

UNCLASSIFIED

AD NUMBER

AD829486

LIMITATION CHANGES

TO:

Approved for public release; distribution is unlimited. Document partially illegible.

FROM:

Distribution authorized to U.S. Gov't. agencies and their contractors; Critical Technology; 07 FEB 1967. Other requests shall be referred to Assistant Chief of Staff for Force Development, Department of the Army, Washington, DC 20310. Document partially illegible. This document contains export-controlled technical data.

AUTHORITY

AGO D/A ltr, 29 Apr 1980

THIS PAGE IS UNCLASSIFIED

THIS REPORT HAS BEEN DELIMITED
AND CLEARED FOR PUBLIC RELEASE
UNDER DOD DIRECTIVE 5200.20 AND
NO RESTRICTIONS ARE IMPOSED UPON
ITS USE AND DISCLOSURE.

DISTRIBUTION STATEMENT A

APPROVED FOR PUBLIC RELEASE;
DISTRIBUTION UNLIMITED.



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

1

IN REPLY REFER TO
AGAM-P (M) (3 May 67) FOR OT

8 May 1967

SUBJECT: Operational Report - Lessons Learned, Headquarters,
67th Evacuation Hospital

TO: SEE DISTRIBUTION

AD829486

1. Forwarded as inclosure as Operational Report - Lessons Learned, Headquarters, 67th Evacuation Hospital for quarterly period ending 31 January 1967. Information contained in this report should be reviewed and evaluated by CDC in accordance with paragraph 6f of AR 1-19 and by CONARC in accordance with paragraph 6c and d of AR 1-19. Evaluations and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter.

2. Information contained in this report is provided to the Commandants of the Service Schools 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

DISTRIBUTION:

- Commanding General
 - US Army Combat Development Command
 - US Continental Army Command
- Commandants
 - US Army Command and General Staff College
 - US Army War College
 - US Army Air Defense School
 - US Army Artillery and Missile School
 - US Army Armor School
 - US Army Chemical Corps School
 - US Army Engineer School
 - US Army Military Police School
 - US Army Infantry School
 - US Army Intelligence School
 - US Army Medical Field Service School

D D C
RECEIVED
APR 8 1968
C

(Continued on page 2)

~~STATEMENT #2 UNCLASSIFIED~~

FOR OT RD
670088

This document is subject to special export controls and each transmittal to foreign government or foreign nationals may be made only with prior approval of Office of Asst Chief of Staff For Force Development (FOR-OT-RD) Wash, D.C. 20310

EC

BLANK PAGE

DISTRIBUTION: (Cont'd)

Commandant

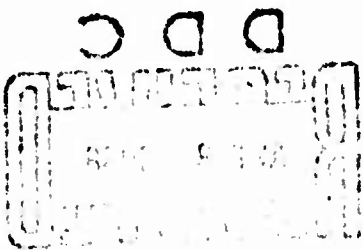
- US Army Ordnance School
- US Army Quartermaster School
- US Army Security Agency School
- US Army Transportation School
- US Army Signal School
- US Army Special Warfare School
- US Army Civil Affairs School

Copies furnished:

Assistant Chief of Staff for Force Development
Research Analysis Corporation (Library)

ADDRESS OF
UNIT
ORG
ORGANIZATION
JUSTIFICATION
BY
DISTRIBUTION AVAILABILITY
SPEC. AVAIL. GROUP S

2		
---	--	--



2
... of ...
... of ...
... also ...

HEADQUARTERS
67TH EVACUATION HOSPITAL
APO 96238

AVCA-MB-GB-EA

7 February 1967

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

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

Commanding Officer
44th Medical Brigade
ATTN: Historian
APO 96307

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

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

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

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

FOR OT RD
670088

SECTION I

SIGNIFICANT EVENTS

A. COMMAND:

1. For the first time since arriving in the Republic of Vietnam the 67th Evacuation Hospital was operational throughout the entire reporting period. Though the main emphasis was on patient care, activities of the unit were concentrated in three areas; providing administrative and logistical support, continued construction of the hospital complex, and the functional operation of the hospital.

2. On 1 November, First Lieutenant Donald E. Rogers, MN2315654, Army Nurse Corps, and First Lieutenant Norbert A. Stingle, 05530782, Medical Service Corps, were promoted to Captain by Colonel Edward O'Dell, 55th Medical Group Commander.

