days of receipt of this letter.

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VERNE L. BOWERS
Major General, USA
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DEPARTMENT OF THE ARMY
HEADQUARTERS, 68TH MEDICAL GROUP
APO 96491

AVBJ GD-PO 20 November 1970

SUBJECT: Operational Report - Lessons Learned Headquarters, 68th Medical Group, Period Ending 31 October 1970, RCS CSFOR-64 (R2)

THRU: Commanding General
US Army Medical Command, Vietnam (PROV)
ATTN: AVBJ OP
APO 96384

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

1. Section 1. Operations: Significant Activities.

a. Organization and Mission:

(1) During the period 1 August 1970 through 31 October 1970, the 68th Medical Group continued to fulfill its mission of providing medical support to United States Army personnel, Free World Military Assistance Forces, and other categories of personnel as directed by higher headquarters. Included in its tasks were command and control of 54 assigned units at the end of the report period.

(2) In accomplishing its mission, the 68th Medical Group exercised responsibility for the II (South), III and IV Military Regions, within the tactical area of operational interest of the 25th Infantry Division, 199th Light Infantry Brigade (Sep), 1st Cavalry Division (Air Mobile), 11th Armored Cavalry Regiment, 3d Brigade, 9th Infantry Division, 1st Australian Task Force, Royal Thai Volunteer Regiment and 9th Republic of Korea Division.

(3) In support of its area of responsibility, the 68th Medical Group operated three evacuation hospitals, two surgical hospitals, two field hospitals, one medical battalion, one Air Ambulance Company with six attached helicopter ambulance detachments, three medical companies (Clearing), two medical Companies (Ambulance), one preventive medicine unit with two attached detachments and numerous other specialized units. The 68th Medical Group continued to insure optimal performance by these subordinate

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units through inspections and liaison visits as necessary to deal with operational problems.

b. Personnel

(1) During the reporting period key personnel in the 68th Medical Group Administration were as follows:

(a) Commanding Officer: David J. Edwards, Col, MC 1 Aug 70 - 4 Aug 70.
John B. Moyar, Col, MC, 4 Aug 70 - 31 Oct 70.

(b) Executive Officer: Albert L. Schiavone, LTC, MSC, 1 Aug 70 - 31 Oct 70.

(c) S-1: Jack R. Wilson, MAJ, MSC 1 Aug 70 - 16 Sep 70.
Dewey R. Miller, CPT, MSC 16 Sep 70 - 27 Sep 70.
Harlan H. Baker, MAJ, MSC 27 Sep 70 - 31 Oct 70.

(d) S-2/3: Henry R. Bellinger, MAJ, MSC, 1 Aug 70 - 31 Oct 70.

(e) S-4: Colbert L. Flanery, LTC, MSC, 1 Aug 70 - 2 Sep 70.
Robert A. Bates, MAJ, MSC, 2 Sep 70 - 31 Oct 70.

(f) CSM: Paul R. Marshall, CSM, 1 Aug 70 - 4 Aug 70.
Denver E. Maine, CSM, 8 Aug 70 - 31 Oct 70.

c. Operations:

(1) One unit was brought back to full strength and equipment on 15 September 1970, for medical support to Camp Frenzell Jones:

136th Medical Detachment (MA)

(2) Three units were either inactivated, or reduced to zero personnel and equipment strength during the reporting period:

| UNIT | ACTION | DATE |
|---|---|---|
| 45th Surgical Hospital | Zero Strength | 15 Aug 70 |
| 136th Medical Detachment (MA) | Zero Strength | 31 Oct 70 |
| 551st Trans. Det (DS) (KE) | Inactivated | 11 Aug 70 |

(3) The 8th Field Hospital was reassigned to the 67th Medical Group on 8 September 1970. The physical plant of the 8th Field Hospital (Nha Trang) was turned over to the Army of the Republic of Vietnam (ARVN) on 8 September 1970. In addition, during this period, 68th Medical Group received instructions to stand down and zero the 12th Evacuation Hospital by 14 December 1970.

(4) The 254th Medical Detachment (RA) stood down on 31 October 1970, and the 283d Medical Detachment (RA) was reassigned from the 67th Medical Group. The 254th Medical Detachment (RA) ended five years of continuous support and was the first helicopter detachment to stand down since the beginning of the conflict in South Vietnam.

