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AGO D/A ltr, 29 Apr 1980

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

IN REPLY REFER TO

AGAM-P (M) (4 Mar 68) FOR OT RD - T674234

11 March 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 55th Medical Group, Period Ending 31 October 1967

TO: SEE DISTRIBUTION

1. Subject report is forwarded for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT RD, Operational Reports Branch, within 90 days of receipt of covering letter.

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

BY ORDER OF THE SECRETARY OF THE ARMY:

Kenneth G. Wickham

KENNETH G. WICKHAM
Major General, USA
The Adjutant General



1 Incl
as

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 55TH MEDICAL GROUP
APO San Francisco 96238

OPERATIONAL REPORT - LESSONS LEARNED
FOR QUARTERLY PERIOD
ENDING 31 OCTOBER 1967
(RCS CSFOR-65)

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 55TH MEDICAL GROUP
APO 96238


AVBJ GB-C

10 November 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 October 1967 (RCS CSFOR-65)

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

The OPERATIONAL REPORT - LESSONS LEARNED of this headquarters for the quarterly period ending 31 October 1967 is forwarded in accordance with Army Regulation 1-19 and USARV Regulation 1-19.


ALEXANDER M. BOYSEN
COL, MC
Commanding

FOR OT RD
T674234

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FOR OTRO
TG74234

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SECTION I

SIGNIFICANT ORGANIZATIONAL ACTIVITIES

AVBJ GB-C

31 October 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period ending 31 October 1967 (RCS CSFOR-65)

A. The Mission of the 55th Medical Group to provide hospitalization, evacuation and area medical support of United States Army Vietnam (USARV) and other Free World Military Assistance Forces (FWMF) located in Corps Tactical Zone II, North (CTZ II-N), was expanded with the formal addition of support for operations in the southern portion of Corps Tactical Zone I (CTZ I - S), establishment of a dispensary at Da Nang, and the assignment of three air ambulance units and another medical battalion headquarters. The formal assumption of support for CTZ I-S was an outgrowth of Operation Oregon, which began in April of this year.

B. Commanders Conferences. A commander's conference for all major commanders was held on 16 September 1967, and an executive officers conference was held on 23 October 1967. Problems and policies affecting group operations were discussed in detail at both conferences.

C. Awards and Decorations: The 55th Medical Group had the following awards approved during this quarter:

	Aug	Sep	Oct
Distinguished Flying Cross			13
Soldier's Medal			1
Air Medal with "V"			7
Army Commendation Medal with V		4	2
Legion of Merit	2		1
Bronze Star	7	9	13
Air Medal		56	30
Army Commendation Medal	19	15	17

D. Arrivals and Departures of Key Individuals:

a. Arrivals

LTC Amel Anderson	12 September 1967
1LT Anton W. Kovack	11 September 1967
SGM Robert P. Galavotti	1 October 1967
1LT Gary W. Tonniges	28 October 1967

b. Departures

LTC James B. Ranck	20 August 1967
SGM Edmund L. Ewalt	30 September 1967
SGM Keith E. Henderson	15 September 1967

E. Safety:

a. During the period 1 Aug - 31 Oct 67, accident exposure figures for the 55th Medical Group are as follows:

- (1) 5 recordable accidents.
- (2) 418, 188 Army motor vehicle miles traveled.
- (3) Accident rate per 100,00 miles for this period - 1.19

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b. The policy of limited officer driving and consolidation of trips was initiated within the command.