On 2 November, Brigadier General Dalrymple, Director of Installation Logistical Section, Department of the Army, and Colonel Braugher, Commanding Officer, 937th Engineer Group, accompanied by Lieutenant Colonel Holzworth, Hospital Commander, toured the entire hospital complex. They were very much impressed by the fine medical facility.

Brigadier General James A. Weir, Medical Corps, Surgeon United States Army, Vietnam, arrived 3 November accompanied by Colonel Ray L. Miller, Medical Corps, Commanding Officer, 44th Medical Brigade. Major Gaskill, Chief of Professional Services gave them a short briefing and guided them through the facility in the absence of the Hospital Commander.

On 4 November, Colonel Brown, Dental Corps, USARV, Colonel O'Dell, 55th Medical Group and party visited the 67th Evacuation Hospital with direct interest in the Dental Section and it's possible use as the site for the Dental Prosthetics Laboratory to be located in Qui Nhon. No decision was made at this time.

On 5 November, Brigadier General Joe M. Blumberg, Medical Corps, Director Armed Forces Institute of Pathology, Washington, D. C., Colonel A. James French, Chairman, Department of Pathology, University of Michigan, Colonel Ray L. Miller, Medical Corps, Commanding Officer, 44th Medical Brigade, Lieutenant Colonel Pierre A. Finch, Medical Corps, Commanding Officer, 9th Medical Laboratory, and party were briefed by Lieutenant Colonel Holzworth on the Pathology Department and its contribution to the fine patient care of the hospital. They then went on a tour of the hospital. Everyone was highly impressed.

AVCA-MB-G3-EA

7 February 1967

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

On the 5th of November, the 67th Evacuation Hospital entertained thirty one (31) special guests for the dinner meal. The guests, a party of Chaplains from the Qui Nhon area honoring the presence of Chaplain, (Brigadier General) F. L. Sampson, Deputy Chief of Chaplains, Department of the Army. Others present were Colonel J. D. Vanderpool, Deputy Commander, USASC, Qui Nhon, Chaplain (Lieutenant Colonel) C. Day, Lieutenant Colonel W. F. Christian, Chief of Staff, USASC, Qui Nhon, Chaplain, (Lieutenant Colonel) Alfred Miller, Chief of Chaplains, USASC, Qui Nhon, and Chaplain (Captain) S. Sabel, United States Navy.

On 7 November, Lieutenant Colonel Holzworth, Hospital Commander, Lieutenant Colonel Swieter, Hospital Executive Officer, and First Lieutenant Weeks acting Hospital Supply Officer met with Colonel O'Dell, Commanding Officer, 55th Medical Group and party at the 32nd Medical Depot to discuss present hospital shortages. A greater understanding was gained by all concerned.

During the morning of 10 November, General Dunn, from the Construction Directors Office of the Military Assistance Command, visited the hospital. A short briefing was given by Lieutenant Colonel Holzworth and then a tour of the physical plant. In the afternoon of the 10th, Lieutenant Colonel Tierney, Army Nurse Corps, Chief Nurse, USARV, stopped at the hospital to discuss personnel shortages with the Hospital Commander and Chief Nurse.

On 18 November, Colonel Anthony R. Curreri, Medical Corps, USAF, Consultant in Surgery to the Surgeon General of the Army and Professor of Surgery, University of Wisconsin Medical School visited the 67th Evacuation Hospital. Lieutenant Colonel Holzworth, Hospital Commander, gave Colonel Curreri a short briefing and then took him on a tour of the hospital facility. Colonel Curreri participated in general surgery rounds, observed operative procedures and presented a conference on recent advances in cryo-therapy. He was very much impressed by the surgical facilities and the entire surgical staff of the hospital.

At approximately 1230 hours, 21 November, the power of the hospital was cut off due to a short in the circuit. Batteries were removed from vehicles to provide power for operating room lights during the emergency. The Area Engineer was notified immediately and four (4) 100 KW generators were operating within one hour.

On 22 November, the 67th Evacuation Hospital had the honor and privilege of receiving a visit from Lieutenant General Leonard D. Heaton, Medical Corps, The Surgeon General, United States Army, and

7 February 1967

5
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR-65)

Brigadier General William A. Hemrick, Medical Service Corps, Chief of the Medical Service Corps, Office of the Surgeon General, accompanied by Brigadier General James A. Weir, Medical Corps, Surgeon, USA RV, Colonel Ray L. Miller, Medical Corps, Commanding Officer, 44th Medical Brigade, and Colonel Thomas Caito, Medical Service Corps, Executive Officer, 44th Medical Brigade. They were given a short briefing by Lieutenant Colonel Holzworth and a tour of the entire hospital complex. Everyone was highly impressed by the fine medical facility available in Vietnam and the outstanding patient care given by those concerned.