(5) A team from the 20th Preventive Medicine Unit, began surveys of Hospital Infection Control procedures of all 68th Medical Group Hospitals. These surveys include entrance and exit interviews with hospital staff and written reports with recommendations to improve control of infection procedures.

(6) During this period revised MTOE's for all units were prepared in detail for submission to higher headquarters.

(7) Programs supporting Vietnamese hospitals and staff continues. The hospitals are accepting the responsibility for brief training of Vietnamese military surgical trainees in the departments of general surgery, urology, orthopedics, plastic surgery, and renal dialysis. The effort is only beginning but a combination of clinical exposure and general didatics is anticipated. Approximately 3 to 6 ARVN physicans rotate through the hospitals for 10 days, gaining first-hand experience in the management of surgical teams.

(8) The Long Binh Post Mosquito Control Program was considered a success in that the US Air Force, the US Army and Pacific Architects and Engineers successfully combined their efforts to significantly reduce the primary vector of Japanese B encephalitis. Only two suspected cases of Japanese B encephalitis were reported in 1970, compared to 16 cases from Long Binh Post during the same period in 1969. It is recommended that this control program be continued. A helicopter mounted spray rig was utilized in an attempt to control a heavy infestation of locusts, in upland rice near Xuan Loc. Ninety-five percent ultra-low Volume Malathion was applied to the infested rice acreage at the rate of one pound Actual toxicant per acre. It is recommended that ULV Malathion spray not be used to control locust in upland rice, for coverage with the insecticide was not sufficient to control the insects.

(9) This headquarters initiated an additional training course in numerous areas of equipment maintenance and management. The purpose of the course is to upgrade the quality of the Group's equipment maintenance and improve the skills of the maintenance personnel. Experts in the various areas were sought from engineer, maintenance, and other non-medical units in order to insure quality instruction. The course was offered to all units within the 68th Medical Group. The areas covered by the course included:

Generator Maintenance

Prescribed Load List (PLL)

Communications Maintenance

Tactical Vehicle Maintenance

Small Arms Maintenance

The Army's Maintenance Management System (TAMMS)

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

a. Personnel: None

b. Operations:

(1) Venereal Disease

(a) Observation: A large percentage of the personnel served by dispensaries have not been adequately educated as to the nature of veneral diseases.

(b) Evaluation: VD is the second most common disease seen at our dispensaries, representing one out of every seven patients. In interviewing these individuals it is startling how little most of them know about their disease. Apparently few retain what is taught them in Basic Training and few receive any information concering these diseases from their units upon entering Vietnam. Not only is the lack of understanding widespread but many patients harbor misconceptions resulting from information received from a friend or a buddy who once had the disease.

(c) Recommendation: That detailed information as to the source, treatment and harmful effects of VD be distributed to each man by his unit commander on arrival in Vietnam.

(2) Malaria

(a) Observations: Malaria is one of the most common, serious illnesses resulting in admissions to the internal medicine departments.

(b) Evaluations: Problems unique to the treatment of malaria are frequent, especially concerning resistant and/or relapsing cases of P falciparum strain.

(c) Recommendation: That a carefully planned, organized and coordinated malaria treatment project be undertaken, in the next quarter, on the medical wards of the 93rd Evacuation Hospital. This study, with the close support of WRAIR personnel, would emphasize comparisons between intravenous, capsule and pill forms of quinine treatment for P falciparum malaria.

(3) Ethnic Relations and Problems:

(a) Observation: Ethnic relations and problems, concerning the assurance of equal oportunities, need emphasis at all command levels.

(b) Evaluation: Formal studies by the 935th KO and the continual assessments of problems presented by outpatient referrals indicates that problems in assuring equal oportunities require emphasis, whether they are recognized or not. Prejudice, whether it is real or imagined, overt or covert, is a psychological and sociological fact and needs to be dealt with actively and in an on-going manner rather than by waiting for inevitable crises to occur. Seminars structured for the purpose of remaining in touch with feelings throughout command units, and representative advisory councils to commanders, have proven quite valuable in monitoring these problems.

(c) Recommendations: Emphasis should be directed toward establishing seminar-advisory groups in command areas in order to increase sensitivity and awareness regarding equal oportunity problems and implement policies to alleviate discriminatory practices as they arise.

