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AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 44TH MEDICAL BRIGADE
APO 96307

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AVCA-MB-PO

15 November 1966

SUBJECT: Operational Report for Period Ending 31 October 1966 (RCS
CSFOR-65)

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

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

Commanding General
United States Army, Pacific
ATTN: GPDP-MH
APO 96558

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

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SECTION I
SIGNIFICANT ORGANIZATIONAL ACTIVITIES

OPERATIONS

1. During this report period, this headquarters continued to provide command, control, staff planning and supervision of operations and administration of the 43rd, 55th, and 68th Medical Groups, in addition to the 932nd Medical Detachment (AI), the 32nd Medical Depot, the 20th Preventive Medicine Unit, the 9th Medical Laboratory, and the 4th Medical Detachment (JB). At present, there is a total of 115 medical units of varied type and mission assigned to this headquarters.

2. Hospitalization, evacuation, and medical regulating were provided in support of operations Paul Revere, John Paul Jones, Oahu, El Paso III, Toledo, Byrd, Seward, Thayer, Sioux City, Irving, Shenandoah and North Carolina, by units assigned to this headquarters. The following medical units became operational during this period.

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7th Surgical Hospital (1 Aug 66)
 27th Military History Detachment (2 Sep 66)
 45th Medical Detachment (KB) (1 Aug 66)
 50th Medical Company (Clr) (24 Oct 66)
 67th Evacuation Hospital (5 Oct 66)
 221st Medical Detachment (MB) (9 Aug 66)
 229th Medical Detachment (MC) (17 Oct 66)
 241st Medical Detachment (MB) (24 Aug 66)
 332nd Medical Detachment (MB) (25 Aug 66)
 349th Medical Detachment (MB) (24 Aug 66)
 436th Medical Detachment (AC) (15 Sep 66)
 438th Medical Detachment (RB) (3 Oct 66)
 439th Medical Detachment (RB) (24 Oct 66)
 501st Medical Detachment (MA) (12 Oct 66)
 504th Medical Detachment (IE) (30 Oct 66)

3. The following units arrived in the Republic of Vietnam during the period:

7th Medical Detachment (MA) (31 Aug 66)
 12th Evacuation Hospital (9 Sep 66)
 27th Military History Detachment (1 Sep 66)
 45th Surgical Hospital (4 Oct 66)
 229th Medical Detachment (MC) (8 Sep 66)
 436th Medical Detachment (AC) (1 Sep 66)
 440th Medical Detachment (RB) (4 Sep 66)
 439th Medical Detachment (RB) (1 Sep 66)
 495th Medical Detachment (AC) (29 Aug 66)
 501st Medical Detachment (MA) (29 Aug 66)
 516th Medical Detachment (AC) (31 Aug 66)
 872nd Medical Detachment (RB) (8 Sep 66)
 874th Medical Detachment (RB) (11 Sep 66)
 504th Medical Detachment (IE) (20 Oct 66)

4. When the brigade became operational on 1 May 1966, the Plans, Operations, and Intelligence Section was staffed with one (1) Lieutenant Colonel (MSC) as S3, one (1) Lieutenant Colonel (MSC) as Chief, Plans and Operations, one (1) Major (MSC) as Assistant Plans and Operations Officer, and one (1) Captain (MSC) in excess of current TOE, however, experience during the past six months has definitely proven the urgent need for one additional officer. Action is being initiated to correct staffing difficulties in this section through the submission of an MTOE.

5. An unusually large amount of classified material was processed by personnel working within the Plans, Operations, and Intelligence Section during this period. This was also the case during the previous report period. This requires the full time efforts of one (1) senior non-commissioned officer, however, no provision for this individual is authorized under current TOE. Plans have been initiated to establish a Classified Control Center, under the control of the Brigade Adjutant, in order to solve this problem and provide for better control of this material.

6. Trained clerical personnel apparently do not exist in sufficient number, since the individuals assigned as clerk typists to the Plans, Operations, and Intelligence Section had never performed the duties of clerk typists prior to their assignment to the brigade. This was a most critical problem throughout this period, due to the significant amount of correspondence generated daily from this section. It would seem that Personnel Management, through proper screening and testing of personnel, could insure that only qualified clerk typists are assigned to command and control headquarters.

7. The FASCOM Section, which functioned as the Medical Director's Office, 1st Logistical Command, and which was concerned primarily with planning, proved to be unrealistic and not beneficial to overall planning and operations. This was attributed to the fact that a constant and close liaison could not be maintained between the planners and the operational aspect of the medical brigade. A direct and close daily working arrangement must be maintained by the planners and operational personnel. The only way this could be achieved was to consolidate the Plans, Operations, and Intelligence Section with the FASCOM Section under direct supervision of the Brigade S3. This action, since initiated, has proven to be more realistic and has definitely contributed to better unity, better policy and operational control. ✓

8. When it becomes necessary for a medical evacuation helicopter to use a hoist for the extraction of a patient from a wooded or jungle area, it is necessary for the helicopters to hover over the area for a long period of time. At such times, the helicopter is much more vulnerable to enemy fire. For this reason, it has proven essential that two (2) medical evacuation helicopters equipped with hoists and one (1) armed helicopter be dispatched on each mission, which will require the use of a hoist. This method of operation provides adequate security for the patient as well as for the aircraft and crews. The second medical evacuation helicopter accompanies the first evacuation aircraft as a standby evacuation aircraft in the event the first evacuation aircraft is downed by enemy fire, thereby necessitating the evacuation of the downed crew also.