The 24th of November was unique in the annals of the 67th Evacuation Hospital as it honored three of its young officers who received the Holy Sacrament of Matrimony during a double marriage ceremony at the Chapel of Peace, USA SC, Qui Nhon. First Lieutenant Marie Frances Bates and First Lieutenant Robert Thomas Sweeney of the 67th Evacuation Hospital were the first to be wed, with First Lieutenant Catherine Ward, also of the 67th Evacuation Hospital being married to Captain Ronald Francis Crown, Medical Corps, Flight Surgeon, Qui Nhon Army Airfield.

A Command Maintenance Management Inspection was conducted on 24 November with the unit receiving an overall rating of satisfactory. Areas where additional emphasis was needed were brought to the Commander's attention.

First Lieutenant Hershel E. Weeks, O2316320, Medical Service Corps, and First Lieutenant Mary E. Nye, N2316391, Army Nurse Corps were both promoted to Captain on 1 December 1966 by acting 55th Medical Group Commander Lieutenant Colonel Robert H. Holzworth.

On 1 December, the hospital personnel section was attached to the 55th Medical Group. The consolidation of the personnel section at Group level should result in a more equitable distribution of the workload, promote uniformity and increase efficiency in the handling of all personnel actions.

Senator Henry Jackson, United States Senate, State of Washington visited the hospital on 6 December. Lieutenant Colonel Holzworth guided Senator Jackson and his party through the entire hospital complex. He met and talked with fourteen people from the State of Washington and visited with many of the patients.

Representative Lester Wolf, United States Representative, State of New York, visited the 67th Evacuation Hospital on 11 December. He was accompanied by Mr. Francis DeTarr, Foreign Service Officer,

7 February 1967

6

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

American Embassy. They were given a short briefing and then a complete tour of the hospital by the hospital commander.

On 13 December, Lieutenant Colonel Bedford Burry, Medical Corps, Medical Officer Assignment Branch, Office of The Surgeon General of the Army visited the hospital and interviewed all Medical Corps Officers on their future assignments.

On Friday 16 December the 67th Evacuation Hospital held a reception for the Professional Staff from the 6th Evacuation Hospital, Republic of Korea. Lieutenant Colonel Holzworth, Hospital Commander, conducted them on a tour of the new hospital with refreshments being served afterwards. Brigadier General Meyer, Commanding General, USAASC, Qui Nhon was also in attendance.

On 21 December, the 67th Evacuation Hospital and its Nursing Staff welcomed Colonel Mildred I. Clark, Army Nurse Corps, Chief of the Army Nurse Corps, accompanied by Lieutenant Colonel Marian A. Tierney, Army Nurse Corps, Chief Nurse, USARV. Colonel Clark toured the 67th Evacuation Hospital, held personal interviews with assigned Army Nurse Corps officers and conferred with the Hospital Commander and Hospital Chief Nurse concerning nursing service activities.

Major General Byron Steger, Medical Corps, USARPAC Surgeon and party visited the 67th Evacuation Hospital on 8 January. Major Galas, Acting Hospital Commander, gave a short briefing and then took them on a tour of the hospital. General Steger was highly impressed by the entire facility and the fine patient care being given by the hospital staff.

On 24 January First Lieutenant Robert E. Clements, 05533796, Medical Service Corps was promoted to Captain by Lieutenant Colonel Robert H. Holzworth, Hospital Commander.

General W. C. Westmoreland paid a courtesy visit to the 67th Evacuation Hospital on 26 January. Lieutenant Colonel Holzworth welcomed General Westmoreland to the hospital. They then dined in the mess hall and afterwards took a tour of the wards where he talked to the soldiers, gave out a number of Purple Hearts and saluted them for their courage.

On 28 January Colonel Dyer, Corps of Engineers, Headquarters, Department of the Army, Captain Spangler, United States Navy, Civil Engineer, CINCPAC, and Captain Cuning, United States Navy, OICC,

7 February 1967

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

Qui Nhon, visited the hospital. Their main interest was in the structural and technical design of the medical facility. Lieutenant Colonel Holzworth accompanied them through the hospital, of which, they were highly impressed.

