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AUTHORITY

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) (13 Jun 67) FOR OT

22 June 1967

AD 829488

SUBJECT: Operational Report - Lessons Learned, 36th Evacuation Hospital (SMBL)

NOTE: SEE DISTRIBUTION

1. Forwarded as inclosure is Operational Report - Lessons Learned, 36th Evacuation Hospital (SMBL) 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

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as

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STATEMENT #2 UNCLASSIFIED

(Continued on page 2)

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DEPARTMENT OF THE ARMY
36TH EVACUATION HOSPITAL (SMBL)
APO 96291

AVCA MB-GD-EA

10 February 1967

SUBJECT: Operational Report for Quarterly Period Ending
31 January 1967, RCS CSFOR65

THRU: Commanding Officer
68th Medical Group
APO 96491

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

SECTION I

Significant Organizational Activities

A. COMMAND:

1. The 36th Evacuation Hospital engaged in Medical Combat support operations for ~~120~~⁹² days of the reporting period.
2. LTC Paul E. Siebert became the Commanding Officer of the hospital when LTC James J. DuBois was transferred to the 68th Medical Group on 27 January 1967.
3. The following distinguished persons visited the hospital this quarter:

COL Lielam, Hq, USARV
John E. Davis, National Commander American Legion
COL Milest, Army Ha, Canberra (Australian)
COL Mildred Clark, Chief, ANC, Washington D.C.
MG Bryon Steger, Chief Surgeon, Hq, USARPAC
BG James Wier, Hq, USARV
COL Ray L. Miller, 44th Medical Brigade
COL Charles Wolf, Hq, USARPAC
COL George Woodsworth, Hq, 1st Log Comd IG
COL Edward O'Dell, Hq, 44th Medical Brigade

FOR OTRO
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10 February 1967

SUBJECT: Operational Report for Quarterly Period Ending
31 January 1967, RCS CSFOR65

BG George Hayes, OTSG
BG John R. Deane Jr, 173rd Abn Bde
COL R.W. Blohm, Hq, USARV
COL Paul A. Troup, Hq, 1st Log Comd
Larry Wilson, St Louis Cardinals
Don Meredith, Dallas Cowboys
Dick Bass, Los Angeles Rams
Congresswoman, Mrs. Albert Thomas, Houston, Texas

B. PERSONNEL, ADMINISTRATION, MORALE, AND DISCIPLINE:

1. In the months of February and March, the hospital will undergo a large turnover in personnel. In February 123 Officers and Enlisted Men will be rotating and in March 45 Officers and 13 Enlisted men will rotate.

2. The TO&E for personnel of the anesthesia department calls for two anesthesiologists and five nurse anesthetists. At present, the department has only two nurse anesthetists, two anesthesiologists, and one MD, OJT. The maximum number of tables that can be operated with complete control by the present personnel is only four.

3. The Medical Service professional personnel has increased by three newly assigned medical officers during this quarter. They are one 3100 and two C3139 officers. These are part of the replacements as there will be six medical officers from this service rotating to CONUS in the next quarter.

4. The Annual General Inspection of the hospital was conducted on 17 and 18 January. The morale and discipline was found to be "excellent."

C. INTELLIGENCE AND COUNTERINTELLIGENCE:

1. The hospital conducted no intelligence or counter-intelligence operations during this quarter.

D. PLANS, OPERATIONS, TRAINING:

1. Training is conducted throughout the hospital by the individual sections and the unit Detachment.

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2. A Professional Staff Conference has been held monthly this quarter as reported in the previous quarter. A formal paper is presented dealing with surgical topics, with special attention to conditions prevalent in Vietnam. A weekly Surgical Journal Club is also held in which junior staff members summarize pertinent recent journal articles, and senior staff members guide the discussion.

3. The Nursing Service has a continuous orientation and education program for both professional and non-professional personnel.

4. A Medical Library has been established. A Vietnamese librarian has been hired and trained in basic library management.

