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DEPARTMENT OF THE ARMY
HEADQUARTERS, 5th Field Hospital
APO San Francisco, California 96346

30 July 1966

SUBJECT: Operational Report For Period Ending 31 July 1966 (RCS CSFOR-65)

THRU: Commanding Officer
428th Med Bn
APO San Francisco 96233

STATEMENT #2 UNCLASSIFIED

TO: OACSFDR
Department of the Army
Washington D.C. 20310

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1. Under the provisions of AR 1-19, dated 26 May 1966, the Operational Report for period ending 31 July 1966, is herewith submitted. Since this is an initial report, the entire unit history and activities will be reviewed.

SECTION I UNIT ACTIVITIES

2. The 5th Field Hospital was activated by General Order 1, Headquarters United States Army Engineer Center and Fort Belvoir, Fort Belvoir, Virginia, dated 6 January 1966. The unit was attached to the 13th Field Hospital for all purposes, which facilitated its formation, training and deployment. A Medical Service Corps Officer was reassigned from the 13th Field Hospital to the 5th Field Hospital to serve as the project officer in the organization, training, and deployment. This provided a continuity of operations from initial organization to the present.

3. As a result of many staff conferences during January and early February 1966 it was decided to order a complete field hospital assembly through supply channels. This order was subsequently withdrawn as a hospital assembly was being shipped from Fort Rucker, Alabama. The unit was notified of an equipment readiness date of 15 February 1966. On 28 January 1966 the hospital assembly arrived from Fort Rucker, Alabama. After technical inspections revealed numerous deficiencies and shortcomings in the equipment, permission was obtained to laterally transfer one hospitalization unit of the 13th Field Hospital to the 5th Field Hospital. This was accomplished and necessitated a revised Equipment Readiness Date.

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4. In the latter part of February 1966, the personnel of the unit arrived from numerous duty stations some as far as Fort Lewis, Washington. Upon arrival to the Unit the members were administratively in-processed by the 13th Field Hospital. Since, the 5th was organized as one hospitalization unit less headquarters, its attachment to another unit for personnel and financial administration was necessary.

5. Personnel Readiness date was 1 March 1966. In light of this date a two week training schedule was planned. Since this short time period would not allow for sufficient training and POM activities, a change in deployment date was requested. On 21 February 1966, the unit began a revised six (6) week Army Training Program. This program was based on ATP 8-200 and pertinent CONARCH POM directives. The Unit was informed that it was deploying to a restricted tour area in South East Asia. Therefore additional emphasis was placed on the following subjects:

- a. Counter-guerilla warfare
- b. Jungle sanitation and survival
- c. Preventive medicine
- d. Emergency Medical Care.

6. During this training program, the unit spent two weeks in the field training under simulated combat conditions. Emphasis was placed on the use of field equipment and the management of mass combat casualties. Upon completion of the formal training program, unit members proceeded to DeWitt Army Hospital, Fort Belvoir for further training. One significant problem regarding personnel was that since the 5th Field Hospital was organized as only one (1) hospital unit certain critical positions were filled only by one (1) individual. For example the Pharmacy, Laboratory and X-ray Specialist positions were filled by one (1) man each. In order to compensate for this, certain medical corpsman and medical specialists were cross trained at the station hospital to assume additional duties in Pharmacy, Laboratory and X-ray. This gave the unit depth in those fields and alleviated a potentially unbearable burden upon the personnel filling those positions.

7. The organic vehicles and equipment of the unit received final technical inspections and were readied for shipment. The vehicles departed by rail on 10 March 1966. The unit equipment was transported in CONEX containers on 24 March 1966. Individual field equipment and TAT equipment was retained until the PRD.

8. On 10 April 1966 the unit received its final deployment inspection from the Inspector General of Fort Belvoir, Virginia and was declared

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ready for deployment. During the period 2 April 1966 through 12 April 1966 most members received pre-deployment leave. On 13 April 1966 the unit participated in a departure ceremony and was officially bade farewell by the Deputy Commanding General and Surgeon of Fort Belvoir. On 14 April 1966, the main body including professional complement departed Washington National Airport by American Flyers Airlines for Oakland, California. The vessel USNS General William Weigle carried the main body from Oakland Army Terminal via Okinawa arriving at Klong Toey, Bangkok, Thailand, 9 May 1966.

9. The advance party which consisted of two (2) officers and four (4) enlisted men departed Fort Belvoir by air for Bangkok on 24 April arriving 2 days later in Bangkok.

