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IN REPLY REFER TO

AGAM-P (M) (12 Oct 67) FOR OT RD-670317

23 October 1967

SUBJECT: Operational Report - Lessons Learned, Headquarters,
61st Medical Battalion

TO: SEE DISTRIBUTION

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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.

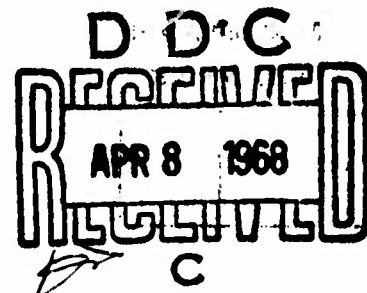
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C. A. Stanfiel
C. A. STANFIEL
Colonel, AGC
Acting The Adjutant General

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 61ST MEDICAL BATTALION
APO 96312

AVCA-MB-1A-MB-OI

1 May 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 30 April 1967 (RCS CS FOR - 65)

THRU: Commanding Officer
43d Medical Group
APO 96240

Commanding Officer
44th Medical Brigade
ATTN: AVCA-MB-PO
APO 96207

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

The OPERATIONAL REPORT - LESSONS LEARNED of this headquarters for the quarterly period ending 30 April 1967 is forwarded in accordance with Army Regulation 1-19 and LC Regulation 870-3.

Robert W. Irvin Jr.
ROBERT W. IRVIN JR.
Colonel, MC
Commanding

1 Incl
as

FOR OT RD File
670317

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SECTION I
SIGNIFICANT ORGANIZATION ACTIVITIES

AVCA-MB-01 MB-01

1 May 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 30 April 1967 (RCS CS FOR - 65)

A. During the reporting period, this headquarters accomplished its assigned mission of command, control, and staff planning for seven dispensaries, two clearing companies, one ambulance company and one 8-500 AC Headquarters Detachment. The mission of this headquarters is to provide medical support to USARV elements in the 23d ARVN Division area of the Republic of Vietnam (ARVN) II Corps Tactical Zone South with certain responsibilities for support throughout IICTZ.

B. A major realignment of medical units in this headquarters area of responsibility was effected during this reporting period. With the 91st Evacuation Hospital becoming operation in Tuy Hoa, the requirement no longer existed for the 563d Medical Company (Clr) to remain there. The 563d was reassigned to this headquarters on 24 February 1967. The 563d was moved to Nha Trang and relieved the 568th Medical Company (Clr) of its mission there. In addition, one platoon of the 563d was located at Ban Ma Thuot to provide support for tactical operations in that area. Two platoons of the 563d were placed in support of Operation Oregon. This necessitated leaving the first platoon of the 568th in Nha Trang attached to the headquarters of the 563d.

C. Headquarters of the 568th Medical Company (Clr) was moved to Cam Ranh Bay and is currently on location here with its third platoon. The second platoon of the 568th was moved to Phan Rang relieving the 221st Medical Detachment (MB) of its assigned mission there. In addition to providing medical treatment for the Phan Rang area, the second platoon is also available for support of tactical operations in this area.

D. The 221st Medical Detachment (MB) moved from Phan Rang to Cam Ranh Bay and relieved the 7th Medical Detachment (MA) of its assigned mission at the 22d Replacement Battalion. The need for a unit with a large medical capability existed and was the justification for the move.

E. The 7th Medical Detachment (MA) is presently located with the 221st Medical Detachment (MB). A new mission assignment has not been given the former unit as it's on an alert status pending instructions from higher headquarters to implement a proposed operational plan.

F. This complete realignment of the medical resources of this headquarters has provided more flexibility for supporting tactical operations in its area of responsibility. It also placed a dispensary where it was better justified according to TOE capability.

G. During the reporting period, two tactical operations were supported by this headquarters. OPERATION FARRAGUT involving elements of the 1st Brigade, 101st Airborne Division was supported by placing one platoon of the 563d Medical Company (Clr) to augment the organic medical resources of the brigade and to provide medical regulating support. OPERATION SUMMITRAL involving the 1st Brigade of the 101st Airborne Division is supported by a medical regulating team provided by this headquarters to effect the

1 May 1967

**SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 30 April 1967 (RCS CS FOR - 65)**

evacuation of casualties. The concept employed in OPERATION FARMAGUT drew personal praise from the former commander of the 1st Brigade 101st Airborne Division, BG Willard Pearson.

H. Word was received that approval of the new battalion headquarters has been made. This structure will consist of one (1) - 20' X 100' Quonset hut and two (2) - 20' X 50' Quonset huts built together in a "U" shape. A new facility for the 3d Platoon 568th Medical Company (CLR) was also approved which consists of two (2) - 20' X 100' double deck tropical buildings, one (1) - 20' X 50' air conditioned Quonset hut to be used as a treatment room, laboratory, and pharmacy, and one (1) 16' X 32' tropical building for Central Material Service. Completion date of this project is expected in August 1967.

I. During the period 28 February 1967 to 11 March 1967, The Cam Ranh Bay area underwent a plague epidemic. During this period of time, fifty-six (56) cases were reported. The operation undertaken by this headquarters to quell the epidemic produced many valuable lessons learned. Attached to this report as inclosure 1 is a copy of the after action report on this operation. An effective SOP was developed restricting the activities and movement of personnel in and out of the area, thereby establishing a minimum exposure factor. In a five day period, an immunization team administered 30,000 plague shots, most of which were given to Vietnamese civilians. An area of forty-five square miles was dusted using 12,080 pounds of dusting powder. Two weeks prior to the epidemic, field sanitation teams in each unit in the Cam Ranh area were organized and trained under the supervision of the Preventive Medicine Officer and the Commanding Officer of the 105th Medical Detachment (LA). By having a tool such as these organized and trained teams readily available, valuable time was saved in dusting and protecting the unit areas from the spread of disease during the epidemic.

J. Outstanding support was provided during the plague epidemic to this headquarters by the 32d Medical Depot. Not a minute's time was lost during the entire operation because of the lack of syringes, vaccine and other essential medical items necessary to support the operation. Members of the staff of the 3d Medical Depot have again supported this battalion in an emergency situation in an outstanding manner.

K. The Medical Civic Action Program (MEDCAP) currently run by this battalion is operating in an outstanding manner. Seven locations on the peninsula, the mainland, and two offshore islands are being visited with an average weekly patient figure of 380. This program has done much to benefit the health of the Vietnamese people and to solidify American - Vietnamese relations in the Cam Ranh Bay area. An example which typifies the result of the program was seen during the local TET holidays when a group of village officials from Cam Ranh Village made up special gift packages and presented them to the American soldiers in the medical clearing facility at Cam Ranh Bay. This act was done by the Vietnamese as a token of appreciation for the work done by the MEDCAP Team.

SECTION II PART I
OBSERVATIONS (LESSONS LEARNED)

A. OPERATIONS

1. ITEM: Clearing Platoons when employed separately can effectively support combat operations.

DISCUSSION: The use of separate clearing platoons to augment the medical resources of combat brigades in tactical operations has produced excellent results. By augmenting or providing back-up support for the organic medical resources of the combat brigade, the medical elements of the brigade are able to displace much further forward than would have otherwise been possible. This reduces the time it takes to get a combat casualty to the Brigade Clearing Stations. In addition, by placing the medical regulating responsibility with the platoon, field army medical service is effected by having the evacuation coordinated with the 43d Medical Group Headquarters.

OBSERVATION: The use of this concept has given more flexibility to this headquarter's capability of providing medical service to its 16,000 square mile zone of responsibility. These platoons may be used as surgical hospitals when augmented with 8-500 KA and KH teams.

2. ITEM: The steel tape antenna used with the KWM-2A single sideband radio is not satisfactory.

DISCUSSION: The antenna used with the KWM-2A single sideband radio is similar to a steel measuring tape. When this antenna is subjected to constant wind velocity, the action of the wind causes the tape to bend back and forth causing constant breakage in the antenna. This will occur even if the reel pulley in the center of the antenna is supported to relieve the tension on the tape. The steel tape antenna is considered to be unreliable by this headquarters.

OBSERVATION: When the steel tape antenna is used in windy areas, it should be replaced by a piece of zinc-coated copper wire for use as an antenna. This wire eliminates the breakage problem inherent with the steel tape antenna and it also has better receiving and transmitting capabilities than the steel tape antenna.

B. PREVENTIVE MEDICINE

1. ITEM: Field Sanitation Units

DISCUSSION: On 14 February 1967, this headquarters provided for the organization and training of preventive medicine teams within each unit in the Cam Ranh Bay area. The teams were given classes on keeping disease out of their respective areas and maintaining high sanitary conditions in their area. During the recent plague epidemic, these teams were a highly important tool employed by this headquarters to prevent plague from sweeping through the military population.

OBSERVATION: Command emphasis should be given to the establishment and training of field sanitation units in all areas, especially in logistical areas. The units provide an effective tool for the local Surgeon in controlling disease in his area of responsibility.