X 9. Lack of adequate communications within the Republic of Vietnam continued to be a most serious problem. The poor communications, both land line and radio, requires immediate attention. It would seem that with modern communications being available, problems of this type would be non-existent in a theater of operations, or, at least, it would seem that these problems could be solved by quicker action. An individual has only to spend one day in Vietnam trying to contact another unit, and the individual's faith in the telephone would soon diminish. Medical units are given no priority in the use of the telephone system in Vietnam and only four (4) outside lines are allowed at the brigade headquarters to the nearest switchboard, which is often impossible to reach. There are 37 extensions in this headquarters. Many Vietnamese female operators are employed at military switchboards throughout Vietnam, which further complicates and aggravates the matter.

Usually, when conversing with these Vietnamese operators, it is necessary to repeat the number as many as five times, and the response from these operators, as compared to trained military operators, is grossly inadequate for combat operations. Because of the lack of sufficient land lines in Vietnam, it is often necessary for a call to be routed through so many switchboards, that once the party is reached, they cannot be heard, or they cannot hear the caller. The radio equipment authorized by TCE is most inadequate for the type operations being conducted in Vietnam. This equipment has neither the range nor durability required for continual operation. One (1) AN/VRC-46, short range, FM radio is the only radio presently authorized by TCE. This necessitated a requisition for additional long range (nine (9) AN/GRC-93) Single-Sideband radio sets, which, to date, have not been received. A requisition was submitted on 13 April 1966. Follow-up action was taken on 4 May 66, 9 Aug 66, and 9 October 1966. Finally another request was initiated on 1 Nov 66, and 1st Logistical Command has taken action to have these radios purchased. When this equipment is received, the brigade will have the capability to establish direct long-range radio communications with the three (3) subordinate medical group headquarters, which are located from 20 to 250 miles away. Teletypewriter equipment is not utilized, however, the brigade is authorized to use these facilities at 1st Logistical Command. It is believed that a serious and expanded effort should be made by signal personnel to correct this extremely vital aspect of operations.

10. As indicated by numerous inadequacies which have been discovered through experience, and which are presently being discovered, a complete study and revision should be made at Department of the Army level of all current medical unit TCE's. The submission of MCE's is not considered a realistic approach and the system is not responsive to the immediate needs of the overseas commander. An excessive period of time is required in processing MCE's through the numerous intermediate headquarters between the brigade and Department of the Army. The present policy of bringing the patient to the treatment facility, rather than locating the treatment facility in proximity to the patient has created a definite need for additional equipment and personnel. TCE's should be established for both conventional and non-conventional type warfare. Current TCE's do not provide adequate personnel or equipment for these "fixed-type" facilities to function properly. It has become an operational necessity to augment, as necessary by internal brigade adjustments, to accomplish the medical mission, which results in other essential areas being given less than desired coverage.

CHAPLAIN

1. During this report period, nineteen (19) chaplains were performing duty with units assigned to the brigade. The Staff Chaplain visited each unit chaplain at least once during this period for the purpose of providing guidance and assistance as required. Three of these unit chaplains visited the brigade headquarters and were briefed by members of the brigade staff. These chaplains were also briefed at 1st Logistical Command and by the USARV Staff Chaplain. This introduction to operations and duties in Vietnam by higher headquarters is considered essential and vital to each incoming chaplain as he begins his tour of duty here where challenges are sometimes quite differently presented.

2. One of the primary areas of concern to each chaplain has been the inadequate transportation available to him, which limits his ability to travel, as he must. Chaplains are required by MACV and USARV to serve on an area coverage basis. This means that each unit chaplain should have an adequate means of moving from assigned unit to units covered. He must meet these requirements as they occur. A chaplain must be "all things to each person", and must perform duties for units for which he is responsible.

3. A quarterly consolidated Religious Activities and Character Guidance Report was submitted for the months of July, August, and September. This consolidated report was submitted, through channels, to Department of the Army, and was the first such report submitted by the Brigade Chaplain, since the brigade became operational. During this period there were 1,260 religious services, with a total 38,507 persons in attendance, conducted by brigade chaplains. There were also 46,849 persons counseled by brigade chaplains. Indications are that a chapel facility should be included in construction plans for all hospitals, and these plans should be reviewed by the Brigade Chaplain, as well as the Brigade S4.

LOGISTICS

The S4 and supply section submitted requests to supplement the brigade TOE authorization, for personnel needed to maintain continuity in the section and to provide necessary experienced liaison and inspection teams to inspect subordinate units of the brigade. Those additional personnel requested included one (1) E-7, MOS 76J40, one (1) CWO (Supply Officer), one (1) E-4, Supply Clerk, MOS 76K20, and one (1) E-4, Armorer, MOS 76K30. General medical supply personnel, without the necessary training to immediately perform their duties, and the lack of trained stock control, property book, and general supply personnel caused hardships on brigade units as well as the individuals themselves.

PERSONNEL

1. During this period, the S-1 Section concentrated on basic principles of organization and personnel management. This was done with the desire for better service to the brigade headquarters and its subordinate units. This was accomplished through scheduled liaison visits to all subordinate units as well as daily contact with each of the medical group headquarters.

2. The message center was located in the same area with the Adjutant Section and the S-1 Section, however, due to the congestion, noise, and flow of courier personnel, this activity was relocated and secured by lock. The result was a lessening of the above unsatisfactory conditions, while providing more space for the two sections involved. This message center was the responsibility of the S-1 Section

during this period, but is programmed for shifting to the Adjutant Section. The message center has assumed responsibility for all reproduction for the headquarters and certain attached and assigned units. In addition, the responsibility for requisitioning blank forms for the brigade headquarters and other subordinate units, not assigned to a medical group, was assumed by the message center. This required the utilization of the enlisted aide in the message center for sufficient staffing.

3. The files of the S-1 Section were further refined under the Army Functional Files System which involved the complete training of a clerk to accomplish this function. Other clerical personnel who were assigned to the section were school-trained prior to assignment to the unit, but required much more training to meet the heavy demands of the positions they occupied. Firm job descriptions were established to assign specific job functions. Personnel information rosters were fixed as a monthly requirement from all subordinate units together with a report of assigned and authorized strengths.

