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AGO D/A ltr, 29 Apr 1980

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

130-1-3
INDEXED
12 November 1966

AVCA MB-GD-BA

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

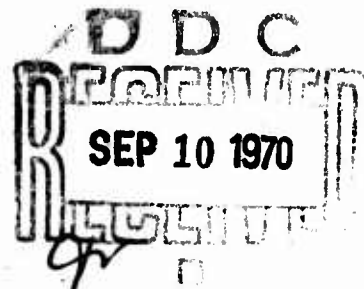
TO: Commanding Officer
68th Medical Group
APO 96491

The Operational Report on Lessons Learned of this headquarters for the period 1 August thru 31 October 1966 is forwarded in accordance with USARV Regulation 870-2.

TEL: Vung Tau 645

1 Incl
as

James J. Dubois
JAMES J. DUBOIS
LTC, MC
Commanding



STATEMENT #2 UNCLASSIFIED
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SECTION I - Significant Organization or Unit Activities during the period beginning 1 August to 31 October, 1966.

LTD James J. Du Bois became the Commanding Officer of the 36th Evacuation Hospital when LTC Louis E Harman was transferred to the 93rd Evacuation Hospital on 17 October 1966. LTC Du Bois was the Commanding Officer of the 3rd Surgical Hospital prior to his transfer to the 36th Evacuation Hospital.

There was a total of 580 medical admissions during this quarter. As in the preceeding quarter the majority of the patients have been admitted as transfers from other hospitals. Over seventy (70) percent of the inpatients are diagnosed as falciparum malaria. Only one case has been from the Vung Tau area.

Our present treatment for acute falciparum malaria is as outlined in USARV Malaria investigation protocol. Those patients who are stationed in the highlands of RVN, a hyperendemic area, are taking daily Dapsone, 25 mgm, along with the weekly suppressive Chloroquine-Primaquine tablets, the treatment consists of Daraprim 25 mgm TID x 3 days, Quinine 650 mgm TID x 14 days. The Dapsone is continued in the same dose while in the hospital. The chloroquine is continued after completion of the quinine.

The patients from less endemic areas, who receive only Chloroquine-Primaquine tablets every week, are treated for their acute malaria with Daraprim and Quinine as above plus Fansil on the first day of treatment. All of the patients are under observation for seven days, after completion of the 14 day course of Quinine, before returning to duty. The relapse of treatment failure has been approximately three (3) percent.

The next large group of patients admitted has been fevers of Undetermined Origin, Gastroenteritis, Hepatitis and a large number of skin infections. Other than the routine admissions as shown above there has not been any rare tropical diseases seen in the Vung Tau area.

The surgical service gained a fully qualified Thoracic Surgeon. A partially qualified neurosurgeon is currently stationed at the nearby 345th Medical Detachment (MA). His services have been utilized in certain emergency situations. With the addition of these two officers, this hospital now has full surgical capabilities as outlined in its TOE mission.

The previously learned principle of triage continued to be of inestimable value in several mass casualty situations. Wound infection rate has continued to be low, reflecting proper adherence to principles of adequate debridement and delayed primary closure.

Eleven (11) standard adjustable hospital beds have recently been received along with four (4) Balkan frames. These will be especially useful in the care of serious orthopedic wounds. This equipment has enjoyed frequent use and is far superior to the TOE item.

During the period covered by this report, the laboratory received enough supplies to perform basic bacteriological examinations including sensitivity determinations on the organisms recovered. From 11 August to 10 October, over 200 separate cultures were done. After 10 October the bacteriology section had to curtail its work due to a lack of Petri dishes, and on 20 October was forced to stop accepting material for culture.

The laboratory was without a spectrophotometer until the last week of October, so that except for Alkaline Phosphatase determinations, it was necessary to send specimens to the 406th Mobile Laboratory, in Saigon, for chemical determinations. All tissue requiring histological examinations was submitted to the 9th Medical Laboratory in Saigon, which included approximately 120 specimens.

Five autopsies were performed, two were performed on deceased hospital patients. The remainder were done at the request of the CID.