2. ITEM: Importance of MEDCAP Activities

DISCUSSION: The only village close to the troop area in Cam Ranh Bay is Cam Ranh Village. The MEDCAP Team has worked not only to aid the village people but also to bring the sanitary conditions within the village up to a safe level. Venereal Disease lectures are given to the people informing them of how the disease is transmitted, how it can be prevented, and how the disease can effect them. The village is now placed off limits to troops each Thursday to allow the Vietnamese to use the day to clean up the village. It is also the day of the weekly MEDCAP visit. If sanitary conditions become a health hazard, the village is placed off limits by the local commander until the conditions are corrected. By working closely with the mayor of Cam Ranh area, the sanitary conditions within the village have greatly improved since September 1966. The strides made are clearly indicated by the venereal disease rate for the Cam Ranh Bay Area, which figured on a rate per thousand per annum basis has decreased from 509 for October 1966 to 174 in March 1967.

OBSERVATION: The MEDCAP activities have served a dual purpose. First, they provide medical treatment to Vietnamese, many of whom are receiving medical care for the first time in their lives. Second, by treating the Vietnamese, the exposure factor to disease in the troop population is greatly reduced.

C. OPTOMETRY:

ITEM: Optometric Projectors

DISCUSSION: The projector bulbs for the optometric projector are very susceptible to power surges from generators and should be turned off when the power source is not functioning.

OBSERVATION: If at anytime the optometric projector is non-functional, an eye chart illuminated by a bright light makes an adequate substitute.

D. DENTAL:

ITEM: Conversion of the dental field chair

DISCUSSION: The dental field chair can easily be converted to a reclining type position by using a few adjustments and a wooden supportive base. This allows the operator to work in a more comfortably-seated position.

For a pictorial explanation of how this is done, see the diagram attached to this report as Annex A.

OBSERVATION: Adoption of this method affords the dentist a more comfortable position from which to work.

E. OTHER:

ITEM: Allergy

DISCUSSION: Pollen allergy patients tend to be asymptomatic in the Cam Ranh Bay Area.

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OBSERVATION: For people assigned to the Republic of Vietnam who are bothered by allergy conditions, assignment to the Cam Ranh Bay area should be considered instead of returning the individual to CONUS.

SECTION II PART II
RECOMMENDATIONS

A. OPERATIONS:

1. The concept of using nondivisional clearing platoons to augment the medical resources of the combat brigade allows the medical resources of the brigade to displace much further forward and gives more flexibility to the medical support of the operation.

2. The steel tape antenna presently used with the KWM-2A single side-band radio is unreliable because when used in windy areas, the tape constantly breaks. This antenna should be replaced with a zinc-coated copper wire antenna which is more reliable and gives the radio better transmission and reception capabilities.

B. PREVENTIVE MEDICINE: Command emphasis should be given to the establishment and training of field sanitation units, especially in logistical areas. These units provide an effective tool for the local Surgeon in implementing his preventive medicine program in his area of responsibility.

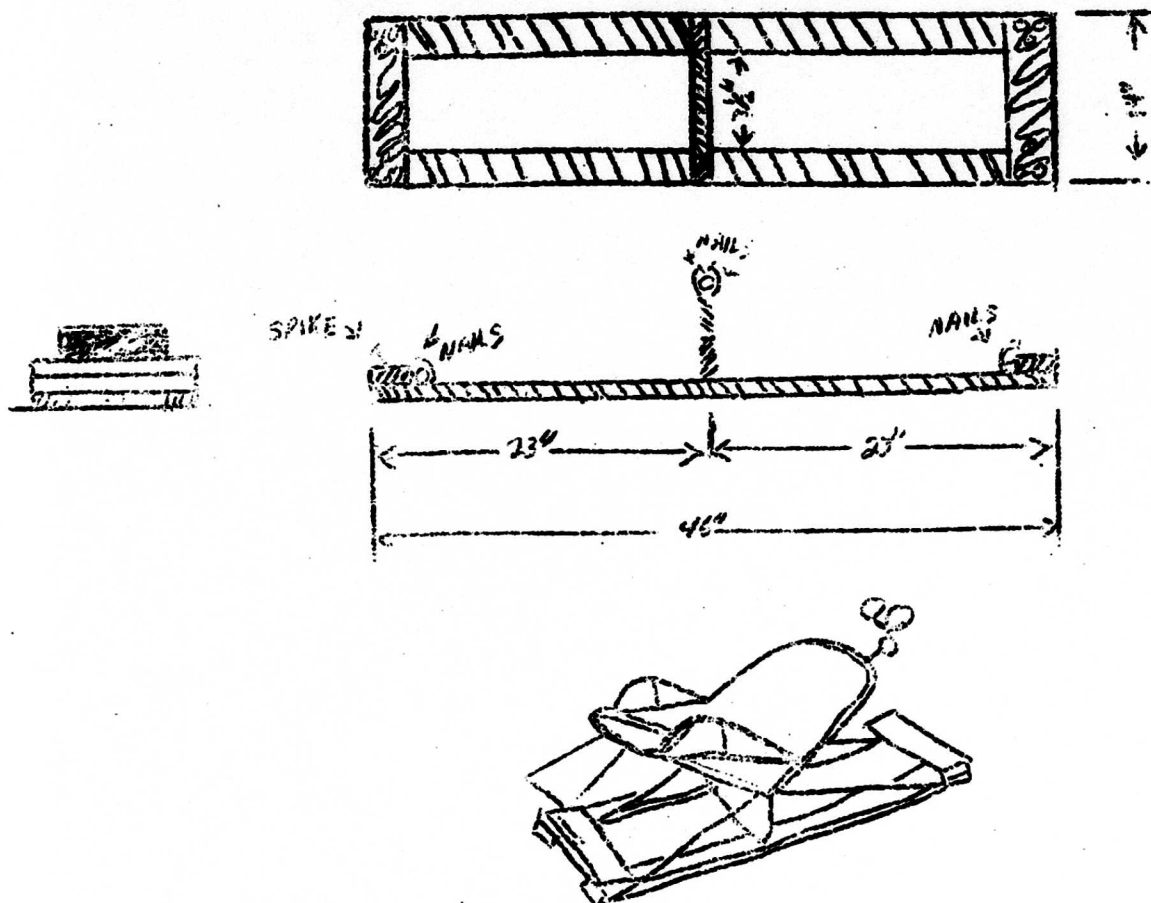
C. DENTAL: Conversion of the dental field chair as shown in Annex A affords the dentist a more comfortable position from which to work.

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MODIFIED BASE FOR FIELD DENTAL CHAIR

Materials Required 2 X 4

Lengths: 46" X 1, 14" X 3, 7 1/2" X 1.



- 1) Lower chair back all the way.
- 2) Remove supports from between the legs.
- 3) Remove lower half of foot rest support. Insert in spike.
- 4) Secure chair to base by bending over nails
- 5) Save all spare parts in a well marked box

Purpose: To enable operator to work in a comfortable.
Seated position.

Note: When it is advisable to have the patient sit in an upright position, use a straight back chair.

Submitted by Major E. Lamers & CPT R. Fender 349/241st Gen Disp.

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 61ST MEDICAL BATTALION
APO 96312

AVCA-MB-GA-ME-A

SUBJECT: Letter of Transmittal

THRU: Commanding Officer
43rd Medical Group
APO 96240

TO: Commanding Officer
44th Medical Brigade
APO 96307

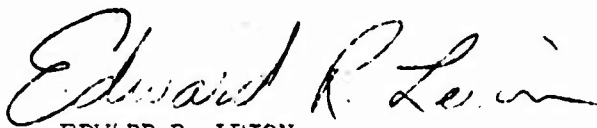
1. Transmitted herewith is the After Action Report pertaining to the activities of the 61st Medical Battalion and designated attached units during the period 28 February 1967 to 12 March 1967. This report includes all activities of individuals/units involved in control measures, to include both medical treatment and preventive medicine measures instituted and completed which were successful in preventing the spread of an epidemic of bubonic plague occurring at Cam Ranh Bay and surrounding areas.

2. Participating personnel were from the following assigned/attached units:

- a. HHD, 61st Medical Battalion
- b. 7th Medical Detachment (MA)
- c. 105th Medical Detachment (LA)
- d. 136th Medical Detachment (MA)
- e. 241st Medical Detachment (MB)
- f. 349th Medical Detachment (MB)
- g. 418 Medical Company (AMB)
- h. 3rd Plt, 568th Medical Company (CLR)

FOR THE COMMANDER:

Tel: CRB 368


EDWARD R. LEION
1LT, MSC
Adjutant

Info cys:
CG, USASC, CRB
CO, CRBSAC

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SECTION I

PREVENTIVE MEDICINE OFFICER'S REPORT

A. This report covers each 24 hour period commencing with 28 February 1967 and ending on 12 March 1967.

1. 28 February 1967 (Evening) - 7 Vietnamese Employees of RMK, and living in an RMK labor camp located on Cam Ranh Bay peninsula about 5 miles north of the main army cantonment area, and in the air force area of responsibility, were seen at the RMK dispensary by a Mr. Brocomonte, the medic (American male nurse) in charge of the RMK dispensary. It was felt by Mr. Brocomonte that all of these patients had plague. Later that evening all of these patients were transferred to the 12th Air Force Hospital and seen by LTC's Lacoque, Conrad and Wright (Physicians). These seven patients had signs and symptoms suggestive of plague, including Regional or Generalized Lymphadenopathy sudden onset of chills and fever, with marked elevation of temperature, and in one patient, a pneumonitis.