4. The civilian personnel program was shifted from Headquarters Detachment to the S-1 Section during this period, resulting in the requirement for development of the program in accordance with Civilian Personnel Office directives. This program has resulted in an administrative workload for the section for which no additional personnel are provided. The command emphasis placed on the Army Information Program has demonstrated inadequate staffing to accomplish this important function. The S-1 is designated by TCE as the Brigade Information Officer, however, there are no personnel provided to accomplish the work of pursuing information leads, encouragement of subordinate unit information personnel, and to handle the preparation of reports. An aggressive savings program was established to raise the brigade percentage of participation to the 1st Logistical Command goal of 90%. The US Army Support Command, Saigon assumed the function of publishing orders as a personnel service to the brigade headquarters and separate subordinate units. The DA program for promotion of First Lieutenants to Captain was implemented by regulations from 1st Logistical Command and the brigade. The Brigade Commander was established as the approving authority for these promotions.

5. The clerical personnel assigned to the 44th Medical Brigade, upon activation in May 1966, were personnel with only school training and no assignment experience prior to being assigned to the brigade. The TCE authorization is well below the mission requirements, therefore, a heavy demand is placed on the clerks presently occupying TCE positions. Experience has indicated, that although willing to learn, the brigade has suffered administratively due to the lack of job knowledge on the part of these individuals. The importance of assigning qualified personnel, in all categories, to a command and control headquarters cannot be overemphasized. The attendance at a basic school, without prior experience of the individual in his MES field, is not considered satisfactory for the high standard of performance required of individuals being assigned to this headquarters.

'NOT' REPRODUCIBLE

MEDICAL STATISTICS

1. During the month of August, plans were developed for the establishment, on 1 September 1966, of the USARV Central Medical Records Agency. These plans were implemented in the following manner:

a. Medical groups were directed to have all treatment facilities submit daily, weekly, and monthly reports directly to the Agency.

b. The Brigade Medical Statistics Officer, the Chief Statistic's Clerk, and another statistics clerk were assigned to the USARV Surgeon's Section to form the Agency, together with already existing personnel.

c. A statistic's clerk and a clerk typist remained in the Brigade Medical Statistics Section.

d. Another officer was assigned as the Brigade Medical Statistics Officer.

e. The Medical Statistics Branch retained responsibility for technical assistance to hospital registrar personnel, and the correction of deficiencies in medical recording and reporting as detected by the brigade section or by the USARV Agency.

2. As a result of the establishment of the USARV Central Medical Records Agency, certain significant items of interest occurred as follows:

a. There were no major problems encountered in the shifting of the daily reports to the Agency on the effective date of operation.

b. During the months of September and October, there were several occasions when daily reports were delayed in reaching this headquarters due to the inexperience of the statistics clerk at the Agency.

c. Weekly and monthly reports which were received at the Agency during the months of September and October reflected a definite improvement in quality, however, the failure to meet suspense dates by the hospital registrars remains a problem.

3. The Brigade Medical Statistics Officer visited each medical group headquarters, the 8th Convalescent Center, and all hospitals and clearing companies during the months of September and October. These visits were conducted by direct contact with hospital registrars and by conferences conducted either at group or battalion headquarters.

4. Approval was received from Headquarters, USARPAC, to establish medical service accounts in the Field and Evacuation Hospitals of the brigade. The medical groups were directed to implement this action on 1 October 1966.

PREVENTIVE MEDICINE

On 1 August 1966, Captain John K. Weagly assumed the duty of Brigade Preventive Medicine Officer. Primary activities during the reporting period, in addition to routine publication of the monthly Command Health

Report, included directives for the establishment of Rabies Control Boards within appropriate brigade units. The appointment of area Surgeon's was also accomplished.

MEDICAL REGULATING

During the month of August, the Brigade Medical Regulating Officer (MRO) visited the registrars of all brigade hospitals to explain and clarify their responsibilities for the proper evacuation or transfer of patients from their hospitals to other hospitals, as necessary. These meetings were very successful as indicated by later response and smoothness of patient transfers. Close coordination and excellent working relationships were maintained with Air Force Aeromedical Evacuation Units and Casualty Staging Facilities. Each Medical Group MRO was assisted in understanding and completing his responsibilities for medical regulating, and a revised and more comprehensive medical regulating regulation was published and distributed. There were no major problems experienced in this area of brigade operations.

HEADQUARTERS DETACHMENT

Numerous area improvements have been made in the brigade headquarters area, which included painting inside buildings, improvements in area defenses, and continuing work on the mess hall, which is soon to become operational. Work continues to be accomplished in living and working areas. Dayroom furniture has been on requisition with 1st Logistical Command Special Services since 26 July 1966, but to date, no furniture has been issued. Recreation for detachment personnel includes movies, five nights per week, television, various games and sports, and access to several USO clubs within the Saigon area.

MILITARY HISTORY

The 27th Military History Detachment (TOE 20-17E) arrived and began operation at the 4th Medical Brigade Headquarters on 1 September 1966. This unit is attached to the brigade and assigned to USARV, and consists of one (1) Captain (MCO) and one (1) NCO. The mission of this detachment is to augment the brigade historical program and its subordinate units by assisting in the preparation of historical directives and insuring proper compliance, advising staff officers and unit historians concerning maintenance of daily journals and journal files, and the preparation of various reports of historical significance. This unit also collects and forwards photographs and materials of historical importance, and conducts interviews with commanders, as necessary.