E. LOGISTICS:

1. The hospital has received several of its allocated items designated in the Hospital Equipment Program for RVN, in addition to non-expendable items requested on USARV Form 12. Examples are: Anesthesia Set Endotracheal, Anesthesia apparatus, Electrocardiograph, Balkan Frames, Orthopedic Table, Foster Beds, hospital adjustable beds, Electrocardiscope, Bennett respirators, Defibrillator, flame photometer, Encore Units, Dental light, and dental operating units.

2. Major items yet to be received include: Slit Light, Ophthalmological Thorpe, Projector Ophthalmological Acuity Test, and retinoscope, Copland Cord Type. The requests for these items were forwarded to the Depot on 24 June 1966.

3. Availability of Medical expendable supplies is considered adequate in view of the overall supply situation. Continuous improvement is expected in this area.

4. Transportation of Medical supplies continues to present a problem. Supplies must be transported from Saigon either by air or boat. On many occasions, supplies have been "bumped off" for higher priority cargo and the supplies have had to be returned to the Medical Depot, to await transportation at a later date.

5. During the Hospital's Annual General Inspection few major deficiencies were noted in the Supply & Service Division. The vehicles in the Unit has an average deficiency of 0.82 per

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vehicle. A member of the inspector general's staff commented that this was an exceptionally low figure.

6. The hospital's safety program has proven to be very effective. As of this date, the hospital has had 146 accident free days.

7. The laundry continues to average approximately 42,000 pieces of linen per month. Laundry service is provided to the hospital and unit personnel, the 345th Medical Detachment (MA) and unit personnel, the 20th Preventive Medicine Detachment unit personnel, and 2d Field Ambulance unit (Australian).

8. During this quarter the laboratory had a full complement of equipment called for by the TO&E. As a result, most diagnostic work required by the hospital's physicians was done at the hospital. The decrease in work that had to be sent to Saigon resulted in more rapid information on the condition of patients. During the quarter, a flame photometer was received but has not been put into operation because of difficulties in installation and supply.

9. A major difficulty has been the continuing lack of steady flow of supplies. At various times the laboratory has been out of the materials necessary for bacteriology, for certain chemical tests, and even microscopic slides have been exhausted before additional stocks were received. Both the 9th Medical Lab and the 406th Mobile Lab have been of great help; both have rapidly performed tests that could not be done in this laboratory and, in addition, both have supplied materials not available through regular supply channels.

10. During this reporting period, X-ray added two new driers to the department. Each of the driers can dry 30 X-ray films at one time. The anesthesia department was able to obtain an electrodyne DC defibrillator.

11. The Food service branch continued to expand its service to the hospital. Ice, bread, and fresh vegetables have been made available, in daily deliveries, to the patients and troops. The mess has received numerous pieces of equipment, such as; an electric coffee urn, 36 dining room chairs, an electric slicing machine, one prefab 600 cu ft walk in type refrigerator, a gas toaster, 7 four slice toasters for use on the wards, one electric water cooler, and one bottle type water cooler. New screens were installed and the storage area was repainted.

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F. MEDICAL SERVICE:

1. During the past three months there was a total of five hundred and seven medical admissions. Of the 507 admissions, 214 were diagnosed as malaria. There has been one additional case of Falciparum Malaria in US personnel from Vung Tau making a total of two cases of malaria in Vung Tau in the past 12 months.

2. The fevers of undetermined origin still represent a large number of our admissions. There were a total of one hundred eighteen in this period. There have usually been self-limiting, lasting 5 to 7 days and not accompanied by skin rashes. The treatment has been symptomatic. We are extremely handicapped for clinical investigations because of the lack of adequate laboratory support with reference to bacteriology, serology, and virology.

3. The Gastroenteritides were another large group accounting for 60 admissions. There were mild and uncomplicated cases with an average hospital stay of 3 to 6 weeks.