2. 1 March 1967 - At approximately 0930 hours the Preventive Medicine Officer of 61st Medical Battalion was contacted by two Sergeants from the Air Force Department of Public Health informing him of the admission of these seven patients to the Air Force Hospital with a strong clinical diagnosis of plague, and asking for technical assistance in Preventive Medicine measures. The PMO (Preventive Medicine Officer), accompanied by the Commanding Officer of the 105th Medical Detachment (LA) and a Vietnamese interpreter, immediately went to the 12th USAF Hospital, interviewed the seven patients, and found that while they all lived in the RMK-BRJ labor camp (estimated population 1,500) they lived in separate billets and worked at different jobs. They did however have in common the fact that they all ate in the same mess hall, located within the labor camp, and all had noticed numerous dead rats around the mess hall within the week prior to the onset of their symptomatology. LTC's Wright, Lacoque and Conrad were interviewed and all felt that clinically, these patients definitely had plague. At this point, it was requested by the PMO that a Chain of Command and designations of specific areas of responsibility be established between the Air Force and Army personnel involved in this apparent epidemic. It was agreed that the Air Force would assume clinical responsibility for all RMK Vietnamese patients, including provision of transportation for evacuation of Vietnamese patients to Nha Trang provincial Hospital (USAID sponsored hospital in Nha Trang, staffed with American Doctors). The Army would assume the responsibility for the establishment and initiation of control measures to attempt to prevent the spread of this epidemic beyond the confines of the RMK labor camp, as well as to control the epidemic within the labor camp. Accompanied by a Mr. Bogert, a Sanitary Engineer employed by RMK, the PMO made an inspection of the labor camp including the mess hall, billets and food storage areas. Marked evidence of rodents was found. A meeting was held with Mr. Brocomonte (The RMK medic) and Mr. Jolly, the project Director for RMK. The seriousness of this epidemic was explained and the following control measures were recommended:

a. Close and Quarantine the Vietnamese labor camp at RMK that evening after all residents have returned from work. Estimated time of Quarantine was 2 weeks.

b. An Immunization program should be instituted ASAP for all RMK personnel including residents of the labor camp who did not have, or were not current on their plague immunizations. This was to be done by a team from the 61st Medical Battalion in conjunction with Mr. Brocomonte using Formalin killed vaccine.

c. Concomitantly, a rodent and flea control program should be initiated.

(1) All bait boxes with rat poison should be pulled and poisoning stopped immediately.

(2) The labor camp should be dusted initially for rat fleas with 2% Diazonon or 3% Malathion dust.

(3) Live rat trapping should be accomplished to obtain rat/flea indices, with autopsy or tests performed in Saigon in an effort to isolate Pasturella Pestis from them. This was to be conducted by the 105th Medical Detachment (LA).

(4) Live trapping should be continued for 5 days after dusting to monitor rat/flea indices. Then rat poison and bait boxes should be put out to decrease the rodent population. All rodents should be destroyed by burning.

d. Personal control/measures should be instituted ASAP including:

(1) Dispersion of Vietnamese residents in the camp as much as possible to provide as much living space per person as possible.

(2) Personnel should sleep in a "head to foot" fashion.

(3) Vietnamese residents should be individually dusted with Lindane dust to kill any ectoparasites they might be harboring.

e. These control measures were agreed to, and planning was initiated to institute immunization and dusting of the labor camp the next morning (2 March 1967). 5 new cases were seen in the RMK labor camp by Mr. Brocomente on 1 March 1967 and subsequently referred to the Air Force Hospital.

3. 2 March 1967 - a. The mass immunization of the RMK labor camp was completed, as well as dusting the entire area and all personnel. An estimated 1,500 residents of the labor camp were immunized, as well as an additional 500 persons employed by RMK, including Third Country Nationals who did not live in the camp.

b. 5 new cases from the labor camp were seen by Mr. Brocomente and referred to the Air Force Hospital.

(1) A Vietnamese woman, resident of Cam Ranh Village, the only Vietnamese Village per se located on this peninsula, was seen in the afternoon at 349th Medical Dispensary with a clinical diagnosis of plague. Her Symptomatology included: headache, chills and fever, a large left inguinal bubo, and bilateral rales in both lung bases. She was transferred to the Vietnamese Naval Academy, which has a small dispensary and a limited patient holding capability to await transport to the USAF Hospital that evening. She was subsequently examined by the Commanding Officer of the 61st Medical Battalion, and the PMO, 61st Medical Battalion. A clinical diagnosis of Bubonic plague was made and she was taken to the 12th USAF Hospital.

c. Information was received by this Headquarters that a death had occurred at Bai Gieng, a refuge village on the mainland, in a woman who resided there. Though she was buried before her body could be examined, her signs, symptoms, and clinical course were highly suggestive of plague.

d. An American soldier, PFC Drahwinker, Gary M., US 56403109, stationed at Cam Ranh Bay with the 551st Transportation Company and who worked as a stevedore along the main pier area, was diagnosed with bubonic plague on the basis of a bubo aspiration and smear with gram stain showing bipolar staining; gram negative rods. He had been admitted to the third platoon, 568th Medical Company (Clearing) on 26 February 1967 and had developed inguinal adenopathy. By the morning of 2 March 1967 he had developed bilateral rales. He was transferred to the 12th US Air Force Hospital on this peninsula by ground ambulance. Fumigation of the ambulance was accomplished after completing its mission.

e. Tentative plans for the immunization and completion of the dusting of Cam Ranh Village were made for the next morning. The Village had been off limits all day (Thursday) because of Civic Action programs which are normally conducted every Thursday. Some dusting was begun in Cam Ranh Village the evening of 2 March 1967 with 2% Diazonon. COL Hunter and LTC Dangerfield of WR:IR in Saigon, and COL Slade, Commanding Officer of the 20th Preventive Medicine Company, were notified.

4. 3 March 1967 - a. The mass immunization and dusting program of Cam Ranh Village was completed with an estimated 2,800 residents being immunized against plague using Formalin killed plague bacillus. This village was placed off limits and has remained off limits thru 16 March 1967.

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b. LTC Slade arrived and departed again for Den Hoa to dispatch more personnel and supplies from the 20th Preventive Medicine Company to CRB.

c. The 13 Vietnamese patients hospitalized at the Air Force Hospital were evacuated by the Air Force to Nha Trang Provincial Hospital.

d. A Vietnamese woman of about 40 years age was seen by the Battalion Surgeon of the 87th Engineer Battalion at Cam Ranh Bay. She complained of a sore throat and had an apparent peritonsillar abscess with cervical adenopathy. She was treated with penicillin and dismissed. (It should be noted that the Battalion Surgeon was not, at this point, aware of the epidemic of Plague.) Later that afternoon, this same woman was brought to the 136th Medical Dispensary in a moribund state and died approximately 20 minutes after arriving despite adequate resuscitative measures. It was discovered that she lived at Ba Ngoi, a village on the mainland directly across the bay from the main Army Cantonment area, and was employed by the Army. An aspiration of both lung fields and cervical lymph nodes was accomplished, with gram stains of the aspirant showing gram negative bipolar staining rods in both lung fields as well as in cervical nodes. Her body was sealed in a rubber bag, after dusting it with lindane and transferred to Army Graves Registration to be held in insulation until the next morning. The vehicle she was transported in, and the dispensary where she died were decontaminated with wescodyne and 2% Diazonon dust.

e. 6 more cases of clinically diagnosed plague were reported from the RMK labor camp.

f. Late that evening a girl from Cam Ranh Village was seen in the 349th Medical Dispensary and transferred to the RMK dispensary where a small holding hospital had been established to accommodate any new plague cases.

g. Through the Military Police, a report was received that an infant had been buried near the front gate of Cam Ranh Village that evening. The Civil Affairs Officer for Cam Ranh Bay Subarea Command was contacted and the body was subsequently exhumed and reburied in the Vietnamese Cemetery, across the street from Cam Ranh Village.

h. The Preventive Medicine Officer, in conjunction with the Commanding Officer, 61st Medical Battalion developed and published an S.O.P. entitled "Recommendations for the Prevention and Control of Plague." This was discussed with the Commanding General, USASC, Cam Ranh Bay and the Commanding Officer, CRB Subarea Command, and a slightly modified S.O.P. was adopted. This was disseminated to all Commanding Officers of major commands in this area.