VETERINARY SERVICE

1. The veterinary service provided by brigade units continued to expand its operations to forward base camps during this report period. New field stations were established at Phu Bai, Tay Hoa, Di An, Tay Ninh, and Vinh Long. The purpose of this expansion was to provide a complete veterinary service as far forward as possible in direct support of military operations. One problem encountered during the early stages was

lack of coordination between the plans and operations sections of the Support Commands and the veterinary service. This has resulted in the establishment of Class I supply points without veterinary inspection being made a part of the operation. As a result, excessive spoilage and deterioration of food occurred because of improper storage and handling practices. Timely veterinary inspection during early operations could, in most cases, minimize losses and save manpower needed to re-work Class I stocks to remove spoiled products after the damage is done.

2. Lack of coordination with the medical service has also resulted in the construction of a number of kennels which are unsatisfactory from a veterinary viewpoint and aggravate disease control problems among military working dogs. To overcome this, a standard kennel design for tropical climates has been recommended for adoption, which will afford optimum disease control, permit sanitary maintenance, provide security and help reduce the non-effective rate of these animals.

3. Veterinary personnel were also assigned to Dalat to perform inspection of fresh fruits and vegetables purchases by the US Army Procurement Agency, Vietnam. Veterinary personnel have been a part of this program from the start, demonstrating the need for inspection as an integral part of food procurement activities.

4. Continued emphasis has been given civic actions by assigning veterinary personnel to the 1st Infantry Division at Phu Loi, on a TDY basis, as a training measure in anticipation of the expanding role of this program in Vietnam.

5. Present enlisted strength is adequate, however, additional veterinary officers are required, particularly in forward areas. In the past, veterinary service for military dogs has been geared to the sentry dog program which presents a static population. Experience is indicating that support for the scout dog requires a mobile veterinary service capable of providing more definitive animal care in the field. Efforts are being made to give area veterinarians and field offices the capability to provide an all-round service. Food inspectors and animal technicians are being given on-the-job training, whenever possible, to obtain more cross-trained personnel and enhance their flexibility.

6. The 504th Medical Detachment (IE) (Small Animal Dispensary) arrived in-country on 20 October 1966. Their strength is one (1) officer and six (6) enlisted men, with 1st Lt. Wayne E. Cunningham, as the Commanding Officer. This unit is stationed in the vicinity of Da Nang and became operational on 30 October 1966. Its mission is to provide veterinary care and hospitalization for military dogs of US forces in the I Corps TZ.

DENTAL SERVICE

1. During this period, the total authorized dental personnel in Vietnam has increased to 354. The total number of authorized dental officers has increased from 153 to 163.

2. Preventive Dentistry lectures were given at Saigon, Long Binh, Pleiku, An Khe, Qui Nhon, Di An, and Vung Tau. These lectures were given to dentists, hygienists, and some physicians showing the importance of proper oral hygiene habits. Hand mirrors, toothbrushes, and patient educational material was distributed.

3. Units arriving in Vietnam during this report period, which had assigned dentists were the, 12th Evacuation Hospital, 7th Medical Detachment (MA), 501st Medical Detachment (MA), and the 229th Medical Detachment (MD). The actual number of clinics under operation has increased from 43 to 50. In addition, there are 7 clinics under construction which will replace clinics presently in tents, and an additional 2 clinics programmed. Four (4) clinics are under construction, and nine (9) more are programmed in areas where no clinics are presently located.

4. During the months of August, September, and October, a total of 8,334 Vietnamese civilians were treated, and 5,340 teeth were extracted in remote villages, orphanages, and refugee camps. The demand for dental participation in MEDCAP II activities is steadily increasing.

5. Maintenance of Encore High Speed Dental Units still presents a problem, however, a maintenance SOP on the Encore has partially alleviated this problem. Users of the Encore are required to forward to this headquarters a monthly maintenance card, which will aid in a better evaluation of the Encore unit.

6. Some dental prosthetic cases have been experiencing delays in reaching units due to the delay of mail from CONUS.

7. A change in dental support involving two (2) KJ teams is in the progress of taking place. The 39th Medical Detachment presently located in Qui Nhon is moving to Pleiku, because of the increase in troop population in that area. The 56th Medical Detachment stationed at An Khe will increase its area of responsibility to provide necessary dental support for the Qui Nhon area.

8. In the area of continuing education, a dental newsletter was published monthly, and monthly professional meetings were held in Saigon and Long Binh. Handouts are now being distributed to prosthetic and oral hygiene patients. These handouts contain instructions on the maintenance of prosthetic appliances and the prevention of oral disease.

9. Liaison visits by members of the Dental Surgeon's Staff were made to Pleiku, Qui Nhon, and Can Tho to inspect dental facilities and to assure that adequate dental support was being provided.

10. Colonel Murphy, USARPAC Dental Surgeon, inspected dental facilities from 25 to 30 September 1963. He observed a high morale in all units, a great deal of personal effort in establishing clinics, and that progress in establishing clinics was much more advanced than he had expected. He also observed that relations between dental and major supported units was excellent, and he indicated that he considered dental support in Vietnam to be outstanding.

SECTION II COMMANDERS OBSERVATIONS AND RECOMMENDATIONS

PART I OBSERVATIONS (LESSONS LEARNED)

OPERATIONS

PROSTHETIC CASES (DENTAL)

Item: Excessive time lapses have occurred in receiving prosthetic cases from the Regional Dental Activity in Alameda, California.

Discussion: A recent survey of 120 cases revealed the average time required a dental prosthetic case was 24.46 days. This was further broken down as follows:

RVN to RDA-----7.2 days
Fabrication in RDA-6.06 days
RDA to RVN-----11.2 days

Observation: A letter has been sent to the Regional Dental Activity requesting that they check with the local APO to determine if the cases are being sent "Air Mail". The possibility that cases are being held up for an excessive period of time in-country before being sent to the unit is also being checked. 20% of the cases required from 16 to 45 days to return from RDA to Vietnam. Delays may be due to low mail priority in CONUS or delays in in-country mail service in Vietnam.