Admiral Husband, United States Navy, Commander of the Naval Tactical Engineer Command, Washington, D. C., and Admiral Seufer, United States Navy, OICC, Republic of Vietnam, paid a courtesy call to the hospital on 30 January, 1967 and were taken on a brief tour of the facility by Lieutenant Colonel Holzworth.

Brigadier General George J. Hayes, Medical Corps, United States Army, Director, Professional Services, Office of The Surgeon General and party visited the 67th Evacuation Hospital on 30 January. Lieutenant Colonel Holzworth welcomed them and took them on a tour of the entire hospital. All were highly impressed.

B. PERSONNEL, ADMINISTRATION, MORALE AND DISCIPLINE

1. During the reporting period the personnel status of the unit was satisfactory. Enlisted strength began to rise slightly near the end of the reporting period as replacements for personnel who rotate on or about 17 February began to arrive. Officer strength has steadily increased during the quarter relieving some of the heavy burden placed on the professional staff.

Personnel activities have continually undergone adaptations to meet sectional requirements. Though many replacements have arrived, a continued shortage of qualified personnel in MOS 91D20, 91C20 and 91C40 still remains. It is hoped that these vacancies will be filled prior to 17 February, as shortage of senior enlisted personnel in the MOS's mentioned above would have a detrimental effect on the quality of patient care provided by this facility. Orders have been received on replacements for all officers who will be departing on or about 17 February. Their anticipated date of arrival is 7 February 1967. (See Incl #1 for statistical data during the reporting period)

2. The hospital's safety program has placed emphasis on the control of weapons and orienting drivers to the driving situation as it exists here in the Republic of Vietnam. Strict control of weapons, both TOE authorized and personal weapons, with weekly checks by the Headquarters Unit Commander have insured that the prescribed measures are being carried out and has been a contributing factor in preventing accidents involving weapons during the entire quarter. Orientation of drivers has lowered our accident rate. However, continual emphasis on

7 February 1967

8

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

good driving and actual experience will be the best deterrent in preventing vehicle accidents. The Fire Safety Program has gone into full swing with fire extinguishers and signs being placed throughout the hospital complex. A continuing effort on the part of all individuals within this unit will insure that fire hazards do not go unobserved and that proper actions are taken in the event of an actual fire. A special inspection was conducted on 21 December by representatives from the Qui Nhon Area Fire Station to determine whether the Christmas decorations in the hospital were fire resistant. No major discrepancies were noted.

3. The Savings Bond Program has continued to be very successful. Out of 372 people assigned, 315 people have savings bonds, for 84.6%. Continued effort will be given to encourage the remaining 15.4% to purchase bonds also.

4. The monthly average of Article 15's during the past quarter has dropped to an all time low of three, with only one Summary Court Martial having been given. This low percentage can be attributed to the long hard hours spent on duty, which tend to make the men want to relax and just sleep during off duty time.

5. The morale and efficiency of the unit has continued to be above average during the past quarter. The arrival of replacements for personnel due to rotate has inspired and revitalized the entire unit. These men have relieved some of the heavy burden of routine duties and have cut down the frequency of extra duties.

6. The reenlistment program has been functioning in a highly adequate manner. Of the ten (10) discharges during the quarter, a total of six (6) Enlisted Men have reenlisted. The tax free reenlistment bonus in Vietnam has been a great factor in encouraging reenlistments.

C. INTELLIGENCE AND COUNTERINTELLIGENCE

A Security Inspection was conducted on 26 January by the 524th Military Intelligence Detachment (CI) Qui Nhon. No discrepancies were noted at the time, however, the final written report has not been received. Guidance on all intelligence matters is provided by 55th Medical Group.

D. PLANS, OPERATIONS, TRAINING

1. The 67th Evacuation Hospital was not operating as a complete 400 bed facility at the beginning of the period.

7 February 1967

9

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

The second and third 'H' type buildings were completed on 7 November and 27 November respectively bringing the bed capacity to 388. During this entire period eighty (80) beds, located at the 542nd Medical Company (Clearing) were used by this hospital for convalescent patients. Effective 1 January 1967 the beds at the 542nd Medical Company (Clearing) were deleted from out bed capacity; and additional beds were added to those in the 67th Evacuation Hospital compound to make a total of 400 beds available for use. There are also fifteen (15) beds and (6) litter spaces available in the pre-operative ward, which are not included in the bed capacity total. See Incl #2 for Admission and Disposition figures during the period 1 November 1966 to 31 January 1967.