(4) Burn wound cleansing:

(a) Observations: Burn wound cleansing is accomplished with PhisoHex (hexachlorophene).

(b) Evaluations: Past experience has demonstrated that almost any topical substance is absorbed to some extent after application to burns. Hexachlorophene is no exception. Tripler Army General Hospital has experienced eight cases with CNS toxic manifestation following burn wound cleansing with hexachlorophene. Two cases terminated with death secondary to aseptic encephalitics. Six of the eight manifested major seizure disorders. Four of the eight were left depressed mentation along with psychiatric abnormalities. Not uncommonly, patients with extensive burns are literally immersed into tanks of PhisoHex twice daily for cleansing and debridement. This CNS toxic manifestation secondary to systemic absorption of hexachlorophene has not been seen at the 93d Evacuation Hospital. This hospital has discontinued the use of PhisoHex on burn wounds, however, very adequate debride-

ment can be accomplished with only normal saline in Hubbard tanks or low boys, followed by application of Sulfanization.

c. Recommendations: An effort should be made to discourage the use of Phisohex on burn wounds by nursing and physical therapy personnel.

(5) Internal Security - The following is a method of solving security problems at the 3rd Surgical Hospital.

a. Observation: Internal security of the hospital compound was imposing morale and personnel hardships while larceny losses dictated the need for tighter security measures. That action was needed to reduce theft was also pointed out in a letter from BG Thomas, Commanding General USAMEDCOMV (P) dated 15 September 1970.

b. Evaluation: A force of six or seven men permanently guarded the main gate. There were additional requirements of two men per day by roster for the daylight tower guards and supernumeraries and the requirement to man the back gate connecting the hospital compound with the DLSA barracks area was imposed from 0700 to 2300 hrs daily. Two towers were manned by CIDG personnel who were unable to communicate in emergencies and were generally considered unreliable in that their arrival times were erratic, they constantly slept on guard and frequently were found prowling the area, leading to the suspicion that they might have been contributing to the larceny problem. A Staff Duty NCO was needed each night. This resulted in the loss of many key personnel each day; the SDNCO having been on duty all night had the next day off and some guards had the morning off, while the day guards were lost to their sections for the entire day. As an example of the potential for trouble, only fast reshuffling of duty rosters kept the motor pool from being unmanned for an entire day. Because of the frequency with which guard arose and the knowledge of each man that he would have twice the work at his duty station to catch up the next afternoon, the guards were poorly motivated and security was inconistent.

(c) Recommendation: The establishment and implementation of a permanent security force of twenty-one men. The NCOIC serves as SDNCO five nights a week, vastly curtailing the number of man days previously lost to compensatory time. Guard has become a primary duty of those concerned and motivation is greatly improved. Some of the men were volunteers getting away from assignments in which they were unhappy or having disciplinary problems. Those men have viewed the Security Force as a new chance and are doing an excellent job. CIDG are no longer on post and communication within the guard has ceased to be a problem. Vehicle control incidents and reported larcenies have fallen to ZERO occurrences since the inception of the Security Force.

(6) Live Round SOP:

a. Observation: When a patient comes to the E.R. with a possible live round, there was no written procedures for handling the problem.

b. Evaluation: If a patient enters the E.R. with a possible live round, it is necessary to know what safe action to take.

c. Recommendation: The following is an SOP for the handling of live round in-patients at the 3rd Surgical Hospital. A metal shield for protecting the key members working on the patient is being constructed through help from the Navy.

SOP For Live Round Casualties

PURPOSE: This SOP describes the immediate action to be taken by hospital personnel upon notification of wounded patient whose body may contain any form of live ammunition or projectile.

1. EOD Team will be called immediately. Tel - Binh Thuy 2209

2. When possible, patient will be placed on litter and guerney outside the Emergency Room and will not be brought into the Hospital proper.

3. Only the person or persons required for immediate attendance will be present. All others will be dispersed and protected at a safe distance from the site of the patient being attended. Emergency Room personnel will post guards to keep all others away from the site.

4. All personnel in attendance will wear Flak jacket and steel helmet.

5. A litter piled with a barrier of sandbags will be rolled into position adjacent to the patient to provide 180 degree protection for personnel. This litter will be maintained in the Emergency Room at all times.

(7) Evacuation:

(a) Observations:

(1) Most of the casualities evacuated by aircraft organic to the 58th Med Bn are from Southern Military Region 3 and Military Region 4.