F. Strength beginning and End of Quarter:

	1 August 1967	31 October 1967
Officers	414	495
Warrant Officers	45	44
Enlisted	1787	1664

G. Procurement, Replacements and Personnel Rotation:

Gains: Officers	181	Losses: Officers	100
Warrant Officers	1	Warrant Officers	2
Enlisted	460	Enlisted	583

H. Reenlistments: 45

I. Savings Bond Program:

	August	September	October
Class E	1093	1104	1104
Class S	144	184	184
Class V	6	6	6

J. Promotions:

	<u>E4</u>	<u>E5</u>	<u>E6</u>	<u>E7</u>	<u>E8</u>
August	104	36	18	-	-
September	78	48	19	-	2
October	94	29	-	1	-

K. Information Activities: A total of 383 Home Town News Releases were forwarded to the US Army Home Town News Center during this quarter, as opposed to 201 releases the preceding period. A monthly score sheet is maintained on news releases by unit in order to stimulate command interest at all levels. The Command Information Program received continued interest with all units providing satisfactory monthly troop information programs.

L. Civilian Personnel:

a. Daily Hire: During the period 1 Aug - 31 Oct 67, daily hire authorizations, within the 55th Medical Group, were as follows:

	Authorized 1 Aug - 30 Sep 67	Authorized 1 Oct - 31 Oct 67
74th Med Bn (2d Surg)	8	41
18th Surg	3	8
616th Med Co	4	12
67th Evac Hosp	9	18
85th Evac Hosp	9	18
71st Evac Hosp	12	18
70th Med Bn	6	14
498th Med Co	7	12
HHD, 55th Med Gp	5	5

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Daily hire authorization for the 2d quarter FY 68 totaled 116
LN Daily Hire personnel

b. Direct (Permanent) Hire:

(1) During the period 1 Aug - 31 Oct 67, 2 new authorizations were received by units of the Group: 2d Surgical Hospital (MA), August 1967, authorized 25; and 616th Medical Company (Clearing), 20 August 1967, authorized 15.

(2) Present authorizations and actual hire for LNDH are as follows:

	Authorized	Presently Hired
74th Med Bn (2d Surg)	25	19
18th Surg Hosp	17	17
67th Evac Hosp	47	47
70th Med Bn	15	22
71st Evac Hosp	11	16
85th Evac Hosp	98	98
528th Med Lab	2	2
616th Med Co	15	15
498th Med Co	3	3

M. Operations.

1. With the assignment of the 498th Medical Company (Air Ambulance) on 6 August 1967, the 55th Medical Group became self-supporting in this field. Previously, helicopters had been attached to this group from the 43d Medical Group. Additional air ambulance resources became available with the later acquisition of the 54th Medical Detachment (RA), which arrived in RVN from Fort Benning, Georgia, on 23 August 1967, and the 283d Medical Detachment (RA), transferred from the 68th Medical Group on 10 September 1967.

Originally the 498th Medical Company (Air Ambulance) was operational at Qui Nhon, Chu Lai, Pleiku and Duc Pho. Responsibility for support in the Chu Lai and Pleiku areas was assumed by the 54th and 283d Medical Detachments (RA), respectively, on 25 September 1967, and the 498th Medical Company (Air Ambulance) was consolidated at Lane Field, near Qui Nhon.

In order to facilitate employment and attain maximum benefits from available resources, the two helicopter detachments were placed under the operational control of the Commanding Officer, 498th Medical Company (Air Ambulance), who also acts as the air advisor for the Commanding Officer, 55th Medical Group

During the reporting period, the air ambulance units experienced the following work loads:

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<u>498th Medical Company (Air Ambulance)</u>	AUG	SEP	OCT	TOTAL
Patients Evacuated	2830	2741	1650	7221
Hours Flown	1071	980	735	2786
Aircraft Damage, Combat	5	10	2	17
Casualties, hostile Action	1	6	0	7
KIA	0	1	0	1

54th Medical Detachment (RA)

Patients Evacuated	---	206	935	1141
Hours Flown	---	87	355	442
Aircraft Damage, Combat	---	7	5	12
Casualties, Hostile Action	---	3	2	5

283d Medical Detachment (RA)

Patients Evacuated	---	478	563	1041
Hours Flown	---	274	241	515

2. The 1st platoon, 563d Medical Company (Clearing), which was operational in support of the 3d Brigade, 4th Infantry Division, and the 1st Brigade, 101st Airborne Infantry Division, at Duc Pho, ceased independent operation and rejoined its parent organization at Chu Lai on 14 September 1967.