2. The hospital mess continued as a transient mess but showed a slight decrease in the number of transient people being fed. At the present time the hospital mess is feeding approximately 1,800 persons per day or approximately 165,000 for the reporting period. Due to efficient management the mess section continued their main function of Diet Therapy and Ward Service in addition to operating as a transient mess in an outstanding manner.

3. An education and training program has been initiated during the period providing two (2) one hour classes each week. These classes tend to keep the personnel abreast of all situations and happenings within the command, while also providing refresher courses in required areas.

E. LOGISTICS

The present physical plant of the hospital consists of ten (10) permanent buildings, eight (8) double and two (2) single quonset huts, and three (3) hootch type buildings with the completion of the second and third 'H' type buildings, two single quonset huts, the morgue, and one of four enlisted barracks during the past quarter. Upon completion of the entire hospital complex, it will consist of ten (10) permanent buildings, ten (10) hootch type buildings, eight (8) double and two (2) single quonset huts.

Projects yet to be completed are; mail room, barber shop, WQQ, BOQ, three enlisted barracks and laundry. New plans are presently being formulated for the WQQ and BOQ by the 84th Engineers and the 45th Engineer Group. (See Incl #3 for site diagram)

8

PRECEDING
PAGE BLANK

SECTION II, PART I

OBSERVATIONS (LESSONS LEARNED)

A. PERSONNEL, ADMINISTRATION, MORALE AND DISCIPLINE

ITEM: Deletion of MTOE Army Nurse Corps spaces, MOS 3443 (Operating Room Nurses), and substitution of Operating Room Specialists, MOS 91D20.

DISCUSSION: Considering the type of war surgery being performed, it is necessary that an operating room nurse be available at all times. Since the 67th Evacuation Hospital has been authorized only one OR Nurse, this coverage is impossible. The OR Technicians who have been assigned in lieu of OR Nurses do not have the training or the experience for decision making in the operating room.

OBSERVATION: One OR Nurse cannot give round-the-clock coverage without a drastic reduction in her efficiency. An MTOE will be submitted as soon as adequate statistics are available to support our request.

B. PLANS OPERATIONS AND TRAINING

ITEM: A very critical problem is that of poor communications between ~~this~~ this medical facility and the Far East Joint Medical Regulating Officer in Saigon.

DISCUSSION: Medical regulating is based on prompt, efficient communications between this medical facility and the Far East Joint Medical Regulating Officer in Saigon. At times, this can be so critical as to mean the difference between life and/or limb. This lack of sound communications between the medical facility and Saigon has caused over 90% of these phone calls to be made at night or early morning when connections can be made. This in itself may not cause much concern but, since many very seriously ill patients, seriously ill patients, and deaths occur during the daytime as well as in the evening, good communications must be available 24 hours a day. This, however, is not the case; notification of FEJMRHO is sometimes held up as long as 16 hours before minimal communications are available.

OBSERVATION: Good communications has become a very essential part of any efficient operation. The necessity of reporting the condition of the patient accurately and of mentioning any changes in his condition, plus the moving of a patient from one medical facility to another is very important, not only to the individual, but to his family, his unit, and to the United States Army. The establishment of a teletype or single band radio net for the Medical Brigade and their subordinate units would meet these needs.

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

C. LOGISTICS

1. ITEM: Dust and noise from the airfield have become more and more of a problem in trying to provide good patient care in the hospital.

DISCUSSION: Because of the proximity of the 67th Evacuation Hospital to the Qui Nhon Airfield, dust and noise have become very prevalent problems hindering good care and comfort for the patients. The continuous movement of air traffic has caused this problem to reach a point where it is not only disturbing to the patients and professional staff but in some instances has completely prevented medical care from being given.

OBSERVATION: The dust, though always present, has been contained to some extent; the area around the hospital has been sodded and the roadways surrounding the hospital have been covered with oil preparatory to paving. As soon as technical data has been compiled a request to completely seal and air-condition the hospital will be submitted. It is hoped that these measures will be sufficient to reduce the noise and eliminate the dust inside the hospital. In the event these measures are unsuccessful, a request to construct a permanent sound baffle next to the airfield will be submitted.

2. ITEM: The water supply to the hospital although adequate in quantity, is still non-potable.

DISCUSSION: On 2 October 1966 the first of two wells became operational. After the well was functioning for one week, samples were taken by 20th Preventive Medicine team and forwarded to Saigon for analysis and required treatment. The second well became operational on 3 November 1966 and a similar sample was forwarded approximately a week later. On 16 November 1966, an Engineering Services Survey was conducted as requested by Brigadier General Weir, USARV Surgeon. The survey pointed out that potable water (4000 gal per day) is trucked to the hospital from the 85th Evacuation Hospital water point. The water truck fills 5 gallon water cans used by each of the hospital buildings on an as-needed basis. The water cans must be filled several times each day.