(2) VNAF has not assumed the evacuation of ARVN casualities as specified in USARV 40-10.

(3) Patient evacuation catergories are not accurate.

(4) Assesment of landing zone security is not reliable.

(b) Evaluations:

(1) The area of operations assumed by GVN forces, primarily Military Region 4, creates the biggest workload for the Battalion. The primary reason for this fact is that the majority of RVN's population is in this area. This creates the situation where more people, both military and civilian, stand the chance of being injured. This also induces the NVA and VC contingents to strive for successful operations within this area. A secondary reason might be inferred to be that the GVN soldier is not as highly trained, skilled or motivated as his US counterpart.

(2) USARV 40-10 states that prior to the acceptance of an evacuation request for ARVN, RF or PF personnel, VNAF will be tasked for the mission and if unable to accomplish said mission, the closest helicopter ambulance unit will be tasked. The basic intent of the regulation is being forced and with the increase of aircraft available to VNAF, a valid assumption would be that an ever increasing percentage of the evacuations of ARVN personnel would be handled by VNAF. So far this has not been the case and this has caused great concern among senior ARVN Officers. The missions accepted by VNAF in this quarter has not increased significantly but it is reasonable to expect this to change in the very near future.

(3) The over and under classification of patients creates an almost impossible task of providing the most responsive medical evacuation. The categories of patient classification were initiated to enable medical evacuation helicopters and ambulances to reach the injured personnel, in order, commensurate with their injuries and either provide treatment not locally available or to transport the patient to a medical facility which had the necessary capabilities. If the classification system is misutilized, as it has been since it was initiated, the person in charge of the evacuation vehicle, be it air or ground, cannot respond to the needs of the patients. This may cause needless deaths and also the over evacuation of personnel who could be utilized more effectively by the ground tactical commander.

(4) In excess of 80% of the combat damage occured to organic aircraft of the 58th Med Bn in this quarter has been the result of attempting evacuation of patients from a "secure" landing zone. The majority of the situations mentioned above are the result of evacuation attempts in support of ARVN units; however, it is by no means limited to ARVN forces. A related observation is that when the landing zone is judged to be "secure", helicopter gun ships are not normally requested. Perhaps it is the lack of escort gun ships that increases the hostile fire that is directed toward aeromedical aircraft. The trend is, and will increasingly be, toward use of escort gun ships into areas of high combat damage incidents.

Also, ground tactical commanders have been hesitant to authorize gun ships to respond to targets of opportunity and to follow the basic rules of engagement while supporting medical evacuation aircraft.

(c) Recommendations:

(1) None

(2) USARV 40-10 continue to be inforced. If VNAF still does not accept medical evacuation missions for ARVN personnel, a complete justification should be required for each non-acceptance of a mission.

(3) Continued training in diagnostic procedures for medical aidmen with non-medical units.

(4) Continued emphasis be placed on overall evaluation of an area, not just the immediate real estate. Advisors and tactical commanders must correctly assess the area security or attempt to increase the intelligence knowledge of their area of operations so that medical evacuation helicopters are afforded a reasonable chance of mission completion.

c. Training: None

d. Intelligence:

(1) Observations: The majority of the medical evacuation units are not included in intelligence briefings unless a major offensive is planned.

(2) Evaluation: This perhaps increases the combat damage to medical evacuation aircraft because of the intelligence ignorance in any particular area.

(3) Recommendations: Military Region Tactical Operations Centers and Area Tactical Commanders include commanders of medical evacuation units in at least weekly briefings of expected activity or planned operations within their respective areas of responsibility.

e. Logistics:

(1) Observations:

(a) Not being operationally ready because of maintenance is experienced by the two medical evacuation helicopter detachments located in Military Region 4 to a greater extent than by any similar unit, assigned to the 58th Med Bn.

(b) The age, general condition, and fill of valid requisitions for repair parts hamper the operational availability of ground ambulances assigned to the 58th Med Bn.

(2) Evaluations: Maintenance problems are directly related to mission effectiveness. These problems have detrimental effect on the ability of units to perform assigned missions and maintain unit operations at an effecient level.

(3) Recommendations: The units located in Military Region 4 be assigned to another DS/GS unit or be augmented with proper personnel and equipment to assume the Direct Support Maintenance mission on assigned aircraft.