5. 4 March 1967 - a. A meeting was held at the EM Club at 0800 hours for all Field Sanitation teams from various units in this area. This group of people were to be used as a labor force under the direction of the Commanding Officer, 105th Medical Detachment (LA), and the entomologist from Pacific Architecture and Engineers (which has a contract with the armed forces in this area for rodent control) to initiate a mass dusting program of Cam Ranh peninsula, including all work and living areas, piers, clubs, and sanitary fills.

b. The peninsula was partially sealed off to prevent Vietnamese personnel from the mainland from coming in contact with military personnel. Only "essential" Vietnamese workers were to be allowed on the peninsula and then only after they had been immunized and individually dusted. Dr. Long, the only Vietnamese Doctor in this area, went to Bai Gieng refugee village and began immunizing the Vietnamese residents in that area. He gave approximately 2,000 immunizations before depleting his store of vaccine.

c. An immunization team was again dispatched to Cam Ranh Village to continue immunizations there.

e. Two more suspect patients were found from Cam Ranh Village and referred to the RMK dispensary and holding facility.

f. A meeting was held in the RMK project office that evening with members of the Air Force, Army, PA&E, and RMK attending. It was decided to completely seal off the peninsula from Vietnamese traffic and begin a mass immunization and dusting program on the mainland.

g. The Air Force agreed to immunize all Vietnamese personnel North of the My Ca bridge. The Army would be responsible for all Vietnamese

people South of the My Ca bridge. It was also stated that the RMK dispensary was full and could take no more patients. Consequently a holding hospital was established in ~~the~~ ^{the} village by the 61st Medical Battalion to care for any new or suspected patients. This facility was established in a school house made available by the village chief.

h. CCL Hunter, from the Walter Reed Army Institute of Research in Saigon, arrived this date.

6. 5 March 1967 - a. LTC Dangerfield arrived from Saigon.

b. 5 new cases were reported from the RMK labor Camp (two of these five were thought to be possible reactions to plague vaccine). One suspected case was reported from Ba Ngoi. Immunizations and Dusting with 2% Diazonon were initiated in Ba Ngoi.

c. A conference was held with the Air Force RMK personnel and PA&E, CCL Hunter and LTC Dangerfield.

7. 6 March 1967 - a. Two new patients were reported from the RMK labor camp.

b. Immunizations and dusting were continued at Ba Ngoi. Immunizations were begun on Vietnamese personnel living in Xuan Ninh, another Vietnamese village on the mainland, about 8 Kilometers North of Ba Ngoi.

c. Dusting also was completed at the Special Forces Camp near Dong Ba Tinh, and Hoa Xu.

8. 7 March 1967 - a. Immunizations and dusting were completed at Ba Ngoi and Xuan Ninh.

b. Immunizations were begun at Hoa Xu. Dusting was already completed there.

c. 7 new cases were reported from the RMK labor Camp as suspected plague cases.

d. One suspected case from Ba Ngoi, and one suspected case from Hoa Xu were reported and started on chemotherapy.

e. A suspected case was also reported from a Trappist Monastery on the peninsula, near the My Ca bridge. This case was investigated by LTC Conrad from the 12th USAF Hospital and was not felt to be plague.

9. 8 March 1967 - a. No new cases were reported today.

b. Immunizations were completed at Hoa Xu.

c. No new cases were reported from Ba Ngoi, Hoa Xu or other villages on the mainland.

10. 9 March 1967 - a. The US Navy immunized all Vietnamese Navy personnel on Binh Ba island, located just off the tip of the peninsula.

b. Dr. Joe Stockard from USAID arrived, accompanied by a Vietnamese Doctor from the Vietnamese Ministry of Health. They left 3,000 doses of live attenuated plague vaccine with the Preventive Medicine Officer.

c. One new case was reported from the RMK labor camp.

11. 10 March 1967 - a. 2,500 people (Vietnamese Civilians) were immunized with live attenuated vaccine from USAID on Binh Ba Island by personnel from the 61st Medical Battalion.

b. No new cases were found at Binh Ba Island, and no new cases were reported from other locations.

12. 11 March 1967 - a. A suspected case of plague was reported by a Vietnamese nurse from Ba Ngoi. Treatment with Streptomycin and Tetracycline had been initiated.

b. Approximately 300 Vietnamese Civilians living on Binh Hung

island were immunized with live attenuated plague vaccine by a team from the 61st Medical Battalion.

13. 12 March 1967 - a. The case from Ba Ngoi was seen and confirmed, his treatment was continued; this patient was not considered infectious at this time.

B. Comments:

1. Many problems were encountered in the above mentioned efforts to control this epidemic. Though a centralized system of reporting new cases was rapidly established, some difficulty was encountered in attaining an accurate record of total patients seen, primarily from the RMK compound.

2. Patients who were sent to Nha Trang Provincial Hospital were treated only overnight and were discharged to return home by what ever means was available to them. These patients had previously been treated for two days at the Air Force Hospital.

3. Since there is no hospital on the mainland in this area, and since every effort was being made to separate the peninsula from the mainland during this epidemic, any patients seen with possible plague on the mainland were treated on an outpatient basis. Several of these patients were initially treated, but lost for follow up because they did not return, as directed, for further treatment.

4. Because of the logistical and strategic importance of the port at Cam Ranh Bay, as well as the fact that the 22nd Replacement Battalion is located in a rather isolated position at the North end of the peninsula, every effort was made to keep these two areas as operational as possible. (Many recommendations were made concerning rodent and flea control aboard vessels, however, these recommendations were not fully complied with at all times.) The 22nd Replacement Center was not involved in this epidemic, and new units arriving in this area were isolated from the South part of the peninsula where most of the cases occurred.

C. Lessons Learned and Recommendations:

1. Since plague is endemic in most areas of Vietnam, with peak incidence occurring in the spring and summer months, every effort should be made to institute control measures on a continuing basis. Rat/flea indices should be monitored, and any unusual occurrences within the rodent population should be considered possible indices to the onset of an epidemic. e.g. Many dead rats being noted, particularly in a billeting area.

2. Many efforts in the past have been made to institute rodent control measures aboard vessels docking at Cam Ranh Bay. Thus far, these measures have not been fully adopted as of this reporting date. It is imperative that adequate rodent control measures be instituted in this area because of the great hazard of transporting rat/flea infested cargo to plague-free ports.

3. Since plague is endemic in much of Vietnam, and occasionally reaches epidemic proportions in some localities with a high risk of infection incurred by most Vietnamese personnel, it would seem prudent for the Vietnamese government to establish an adequate Preventive Medicine Program for their people. This program should be concerned with adequate immunization of Vietnamese citizens, education, and aid in an attempt to elevate their standards of living, and the institution of a rodent and insect control program. It was found, during this epidemic, that the Vietnamese people are, in general, quite receptive to immunization, as well as understanding, to a degree, the reservoir vectors of bubonic plague.

4. During epidemics of this nature, particularly when several separate populations are involved, a central standardized mechanism of case reporting should be established to eliminate confusion in location and number of cases occurring.

D. Summary:

1. An epidemic of bubonic plague, with several pneumonic plague cases also reported, has been discussed.

DEPARTMENT OF THE ARMY
105TH MEDICAL DETACHMENT (LA)
APO 96312

AVCA-MB-PU-D

15 March 1967

SUBJECT: Plague Outbreak

TO: Commanding Officer
20th Preventive Medicine Unit (SVC)(FLD)
APO 96307

1. 1 Mar 67 - Captain Walraven and Lt Palmer were called on by two Air Force Sergeants and informed of seven laborers (VN) from the RMK construction company who were in the AFB Hospital with plague. They were brought in late on 28 Feb 67.

Captain Walraven and Lt Palmer visited patients in AFB Hospital with the Battalion interpreter Mr. Tu to see if anything could be gained by interviewing the patients. We learned of many rats in mess hall area. The people were from different billets. A visit to RMK labor camp revealed a state of gross over crowding of occupants in buildings; signs of rats were very evident. A plan for immunization and dusting was made for the following day.

2. 2 Mar 67 - Lindane dust was applied to the Vietnamese after they received their plague immunizations. The living quarters, both inside and outside were thoroughly dusted by personnel of the 105th Medical Detachment. Insect and Rodent control section of PA&E helped in the dusting. A 2% diazinon dust was used to control the rat fleas. A portion of Cam Ranh Village was also dusted on 2 Mar 67.

3. 3 Mar 67 - Immunizations were given at Cam Ranh Bay Village. The Vietnamese people were dusted with 2% Lindane. The village was dusted by the 105th Medical Detachment and personnel from PA&E, I&R Section. Personnel from the Field Sanitation Teams were utilized to help dust the populated areas of the peninsula. A meeting was held at EM Club and all Field Sanitation Teams were requested to attend. Lt Palmer, and PA&E Entomologists, Wayne Olson and Philip Drucker were in charge of the dusting operations.

4. 4 Mar 67 - Dusting of the peninsula area continued. Personnel of the 61st Medical Detachment and the 926th Medical Detachment were called in to aid us by Colonel Slade of the 20th Preventive Medicine Unit.

5. 5 Mar 67 - Dusting teams were sent to Ba Ngoi area to work in conjunction with immunizations. By 1150 hours 70% of the Military areas had been dusted.

6. 6 Mar 67 - Dusting at Ba Ngoi area and on Cam Ranh Peninsula continued.

7. 7 Mar thru 9 Mar 67 - Dusting of all areas continued. Rat-Flea indexes were conducted. (See Inclosure #1) Cam Ranh Village, Vietnamese Naval Training Center and RMK Construction Company were redusted with Mighty Mites.