The Dental clinic remains extremely active with regard to the total number of patients which request treatment. Prophylaxis routine restorative dentistry, and fabrication of simple prosthetic appliances remain the three most significant categories of concern. In most instances, there is a waiting period of several weeks before one can receive an appointment for routine dental care. The increased number of medical casualties requesting dental treatment has placed an increased responsibility on the staff and has necessitated the postponement of dental treatment for permanent party.

The dental facility is utilizing an Australian laboratory technician for the construction of prosthetic appliances. Although the waiting period for fabrication of prosthetics has been somewhat prolonged, the quality of the appliances has been excellent.

The oral surgery section reported the amount of clinical work has decreased as the capability for endodontics has increased. Referrals from the area dental units for impacted molars and diagnostic problems have increased.

The ophthalmology clinic has now been in operation for three and one-half months, and there are now 200 out-patients visits per month. Fifty (50) percent of these visits are for eye refractions. An additional fifty (50) Vietnamese Nationals are treated per month in a MEDCAP ophthalmology clinic at the regional province hospital.

The pharmacy service filled 21% more prescriptions than last quarter. This increase can be partially attributed to the fact that there has been an increase in the number of hospital wards operational, ordering from the pharmacy daily, a more significant factor is the fact that the number of drugs and medications stocked by the pharmacy service has steadily increased both standard and non-standard items continued to arrive into the supply system. Also, of significance is the fact that the average number of items per bulk drug order increased in part due to the increased stockage of new items.

The number and quantity of items ordered on bulk drug orders is still much larger than the number and quantity of items dispensed on out-patient prescriptions. With the larger number of malaria patients being admitted to the hospital, the drugs used in the treatment of malaria have continued to be utilized in large quantities. Three new pharmacy specialists arrived, one of whom is a registered pharmacist.

The Medical Supply Section increased its stockage list to 2600 line items. A great number of these line items are dental. This is a direct result of having instituted direct medical expendable supply support to the 345th Medical Detachment (AA), the third week of September,

A locator system has been completed and each Stock Record Card is annotated as to the location of each specific item. An individual having knowledge of a specific Federal Stock Number can look at the Stock Record card and within a few minutes, locate the desired item.

The Food Service section continued to expand its service to the hospital. Individual catsups, mustards, salad dressings, juices and all types of baby foods have been made available for issue to the hospital for patient feeding. The mess hall has received in equipment: one vegetable peeler, four deep fat fryers, two double stack ovens and numerous items of expendable property. The 600 cubic foot refrigerator on loan from the navy was returned. The mess presently has on hand three 150 cubic foot refrigerators (walk in type).

On 7 September, the 872nd Medical Detachment (Amb) arrived at this station. Personnel of this unit are currently being utilized in the Registrar Branch as ambulance drivers and litter bearers.

Construction throughout the hospital area to include sandbagging continued.

The Laundry section and the linen storage room were moved to a building within the Motor Pool area. Shelves were constructed by R&U. The laundry has been averaging 42,000 pieces of linen per month. Laundry service is provided to the hospital and unit personnel, the 345th General Dispensary and unit personnel, the 20th Preventive Medicine Detachment unit personnel, and the 2d Field Ambulance unit (Australian).

Sandbagging of the troop area has been completed, and sandbagging of the hospital area is progressing in good order as a self-help project. In September, all sandbags around the tents in the company area were changed and new ones put in their place. The two latrines in the company have been sandbagged and are being used as bunkers to help utilize much needed space. The ammunition conex has been completely sandbagged with a fortification bunker built in front of the doors and no smoking signs have been posted as safety measures.

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At the recommendation of the CID investigators who conducted a security survey of the Medical Supply Facilities construction has been completed on two major items. First a vault for security items was constructed within the Medical Supply warehouse. The vault constructed measures eight (8) feet by five (5) feet by seven (7) feet. It is lined with 1/4 inch steel sheeting and bricks, and covered with cement. Two combination locks are utilized to secure the vault at all times when no requirement exists for it to be opened.

The second item of construction was the securing of the Medical warehouse itself. This was accomplished by erecting a ten foot high fence with three strands of barbed wire along the top around the entire warehouse. An entrance gate and a loading and unloading gate were installed in the fence. Both these gates are secured by combination locks during non-duty hours. In addition to the surrounding fence, all ventilation openings have been re-screened with a heavy wire mesh screening.