CONSTRUCTION OF DENTAL CLINICS (DENTAL)

Item: Problems have arisen in keeping up to date on construction and programmed construction of dental clinics.

Discussion: Commanders who are having a dental clinic built in their area do not always keep up to date on the construction of the clinics. As a result, the clinic is sometimes delayed being completed or is completed lacking necessary criteria.

Observation: Commanders have been informed to keep abreast on the construction of clinics and to keep this headquarters fully informed on progress and difficulties that arise.

INSUFFICIENT POWER (DENTAL)

Item: Some teams are having difficulty in obtaining enough power to adequately operate their clinics.

Discussion: The power authorized a KJ team is 22.5 KW; however, this is not considered adequate to operate 14 Encore Dental Units, X-Ray, plus lights, autoclaves, and fans in the clinic and quarters area. Also some clinics are air conditioned and require additional power.

Observation: Teams not having sufficient power have submitted requisitions for generators, using as a justification that present power is inadequate for carrying out the dental mission. At present there are 3 KJ teams that are in this category.

TEACHING AND PLANNING AT MFSS (DENTAL)

Item: The dental division of the Army Medical Field Service School has no direct source of information on the dental service in the Republic of Vietnam.

Discussion: In order to offer timely and pertinent subjects, problems, and solutions the dental division of the Army Medical Field Service School must have a reliable source of information about the Vietnam situation.

Observations: Since January 1966 the 932d Medical Detachment and recently the dental section of the 44th Medical Brigade have forwarded documents, photographs, newsletters, and correspondence to the dental division of the Medical Field Service School.

INSUFFICIENT X-RAYS (DENTAL)

Item: There are only 15 X-Ray units for 50 dental clinics in RVN.

Discussion: The shortage of X-Ray units means there is a considerable amount of oral surgery performed without the use of such a unit. The evacuation and field hospitals have a greater need for dental X-Rays than clinics rendering area dental support, thusly most hospitals have an X-Ray apparatus. The contonment type war means fixed medical installations. The Field Dental X-Ray apparatus is less suitable for Vietnam than installation type machines, has less power-60KV VS 90 KJ, and is more expensive.

Observation: More X-Ray machines of the installation type have been requisitioned.

UNIT DEPLOYMENT (VETERINARY)

Item: Proper orientation for commanding officers of units being deployed to Vietnam.

Discussion: The 504th Med Det (IE) arrived in Vietnam aboard the USNS Sultan with accompanying TAT equipment and were discharged at Vung Tau. Personnel and accompanying equipment were subsequently moved to Da Nang, their destination. Unit CO had no knowledge, and was never informed at any time, as to how, when, or on which vessel his vehicles, trailers and conex containers would be shipped. Messages had to be sent to his last CONUS station requesting this information be furnished.

Observation: Any unit CO should be informed at some time before or during his movement overseas, of the name of the vessel, ETA, and port of discharge for all non-accompanied vehicles and equipment.

FOOD LOSSES (VETERINARY)

Item: Excessive spoilage of food due to improper storage and handling practices.

Discussion: Class I personnel of S&S units, under pressure to set up their operation, are unable to receive, properly store, issue and build adequate facilities to protect the food products they handle, all at the same time. Consequently, climatic conditions, heavy traffic, inadequate rotation of stock and damage generate increasingly greater amounts of deteriorated and inedible subsistence. Finally a major surveillance effort is needed to rework the Class I yard to remove spoiled products which spreads rapidly throughout a stack.

Observation: Prior planning, better site selection, overhead protection, control of input and veterinary surveillance inspection as an integral part of Class I operations would contribute to a reduction in losses and prevent unsatisfactory conditions from developing.

TROOP LIST (VETERINARY)

Item: Request for additional veterinary units/personnel.

Discussion: After thoroughly evaluating veterinary resources in VN at that time, and considering projected buildup of forces, a request for critically needed veterinary units was sent from 1st Logistical Command on 30 July 1966. USARV's submission to USARPAC and MACV was made on 22 Sep 66. On 19 Oct 66, USARPAC queried USARV regarding substitution of one larger unit for three (3) smaller teams (same total strength), to which USARV replied on 28 Oct 66. Date of any action by USARPAC is not known.

Observation: The time required to staff, review and act on requests for additions or changes to the troop list appears to be entirely too long. Continued delay in receipt of required personnel and units, coupled with increased demands from all areas, can only result in deterioration of the quality and extent of veterinary service provided.

MTOE (VETERINARY)

Item: MTOE for the 936th Veterinary Detachment (ID) (Small Animal Hospital).

Discussion: Observations and experiences for the past six months in Vietnam have led to the consensus that there are many personnel and equipment inadequacies for teams and detachments organized under TOE 8-500D. To overcome them, the Commanding Officer of the 936th Veterinary Detachment was directed to submit an MTOE for his unit. Few people fully realize what a difficult and time consuming task this can be. After working with the staff section responsible for the command directive governing this subject, two submissions have been returned for errors, changes and/or corrections, and several months have elapsed. Not only is the regulation most difficult to interpret, but the reference material is difficult to locate and understand. Preparation of a correct MTOE appears to require expert knowledge of personnel requirements, training capabilities, grade standards authorized and far greater knowledge in the field of medical material and equipment than can ever be found in any officer serving a two year obligated tour, which is usually the case for commanding officers of this type unit.

Observation: The directives governing preparation of MTOE are not well written. The procedures for preparation of an MTOE are too complex and difficult for the small unit commander to understand and follow. There should be simpler and quicker means for effecting changes to TOEs for operating units. #

REPORTING OF VENEREAL DISEASE RATES (PREVENTIVE MEDICINE)

Item: Elimination of venereal disease statistics from the monthly Command Statistical Review.

Discussion: The use of venereal disease statistics to compare units or as an index of morale or efficiency is unwise in that it places pressure upon responsible leaders. This may induce them to use forceful methods of control which often lead to concealment and inadequate treatment as well as spurious statistics.