8. During the period from 9 Mar thru 11 Mar 67 the following ships were dusted:

Horace Luckenbach
Oceanic Wave
Santa Inez
Copper State
Loma Victory

Souix Falls Victory
Mormac Dove
Canton Victory
Rainbow
Sea Train New Jersey

9. A total of 12,000 pounds of 2% Diazinon was used in this control operation.

1 Incl

s/Darwin B. Palmer Jr.
t/DARWIN B. PALMER JR.
2LT, MSC
Commanding Officer

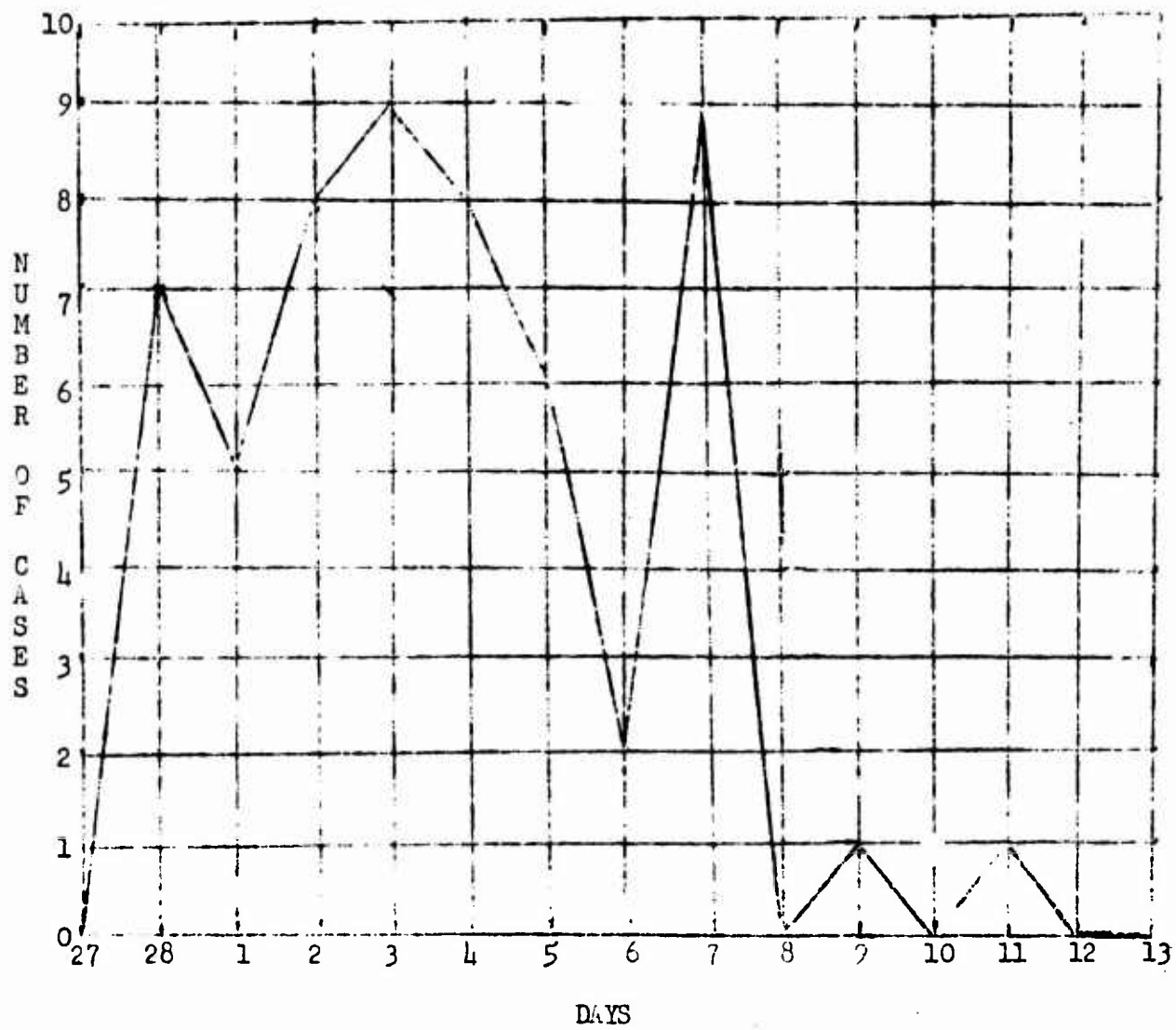
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STATISTICAL SUMMARY OF CASES
BY LOCATION AND DATE REPORTED

	LOCATION						TOTALS
	RMK	CAM RANH VILLAGE	BAI GIENG	HOA XU	US ARMY	BA NGOI	
28 February	7 1 P	0	0	0	0	0	7
1 March	5	0	0	0	0	0	5
2 March	5	1	1 *	0	1 *	0	8
3 March	6	2 1 *	0	0	0	1 P *	9
4 March	6	2	0	0	0	0	8
5 March	5 2 S	0	0	0	0	1 S	6
6 March	2	0	0	0	0	0	2
7 March	7	0	0	1 S	0	1 S	9
8 March	0	0	0	0	0	0	0
9 March	1	0	0	0	0	0	1
10 March	0	0	0	0	0	0	0
11 March	0	0	0	0	0	1	1
12 March	0	0	0	0	0	0	0
TOTALS	44	5	1	1	1	4	56

* Death
P Pneumonic
S Suspected

GRAPH



CIA

Inclosure #1

2 SUBJECT: Rat/Flea Indexes

CAM RANH VILLAGE

<u>DATE</u>	<u>Rat/Flea Indexes</u>
10 Feb	2.12
24 Feb	8.89
2 Mar	1.70 Village dusted 2 Mar 67
3 Mar	1.82
6 Mar	.25
7 Mar	.70
9 Mar	1.90
11 Mar	1.90
13 Mar	.25
16 Mar	.84

RMK LABOR CAMP

8 Mar	8.00
9 Mar	0.00
10 Mar	1.00

RMK AMERICAN VILLAGE

10 Mar	1.60
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VIETNAMESE NAVAL TRAINING CENTER

9 Mar	6.67
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SECTION II

PERSONNEL/ADJUTANT

1. On 1 March 1967, initial word was received at this headquarters of an outbreak of plague on the Cam Ranh peninsula. Immediately, all battalion personnel were alerted to assist in the program to curtail and control the epidemic.

2. On 2 March, the first teams were dispatched for dusting and immunizing, at the RMK Labor Camp on the peninsula.

3. On 3 March, personnel from Pacific Architects and Engineers Company joined with battalion personnel to organize a program of mass dusting throughout the Cam Ranh Bay area. A team was dispatched to Cam Ranh Village to give shots, while others began a mass dusting on the peninsula. Requests were phoned to the 20th Preventive Medicine Company in Saigon to provide additional personnel and more equipment to assist in the dusting and control program.

4. On 4 March, Colonel Carrasco, the Support Command Surgeon, arrived at the Battalion Headquarters. At this time, he was briefed on the status of the plague epidemic and brought up-to-date on control measures being taken. Also on 4 March Field Sanitation teams from various units in the area were assembled, given instructions, placed under control of Preventive Medicine personnel from this headquarters, and used to carry out the program of mass dusting throughout the Cam Ranh Bay area. During the afternoon of 4 March, all subordinate units were advised by telephone by this headquarters, not to release any information to news correspondents, or other personnel seeking information for news releases, but to refer such individuals to the Support Command Public Information Officer or to this headquarters.

A message was received during the same afternoon, that a troop ship, the USNS Gordon, was scheduled to disembark some troops at CRB. These troops reportedly were deficient in plague immunizations, though they had just deployed from CONUS. By direction of the Area Surgeon, the ship was diverted to Nha Trang to avoid contact of the disembarking troops with the plague.

5. On 5 March, COL Hunter and LTC Dangerfield, from the WRAIR unit at USARV Headquarters, arrived to gather information on the status of the epidemic and give advice and assistance as necessary.

6. On 6 March, Brigadier General Wier, the USARV Surgeon, and COL Miller, the 44th Medical Brigade Commander, arrived to determine the status of the plague epidemic. After a review of the situation and the actions being taken to curtail and control the epidemic, they approved of all control measures which had been initiated and returned to Saigon.

7. On 7 March, the first lifting of restrictions imposed during the epidemic took place. A representative from the Post Chaplain held a conference with the Area Surgeon and it was agreed to allow outdoor movies and outdoor sports activities to be reinstated.

8. On 9 March, three US Navy personnel, one officer and two NCO's, arrived to insure proper clearance of ships in port at CRB. Much concern had previously been expressed over plague-infested rats being carried aboard these ships to other ports.