3. The command strength of the 55th Medical Group was increased by the assignment of the 74th Medical Battalion, transferred from the 68th Medical Group on 1 October 1967. The battalion headquarters was established at Chu Lai, and assumed operational control of all 55th Medical Group units deployed in CTZ I, with the exception of the 54th Medical Detachment (RA). The units involved are the 2d Surgical Hospital (Mobile Army), the 563d Medical Company (Clearing), the 48th and 945th Medical Detachments (KA), and the 915th Medical Detachment (KH). The 2d Platoon of the 563d Medical Company (Clearing), which had been detached and operational in the 43d Medical Group area, was returned to its parent organization's control and deployed to Da Nang to operate a dispensary for that area on 25 October 1967.

4. The 71st Evacuation Hospital became fully operational during the reporting period, reporting 360 beds on 14 October 1967 and 400 beds on 25 October 1967. With the increase in hospital beds available at Pleiku the requirement for augmentation of the 18th Surgical Hospital (Mobile Army) by a clearing platoon was removed, and the 3d Platoon, 542d Medical Company (Clearing), was returned to its parent unit at Phu Thanh on 24 October 1967.

5. The 616th Medical Company (Clearing), which operates a 100 bed treatment facility, augmented by the 139th, 435th and 463d Medical Detachments, at An Khe, received its 1st Platoon, which had been detached to the 68th Medical Group, on 22 September 1967.

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6. The internal operation of the Operations and Intelligence Section of this headquarters was greatly facilitated by the construction of a new operations center. Included in the construction were a separate communications room, and separate offices for operations and intelligence, and medical regulating activities. The communications and medical regulating rooms were completed and occupied on 22 August 1967, and the remainder of the operations center on 10 October 1967.

7. The policy on Prisoner of War Patient transfers was changed during the reporting period. Previously POW's were moved to compounds in the Phu Thanh and Pleiku areas, but subsequent to 17 October 1967 it was directed that all POW's would go to the compound at Ben Hoa. As a result of this change some transportation difficulties have been encountered. Movement requests have frequently been denied because of higher priority shipments. In the event of a large influx of POW casualties this could cause 55th Medical Group facilities to become overcrowded. It is hoped that this problem will be resolved soon.

8. The 667th Medical Detachment (AC) (Company Headquarters), which was attached to the 70th Medical Battalion, was transferred to the 67th Medical Group on 24 October 1967.

N. Preventive Medicine:

During the reporting period a Preventive Medicine officer was assigned to the group, and stationed at the 14th Medical Detachment (MC) (Dispensary) in Qui Nhon. With this addition the 55th Medical Group acquired the means to improve preventive medicine support for the Qui Nhon area. In addition to inspecting and reporting on the sanitary conditions in the Qui Nhon area, and providing advice and guidance for local troop units and troop service facilities, this officer also acts as an advisor for the commanding officer of this group.

SECTION II PART I

OBSERVATIONS (LESSONS LEARNED)

AVBJ GB-C

31 October 1967

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SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 October 1967 (RCS CSFOR-65)

A. OPERATIONS

ITEM: Attachment of Military Intelligence (MI) representatives to medical group headquarters.

DISCUSSION: Because of the growing problem in interrogation of POW patients, detainees, returnees, and civil defendants, a requirement exists for a Military Intelligence representative at medical group headquarters.

OBSERVATION: Since the attachment of a MI representative to this headquarters for the interrogation of detainees, problems of classification which had previously delayed disposition of civil defendants and innocent civilians, and thereby placed an unnecessary workload on group POW facilities, have been eliminated.