(2) MACV Medical Support in the Delta:

(a) OBSERVATION: It has been brought to our attention that various MAT and MACV Teams located in the Delta are not receiving adequate medical support through established channels.

(b) EVALUATION: Supply and Services Division of the 3d Surgical Hospital, supplies six MACV Teams with direct medical supply support. They inturn support subordinate MACV and MAT Teams in their areas through the respective senior province advisors. Our Medical Supply Section has been approached on several occasions by members from various MAT and MACV Teams in efforts to "scrounge" medical supplies. When questioned why they found it necessary to bypass their direct support and come to us for medical supplies they replied they have been unable to procure many items of medical supplies from their immediate supporters and in a couple of instances they were unaware that an established supply chain existed. After further investigation we find that many of the supply representatives for these various teams have inadequate knowledge and know-how as to correct supply procedures. Because of there scattered locations communications between the different supply levels seem to be lacking.

(c) RECOMMENDATION: We are maintaining records on every representative who approaches us with the purpose of obtaining medical supplies outside of established supply channels. We first try to establish who is in fact their initial support and then why they are unable to obtain medical supplies from their support. This information is forwarded to the DMAC Surgeons Office to the medical advisors who monitor and control the medical elements of the various teams. They are taking corrective measures by contacting the specific teams involved and researching the problem areas. We feel that the primary problem is the lack of communication between the different supply levels so we plan to initiate a new letter to be distributed throughout the supply chain to the field teams. The newsletter will contain pertinent information about Medical Supplies and Supply procedures.

We are also providing training and guidance to medical supply personnel from the various teams to help produce better understanding in supply procedures.

(3) Physicians

(a) Observation: Vietnamese physicians and ARVN physicians working with Renal Units are not receiving adequate Medical Supply Support through proper channels.

(b) Evaluation: The Vietnamese physician working with the Renal unit has finished his training. He has successfully done his first peritoneal dialysis at local hospital entirely on his own. There are currently two civilian physicians in Saigon qualified to dialize patients in renal failure for the civilian population and one ARVN Army physician for the ARVN. They cannot do this unless they have adequate supply. The material is available for them on Okinawa, but is not getting through at the local level. Limited supply support is being provided by 3d Fld Hosp.

(c) Recommendation: These physicians should properly recieve the necessary supplies from the 70th ARVN Medical Depot. Recommend that the ARVN Advisor for Medical Supply from MACV take necessary steps to insure that material be stocked at the 70th ARVN Medical Depot.

(4) Engineer Projects to Upgrade Medical Facilities:

(a) Observations - Engineer response to actions processed through engineering channels, as opposed to processing through command channels, is minimal.

(b) Evaluation - A certificate of essentiality and criticality signed by the major commander is extremely beneficial in promoting timely engineer response. Classic example is Vung Tau project for 345th Med. Det. (MB)

(c) Recommendation - That continued command emphasis be placed on processing critical projects for medical facilities through command channels.

(5) Repair Parts for Medical Equipment:

(a) Observation - In many cases there has been a lack of repair part support in-country resulting in long periods of down-time on needed medical equipment.

(b) Evaluation - Stockage of repair parts in-country is based on density of equipment listings furnished by medical facilities to the 32nd Medical Depot (USARV Reg 40-57). Heretofore, our subordinate units have been lax about submitting density listings or have submitted none.

Listings from all group medical facilities, were submitted during the reporting period. This action should promote adequate in-country stockage of repair parts.

(c) Recommendations - That continuing emphasis be placed on the monthly updating of basic equipment density lists.

(6) Cleaning of Grease Traps in Mess Hall Facilities.

(a) Observations - Two of the group's mess halls in the Long Binh area were not receiving P.A.&E. pumping service. This is a contractual service to pump out grease traps at least once every ninety days.

(b) Evaluation - It was discovered that the 24th and 93rd Evac. Hospitals were not listed in the contract schedule, thus they were not receiving the service. The schedule has been amended to include these two activities.

(c) Recommendations - that the units concerned monitor the timely cleaning of the grease traps and advise this headquarters of lack of contractual performance.

(7) Propane Gas Support to Mess Facilities:

(a) Observations - during the reporting period, tankers from 512th Trans Co. were unable to meet commitments due to vehicle maintenance problems. The 512th Trans. Co. is responsible for refilling propane tanks for the entire Long Binh area.