Two recreation areas for patients have been constructed. On one side of the mess hall a cement patio with chairs, tables and sun umbrellas was constructed. On the other side of the mess hall a cement volleyball court with net was constructed. Both these facilities have been heavily used by patients.

Improvement of the company area continued. In October, the reconditioning of the company street began. Sand has been added to eliminate low spots, and gravel is being spread to help beautify the area and help with the drainage. A work order has been submitted for the building of a day room. In unit supply, the arms room was completely enclosed and lights installed to keep the room moisture free to prevent rusting of weapons.

Two forms of construction have taken place in the emergency room area. A sloping ramp was constructed into the Emergency room, allowing a wheeled litter cart to be used to and from the helipad.

The other item of construction was a sidewalk running the entire length of the emergency room, between the emergency room, chapel, and registrar building. This routed non-patient traffic around the emergency room.

Sandbagging of the X-ray area to the height of five (5) feet was completed. The outside and inside of the X-ray building were painted white. In addition to this three items of minor construction have been carried on. Two additional viewing boxes have been put on a shelf in the wet reading area. There are also two cans full of water to supplement the capacity of the large tank in the wet reading area. These cans have a wooden frame in the opening, built to be able to hold the film frames. Since there was no available latrine in the department a portable latrine was built for the Barium Enema studies.

A large scale model 4' x 8' of the hospital was constructed. This model is displayed in front of the hospital headquarters building to aid visitors in locating various sections of the hospital.

In the area of training, the Nursing Service continued with their program of weekly classes at the ward level for both professional and non-professional personnel.

A monthly Professional Staff Conference has been held each month. A formal paper is presented dealing with a timely medical or surgical topic, with special attention to conditions prevalent in RVN. In addition to this, a weekly Surgical Journal Club has been established, in which junior staff members summarize pertinent recent journal articles, and senior staff guide discussion.

A Weekly Journal Club has also been organized to keep the department staff abreast of current events in anesthesia.

A medical library is in the formative stage. Many journals are being received, and a number of basic texts arrived with the unit. A Vietnamese librarian has been hired and is being trained by the Chief of Service in the proper cataloging and administration of a medical library. ✓

SECTION II, PART I, OBSERVATIONS (LESSONS LEARNED)

OPERATIONS

LABORATORY/OPERATIONS

ITEM: MIF Technique for the collection of stool specimens.

DISCUSSION: Fresh stool specimens were submitted to the laboratory on a casual basis. Because of delay in getting material from the wards to the laboratory, as well as delay in examining the specimen once it had reached the laboratory, the yield of parasites was relatively low. At the suggestion of LTC P. A. Fink, of the 9th Medical Laboratory, the use of Merthiolate-Iodine-Formalin solution for immediate preservation of specimens on the ward was instituted. This collection technique has enabled the laboratory, in effect, to examine all specimens in a "fresh" state. In addition, the fixed specimen presents less of a health hazard to personnel who must handle the material.

OBSERVATION: Routine use of MIF technique greatly facilitates examination of stool specimens.

ITEM: Performance of Routine Examinations

DISCUSSION: The laboratory performed throat cultures on all O. R. personnel. This amounted to approximately fifty (50) cultures which seriously depleted the supplies available. In view of the lack of any plan to deal with Staph carriers, as well as the lack of wound infections, the expenditure of this material, in retrospect, seems to have been unjustified.

OBSERVATIONS: Unless there is an assurance of a steady flow of supplies, as well as a reasonable stock on hand, supplies should be used so as to guarantee the maximum gain in patient care.

X-RAY/OPERATIONS

ITEM: Radiographic priorities on immediate category in mass casualties.

DISCUSSION: When several patients of the immediate category are crowded in the pre-op ward; in order to facilitate the job of the X-ray Technician someone should establish the order in which the patients should be X-rayed. In our case, we decided that the senior surgeon will make the list, writing the patient's numerical order in the card fixed in his chest and already in use for other surgical notifications.