ITEM: Field Medical Regulators (FMR)

DISCUSSION: Medical groups are responsible for coordination of casualty evacuation from division level medical service to field army medical facilities. To accomplish this mission the 55th Medical Group employs Field Medical Regulators attached to the supported medical unit. These FMR's utilize high frequency, single side band and FM radios, and telephone to maintain constant communications with the Medical Regulating Office, this headquarters. The MRO controls patient evacuation through the FMR's by designating destination hospitals.

OBSERVATION: Utilization of FMR's reduces evacuation time from division level medical service to field army medical facilities, and enables the group MRO to control the patient flow and insure that casualties requiring specialty care are transported to the proper hospital.

ITEM: Use of Power Supply PP 2953/U by evacuation and Surgical Hospitals.

DISCUSSION: The new AN/VRC 46 series FM transceivers are now authorized for evacuation and surgical hospitals. Experience has shown that these radios facilitate hospital receiving activities, by providing communications between the hospital and incoming medical evacuation helicopters. Normally these radios are vehicular mounted and draw their power from the vehicle's batteries. In order to operate them in a fixed location, units have been utilizing storage batteries and a battery charger as a power source. This is a clumsy arrangement which could be eliminated if the Power Supply PP 2953/U were available.

OBSERVATION: A compact and utilitarian source of 24 volt direct current is necessary for fixed location operation of AN/VRC 46 transceivers. The Power Supply PP 2953/U, which converts 110 volt AC to 24 volt DC, is ideal for this purpose.

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SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 October 1967 (RCS CSFOR-65)

ITEM: Employment of AN/VRC 46 series FM transceivers by hospitals.

DISCUSSION: Procurement of AN/VRC 46 series FM transceivers and their employment by hospitals in this command, has contributed to a reduction in the "waiting time" for professional personnel in the emergency room and permitted other personnel to be utilized more efficiently. Previously a hospital would be notified of the ETA of a MEDEVAC helicopter, but, for one reason or the other, the craft would arrive either earlier or later; if earlier, the receiving room would not be prepared; if later, personnel would have been immobilized who could have been usefully employed elsewhere. Use of direct communications between the MEDEVAC helicopter and the hospital, or a relay by a group station to the hospital, provides a means by which the treatment facility may be notified of a firm arrival time when the evacuation craft is within ten to fifteen minutes of touchdown.

OBSERVATION: Use of AN/VRC 46 series FM transceivers, either in the Receiving and Emergency room or the Admissions office of all hospitals to which casualties are evacuated by MEDEVAC helicopter, contributes to the expeditious utilization of available manpower, and insures that necessary personnel and equipment will be assembled to care for incoming casualties.

B. LOGISTICS

ITEM: Maintenance of bus ambulances, 44 passenger, international Harvester.

DISCUSSION: Maintenance of the three 44 passenger bus ambulances of the 430th Medical Detachment (RB) has been sub-minimal since the unit arrived in country on 4 October 1966. The bus ambulances arrived in used condition without a basic load of repair parts (PLL) or Technical Manuals. As a result the support maintenance activity has had to fabricate what parts they could. This has not, however, brought the status of the buses up to a satisfactory maintenance posture.

OBSERVATION: Maintenance of commercial type bus ambulances is difficult without the proper manuals to order repair parts and without a responsive repair parts source.

C. PREVENTIVE MEDICINE

ITEM: Location, construction and operation of wells, latrines, mess halls, snack bars, clubs and barber and beauty shops.

DISCUSSION: Subsequent to the arrival of the present preventive medicine officer in Qui Nhon, it was discovered that design, construction and sanitary operation of some troop service facilities was deficient in some respects. The number of these facilities in the Qui Nhon area makes it

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impossible to inspect each location every month with the available personnel. In order to overcome this problem, and in addition to inspecting the maximum number of facilities each month, local units have been notified through command channels where guidance in correcting deficiencies and maintaining adequate sanitary measures may be obtained.