(b) Evaluation - Refilling of propane tanks is accomplished every two weeks. The 500 gallon tanks at the 24th Evacuation Hospital were empty for two days. An interim solution to this problem was the acquisition of cylinders from the tank farm located directly across from Saigon Support Command Transportation Motor Pool.

(c) Recommendation - Should future problems be encountered on the timely refilling of propane tanks, units in the Long Binh area can contact 512th Trans Co. stock control for issue of cylinders.

(8) Ethylene Oxide Sterilizers:

(a) Observations - A request was received for an ethylene oxide sterilizer from the 24th Evacuation Hospital. This action was disapproved by the group commander after researching the problem.

(b) Evaluation - From a financial standpoint, the initial costs in procuring this item would be approximate $12,000 ($8,000. for the sterilizer and $4,000. for an aerator). OTSG has directed that an aerator will be used in conjunction with the ethylene oxide sterilization process. From a logistical support standpoint, ethylene oxide gas is a standard 6505 item and is stocked in Okinawa. However, all cylinders must be returned to CONUS for refilling. Responsive support of the gas is questionable. The ethylene oxide sterilization process does increase the life expectancy of rubber and plastic products. From an overall evaluation, resupply of rubber and plastic products is considered more practical and financially feasible compared to the initial procurement costs.

(c) Recommendation - That ethylene oxide sterilizers not be brought into RVN until such time as a continuous supply of ethylene oxide gas is assured.

(9) Hospital Subsistence Items:

(a) Observation: In visits to the hospital units, the staff dietition noted an inconsistency in food items available at the different units.

(b) Evaluation: Class I pick up points would not always order the small quantities needed by the hospital.

(c) Recommendation: A meeting was held among MEDCOM, 68th Med. Gp., Depot and Class I representatives. It was proposed to have hospital items picked up at the Depot and bypass Class I.

f. Organization:

(1) Observations: The Hq & Hq Detachment, 58th Medical Battalion does not provide for a staffing level that will provide sufficient, knowledgeable and skilled personnel to effectively discharge the responsibilities and guidance required.

(2) Evaluation: With the mission of providing command, control, staff planning and supervision for aviation units comes the responsibility for that headquarters to be knowledgeable in the problems encountered in aviation units. Positions that must be filled by full time, qualified, personnel are those of aircraft maintenance and supply, aviation safety, pilot standardization and training, and aviation medicine. The 58th Medical Battalion's current TOE does not provide the proper officer and enlisted MOS structure to serve as a basis to requisition suitable personnel with these skills.

AVBJ GD-PO 20 November 1970
SUBJECT: Operational Report - Lessons Learned Headquarters, 68th Medical Group, Period Ending 31 October 1970, RCS CSFOR-65 (R2)

(3) Recommendations: The proposed MTOE submitted by the 58th Medical Battalion be approved and suitable personnel assigned to fill the existing MTOE vacancies.

g. Other: Contact of physicans for an emergency call has been difficult on frequent occasions. Especially at night, the Emergency Room physican often has difficulty locating a specialist on call. A sign-out roster should be placed in Emergency Rooms to facilitate physican location. Physican are encouraged to maintain contact with Emergency Room personnel. An electronic paging system would be a very desirable solution to this problem. It is felt that the expense of such a system would be justified for all hospitals.

John B. Moyar

1 Incl
List of Assigned Units

JOHN B. MOYAR
Colonel, MC
Commanding

AVBJ CP (20 Nov 70) 1st Ind
SUBJECT: Operational Report - Lessons Learned for Headquarters, 68th Medical Group, Period Ending 31 October 1970, RCS CSFOR-65 (R2)

DA, HQ, US Army Medical Command, Vietnam, APO 96384, 17 December 1970

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

1. The subject report has been reviewed.

2. Reference item, "Venereal Disease", page 4, paragraph 2b(1), concur. An information class on Venereal Disease is mandatory for CONUS FOR training prior to reporting to RVN. This subject is also covered by replacement battalions as an integral part of in-country processing. At unit level the subject is a mandatory semi-annual topic for the information program and is normally taught by medical personnel from a local medical unit or facility.

3. Reference item, "Malaria", page 4, paragraph 2b(2), concur. A protocol for this study has been staffed and approved by this headquarters. The study is currently being accomplished.