Observation: The elimination of venereal disease statistics from the Command Statistical Review has resulted in a more realistic approach to the control of venereal disease in Vietnam.

MEDICAL BRIGADE TOE (PREVENTIVE MEDICINE)

Item: Assignment of an officer in the grade of Captain, MOS 3005, to the Medical Brigade Preventive Medicine Section.

Discussion: The TOE of the Brigade Preventive Medicine Section authorizes an officer in the grade of Lieutenant Colonel, MOS 3005. This space has been filled by a Captain since the brigade became operational on 1 May 1966.

Observation: The company-size preventive medicine units are commanded by an officer in the grade of Major or higher. The staff functions of the Brigade Preventive Medicine Officer with subordinate units, and with staffs of higher headquarters requires the prestige and military experience of a Lieutenant Colonel.

MEDICAL BRIGADE TOE (MEDICAL STATISTICS)

Item: Enlisted personnel assigned to the Medical Statistics Branch.

Discussion: The Brigade TO&E authorized only one Clerk Typist. Experience from the months of September and October indicates that an experienced NCO in grade E-6, with an MOS of 71G20, is a necessity for effective operation of the Medical Statistics Branch. This NCO will provide continuity of operation in the absence of the Medical Statistics Officer and assist in liaison visits.

Observation: The Medical Statistics Branch should be authorized one NCO, grade E-6, with an MOS of 71G20.

MEDICAL SERVICES ACCOUNT AND PATIENT'S TRUST FUND (MEDICAL STATISTICS)

Item: Inadequate hospital staff for efficient operation of a Medical Services Account and Patient's Trust Fund activities.

Discussion: The establishing of Medical Service Accounts in the field and evacuation hospitals on 1 October 1966 created a very serious administrative problem. The field and evacuation hospitals are not authorized personnel to staff this activity. The authorized staff of the Registrar Division of these facilities is no more than adequate for the task it has to perform. Another related problem is that of the Patient's Trust Fund. Personnel are not authorized for staffing this function, thus, the hospital registrars have employed inexperienced individuals in extremely responsible positions. CONUS hospitals with comparable workloads are authorized two-three finance clerks to staff the above activities.

Observation: Two finance clerks are needed, immediately for each field and evacuation hospital in Vietnam. MTOEs are being submitted as a followup for authorization.

RADIO COMMUNICATIONS (PLANS AND OPERATIONS)

Item: Insufficient radio communications capability at medical command and control headquarters.

Discussion: One (1) AN/GRC-46 Radio (FM) is the only radio communications capability authorized by the current brigade TOE. This equipment does not meet the needs of this headquarters, in order to provide adequate command and control of the three (3) Medical Groups, which are located from 20 to 250 miles away. This need is further emphasized, due to the unreliable telephone communications existing in Vietnam.

Observation: Changes in the current Medical Group and Medical Brigade TOEs should be made to provide additional radios (long-range, single side-band) in order that proper command and control may be maintained by these headquarters at all times. The Brigade requires four (4) of these long-range sets and each medical group requires three (3).

PERSONNEL

CIVILIAN PERSONNEL PROGRAM

Item: Staffing for Civilian Personnel Administration.

Discussion: The management of the civilian personnel program for the brigade and its units requires an experienced officer, and clerks, both Local National (LN) and military. The LN must be able to interpret and assist in labor supervision, as well as having clerical ability. It is difficult to recruit personnel with the above qualifications.

Observation: The Brigade has initiated action to fill the LN positions on a priority basis from Civilian Personnel Office (CPO) and is submitting a MTOE to augment the present clerical staffing to provide for the civilian personnel program.

ARMY INFORMATION PROGRAM

Item: Staffing for the Army Information Program.

Discussion: The Brigade headquarters is not staffed by TOE to accomplish the function of the Army Information Program, to the extent required by this command.

Observation: An MTOE was submitted to accomodate this deficit.

PERSONNEL STAFFING

Item: Staffing actions required by Personnel Processing Centers.

Discussion: Clerical personnel assigned to the brigade in grades E3 and E4 are not experienced, and are only school trained. In most cases these clerks have never served in the duty position of clerk, prior to being assigned to the Brigade.

Observation: Only E4 personnel with previous duty assignments in administrative positions should be assigned to headquarters of this type.

PERSONNEL REQUIREMENT

Item: Control of classified documents.

Discussion: Due to the unusually large amount of classified material handled by this headquarters, the efforts of a full-time Classified Document Control NCO is justified. This would relieve an undue strain placed upon the already limited number of personnel assigned to the Plans, Operations, and Intelligence Section.

Observation: A definite requirement exists for a Classified Documents Control NCO within this headquarters.

LOGISTICS

EQUIPMENT REQUIREMENTS FOR MEDICAL UNITS

Item: Supplemental medical equipment.

Discussion: Field equipment included with assemblages of all hospitals were required to be supplemented to effectively support the treatment of patients in Vietnam. Equipment list was approved and items ordered.

Observation: Based on past response, by DFSC and CONUS depots, for equipment for Vietnam, it is anticipated that six (6) months or more will be required before delivery is effected.

REQUISITIONS TO DPSC

Item: Routine or priority requisitions to DPSC.

Discussion: All requisitions submitted to the Defense Personnel Supply Center (DPSC) routine or priority should be handled with the required delivery date in mind. If the stock is not on hand, e.g. 120 days delivery, the requisition priority should automatically be changed to meet the required date to the overseas (operational area) customer.

Observation: Based on past experience, the depot requisitions for replenishment on a priority to maintain the stock level. When the response from the wholesaler does not fulfill the required stock, the depot will order on a higher priority necessary to obtain that which is required. Therefore, the first lack of fill on the initial requisition causes another higher priority to be submitted.