OBSERVATION: It has been our experience that when no X-ray priorities have been established, every physician will try to push his case before others--probably unaware of other patient's condition. This accounts for some confusion.

EMERGENCY ROOM/OPERATIONS

ITEM: Utilization of wheeled litters.

DISCUSSION: With the conversion of several letter stands to wheeled litter carts, it was realized that the full benefit of these wheeled litters was not being realized because of an approximate fifteen inch step in front of the emergency room. To overcome this obstacle, and be able to utilize the wheeled litter carts on the helipad, a sloping ramp was constructed into the Emergency Room, thereby eliminating the step.

OBSERVATION: Patients can now be transported rapidly to any area of the hospital from the helicopters, via the wheeled litter carts.

ITEM: Non-patient traffic through the Emergency Room.

DISCUSSION: It was noticed that because of the lack of a sidewalk, and because of the muddy area between the registrar building, Chapel, and the Emergency room, non-patient traffic was routed through the Emergency Room, thereby causing unnecessary commotion as well as making it extremely difficult to keep the emergency room area clean. To eliminate these shortcomings, a sidewalk was constructed, running the entire length of the Emergency Room, between the Emergency Room, Chapel, and Registrar building.

OBSERVATION: Traffic via the emergency room has been reduced to essential traffic only and the area can be maintained and cleaned easily and rapidly.

PHARMACY SERVICE/OPERATIONS

ITEM: Deterioration of ophthalmic preparations.

DISCUSSION: It was noted by the ophthalmology clinic that the condition of some of the ophthalmic preparations seemed to have been effected by the heat.

OBSERVATION: Refrigeration of the ophthalmic preparations prevented their deterioration.

PERSONNEL

DETACHMENT/PERSONNEL

ITEM: Necessity and ^{CONVENIENCE} ~~convenience~~ of double bunking.

DISCUSSION: Due to the recent arrival of several attached units and newly assigned personnel, a severe sleeping space problem was created. Conditions were created which lowered the morale of the troops because of ever crowding and continual moving of personnel to make room for more. There is also an expected heavy increase in personnel due to the February DEROS of 148 men. Double bunking has now been set up to alleviate these problems.

OBSERVATION: Double bunking has eliminated any immediate problems by providing more floor space while at the same time increasing the capacity of each tent by four men. This also eliminated the need to move anyone when a new man comes in. The added space between men also increases the sanitation standards.

SAFETY OPERATIONS

DETACHMENT/SAFETY

ITEM: Fire and Trash Barrels.

DISCUSSION: Fire barrels painted red and trash barrels painted black have been installed between the tents in the company area. Wooden lids were made and placed on all the fire and trash barrels in the area to minimize breeding and feeding areas for flies and mosquitoes. The fire barrels have five gallon water buckets affixed to them and there are also two full five gallon water cans in each tent.

OBSERVATION: It has been found that the fire safety has been greatly increased by having fire fighting equipment within easy reach which can be used until fire trucks arrive. A high state of police is easily maintained by keeping trash barrels in conspicuous places in the Company area.

LOGISTICS

MESS/LOGISTICS

ITEM: Wash and rinse sinks.

DISCUSSION: The sink that is presently installed was constructed and measures 27" x 17" x 10" per wash well. The sink has two wells--one wash and one rinse. The need was realized for larger sinks with the arrival of patients which increased the workload in the area. The present sinks are not large enough or deep enough to adequately wash and rinse mess equipment.

OBSERVATION: The contractor before constructing sinks for mess hall use, should obtain the proper dimensions of the Army standard sinks.

SECTION II, PART II, RECOMMENDATIONS

LOGISTICS

LABORATORY/OPERATIONS AND LOGISTICS

ITEM: Inadequate laboratory support.

DISCUSSION: With the addition of a flame photometer, the equipment, and enlisted personnel available to the laboratory section of an evacuation hospital are probably adequate if the mission of the hospital is restricted to the immediate care of wounded and sick patients in the field. Under these conditions the limited amount of work which can be done, will not seriously limit the quality of medical care. However, an evacuation hospital, functioning as a fixed installation, and serving as a base hospital requires a much larger laboratory.