G. SURGICAL SERVICE:

1. A significant improvement in surgical ward appearance and cooling has been achieved by the completion of exterior painting of wards and operative suites reflective white. Ward personnel have completed self-help construction of storage rooms on each surgical ward, adding to the neatness and efficiency of each ward.

2. In late January the operating suite acquired a new Champagne Major Operating Table, which will replace one field operating table. This will facilitate certain major operative procedures and is a welcome addition.

3. The intensive care and Recovery Ward now has 27 adjustable beds, which has materially reduced nursing effort and enhanced patient comfort. With the present four Balkan frames, with major combined orthopedic and thoracoabdominal wounds receive ideal care.

4. In the past quarter, the majority of surgical IRHA patients received have been transfers from other Surgical and Evac Hospitals, rather than fresh casualties. Because of the nature of these patients, the return-to-duty percentage has been quite high. Over 60% of IRHA category patients

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31 January 1967 RCS CSFOR65

have been returned to duty and over 80% of surgical
disease injury patients have been returned to dut.

SECTION II, PART I

OBSERVATIONS (LESSONS LEARNED)

A. PERSONNEL:

1. Item: Medical Service Account

Discussion: This facility was directed to establish a MSA, effective 1 October 1966 per letter, Hq, 44th Med Bde, AVCA MB-PO, dated 23 Aug 66. This branch was confronted with the problem of training personnel to administer the MSA as the hospital TO&E did not provide for this category of personnel.

Observation: It is imperative that individuals assigned as MSA Ledger Clerks have a good working knowledge of this duty position and that they are properly supervised.

B. OPERATIONS:

1. Item: Evacuation of Patients in Bivalved Spica Cast

Discussion; Physicians in Vietnam have been laudably warned in accordance with the NATO handbook, and USARV Regulations, casts must be split prior to evacuation. Unfortunately, in the case of hip spica casts, this has been overdone. This hospital has received several patients recently in hip spica plasters which have been BIVALVED, broken, completely non-fitting, and completely without fracture immobilization. Patients have had a most uncomfortable trip, even though only for an hour or so. It is foreseen that if these patients had been evacuated out of country, that they would have been extremely distressed. It is stressed, therefore, that hip spicas, (and most other plasters as well) be MONOVALVED, not BIVALVED. It is also recommended that the cast splitting reach only to mid thigh, if higher, the cast is almost sure to break (applies to hip spica only).

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Observation: Hip spica plasters should not be bivalved prior to patient evacuation. This almost inevitably results in complete loss of immobilization.

2. Item: Patients' Trust Fund

Discussion: The facilities available at this hospital for the proper safeguarding of patients' valuables was completely inadequate for the patient load. To solve this problem a work order was submitted for the construction of a concrete wall safe (vault) 6' x 3' x 7' and the installation of security wire on the windows and door to the cashiers' cage and vault area. This work request was completed on or about 20 December 1966. The construction of the vault has now afforded the facility the adequate means to safeguard all patients' valuables.

Observation: In order to safeguard patients valuables a secure area, separate from the rest of the patient admission and disposition must be constructed.

C. LOGISTICS:

1. Item: Vitalometer FSN 6520-656-1024

Discussion: It has been found that since this item is quite fragile it has on numerous occasions broken. Incapacitation of such equipment has resulted in many inconveniences in the dental care given. It has been found that no instructions for disassembly of Vitalometer come with the item and this has greatly hampered the medical maintenance men in repairing such item.

Observation: Instructions for disassembly should be included.

2. Item: Use of locally filled Compressed Air tanks

Discussion: Prior to December 1966 all inhalational therapy performed at the 36th Evacuation Hospital was through the Bennett respirator powered by medical oxygen from the standard 1650 gallon 2200 PSI tanks. Each tank weighs 148 lbs and costs \$42. Shipment of tanks to Vung Tau from Saigon was either by air or barge. Normal monthly usage was 22 tanks per month, over a six month period. It is noted that in standard anesthesia machines, flows of oxygen are 1½ to 2 liters/min while the Bennett machine expends gas at the high rate of 15 to 20 liters/min, with a 6 hour life to each tank.