9. Summary:

During the plague epidemic the principle tasks of S1 were insuring that necessary normal activities were accomplished, and receiving and dispatching telephone messages and correspondence. Throughout the critical days of the epidemic, many phone calls were received from various headquarters requesting information about the status of the epidemic. It became apparent that phones were often tied up for long periods of time disseminating the same information to 2 or 3 headquarters at the same location as other headquarters that had recently been informed of the situation.

s/Edward R. Leion
t/EDWARD R. LEION
1LT, MSC
Adjutant

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SECTION III

OPERATIONS

1. Summary:

a. On 1 March 1967 this headquarters was notified that there was an outbreak of plague in the RMK Co. Vietnamese Labor Camp.

b. On 1 March Cpt. Walraven (Preventive Medicine Officer) called this section by radio and requested that an immunization team of 10 medics be assembled to inoculate approximately 2000 Vietnamese at the RMK Labor Camp on 2 March. These vaccine requirements were passed on to S-4. The XO made provisions to establish the immunization team. At this point, there was no requirement for any type of mass dusting and immunization program since the outbreak was confined to one geographical location. The communications capability in this section consisted of two (2) AN/VRC 18's which were issued in lieu of an AN/VRC 47's by this headquarters deploying CONUS Station. There were also two (2) AN/PRC 25's on hand receipt from the 128th Signal. In previous communications tests, the AN/VRC 18's had proved unreliable for distances greater than one mile.

c. On 2 March 1967, SP4 Williams of this section was sent to the RMK Camp with an AN/PRC 25 to effect timely communication between this headquarters and the RMK Camp. The remaining AN/PRC 25 was used at this headquarters to communicate with the RMK Camp. Several calls were made by Opt. Walraven requesting additional dusting powder and vaccine. By having constant radio communications with the team, much time was saved by being able to react immediately by giving the requirements to S-4 for immediate dispatch to the immunization site. Radio communications saved approximately three hours in the first day's operation on resupply alone. Radio communications during the day were excellent. Because of a clinical diagnosis of plague by Opt. Vanderweken, Opt. Walraven, and Col. Irvin on a girl from Cam Ranh Village, the immunization team was set up to immunize the occupants of this village on 3 March. At this time, there had been no increases made in the communications section. I realized that the magnitude of this operation was going to attain mass proportions and to effectively control and communicate with the dusting and immunization teams additional radios had to be obtained.

d. On the morning of 3 March 1967, SP4 Williams was dispatched to Cam Ranh Village with an AN/PRC 25 to establish radio communications between this headquarters and the village. In the afternoon, a woman from Ba Ngoi was brought to the 136th Dispensary and died twenty minutes later. Opt. Walraven diagnosed the cause of death as plague. That evening an SOP was drawn up and plans were made for a mass immunization and dusting program on the peninsula. At this point plague had been confirmed at three locations: the RMK Labor Camp, Cam Ranh Village, and Ba Ngoi.

Realizing the magnitude of the operation to be conducted on 4 March, the need for more radios to control the operation and locate the people involved was clear. At 2000 hours, Opt. Phelps of Depot Electronics Supply was contacted and received a request from me for two (2) AN/PRC 25 radios, one (1) AN/VRC 46 radio, and a RC-292 antenna. This equipment was received one and one-half hours later. Radios were tested and call signs were discussed with the individuals who were to receive the radios.

e. At 0015 hours 4 March a weather report was obtained from 12th USAF. Current status of plague suspects as of this hour was:

- 18 Cases (2 confirmed) RMK Labor Camp
- 1 (confirmed) Army Soldier from 551 Trans Co.
- 3 Cam Ranh Village (1 probable, 2 unconfirmed)
- 1 Death Ba Ngoi
- 1 Death at Refugee Camp (unconfirmed word passed on by a priest).

At 0900 4 March, there were eight (8) AN/PRC 25's operating in the radio net. A plotting board was drawn up in the communications center, 61st Med Bn, showing the location and call sign of each individual in the net and the last time that they called. Throughout the day, requests for dusting teams, additional supplies, and additional people were called in to the communication center so that appropriate action could be taken. Radio reception was excellent. A relay station

was started at the R&U location to ensure that all calls could be sent to Battalion Headquarters from the outlying areas.

A KWM-2A single sideband radio was sent to this headquarters to establish radio communications with 44th Medical Brigade. Contact could not be made with 44th Brigade after the radio and antenna were put up. Cpt. Kours from 41st Signal brought three men up to see if they could get the radio operating. They were unsuccessful.

f. On 5 March 1967, dusting and immunizing continued with the radio not fully operational. A representative from Support Command Signal arrived to check out our single sideband radio. He suggested the direction of the antenna be changed to run Northwest and Southeast. This change enabled us to make radio contact with 44th Brigade at 1830 hours.

g. Throughout the remainder of the operation there was nothing significant to report as the various battalion operations were going smoothly. The only problem incurred with the single sideband radio was the wire tape antenna. The high winds caused the tape to bend back and forth causing many breaks in the antenna. Finally, the wire tape antenna was replaced with a piece of zinc-coated copper wire and communications were highly satisfactory after this. The erection of an RC-292 antenna also increased the effectiveness of the AN/PRC 25's.

2. Lessons Learned:

a. Observation. The present communications system in the HQ and HQ Det, Med Bn TOE 8-126E, and a Med Co (Amb) is not satisfactory. The present radios are unreliable and put out a weak signal. Only by hand receipting 8-AN/PRC 25's was this battalion able to establish an effective and reliable communications net.

Recommendation. If present radio capabilities authorized by TOE are not improved by the RC-292 antenna recently acquired by this headquarters, it is strongly recommended that this organization keep at least six (6) AN/PRC 25 radio's on hand receipt for an emergency situation. The ability to establish a reliable communications net on short notice can mean the saving of many lives in an emergency situation.

b. Observation. In some instances it was necessary to use a relay station to effect communications up and down the peninsula. This was before the RC-292 antenna was erected.

Recommendation. One radio operator with a AN/PRC 25 should be on stand-by to move to a designated location and set up a relay station if an emergency situation is ever encountered by this headquarters. This will insure the reliability of the radio net.

c. Observation. Radio procedure was not satisfactory during the initial days of operation. Such violations as the transmitting of proper names, stating geographical locations, and a general lack of radio procedure were prevalent.

Recommendation. The use of proper radio procedure should be made a part of basic training in CONUS. Basic instructions on the use of prowords, the proper use of call signs, and how to terminate a radio transmission should be stressed. It is advisable to have unannounced radio tests periodically to insure that communication equipment is kept in a high state of readiness and that all personnel are familiar with operating in a radio net.

s/Clarence W. Smith Jr.
t/CLARENCE W. SMITH JR.
1LT, MSC
Asst Oper Off

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SECTION IV

LOGISTICS

1. On 1 March 1967, this unit was notified of a possible outbreak of Plague in the RMK-BRJ Cantonment area. This notification was investigated by the Preventive Medicine Officer and was found to be positive. A requirement was placed upon the S-4 section of the 61st Medical Battalion to provide enough plague vaccine, needles, syringes, Diazinon dust and Lindane powder to immunize and delouse approximately 11,000 people.

2. To ensure that the necessary supplies were on hand in adequate quantities to meet the requirements, it was necessary to coordinate with the 32nd Medical Depot and the Cam Ranh Bay Army Depot. Personnel from these facilities and the S-4, 61st Medical Battalion, held a meeting and it was agreed that the S-4, 61st Medical Battalion, would requisition, issue and control all supplies and equipment necessary for the preventive measures initiated to control the plague epidemic. This proved to be an effective measure in that there was an accurate count of supplies available at all times. This enabled the Preventive Medicine Officer to divide his personnel into teams with enough equipment and supplies to cover each assigned area.

3. To provide a requisition objective for requisitioning supplies and equipment, the following figures were used. Three-fourths (3/4) of the total troop population and one-third (1/3) of the native population were used as a basis for the requesting of the necessary supplies. A twenty-three (23) day stockage line was used during this period. The breakdown is as follows:

- a. Operating level: 15 days
- b. Safety level: 5 days
- c. Order ship time: 3 days
- d. Requisition objective: 23 days

This proved to be a very effective level and at no time did we have to deviate from it.

4. The Cam Ranh Bay Army Depot's reaction time to our requirements was always instantaneous. This unit was able to provide all of the Lindane powder and Diazinon dust needed to delouse personnel and dust the Cam Ranh Bay Area and neighboring Villages.

5. All of the requirements for medical supplies were placed upon the 32nd Medical Depot and in all cases they responded immediately. As a measure to prevent exhaustion of supplies, the 32nd Med Depot contacted the depot in Okinawa for more vaccine and needles. In this request to the Okinawa depot they included enough supplies for the administering of the booster shot for approximately 31,000 personnel. At no time were the plague preventive measures hampered because of a lack of medical supplies. The personnel of the 32nd Medical Depot contributed significantly to the success of the plague control program, in that they worked both day and night to insure that all of our requirements were fulfilled.

6. On March 4, 1967, at 1830 hours, it became necessary to set up a forty (40) bed Holding Facility in Cam Ranh Village. The target time was set at 2400 hours (date same as above). The necessary supplies and equipment were gathered to establish an operational facility. By 2130 hours, 4 March 1967, the necessary equipment and personnel were on hand at the facility, which was fully operational.

7. During the period 4 - 8 March 1967 the acquisition of supplies was routine, because of the coordination and outstanding support given the 61st Medical Battalion by the 32nd Medical Depot and the Cam Ranh Bay Army Depot.

s/Joseph S. Broussard
t/JOSEPH S. BROUSSARD
1LT, MSC
S-4 Officer

COMMANDER'S COMMENTS

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During the period 28 February through 11 March 1967, the Cam Ranh Bay area underwent an epidemic of plague. A total of 56 cases were recorded. The breakdown of these cases is included in this report.