OBSERVATION: On 28 November 1966 we received the following minimum treatment requirements for production of potable water:

13

AVCA-MB-GB-EA

7 February 1967

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

a. Filtration is required to remove sediment, color, and turbidity. These wells are considered shallow, and the possibility of ground water contamination with disease causing organisms from surface sources still exists. Amoebic Dysentary is a disease prevalent in Vietnam and is transmitted by contaminated water. The only effective means of removing cysts of *Entamoeba Histolytica* from water is by diatomite filtration. Therefore diatomite filtration will be required at this water point.

b. Disinfection by chlorination must be sufficient to provide a minimum free available chlorine (FAC) residual of 5.0 ppm after a 30 minute period. It was recommended that chlorination be accomplished prior to filtration so that iron salts precipitated by the addition of chlorine will be removed. As of the end of this reporting period, work has begun on the design of a suitable filtration system, but no word has been received as to the expected date of construction.

SECTION II, PART II

RECOMMENDATIONS

1. That Evacuation Hospitals in the combat zone have a minimum of three (3) operating room nurses assigned in order to allow 24 hour coverage.
2. That a teletype system, or a single side band radio set for efficient casualty reporting be installed between the units of the 44th Medical Brigade.
3. That all of the principal buildings of the 67th Evacuation Hospital be air-conditioned, and not merely a few of the buildings.
4. That a diatomaceous filtration system be installed as soon as possible for potable water supply.

3 Incl

1. Strength Figures
2. AAD Figures
3. Site Diagram

Robert H. Holzworth
ROBERT H. HOLZWORTH
LTC, MC
Commanding

BLANK PAGE

15

AVCA-EB-GB-C (7 February 1967) 1st Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR-65)

Headquarters, 55th Medical Group, APO 96238, 9 February 1967

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

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

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

Commander-in-Chief, United States Army, Pacific, ATTN: GPOP-1H,
APO 96558

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

1. This headquarters concurs in the observations and recommendations contained in the basic report submitted by the Commanding Officer, 67th Evacuation Hospital.

2. The 67th Evacuation Hospital does not have any units assigned, attached, or under its operational control as of 31 January 1967.



ROBERT L. HALL
Lieutenant Colonel, MC
Commanding

TEL: QM 679

12

AVCA-ME-PO (7 Feb 67)

2nd Ind

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR-65) (67th Evac Hosp)

16

HEADQUARTERS, 44th Medical Brigade, APO 96307, 27 February 1967

TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-O,
APO 96307

1. This headquarters concurs in the observations and recommendations of the basic report and the following comments are submitted.

2. Reference to Section II, Part IA, and Section II, Part II, paragraph 1 - this item refers to GO 28, Headquarters, Fifth Army dated 4 February 1967 whereby 8 spaces for Operating Room Nurses (MOS 3443) were deleted and 8 spaces for Operating Room Specialist (MOS 91D20) were substituted. This headquarters concurs in the recommendation that evacuation hospitals in the combat zone should have a minimum of three (3) operating room nurses.

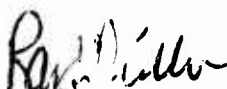
3. Reference to Section II, Part IB, and Section II, Part II, paragraph 2 - this headquarters does not concur that a teletype or single band radio net is needed for all subordinate units. A single band radio net for medical group headquarters and 44th Medical Brigade has already been established and operates on a 24-hours basis. When necessary or deemed important, subordinate units may transmit information via their medical group.

4. Reference to Section II, Part IC, paragraph 1 and Section II, Part II, paragraph 3 - unit has been informed that MACV criteria designates which areas will be air conditioned in hospitals. Additional air conditioning must be requested, approved by USARV, and programmed on a future FY Budget.

5. Reference to Section II, Part IC, paragraph 2, and Section II, Part II, paragraph 4 - US Navy OICC (Officer in Charge of Construction) is still unknown at this time.