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SUBJECT: Operational Report for Quarterly Period ending
31 January 1967 RCS CSFOR65

The handling and storage of medical oxygen therefore became a problem of some magnitude. On a number of occasions, medical oxygen was in short supply, necessitating curtailment of inhalational therapy, to maintain emergency supply of oxygen for the anesthesia service to perform its mission.

This problem was solved by obtaining the use of an air compressor from Post Engineers which delivers 1900 PSI of clean compressed air to a standard 1,650 gallon tank. Our unit now has the unlimited ability of function of the Bennett Respirator for extended periods of time, when specific use of oxygen is not indicated. Four 1,650 gallon tanks have been painted black in accordance with standard color coding and are refilled as needed, markedly reducing storage and handling problems.

For the period ending January 1967 nine compressed air tanks have been used representing a savings of 1,322 pounds shipping from Saigon to Vung Tau and a total overall round trip weight of nearly double that amount. Savings to the Government at \$42/unit is \$378, not including shipping costs.

Observation: Compressed air locally obtained, rather than medical oxygen, for inhalation therapy, unless contraindicated by the patient's medical condition may be used. This will result in a significant saving of money and valuable cargo space on aircraft.

SECTION II, PART II

RECOMMENDATIONS

A. PERSONNEL:

1. Item: Medical Equipment Repairman.

Discussion: This unit operates under authority of TO&E 8-581E which authorizes one Medical Equipment Repairman (MOS 35G20) at the present time, two (2) Medical Equipment Repairmen (MOS 35Q20) are assigned. A short course graduate is not fully qualified to perform all of the necessary maintenance on the modern equipment which this hospital is receiving.

Recommendation: That two (2) medical equipment Repairmen be authorized for an Evacuation Hospital, one

10 February 1967

9 long course graduate and one short course graduate.

B. LOGISTICS:

1. Item: Marking of H type Oxygen Cylinders

Discussion: During the month of January there was one case of transitory arterial hypoxia during anesthesia when an H type oxygen cylinder was suspected (not proved) of containing compressed air.

Recommendations: It is recommended that all oxygen cylinders be dated when filled and initialed by the filling authority.

2. Item: Hot water heaters

Discussion: The presently installed hot water heater is inoperative. When in operation this system does not supply sufficient hot water at the proper temperature. The work load of the mess causes continuous operation of the heating element resulting in the element burning out in a very short period of time. This is a fuel oil fired electrically controlled heating unit. Engineers have been requested to re-evaluate the system.

Recommendations: Recommend that the engineers install a larger adequate hot water system that will supply sufficient hot water at the proper temperatures of 180° or above.



PAUL E. SIEBERT
LTC, MC
Commanding

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AVCA MB-99-PO (10 Feb 67) 1st Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 Jan 67 MAR 8 1967
(RCS CSFOR-65) (36th Evacuation Hospital)

HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491

TO: Commanding Officer, 44th Medical Brigade, APO 96307


1. Section I, A1. Correction. The 36th Evacuation Hospital engaged in support operations for ninety-two (92) days of the reporting period.

2. Section IB. Action is in progress to obtain necessary replacements. The Chief Nurse, USARV, allocates ANC replacements. Other replacements will be provided as they become available.

3. Reference Section I, E2. The unit has been advised that the 1st Plt, 32d Medical Depot has no record of these requests and that re-ordering is necessary.

4. Reference Section II, Part I, B1. A check with the 1st Advance Plt, 32d Medical Depot revealed that full oxygen cylinders being received have a rose colored tag attached to the valve, under the valve protection cap.

TEL: Long-Binh 3326


CHARLES C PIXLEY
Colonel, Medical Corps
Commanding

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AVCA-MB-PO (10 Feb 67) 2nd Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1967 (RCS CSFOR-65) (36th Evac Hosp)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 24 February 1967


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

1. With the exception of paragraph E9, Section I, this headquarters concurs with the comments, observations, and recommendations of the basic report as modified by the previous indorsement.