The hospital with its present day mission of giving definitive medical care to patients should have a laboratory capable of performing blood chemistries, serological examinations, and diagnostic biopsies. Presently, these must be sent to other laboratories, the 406th Mobile Laboratory and the 9th Medical Laboratory, in Saigon.

RECOMMENDATIONS: It is again strongly recommended that the equipment (see last quarterly report) and supplies necessary to perform the needed services be added to the present TO&E, or that a mobile laboratory be attached to evacuation hospitals functioning in a fixed location and serving as base hospitals.

SURGICAL/LOGISTICS

ITEM: Cardiac Defibrillator.

DISCUSSION: Many medical and surgical diseases and complications are encountered in a hospital of our size and capability. Among these are the cardiac arrhythmias in which ventricular tachycardia and ventricular fibrillation are the most immediate life threatening.

A recent hospital death may serve to stress the need for this type of equipment. A 28 year old male, US Navy man, was admitted to the hospital with a four (4) hour history of substernal chest pain. When seen in the emergency room blood pressure, pulse, heart, lungs, and ECG were within normal limits. He was admitted to the hospital, and ten minutes after arriving on the ward he had a sudden episode of chest pains. An ECG showed ventricular fibrillation. All measures in an attempt at cardiac resuscitation were to no avail. No cardiac defibrillator was available, and the individual died.

RECOMMENDATION: It is recommended a DC defibrillator be made a part of the TO&E at the earliest possible date.

ITEM: Adjustable Hospital Beds, FSN 6530-700-6020.

DISCUSSION: Allocated hospital cots are entirely inadequate in the care of patients with multiple combined wounds with associated fracture. These patients cannot initially be placed in plaster and demand traction and suspension. Adjustable beds also permit proper positioning of patients with chest problems, and conditions such as back disease. ?

RECOMMENDATION: A fixed installation even in the combat zone, should have a minimum of twelve (12) adjustable hospital beds. (FSN 6530-700-6020).

ITEM: Balkan Frames (FSN 6530-700-6900)

DISCUSSION: The care of major fractures continued with other wounds after plaster immobilization, and demands traction and suspension, TO&E equipment will not permit this, thus jeopardizing the unit mission. A minimum number of Balkan frames with attachments would considerably facilitate patient care.

RECOMMENDATION: A minimum of four (4) Balkan frames kits (FSN 6530-700-6900) is recommended for this type installation.

ITEM: Table, Orthopedic, Albe Compere (FSN 6530-709-9300)

DISCUSSION: A large number major lower extremity fractures have been encountered in the combat zone. These demand major plaster casts which can be applied only with difficulty utilizing the TO&E authorized field fracture table.

Recently this hospital acquired an Albee Compere orthopedic table, which has enjoyed frequent use and has been found far superior to the TOME item.

RECOMMENDATION: Recommend that the Albee Compere Orthopedic Table (FSN 6530-709-9300) be made more readily available to this type medical facility.

ITEM: Doxapram, a new respiratory stimulant.

DISCUSSION: A new respiratory stimulant, Doxapram hydrochloride (Dopram) has been given a successful trial at this hospital in the treatment of post anesthesia patients, as a differential test for residual curarization, and as a means of freeing more personnel in the triage situation when patients are brought in with respiratory depression. Single intravenous drip of 0.3mg% solution has been used in the latter instance. Both modes of administration result in three to four-fold increases in the tidal volume as measured by a Wright respirometer.

RECOMMENDATION: It is recommended that this drug, Dopram, be made a standard item in the anesthesia department and triage areas. Manufacturer; A. H. Robbins Pharmaceuticals, Richmond, Virginia.

ITEM: Anesthesia Gas Machines.

DISCUSSION: At present the department has three "500 series" anesthesia gas machines, FSN 6515-301-0400. TOE requires four (4) of this type. Also, the TOE allows for three (3) Fluotec Vaporizers FSN 6515-890-1685. At present the department has only one Fluotec Vaporizer. Both the Heidbrink gas machines and two additional vaporizers have been on order for three months.

RECOMMENDATION: Fluotec Vaporizers and the Heidbrink gas machine should be given priority in requisition.

ITEM: Addendum to previous Quarterly Report regarding Penthrane.