10. Upon arrival the 5th Field Hospital was assigned and stationed at the 9th Logistical Command (B) Korat, Thailand. It was learned that the mission for the hospital would be to provide inpatient care for personnel in the Bangkok, Thailand area. No physical plant to accommodate a hospital was available. To insure complete utilization of personnel, the 5th Field Hospital was divided into three (3) teams. The first of these, the Headquarters Team was deployed to Bangkok, Thailand. This team in conjunction with a project officer from USARYIS Surgeon's Office was to locate an interim hospital facility. The second team was detached to the military base at Sattahip, Thailand. They established a medical dispensary for the increasing military population in that area. The majority of personnel were attached to the 31st Field Hospital, Korat, Thailand. While stationed at the 31st Field Hospital the unit members assisted the 31st Field Hospital in patient care and additional valuable cross training was obtained.

11. During the months of June and July work continued on the location of an interim facility. The Project Officer with the assistance of the Officer in Charge of Construction for Thailand, a United States Navy Agency, arranged for the leasing of the Nakornpetch Hotel. The lease was signed on 18 July 1966. Preliminary visits were made to the building and a list of minor renovations was compiled. The renovation contract presently is being evaluated and renovations will begin soon. This unit will take possession of the Nakornpetch Hotel on 1 August 1966 and expects to receive patients on 10 August 1966.

12. The following is a recapitulation of the total number of days spent by this unit in training and movement:

<u>DATE</u>	<u>EVENT</u>	<u>DAYS</u>
6Jan66	Organization	0
21Feb66	Training Program Begins	16
31Mar66	Training Program Ends	69
14Apr66	Unit Deploys	14
9May66	Unit Arrives Thailand	26

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1Aug66

Unit Occupies Nakornpetch Hotel

83

Total Days

203

SECTION II COMMANDERS OBSERVATIONS AND RECOMMENDATIONS

13. The following recommendations are made based on the experience of organizing, training, and deploying a unit for an overseas missions.

a In the field of operations, it is suggested that whenever possible a unit organized for deployment to an overseas area be allowed to communicate with its gaining headquarters. This would enable adequate coordination in establishing the new unit. This unit was ordered to prepare to live in the field for an extended period, and therefore its training was oriented to field operations. Had it been able to communicate with its gaining unit, the entire period of organization and training could have been re-oriented to station hospital operations.

b In regards to unit organization, it is suggested that whenever a similar type unit is deployed more consideration be given its internal organization. This unit was organized as paragraph 02 of TO&E 8-510D, one (1) hospital unit of a 400 bed field hospital. Such hospital unit is capable of patient treatment under field conditions in a communications zone. However, it is not capable of totally independent operations. This unit presently is required to conduct a self sufficient station hospital. As for administration, this hospital does not have a headquarters unit. Thus normal unit administration is either accomplished by another unit with resultant burden upon that unit or is accomplished by the one administrative officer. Had the unit been organized as a station hospital or hospitalization unit with a hospital headquarters unit this problem would not exist. In the field of medical treatment the inadequacies of the current organization were discussed in Section I. Had this hospital been organized as one (1) hospital headquarters with two (2) hospitalization units or as a station hospital the entire problem would not exist. It is strongly recommended that when an overseas mission is the operation of a station hospital that a station hospital TO&E be used to organize the unit, such as is provided by TO&E 8-563E.

c In the field of logistics it is recommended that when a unit is deployed to an overseas area to operate a station type hospital that its field equipment be retained in COMUS. This unit is going to operate a hospital in a converted hotel. It presently has tactical vehicles that are unsuited for operation in the Bangkok area. It also has fourteen general purpose medium tents and seven general purpose large tents. Storage for these tents is occupying space that would normally be used for medical supplies. Had the unit been notified of its mission it could have made provision to deploy without tents.

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14. This command offers these recommendations based on the experience of one (1) unit. It is hoped that these recommendations may improve operations and benefit the US Army.

P. B. Webber

PETER B WEBBER
Major, MC
Commanding

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Commanding Officer, 428th Medical Battalion, APO 96233, 5 August 1966

TO: OACSFOR, Department of the Army, Washington, D. C. 20310

1. Concur with paragraph 13b in that a separate unit organized with one Hospital Unit (HU) should be authorized a Field Hospital Headquarters to effectively operate a station type hospital. A MTOE has been submitted which should rectify the current situation.

2. a. The 428th Medical Battalion is working closely with 9th Logistical Command (B) on all scheduled incoming units. Messages have been sent from this headquarters to Commanding Officers of incoming units to facilitate the smooth transfer of personnel and units.

b. The 5th Field Hospital is a field unit. It must retain its capability to operate a one hundred (100) bed field facility. Currently the 5th Field Hospital is using much of its TOE equipment in its present temporary location. Field equipment not being utilized will be properly stored for future operations.

Herbert G. Tearse
HERBERT G. TEARSE
MTC, MC
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