The primary measures instituted in the treatment of patients and control of the epidemic were:

1. Immediate isolation of all known cases, attempting, as far as practicable to retain and treat cases in their area of origin by setting up temporary hospitalization facilities.
2. Immediate cessation of any and all methods directed toward killing rats until the flea population could first be reduced. Only until the rat/flea index could be brought below 1.1 should any measures be considered to reduce the rat population. This measure was felt to be of very great importance in the prevention of the spread of plague.
3. Immediate placement on chemoprophylactic medication of all known contacts of patients with pneumonic plague.
4. Immediate steps to eradicate fleas through dusting of all indoor and outdoor areas as well as personnel and their clothing.
5. Immunization of all military personnel and civilians in the area.
6. Decreasing by every possible means the flow of traffic to and from the area, while still continuing the military mission.

As it can well be understood, the attempts to isolate the community and yet maintain continuance of the military mission posed one of the most complex problems of the entire operation. This was accomplished only through the complete, instantaneous support and advice of US Army Support Command, CRB and CRB Subarea Command. At all times the fullest possible support and cooperation was given the 61st Medical Battalion by Support Command and Subarea Command Headquarters. We wish to acknowledge such wholehearted support with our grateful appreciation.

A total of 44 cases were from the RMK Vietnamese compound. With a total population of approximately 1500 people in this congested area, the possibility of a far greater number of cases was considered very probable. Even though this was in the area of responsibility of the Air Force, the effort there was a joint one between the Army and Air Force due to the temporary absence of some of the key Air Force Preventive Medicine personnel at the outset of the epidemic.

Visits by the USARV Surgeon, the Commanding Officer of the 44th Medical Brigade, and the Commanding Officer of the 43rd Medical Group during the period, afforded great assurance to the Commanding General of US Army Support Command, CRB, as well as to myself.

To acknowledge all personnel, both within and outside of the 61st Medical Battalion, whose tireless devotion was instrumented in the success of "Operation Plague" would be an impossibility. However, I feel compelled to cite some. CPT James E. Walraven, the Preventive Medicine Officer of the 61st Medical Battalion, deserves the highest praise. Not only did he recognize the potential epidemic early, and rapidly formulate the specific measures, but he also continually worked with the immunization and dusting teams. With the able assistance of MAJ Paul Tanner, Civil Affairs Officer, CRB Subarea Command, excellent liaison was established with the civilian government. MAJ James Willman, of the 20th Preventive Medicine Team, and LT Darwin Palmer, Commanding Officer of the 105th Medical Detachment (LA), with Mr. Charles Olsen and Mr. Paul Drucker, entomologist with PA&E, obtained the necessary equipment and formulated a plan whereby sectors of the area were given to specific teams in order that dusting could be accomplished. Upon the arrival of COL Hunter and LTC Dangerfield of the USARV WRAIR Team, invaluable experience, assistance and advice were gained. LTC Bong, the mayor of Cam Ranh area, MAJ Simpson, MACV advisor at Ba Ngoi, and Commander Tong, Vietnamese Naval Academy Commander, afforded invaluable cooperation in the program to dust the villages and immunize the peoples of these villages. It is felt if

* Note: Reminder of Commander's comments was not received in HQ, DA.

UNCLASSIFIED

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X

IMMEDIATE

CG, USASC, CRB, RVN

CO, CRB DEPOT CRB RVN (COURIER)
CO, 500TH TRANS CMD (COURIER)
CO, CRB PORT (COURIER)
CO, CRBSAC (COURIER)
CO, THSAC TUY HOA RVN
CO, PRSAC PHAN RANG RVN
CO, NTSAC NHA TRANG RVN
CO, 518TH PERS SVC CO, CRB RVN (COURIER)
CO, 516TH PERS SVC CO, CRB RVN (COURIER)
CO, 32D MED DEPOT, CRB RVN (COURIER)
CO, HHD USASC, CRB RVN (COURIER)
CO, 61ST MED BN, CRB RVN (COURIER)
CO, 6TH CONV CTR (COURIER)

INFO: ROICC, CRB (COURIER)
COMUS MACV RVN
DCC, USARV RVN
COMMANDER, 7TH AIR FORCE RVN
COMMANDER, NAVAL FORCES VIETNAM
CG, IFFV RVN
CG, 1ST LOG CMD TSN RVN
CO, 12TH TFW CRBAFB (COURIER)
CO, NAVAL ACTIVITY CRB (COURIER)
CO, 35TH ENGR GP (COURIER)
CO, 22ND REPL BN (COURIER)
CO, 10TH AVN BN (COURIER)
MSTS REP, CRB (COURIER)
PA&E (COURIER)
VINNELL CORP (COURIER)
73RD SIG BN (COURIER)
71ST ARTY BN (COURIER)
RMK (COURIER)
PAGE ELECTRONICS (COURIER)
97TH MILITARY POLICE BN (COURIER)
AB&T (COURIER)

UNCLAS AVCA CE-GP

MAR

1967

HERBERT L. CONNER
CPT, AGC
DEP ACOPS, PERSONNEL

CRB 365

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UNCLASSIFIED

IMMEDIATE

WILLIAM R. JENKINS
CPT, AGC, ASST AG

HERBERT L. CONNER
CPT, AGC, ACOPS, PERS CRB 365

SUBJECT: PREVENTION AND CONTROL OF PLAGUE

REFERENCE MY MSG AVCA CE-CG 01163 DTD 031121Z.

1. ALL UNITS WILL CURTAIL IMMEDIATELY ANY TRIPS OFF THE CAM RANH BAY PENINSULA BY MEMBERS OF THEIR COMMAND UNLESS THESE TRIPS ARE ABSOLUTELY NECESSARY. R&R IS EXCLUDED.

2. ALL UNITS WILL SCREEN IMMUNIZATION RECORDS OF THEIR PERSONNEL TO INSURE ALL PLAGUE IMMUNIZATIONS ARE CURRENT (A PLAGUE IMMUNIZATION IS CONSIDERED CURRENT ONLY IF AN INDIVIDUAL HAS RECEIVED AN ORIGINAL IMMUNIZING DOSE AND HAS HAD A BOOSTER EVERY 4 MONTHS.). ANY INDIVIDUALS WHOSE IMMUNIZATION RECORD DOES NOT CONFORM TO THIS CRITERION WILL REPORT TO THE SERVICING MEDICAL DISPENSARY IMMEDIATELY TO BE IMMUNIZED.

3. ALL VIETNAMESE VILLAGES ARE PLACED OFF LIMITS UNTIL FURTHER NOTICE (THIS INCLUDES CAM RANH VILLAGE).

4. ALL UNITS WILL PROVIDE FIELD SANITATION TEAMS OF TWO INDIVIDUALS WHO WILL REPORT TO THE CRB FM CLUB AT 0800 HRS, 4 MARCH 1967. THESE INDIVIDUALS WILL BRING ALL AVAILABLE DUSTING EQUIPMENT. DUSTING REFERRED TO IN THIS MESSAGE MEANS 2% DIAZANON DUST.

5. THE FOLLOWING CONTROL MEASURES FOR GARBAGE AND WASTE DISPOSAL WILL BE IMMEDIATELY INSTITUTED:

A. ALL GARBAGE AND/OR WASTE MATERIAL WILL BE BURNED AND BURIED.

B. THE SANITARY LAND FILLS ON THIS PENINSULA WILL BE TOTALLY DUSTED AND AFTER ADEQUATE BURNING, ALL WASTE WILL BE BURIED BY AT LEAST TWO FEET OF SAND OR EARTH.

C. ALL TRUCKS HAULING GARBAGE OR WASTE MATERIAL WILL BE DUSTED DAILY.

D. ALL UNITS WILL DUST AROUND THEIR MESSSES, GARBAGE RACKS, LATRINES, URINALS, AND ANY OTHER AREAS WHICH COULD HARBOR FOOD FOR RODENTS, ASAP AND WEEKLY THEREAFTER.

6. ALL UNITS WILL DUST THEIR LIVING QUARTERS, BILLETTS, OFFICES AND WORK AREAS.

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IMMEDIATE

WILLIAM R. JENKINS
CPT, AGC, ASST AG

HERBERT L. CONNER
CPT, AGC, ACOPS, PERS CRB 365

7. PERSONNEL WILL NOT CONGREGATE IN GROUPS IN THEIR LIVING OR WORKING AREAS. ALL INDIVIDUALS WILL USE "DEET" OR ARROSOL INSECT SPRAY ON ALL AREAS NOT COVERED BY THEIR CLOTHING. INDIVIDUALS WILL SLEEP "HEAD TO FOOT" I.E. ALTERNATE BUNKS TO HAVE THEIR HEADS POINTING IN OPPOSITE DIRECTIONS.

8. THERE WILL BE NO POISONING OF RATS FOR AT LEAST 5 DAYS AFTER DUSTING. ANY RAT TRAPS USING POISONED BAIT SHOULD BE DUSTED AND ALL POISON SHOULD BE REMOVED.