DISCUSSION: In the previous Quarterly Report the statement was made: "Penthrane is an excellent anesthetic agent." This statement may have given the misconception that Penthrane can be tolerated as well by any patient as can Halothane. Methoxyflurane's (Penthrane) low blood/gas coefficient and high lipid solubility and potent myocardial depressant effects make it a poor choice for use in the hypovolemic patient who has a low venous return and low cardiac output. Due to the fact that it is non-flammable and vaporized in the #8 Heidbrink vaporizer, which most installations have on hand, it is used more than it should be when the more adequate Halothane vaporizers are not available.

RECOMMENDATION: It is again stressed that the vaporizers for Halothane FSN 6515-890-1685 be made available in Vietnam to allow the use of Halothane which is preferred to the less desirable agent, Penthrane.

DENTAL/LOGISTICS

ITEM: Light, Dental (FSN, CNG 6240-797-9465) are insufficient.

DISCUSSION: The dental field light that is part of the TOE of Dental equipment has been found to be inadequate, since we have permanent quarters it would facilitate dental care if permanent wall attached lights were made available.

RECOMMENDATION: Light, Dental, Wall Bracket Type, (FSN 6240-789-1810)

MEDICAL SUPPLY/LOGISTICS

ITEM: 400 bed, Evacuation Hospital, Medical Equipment Set, (6545-919-5800).

DISCUSSION: The SC 6545-8-CL-H15 is dated 12y 1964. For an evacuation hospital functioning in this particular type situation and treating specific types of patients as a result of this conflict and more than likely future conflicts, the equipment listing in H-15 is not deemed adequate by the staff at this installation.

As an example, the following is a representative listing of several considered inadequacies:

AUTHORIZED A-15	FSN	NOMENCLATURE	QUANTITY RECOMMENDED
6 Pk	6510-201-2009	Bandage, Ctn, Plaster of Paris	50 Pk
12 Pk	6510-597-2361	Bandage, Ctn, Plaster of Paris	50 Pk
0	6515-299-8315	Pin, Bone, 4 inches	20 ea
0	6515-299-8316	Pin, Bone, 5 inches	20 ea
0	6515-299-8317	Pin, Bone, 6½ inches	20 ea
0	6515-299-8318	Pin, Bone, 8 inches	20 ea
0	6515-299-8319	Pin, Bone, 9 inches	20 ea
0	6515-310-9140	Tractor, Bone, Wire, Large	20 ea
0	6515-310-9160	Tractor, Bone, Wire, Medium	20 ea
12	6515-337-7800	Forceps, Tissue, Adson, 4½ inches	36 ea

RECOMMENDATION: Establishment of a committee of specialist, orthopods, neurosurgeons, general surgeons, urologists, internal medicine officers, etc., who are serving or who have served with an Evacuation Hospital (Sabl) in Vietnam review the H-15 listing and prepare a new listing to be submitted for change and updating of the H-15.

NURSING SERVICE/LOGISTICS

ITEM: Provisions for running water.

DISCUSSION: It is advisable and more convenient to have running water available in patient care areas.

RECOMMENDATION: In future construction of hospitals the requirement for running water in patient areas should be added.

EYE CLINIC/LOGISTICS

ITEM: Present TOE equipment is inadequate for proper fulfillment of mission of ophthalmology service.

DISCUSSION: Present experience at this installation has shown that the following equipment would be extremely valuable in the proper management of eye injuries incurred in combat:

- (1) Slit lamp, FSN 6515-584-5952.
- (2) Sweets X-ray foreign body localizer, FSN 6525-605-0000.
- (3) Bonam Locator, Story Instrument No E-6702.
- (4) Indirect Binocular ophthalmoscope, FSN 6515-908-3043.
- (5) Direct ophthalmoscope (Giantscope) FSN 6515-299-8326.

These instruments have been ordered. The most urgently needed item, the slit lamp, although ordered more than six months prior to this report, still has not arrived.

RECOMMENDATION: It is recommended that the TOE of an evacuation hospital be revised to include the following items.