Lynx 382

1 Incl
CHLL (dup)


RAY L. MILLER
Colonel, MC
Commanding

17

AVCA GO-0 (7 Feb 67) 3d Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 January
1967 (RCS CSFOR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 23 MAR 1967

TO: Deputy Commanding General, United States Army Vietnam, ATTN:
AVHGC-DH, APO 96307

1. The Operational Report - Lessons Learned submitted by the 67th Evacuation Hospital for the quarterly period ending 31 January 1967 is forwarded herewith.

2. Reference paragraph C2, page 9: OICC designed the existing system which consists of wells, hypochlorination, overhead storage, and distribution facilities. However, because of the excessive iron content of the water, it was declared non-potable by USARV Surgeon. Since the directive to the OICC stated a requirement for a potable system, transfer of the existing facilities has not been executed. OICC has designed a treatment plant for iron removal, which will include aeration, settling, and filtration. This design was reviewed by USARV Sanitary Engineer, who recommended changes in the design on 2 March 1967. Design and USARV recommendations have been reviewed by 1st Logistical Command Sanitary Engineer and found to be adequate both in quantitative and qualitative aspects. The construction of this plant will solve the problem of rendering the hospital's water potable.

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

FOR THE COMMANDER:

Freddie E. Bodeg

Freddie E. Bodeg
Cpt, AGC
Asst Adjutant General

TEL: Lynx 430/782

3 Incl
nc

14

AVHGC-DH (7 Feb 67) 4th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967 (RCS CSFOR-65)

18

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307 9 APR 1967

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOF-OT
INFO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 January 1967 from Headquarters, 67th Evacuation Hospital as indorsed.

2. Pertinent comments follow:

a. Reference Paragraph E1, Section I, Page 5, Concerning Shortages of Enlisted Personnel: A check with Headquarters, 1st Logistical Command on 30 March 1967 revealed that the problem of enlisted shortages had been alleviated by reassigning personnel to the 67th Evacuation Hospital from other units in the 55th Medical Group.

b. Reference Paragraph 1, Part II, Section II, Page 10, Concerning the Need For Additional Nurses: Action planned by unit, as outlined in Paragraph A, Part I, Section II, Page 8, is considered appropriate.

c. Reference Paragraph 2, Part II, Section II, Page 10, and Paragraph 3, 2d Indorsement, Concerning Additional Communications Equipment: Concur with the comment of 44th Medical Brigade in 2d Indorsement.

d. Reference Paragraph 3, Part II, Section II, Page 10, and Paragraph 4, 2d Indorsement, Concerning Air Conditioning: Concur with procedures suggested by 44th Medical Brigade in 2d Indorsement.

e. Reference Paragraph 4, Part II, Section II, Page 10, and Paragraph 2, 3d Indorsement, Concerning Water Supply: Concur with comments of 1st Logistical Command in 3d Indorsement.

FOR THE COMMANDER:

STANLEY E. SCHULTS
Major, AGC
Asst Adjutant General

3 Incl
nc

15

19

GPOP-OT (7 Feb 67) 5th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967 (RCS CSFOR-65) - 67th Evacuation Hosp

HQ, US ARMY, PACIFIC, APO San Francisco 96558 27 APR 1967

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

1. This headquarters concurs in the basic report as indorsed
except as noted below.

2. Reference paragraph A, Part I, Section II and paragraph 2,
2nd indorsement. USARV was vouchered the full Army Nurse Corps
(ANC) authorization of this unit by change 1 to USARPAC Manpower
Voucher PAC 3, FY66. The Surgeon General's message, DA 810036,
DTG 131642Z Apr 67, reaffirmed the full ANC authorization and
requested USARV to submit the appropriate MTOE through USARPAC to
restore the ANC positions and delete 8 EM positions.

FOR THE COMMANDER IN CHIEF:

3 Incl
nc



H. SNYDER
CPT, AGC
Asst AG

STRENGTH FIGURES

21

1. Authorized Strength as of 1 November 1966:

<u>Officer</u>	<u>WO</u>	<u>EM</u>
90	1	222

2. Assigned Strength as of 1 November 1966:

<u>Officer</u>	<u>WO</u>	<u>EM</u>
84	1	220

3. Authorized Strength as of 31 January 1967:

<u>Officer</u>	<u>WO</u>	<u>EM</u>
90	1	222

4. Assigned Strength as of 31 January 1967:

<u>Officer</u>	<u>WO</u>	<u>EM</u>
105	1	294

5. Appointment Allocations grades E4 & E5:

a. Received:	<u>NOV</u>	<u>DEC</u>	<u>JAN</u>
E4	7	0	5
E5	3	0	3

b. Two E5 allocations in January were returned due to no eligible and qualified people available in the command.