SUPPLY PERSONNEL

Item: Supply Personnel being assigned indicate a lack of training and experience.

Discussion: Operations in Vietnam are such that little or no training facilities are available to train supply personnel. Each individual who is assigned must be able to immediately function within the scope of the assigned mission.

Observation: Individuals who have arrived in country, supply Officers and E.M., do not have sufficient supply training to immediately accomplish necessary supply duties and assume the responsibilities of their positions.

SECTION II PART II RECOMMENDATIONS

OPERATIONS

1. Recommend that approval of the request for additional veterinary units, submitted during the previous report period, be expedited by the major overseas command and at Department of the Army. The additional officer personnel are critically needed to fill recognized requirements, which presently exist.

2. Recommend that approval authority for Modification TOE's be delegated by Department of the Army to the major overseas theater commander, in order to make this procedure more responsive to the immediate needs of the present situation in Vietnam.

3. Recommend that medical unit TOEs be revised, as necessary, in order that suitable radio communications equipment (SSB) can be authorized to all medical command and control headquarters, with a need for long-range radio communications capability. A requisition for this equipment was submitted, on a priority basis, during the previous report period, and, to date, no equipment has been received.

PERSONNEL

1. Consideration should be given, in the preparation of TOEs, in that all units will be hiring civilian employees. As this entails administration of these employees, provision should be made for personnel to perform this administration. This headquarters has previously submitted an MTOE to provide for these positions.

2. It is recommended that consideration be given to the lack of information personnel provided by TOE. Each command places great emphasis on this important program requiring a capability for gathering, preparing, and the timely reporting information of interest to news media. In addition, the responsibility for escorting and assisting representatives of the various media represents a great expenditure of effort. To accomplish this without additional staffing reduces the effectiveness of the information program as well as the performance of the primary duty of the individual responsible. This headquarters has submitted an MTOE to correct this need.

3. Proper action should be initiated through Personnel Processing Centers, so that only well-qualified clerk typists are assigned to command and control headquarters in a combat theater of operations. This problem has been brought to the attention of higher headquarters on several occasions.

4. Recommend that the Medical Brigade TOE reflect the need and authorization for a senior non-commissioned officer to serve as the Classified Documents Control NCO. An MTOE has been initiated by this headquarters for the addition of this position to the brigade TOE.

LOGISTICS

1. Recommend that the Defense Personnel Supply Center (DPSC) review their overseas customer (operational area) procedure, and institute a system that will satisfy the customer delivery rate without the customer initiating an additional priority requisition. This Recommendation has been made to 1st Logistical Command.

2. Recommend that medical supply and general supply personnel be given intensive training prior to being assigned to a theater of operations. Hardships caused by this lack of training have been brought to the attention of higher headquarters.

Ray L. Miller
RAY L. MILLER
Colonel, MC
Commanding

AVCA GO-O (15 Nov 66) 1st Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966
(RCS CSFOR-65)

HEADQUARTERS, 1st Logistical Command, APO 96307 22 DEC 1966

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

1. The Operational Report - Lessons Learned submitted by the 44th Medical Brigade for the quarter ending 31 October 1966 is forwarded herewith.

2. Reference Section II, Part I, Unit Deployment (Veterinary): This problem appears to have been an isolated incident. The vehicles and equipment for the 504th Medical Detachment were located and reshipped from Saigon to the unit at its duty station.

3. Reference Section II, Part I, Troop List (Veterinary): Concur in the observation and recommendation as stated. However, it must be noted that the procedures for securing approval for the deployment of newly generated troop requirements is necessarily slow. Service component approval is only half the problem. The final approval is through joint channels therefore, the urgency of a specific request is not always as cogent once it leaves component channels. Additionally, it must be noted that during the time frame July - October 1966, the interjection of additional troop requirements to the CINCPAC troop list was particularly slow in processing due to the impending and subsequent CINCPAC Planning Conference. It has been pointed out to all requesting headquarters that the normal response for troop requests is from four to eight months and no amount of pressure from this end will measurably accelerate such deployment obstacles as unit training and equipment availability.

4. Reference Section II, Part I, MTOE (Veterinary):

a. The Modification Table of Organization and Equipment program is an unnecessary administrative burden of unreasonable proportions, which is costing this command thousands of man-hours of futile effort. To date, not one unit in this command has been reorganized as a result of the MTOE program. Some units within the command are organized under MTOEs, but the MTOEs were prepared by DA rather than by units.

b. There is a requirement for changing TOE organizations to meet local environments and assigned operational missions, however, the MTOE system, rather than providing this capability, has proved through experience to inhibit effective reorganization. The lack of timely responsiveness of the MTOE system alone is enough to make the program worthless in a combat situation.

AVCA GO-O

22 DEC 1966

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966
(RCS CSFOR-65)

c. A simple and responsive method is needed to accomplish re-organization of units to meet requirements by local conditions and missions.

5. Reference Section II, Part I, Civilian Personnel Program: The local national work force for the Medical Brigade is allocated through the Support Commands at present. Civilian personnel program management is a function of the USARV Civilian Personnel Office and therefore not authorized at unit level. It is normally an additional duty. LN clerks do not supervise labor. LN manpower spaces cannot be provided to operate a civilian personnel office for the Brigade.

6. Reference Section II, Part I, Personnel Staffing: An individual possessing a clerical MOS is considered to be fully qualified to perform the duties outlined in AR 611-201 (Manual of Enlisted Military Occupational Specialties). An MOS may be attained only through satisfactory completion of AIT, service school training, on-the-job training, or on the basis of civilian education or work experience. Newly assigned individuals cannot be expected to know the characteristics of the unit to which assigned. This can be attained only through experience and patience on the part of the supervisors.