OBSERVATION: Because of the construction of numerous small compounds, each separated from its neighboring unit, with individual sanitary problems, a continuing, closely supervised, command preventive program is a necessity. Commanders must be aware of sanitary conditions which are inimical to the health of their commands, and how to improve them.

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SECTION II PART II

RECOMMENDATIONS

AVBJ GB-C

31 October 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
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A. OPERATIONS:

1. Recommend that a Military Intelligence interrogator be attached to medical groups which process and treat detainees and POW's.
2. Based on support requirements for a six (6) brigade tactical force, recommend that medical groups in Vietnam be authorized an additional six SSG's E6, MOS 91B40, for employment as Field Medical Regulators.
3. Recommend that all evacuation and surgical hospitals in Vietnam be authorized a Power Supply PP 2953/U for use with AN/VRC 46 series FM transceivers.
4. Recommend that all hospitals which receive casualties by MEDEVAC helicopter operate an AN/VRC 46 series FM transceiver either in their Receiving and Emergency room or Admissions office.

B. LOGISTICS:

1. That all bus ambulances be standardized in Vietnam.
2. That repair parts manuals be provided to the organic unit, direct support unit and the in-country Inventory Control Center.

C. PREVENTIVE MEDICINE:

1. That command preventive medicine programs, to include organization and utilization of field sanitation teams, be established and supervised by all commanders involved, and that sanitary measures be an item of interest during staff visits to subordinate units.
2. That instruction in area and individual sanitation be stressed in unit training programs.


AVBJ-PO (31 Oct 67) 1st Ind
SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
31 October 1967 (RCS CSFOR-65) (55th Medical Group)

HEADQUARTERS, 44th Medical Brigade, APO 96384 1 December 1967

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

1. The contents of the basic report have been reviewed.
2. The following comments pertaining to the recommendations in Section II, Part II are submitted:
 - a. Reference paragraph A.1. Non-concur. The attachment of a Military Intelligence interrogator to medical groups and the resulting transfer of detainee processing responsibilities to medical groups would detract from the primary mission of patient care.
 - b. Reference paragraph A.2. Non-concur. This unit has utilized attached personnel as Field Medical Regulators because of its mission and distance between medical facilities. However, there is no need to change the basic TOE.
 - c. Reference paragraph A.3. and A.4. Concur. In addition to providing treatment facilities with timely information, MEDEVAC pilots can obtain data not already furnished and last minute changes in destination can be easily verified.
 - d. Reference paragraph B.1. Concur in principle, however, the lead time for procurement must be considered.
 - e. Reference paragraph B.2. Concur. Repair parts manual should be provided to each unit having repair parts on property books.
 - f. Reference paragraphs C.1. and C.2. Concur. Field sanitation teams are required by current regulations.

TEL: LBH 2909/2494


GLENN J. COLLINS
Brigadier General, MC
Commanding

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AVHGC-DST (10 Nov 67) 2d Ind
SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
31 October 1967 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96375 27 DEC 1967

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

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 October 1967 from Headquarters, 55th Medical Group (BHAA) as indorsed.

2. Pertinent comments follow:

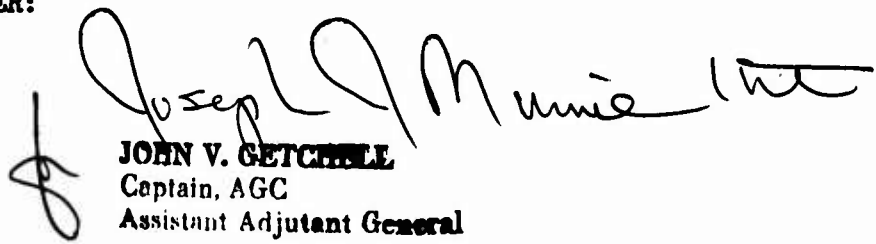
a. Reference item concerning maintenance of bus ambulances, page 9, paragraph B; and page 12, paragraph B: Concur. Action is being initiated by USARV to determine maintenance requirements for all nine of the ambulance buses assigned to the 44th Medical Brigade. In the interim, repair parts may be requisitioned from the Philco-Ford parts warehouse in Saigon. Maintenance beyond organizational capabilities will be provided by TMP's. USAMC will be queried regarding manuals and repair parts lists for this item as soon as positive identification can be obtained from the using organization.