9. ALL PET ANIMALS ON THIS PENINSULA WILL BE DUSTED DAILY AND PLACED ON A LEASH TILL FURTHER NOTICE. IF THIS IS NOT COMPLIED WITH, THE ANIMAL WILL BE EXTERMINATED AND BURNED.

10. THERE WILL BE NO MASS GATHERING OF PERSONNEL UNTIL FURTHER NOTICE. THIS INCLUDES MOVIES, SPECIAL SERVICES ACTIVITIES, CHURCH SERVICES, ATHLETIC EVENTS, ETC.

11. ALL CLUBS, TO INCLUDE THE USO, AND RED CROSS CLUBS WILL BE IMMEDIATELY CLOSED UNTIL FURTHER NOTICE. FOOD HANDLING, PREPARING AND SERVING AREAS NOT ESSENTIAL TO FEEDING OF PERSONNEL WILL BE CLOSED.

12. ALL NON-ESSENTIAL VIETNAMESE PERSONNEL WILL BE KEPT OFF THE MILITARY PORTION OF THE PENINSULA. VIETNAMESE PERSONNEL DETERMINED TO BE ESSENTIAL BY SUBORDINATE COMMANDERS WILL BE ESCORTED TO THE 136TH MEDICAL DISPENSARY FOR INNOCULATION AND RECEIPT OF A PROVOST MARSHAL PASS. ALL OTHER PERSONNEL WILL BE EVACUATED BY 1200 HOURS 4 MAR 67. PERSONNEL DETERMINED NON-ESSENTIAL WILL RECEIVE NORMAL PAY FOR THE PERIOD ACCESS TO THE MILITARY POST IS DENIED.

13. IT IS IMPERATIVE THAT SHIPS DOCKING AT CAM RANH BAY IMMEDIATELY INITIATE THE FOLLOWING RODENT/FLEA CONTROL MEASURES:

A. RAT GUARDS WILL BE ADEQUATELY PLACED ON ALL MOORING LINES. CARGO NETS WILL BE HAULED ABOARD SHIP WHEN NOT IN USE. GANGWAYS WILL BE WELL LIGHTED AT NIGHT.

B. ENTIRE DOCK AREAS WILL BE COMPLETELY DUSTED IMMEDIATELY AND ON A WEEKLY BASIS UNTIL FURTHER NOTICE.

UNCLASSIFIED

61ST MEDICAL BATTALION

1. The following units were assigned to the 61st Medical Battalion at the end of the report;

- 7th Medical Detachment (MA)
- 128th Medical Detachment (OA)
- 136th Medical Detachment (MA)
- 161st Medical Detachment (OA)
- 221st Medical Detachment (MB)
- 241st Medical Detachment (MB)
- 349th Medical Detachment (MB)
- 413th Medical Company (Amb)
- 516th Medical Detachment (AC)
- 563rd Medical Company (Clr)
- 568th Medical Company (Clr)

2. Attached for Administration and Logistics.

- 4th Vet (VFI)
- 107th Medical Detachment (IA)

3. Attached for Personnel Administration.

- 32d Medical Depot

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AVCA-MB-GA-OI (1 May 67) 1st Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly, Period
Ending 30 April 1967 (RCS CSFOR-65)

Headquarters, 43d Medical Group, APO 96240 12 May 1967

THRU: Commanding Officer, 44th Medical Brigade, ATTN: AVCA-MB-PO,
APO 96307

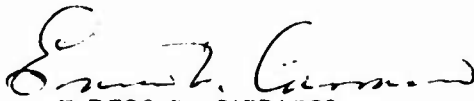
TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

1. Forwarded is the Operational Report - Lessons Learned for
Quarterly Period Ending 30 April 1967 for the 61st Medical Battalion.
2. The following observations are made concerning recommendations
in Section II, Part II:

a. The use of platoons of Medical Companies (Clearing), TOE
8-128E, in support of medical facilities organic to tactical units has
been attempted on operations SEWARD, FARRAGUT, SUMMERALL, and FRANCIS
MARION. It has been found that, given adequate communications, these
units can provide a holding area for patients so that evacuations can
be accomplished "en masse" rather than in small groups, the organic
medical facility is permitted flexibility in deployment, and there is
a tendency to evacuate fewer cases to the rear.

b. Concur in the recommendation to substitute zinc coated
copper wire for the steel tape antenna issued with the K.M.-2A trans-
ceiver. This expedient has been found satisfactory in the experience
of this headquarters.

c. Concur in paragraphs B and C of Section II, Part II.


ENRICO D. CARRASCO
Colonel, MC
Commanding

2

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AVCA MB-PO (1 May 67) 2d Ind
SUBJECT: Operation Report - Lessons Learned for Quarterly Period
Ending 30 April 1967 (RCS CSFR-65)

HEAD QUARTERS, 44TH MEDICAL BRIGADE, APO 96307

3 JUN 1967

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

1. The contents of basic document and first indorsement thereto have been reviewed.

2. The report is forwarded with comments pertaining to Section II, Part II (Recommendations) as follows:

a. Operations.

(1) Concur. The comments in the preceding indorsement concerning this item are considered appropriate.

(2) Concur. The 61st Medical Battalion has been requested to submit an Equipment Improvement Recommendation (EIR) on this item.

b. Preventive Medicine. Concur. Field sanitation teams which are authorized in accordance with AR 40-5 have proven to be an extremely effective means for implementing a preventive medicine program.

c. Dental. Concur. This item should be very helpful to dentists who desire to work under the conditions outlined in the observations.



F. W. TIMMERMAN
CCL, MC
Commanding

TTL: Lynx 389

1 Incl
as

3

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AVCA GO-O (1 May 67)

3d Ind

SUBJECT: Operational Report for Quarterly Period Ending 30 April 1967
(RCS CSFOR 65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307

9 JUN 1967

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

1. The Operational Report - Lessons Learned submitted by the 61st Medical Battalion for the quarterly period ending 30 April 1967 is forwarded.
2. The 61st Medical Battalion performed combat service support for 89 days during the reporting period.
3. Concur with basic report as modified by indorsements. The report is considered adequate.

FOR THE COMMANDER:

TEL: Lynx 782/430

1 Incl
nc

1000h, 100h
T. B. O'HARA
1st. INF
Acting Asst AG

4

m.k
40

AVHGC-DST (1 May 67) 4th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
30 April 1967 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96375

TO: Commander in Chief, United States Army, Pacific, ATTN: GFOP-OT,
APO 96558 17 JUL 1967

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 30 April 1967 from Headquarters, 61st Medical Battalion.

2. Pertinent comments follow:

a. Reference item concerning steel tape antenna used with the KWM-2ASSB radio, page 4; paragraph 2a, 1st Indorsement and paragraph A2, page 8: Concur. The steel tape antenna is not designed for long term fixed use.

b. Reference item concerning the establishment and training of field sanitation units, page 4; paragraph 2b, 2d Indorsement and paragraph B, page 8: The 20th PMU(T), 44th Medical Brigade will provide this training upon request.

c. Reference item concerning conversion of the dental chair, page 5; paragraph 2c, 2d Indorsement and paragraph c, page 8: Concur. This is a simple solution for those dental officers trained to operate in the sitting position. This conversion has been published in the 932d Medical Detachment (AI) newsletter and given wide dissemination to all dental units. Those who wish to adopt this idea may do so. This conversion does not in any way interfere with the conventional use of this equipment.

d. Reference item concerning plague epidemic; After Action Report, page 5.

(1) Comment 1: Concur. The 20th PMU is providing rat/flea indices on a continuing basis.

(2) Comment 2: Concur. A command letter, Control of Insects and Rodents at USARV Ports and Depots, 8 May 1967, was dispatched to CG, 1st Logistical Command. To date, this program has not been fully implemented, but the staff entomologist, 9th Medical Laboratory, is working with the 1st Logistical Command to implement a practical and effective program.

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AVHGC-DST (1 May 67)

4th Ind


SUBJECT: Operational Report-Lessons Learned for the Period Ending
30 April 1967 (RCS CSFOR-65)

(3) Comment 3: USAID has the mission of advising and assisting the GVN in establishing a preventive medicine program. This, of course, will take time, but progress is being made.

(4) Comment 4: Until the GVN can establish an effective reporting system, USARV personnel will have to provide the impetus for establishing central reporting of cases as was done in this outbreak.

FOR THE COMMANDER:

1 Incl
nc


E. L. KENNEDY
CPT, AGC
Asst Adjutant General

GPOP-DT(1 May 67)

5th Ind

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SUBJECT: Operational Report for the Quarterly Period Ending 30 April 1967
from HQ, 61st Med Bn (RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 2 OCT 1967

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

1. This headquarters has evaluated subject report and forwarding
indorsements and concurs in the report as indorsed.

2. Reference Section II, Part I, A, 2: The steel tape antenna
used with the KWM-2A radio is not designed for long term fixed installa-
tion. Concur in unit's solution of providing substitute antenna which
can withstand the wind and eliminate antenna breakage.

FOR THE COMMANDER IN CHIEF:



K. F. OSBOURN
MAJ, AGC
Asst AG

1 Incl
nc