2. Reference to Section I, paragraph E9 - this headquarters does not concur in the statement that there has been a continuing lack of steady flow of supplies. There is no record of this unit requesting follow-up action on any specific item. All units have been informed that this headquarters will initiate follow-up action on any requisition, if unit will furnish named items, requisition number, and date of submission.

Lynx 382

1 Incl
ORLL (dup)


RAY L. MILLER
Colonel, MC
Commanding

087-2680

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AVCA GO-O (10 Feb 67) 3d Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 January
1967 (RCS CSFOR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 26 MAR 1967

TO: Deputy Commanding General, United States Army, Vietnam, APO 96307

1. The Operational Report - Lessons Learned submitted by the 36th Evacuation Hospital for the quarterly period ending 31 January 1967 is forwarded herewith.

2. Reference paragraph B2, page 9: The hot water heater in the mess hall has been repaired. This headquarters has requested the Vung Tau Sub-Area Engineer to evaluate the present hot water heating system, and if inadequate, to prepare a project for the installation of an adequate system.

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

FOR THE COMMANDER:

TEL: Lynx 430/782

f. e. Boeing
Franklin E. Boeing
Cpt, AGC
Asst Adjutant General

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AVHGC-DH (10 Feb 67) 4th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307 8 MAY 1967

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

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 January 1967 from Headquarters, 36th Evacuation Hospital as indorsed.

2. Pertinent comments follow:

a. Reference Paragraph B1, Pages 6 and 7, concerning bi-valved spica casts: Concur with recommendation only as it applies to hip spicas. The phrase "and most other plasters as well" should be deleted. Generalizations if accepted at face value could result in surgical mismanagement.

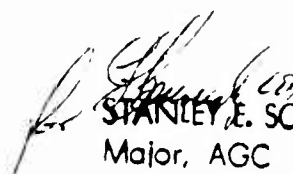
b. Reference Paragraph C1, Page 7, concerning instructions for assembly and disassembly of vitalometers: This headquarters has advised the unit to contact the 1st Advance Platoon, 32d Medical Depot, for required instructions and manufacturer's data. Depot is cognizant of unit's problem and will provide assistance as needed.

c. Reference Paragraph A1, Pages 8 and 9, concerning the need for additional medical equipment repairmen: The appropriate procedure to request permanent augmentation to current authorization is by submission of MTOE in accordance with USARV Regulation 310-31. As the current DA policy necessitates space for space adjustments, all elements of each level of command should be screened for less essential trade-off spaces. Identification of such spaces and recommendations for their trade off for this requirement should be included in the MTOE submission.

d. Reference Paragraphs B1 and B2, Page 9; Paragraph 4, 1st Indorsement; and Paragraph 2, 3d Indorsement, concerning oxygen cylinders and water heaters: Concur with comments of indorsing headquarters.

e. Reference Paragraph F3, Page 5, concerning gastroenteritides: The duration of hospitalization for these patients is three to six days, rather than three to six weeks, as stated in the basic report.

FOR THE COMMANDER:


STANLEY E. SCHULTS

Major, AGC

Asst Adjutant General

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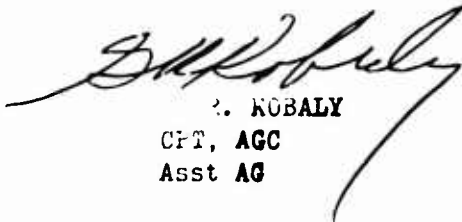
GPOP-OT (10 Feb 67) 5th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 January 1967, RCS CSFOR-65 - Hq 36th Evac Hosp (SMBL)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 8 JUN 1967

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

This headquarters concurs in the basic report as indorsed.

FOR THE COMMANDER IN CHIEF:



P. KOBALY
CPT, AGC
Asst AG