4. Reference item, "Ethnic Relations and Problems", page 5, paragraph 2b(3), concur. Human Relations Councils have proven to be a benefit at unit level by providing continuing awareness of ethnic relations and for providing a sounding board for all concerened.

5. Reference item, "Burn Wound Cleaning", page 5, paragraph 2b(4), concur. The problems associated with the use of Phiso Hex (Hexachlorophene) in burn wound debridement are well recognized in this command. Normal procedures throughout the command is the use of normal saline and low boys, followed by application of Sulphamylon (Mafenide Acetate).

6. Reference item, "Internal Security", page 6, paragraph 2b(5), concur. The assignment of a permanent guard detail has solved the internal security problems of this unit However, this system cannot be advocated as a command wide policy.

7. Reference item, "Live Round SOP", page 6, paragraph 2b(6), concur. The procedures outlined are simple yet effective in affording the maximum

protection to operating and other personnel.

8. Reference item, "Evacuation", page 7, paragraph 2b(7).

a. Concur with paragraph 2b(7)(b)(1).

b. Concur with paragraph 2b(7)(c)(2). However, USARV Reg 40-10 is not binding on VNAF nor does it direct VNAF to take the missions. The regulation does require that the missions be transmitted through Military Region TOC where they are referred to the VNAF. When VNAF does not have the capability, then the mission may be referred to US Dust Off units.

c. Concur with paragraph 2b(7)(c)(3). Special emphasis was placed on this problem during the recent Surgeon's Conference. The Dust Off unit commander is charged with the responsibility for reporting incidents of patient misclassification to this headquarters as well as advising the requesting unit of such errors.

d. Concur with paragraph 2b(7)(c)(4). Direct coordination with offending units is encouraged.

9. Reference item, "Intelligence", page 9, paragraph 2d, concur. It is the responsibility of the supporting Dust Off unit commander to assure he is included in intelligence briefings.

10. Reference item, "Observations", page 9, paragraph 2e(1). This problem is currently under study. At this point, coordination with the 611th Transportation Company (DS) for direct support maintenance of Dust Off aircraft has not produced satisfactory results.

11. Reference item, "MACV Medical Support in the Delta", page 10, paragraph 2e(2), concur. MACV teams are normally satellited on the nearest USARV medical facility. If in doubt, the MACV team should request guidance (through appropriate channels) from the Command Surgeon, MACV. MACV, based upon advice from MEDCOM, instructs MACV teams to obtain supply support from specific USARV medical facilities. All USARV hospitals/facilities have been advised by USAMEDCOMV that it is the responsibility of the Army to provide medical supplies to MACV advisory teams on a non-reimbursible basis and that their requisitioning objectives must consider the requirement of the teams.

12. Reference item, "Physicians", page 11, paragraph 2e(3), concur. Viet-

namese civilian physicians should receive their supply support from the USAID medical depot. Whereas the ARVN physician should receive his support from the 70th ARVN Medical Depot.

13. Reference item, "Engineer Projects to Upgrade Medical Facilities", page 11, paragraph 2e(4), concur. Requests for construction must receive command action prior to submission for project approval. It is therefore essential that these requests be submitted through command channels to preclude unnecessary confusion and delay.

14. Reference item, "Repair Parts for Medical Equipment", page 11, paragraph 2e(5), concur. Equipment density reports have been submitted by all but one unit. A consolidated listing of repair parts in stock at the 22d Medical Depot will be published O/A 15 December 1970. It has been noted that some units are not utilizing 02 priority when requesting repair parts for life saving equipment. This practice has resulted in some delay in receipt of repair parts for medical equipment.

15. Reference item, "Clearing of Grease Traps in Mess Hall Facilities", page 12, paragraph 2e(6), concur. Due to reduction in the level of PA&E services all services provided by them must be closely monitored.

16. Reference item, "Propane Gas Support to Mess Facilities", page 12, paragraph 2e(7), concur. This information disseminated to all medical units in the Long Binh area.

17. Reference item, "Ethylene Oxide Sterilizers", page 12, paragraph 2e(8), concur. From a logistical and financial standpoint the use of Ethylene Oxide Sterilizers is considered impractical at this time.