b. Reference item concerning preventive medicine, page 9, paragraph C; and page 12, paragraph C: Concur. A sanitarian (CPT, MSC) is scheduled to report for duty at Headquarters, 55th Medical Group to participate in the preventive medicine program in this group's area of responsibility. Second echelon preventive medicine service in the Qui Nhon - An Khe area is provided by a section of the 20th Preventive Medicine Unit (Service) (Field) and in the Pleiku area by the 3d Medical Detachment (LA). USARV Regulation 40-12 states command policy and commanders' responsibilities for maintaining good health within their commands.

c. Reference item concerning AN/VRC-46 radio, page 12, paragraph A4. Emergency request for 38 radio sets AN/FRC 93 was forwarded to USARPAC, with information furnished to DA. USARPAC confirmed requirement and recommended approval to DA. If approved for issue, these radios will fill the requirement for a radio to be operated in the hospital.

3. A copy of this indorsement will be furnished to the reporting unit through channels.

FOR THE COMMANDER:


JOHN V. GETCHELL
Captain, AGC
Assistant Adjutant General

Copies furn:
HQ, 55th Med Gp
HQ, 44th Med Bde

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GPOP-DT (10 Nov 67) 3d Ind
SUBJECT: Operational Report for the Quarterly Period Ending 31 October
1967 from HQ, 55th Medical Group (UIC: BHAA) (RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 23 FEB 1968

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

This headquarters has evaluated subject report and forwarding
indorsements and concurs in the report as indorsed with the addition of
the following comment:

Reference item concerning preventive medicine, page 9, para C;
page 12, para C; and para 2f, 1st Ind - The requirement that commanders
at all levels discharge their responsibilities with respect to sanitation,
to include the forming of sanitation teams, is well documented in the
40 series regulations. The basic problem lies with the units' failure to
execute their responsibilities.

FOR THE COMMANDER IN CHIEF:

K. F. Osbourn
for K. F. OSBOURN
MAJ, AGC
Asst AG

ASSIGNED UNITS

The following units were assigned to 55th Medical Group at end of report period:

a. BATTALIONS:

70th Medical Battalion
74th Medical Battalion

b. HOSPITALS:

2d Surgical Hospital (Mobile Army)
18th Surgical Hospital (Mobile Army)
67th Evacuation Hospital (Semimobile)
71st Evacuation Hospital (Semimobile)
85th Evacuation Hospital (Semimobile)

c. COMPANIES:

1st Medical Company (Ambulance)
51st Medical Company (Ambulance)
498th Medical Company (Air Ambulance)
542d Medical Company (Clearing)
563d Medical Company (Clearing)
616th Medical Company (Clearing)

d. DETACHMENTS:

14th Medical Detachment (MC) (Dispensary)
48th Medical Detachment (KA) (Surgical)
54th Medical Detachment (RA) (Air Ambulance)
138th Medical Detachment (KE) (Neurosurgical)
139th Medical Detachment (KB) (Orthopedic)
142d Medical Detachment (MA) (Dispensary)
152d Medical Detachment (MA) (Dispensary)
240th Medical Detachment (KF) (Thoracic)
283d Medical Detachment (RA) (Air Ambulance)
435th Medical Detachment (KA) (Surgical)
438th Medical Detachment (RB) (Bus Ambulance)
463d Medical Detachment (KH) (X-Ray)
501st Medical Detachment (NA) (Dispensary)
915th Medical Detachment (KH) (X-Ray)
945th Medical Detachment (KA) (Surgical)

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