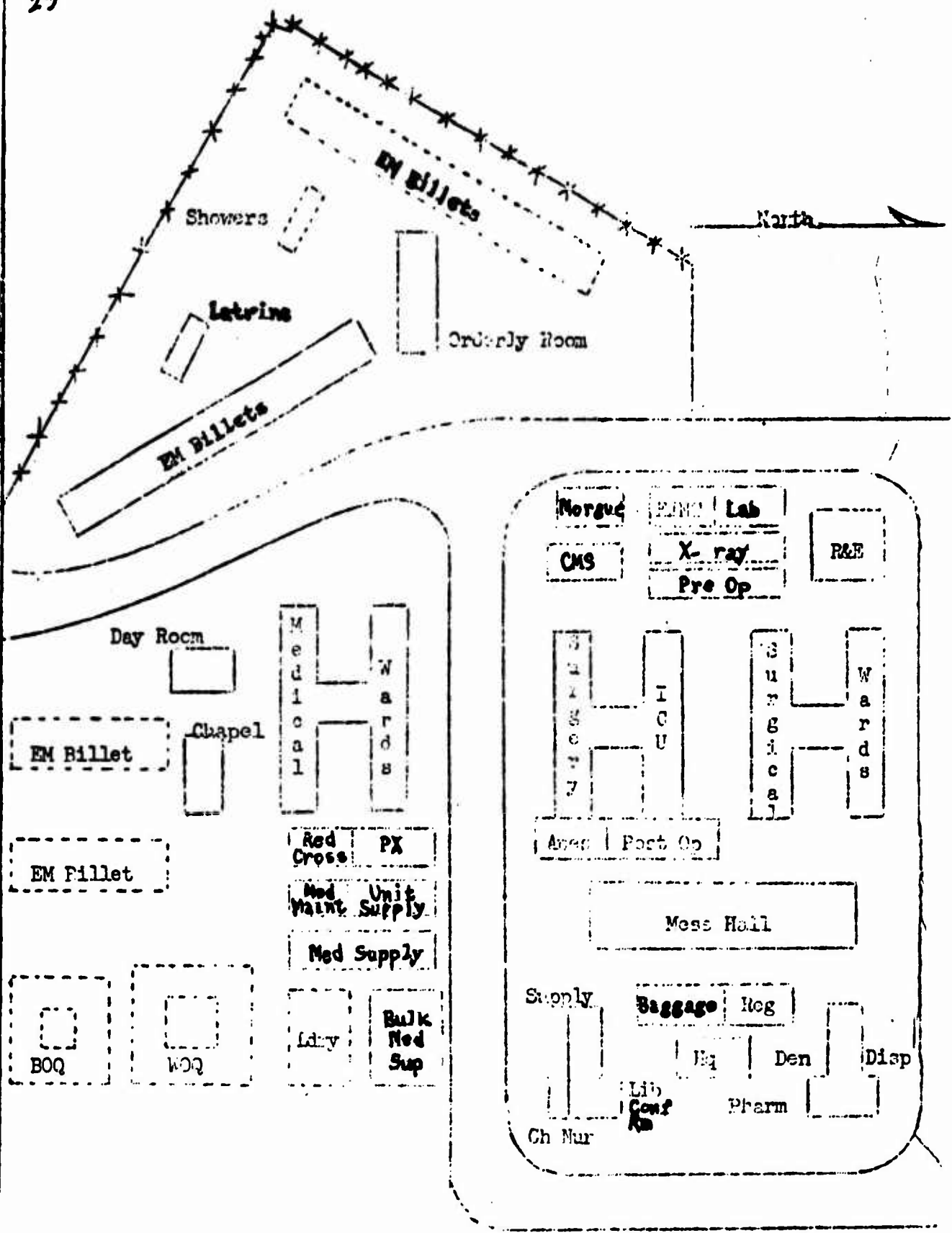
6. Appointments for grade E6 are made by Commanding Officer, 55th Medical Group, APO 96238.

7. Appointments for grade E7 thru E9 are made by Commanding Officer, 44th Medical Brigade, APO 96207.

23

ADMISSION & DISPOSITION FIGURES (1 Nov 66 - 31 Jan 67)

Admissions	2836
IRHA	513
Malaria	507
Other	1816
Dispositions	2691
Duty	1374
In-country	512
Out-of-country	697
Other	108
Hospital deaths	9
Average length of patient stay	6 days



Incl #3