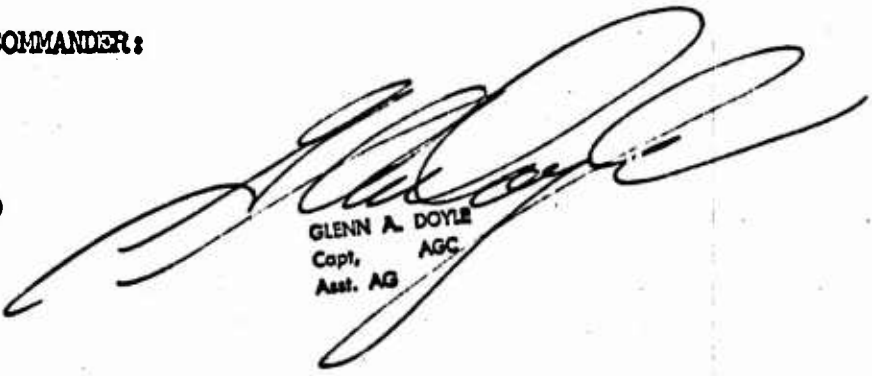
7. Reference Section II, Part I, Personnel Requirements: Recommended changes to a TOE will be submitted in accordance with ARs 310-31 and 310-40. This headquarters has no knowledge of a change to the 44th Medical Brigade's TOE being submitted.

8. The 44th Medical Brigade engaged in combat support operations for 92 days during this reporting period.

9. Concur with the basic report as modified.

FOR THE COMMANDER:

TEL: Lynx 782/930



GLENN A. DOYLE
Capt, AGC
Asst. AG

ATK-111 (15 Nov 66)

2d Ind

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 October 1966 (RCS CSFOR-65)

28 JAN 1967

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307

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 October 1966 from Headquarters, 44th Medical Brigade as indorsed.

2. Pertinent comments are as follows:

a. Reference Paragraph 9, Section I, Pages 3 and 4:

(1) Telephone communications, concur. On 10 December 1966, the Lynx switchboard was converted to dial service. Dial service was then offered to the 44th Medical Brigade to replace their manual service. Dial access to the long distance switchboard is now available to the 44th Medical Brigade. Due to critical shortage of military switchboard operators, indigenous operators were hired to operate limited local switchboards. A continuous training program is being followed to upgrade the quality of these operators.

(2) A procurement contract was awarded by Northwest Procurement Agency on 9 December 1966 with forecast delivery for March 1967. Both US Army Procurement Agency, Vietnam, and Northwest Procurement Agency are seeking a more responsive delivery date. In addition, 1st Logistical Command is attempting to satisfy this requirement through US Army Electronics Command (ECOM).

b. Reference Paragraph 6, Dental Service, Section I, Page 10: The need to reduce the time lapse of dental prosthetic cases in the mails is apparent. Success of a prosthetic device is directly proportional to time lapse between impression and insertion.

c. Reference Paragraph 8, Dental Service, Section I, Page 10: Dental officers are much better prepared for service in Vietnam since newsletters, photographs and correspondence has been forwarded to the Medical Field Service School.

AVHGC-DH (15 Nov 66)

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 October 1966 (RCS CSFOR-65)

d. Reference Paragraph 1, Operations, Part II, Section II,
Page 18 and Paragraph 3, 1st Indorsement:

(1) Nonconcur. All requests for additional troop unit requirements are treated as expeditiously as possible at this headquarters and receive all possible consideration at higher headquarters. While it is recognized that a need does exist for additional veterinary personnel, it must also be recognized that there are requests of more urgent operational needs which must, of necessity, receive higher priorities. This headquarters recommends these priorities after careful evaluation of all requests and must, once they are established, adhere to them.

(2) Recent actions at DOD level have caused reevaluation of the entire program and a corresponding reevaluation of priorities to achieve a balanced force. When weighed against the mix of combat units, combat support units and other service support units under the imposed strength ceiling, the veterinary units received a lower priority.

e. Reference Paragraph 2, Operations, Part II, Section II, Page 18: Nonconcur. The Department of the Army must program personnel and equipment assets world wide. Final approval authority for MTOE must be maintained at the command level which will supply the assets required.

f. Reference Paragraphs 1, 2, and 4, Personnel, Part II, Section II, Page 19 and Paragraph 7, 1st Indorsement: Concur. This headquarters has received no reorganization request for the 44th Medical Brigade.

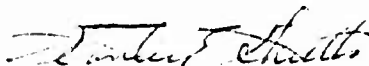
g. Reference Paragraph 4, 1st Indorsement: It is recognized that preparation and processing of MTOE often require an inordinately long period of time. However, it is believed that much of the time consumed has resulted from implementation of a new system, the New Army Authorization Documents System (NAADS). Until NAADS becomes more responsive, delays in processing MTOE will undoubtedly continue.

AVHGC-DH (15 Nov 66)

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 October 1966 (RCS CSFOR-65)

h. Reference Paragraph 1, Logistics, Part II, Section II,
Page 19: Order-ship times required to satisfy customer requirements
are a matter of continuing review and corrective action. It is not
believed necessary that the Defense Personnel Supply Center (DPSC)
initiates a special review of its supply procedures at this time.

FOR THE COMMANDER:



STANLEY E. SCHULTS
Major, AGC
Asst Adjutant General

GPOP-OT (15 Nov 66)

3d Ind

SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 October 1966 (RCS CSFOR-65) Hq 44th Med Brigade

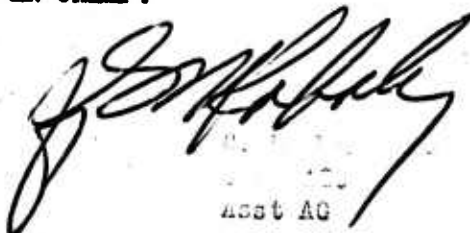
HQ, US ARMY, PACIFIC, APO San Francisco 96558

15 NOV 1966

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:



Asst AG