18. Reference item, "Hospital Subsistence Items", page 13, paragraph 2e(9), concur. The procedures outlined have proven effective in the Long Binh area. Representative items received directly from the depot are baby foods, individual serving items (salt, pepper, mustard, catsup, ect.) and dietetic items for patients. Subsistence items for regular mess hall meal service continue to be drawn from Class I.

19. Reference item, "Organization", page 13, paragraph 2f, concur. A proposed TOE has been developed and approved by this headquarters. It will be forwarded to USARV Force Development in the near future.

AVBJ-OP (20 Nov 70) 1st Ind
SUBJECT: Operational Report - Lessons Learned for Headquarters, 68th Medical Group, Period Ending 31 October 1970, RCS CSFOR-65 (R2)

20. Reference item, "Other", page 14, paragraph 2g, concur. Current literature on paging systems has been requested from the Office of the Surgeon General and Japan in order that a study and evaluation may be made for possible installation of paging systems in selected MEDCOM hospitals.

FOR THE COMMANDER:

C. E. OVERMYER
Colonel, MSC
Chief of Staff

AVHDO-DO (20 Nov 70) 2nd Ind
SUBJECT: Operational Report - Lessons Learned Headquarters, 68th Medical Group, Period Ending 31 October 1970, RCS CSFOR-64 (R2)

Headquarters, United States Army Vietnam, APO San Francisco 96375 18 JAN 1971

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

This Headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 October 1970 from Headquarters, 68th Medical Group and concurs with comments of indorsing headquarters.

FOR THE COMMANDER:

JACK P. COOK
CPT, AGC
Assistant Adjutant General

Cy furn:
USAMEDCOMV
68th Med Gp

GPOP-DT (20 Nov 70) 3d Ind
SUBJECT: Operational Report of HQ, 68th Medical Group for Period Ending 31 October 1970, RCS CSFOR-65 (R2)

HQ, US Army, Pacific, APO San Francisco 96558 22 FEB 1971

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

This headquarters concurs in subject report as indorsed.

FOR THE COMMANDER IN CHIEF:

W D Cline 1LT AGC

L.M. OZAKI
CPT, AGC
Asst AG

## LIST OF ASSIGNED UNITS

*3d Field Hospital (-)
- 51st Fld Hosp (-)
- 82d Med Det (KA)
- 84th Med Det (OA) (1)
- 218th Med Det (MC)
- 229th Med Det (MC)
- 629th Med Det (KP)

*3d Surgical Hospital (Mbl Army)
- 2, 3/30th Med Co (Clr)
- 346th Med Det (MA)

*6th Convalescent Center
- 128th Med Det (OA)
- 221st Med Det (MB)
- 349th Med Det (MB)
- 568th Med Co (Clr)
  - 1/568th Med Co (Clr)
  - 2/568th Med Co (Clr)
  - 3/568th Med Co (Clr)
- 575th Med Det (MB)

*12th Evacuation Hospital
- 185th Med Det (MA)

*20th Preventive Medicine Unit (Svc) (Fld)
- 61st Med Det (LB)
- 105th Med Det (LA)

*24th Evacuation Hospital (SMBL)
- 16th Med Det (MA)
- 50th Med Co (Clr) (-)
  - 1/50th Med Co (Clr)
- 61st Med Det (MB)
- 104th Med Det (KD)
- 133d Med Det (OA)
- 345th Med Det (MB)
- 930th Med Det (MB)
- 933d Med Det (KE) (1)

*Denotes Major Unit

(1) Denotes Non-operationsl Units at Zero Strengh

*45th Surgical Hospital (1)

*58th Medical Battalion
- 45th Med Co (AA)
  - 159th Med Det (RA)
- 57th Med Det (RA)
  - 43d Med Det (RB)
  - 82d Med Det (RA)
- 247th Med Det (RA)
  - 254th Med Det (RA)
  - 283d Med Det (RA)
- 418th Med Co (Amb)
- 440th Med Det (RB) (1)
- 584th Med Co (Amb)
  - 439th Med Det (RE)
  - 498th Med Det (RE) (1)
  - 872d Med Det (RE)

*93d Evacuation Hospital (SMBL)
- 2d Med Det (MA)
- 25th Med Det (MA)
- 46th Med Det (KB)
- 53d Med Det (KA)
- 136th Med Det (MA)
- 194th Med Det (MC)
- 332d Med Det (MB)
- 935th Med Det (KC)

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