- (1) Slit lamp, FSN 6515-584-5952.
- (2) Sweets X-ray foreign body localizer, FSN 6525-605-0000.
- (3) Indirect Binocular Ophthalmoscope, FSN 6515-908-3043.
- (4) Direct ophthalmoscope (Giantscope), FSN 6515-299-8326.

MESS/LOGISTICS

ITEM: Gas, Butane

DISCUSSION: THE ESSO Company in Saigon installed a 500 gallon Butane gas tank for the storage of supply of gas. The tank is adequate providing it could be re-supplied with gas at least every ten days. The mess at present can not depend on the present re-supply system.

RECOMMENDATION: The ESSO Company make weekly visits to Vung Tau by truck for re-supply of Butane Gas.

AVCA MB-GD-PO(12 Nov 66)

1st Ind

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

HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491 19 November 1966

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

1. The 36th Evacuation Hospital was operational in RVN the entire period covered by this report.

2. Reference Wash and Rinse Sinks item, page 8. All sinks now installed in hospital masses are Army standard sinks.

3. a. References:

(1) Item on Inadequate Laboratory Support, page 8.

(2) Item on Cardiac Defibrillator, page 9.

b. Additional equipment is authorized under the provisions of USARV Regulation 40-30. CO, 36th Evacuation Hospital will be informed to submit MTOE for recommended changes.

4. a. References:

(1) Item on Adjustable Hospital Beds, page 9.

(2) Item on Balkan Frames, page 9.

(3) Item on Table, Orthopedic, Albe Compere, page 9.

b. These items are authorized evacuation hospitals under the provisions of letter, 44th Medical Brigade, subject: "Hospital Equipment for RVN", dated 27 August 1966.

5. Reference item on Dexapram, page 10. Recommend consideration be given to standardizing this item.

6. Reference item on Anesthesia Gas Machines, page 10. Commanding Officer, 36th Evacuation Hospital will be requested to submit follow-up to this hq for further action.

7. Reference item on Penthrane, page 10. Vaporizers (FSN 6515-890-1685) are authorized by letter, Hq 44th Med Bde, subject: "Hospital Equipment for RVN", dated 27 August 1966.

8. Reference item on Light, Dental, page 11. Recommend Dental Surgeon, 44th Medical Brigade, give this consideration.

9. Reference item on Medical Equipment Set (6545-919-5800), page 11. This recommendation is concurred in.

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AVCA MB-GD-PO(12 Nov 66)

1st Ind

19 November 1966

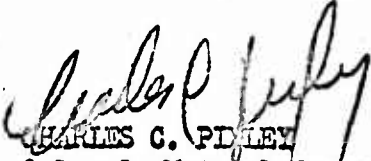
SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966
(RCS CSFOR-65)

10. Reference item on running water, page 12. This is a "nice-to-have" item and should be installed where economically feasible.

11. Reference item on equipment for ophthalmology equipment, page 12. CO, 36th Evacuation Hospital will be informed to submit MTOE. Follow-up action on requisitioned items will continue to be taken.

12. Reference item on Gas, Butane, page 13. CO, 36th Evacuation Hospital will be requested to submit separate letter on this problem.

Long Binh 326


CHARLES C. PILEY
Colonel, Medical Corps
Commanding

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- 1 - CINCUSARPAC, ATTN: GDOP-MH APO 96558
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AVCA-1B-PO (12 Nov 66)

2nd Ind

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

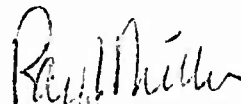
HEADQUARTERS, 44th Medical Brigade, APO 96307, 29 November 1966

TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GC-0, APO
96307

1. Reference Section II, Part II, items concerning Logistics, basic report, and paragraphs 3, 4, 5, 6, 7, 8, and 11, 1st Indorsement. Listed items have been included under the "Hospital Equipment Program", which was published prior to submission of this report. This information should have been taken into consideration prior to listing of these items in the basic report. Hospitals requiring certain items must request these items before they can be received. Many of the items listed in the basic report are expendable type items, therefore, the hospital need only to submit the required requisitions.

2. Reference Section II, Part II, item concerning Dental/Logistics, basic report, and paragraph 8, 1st Indorsement. The Light, Dental, Field, FSN 6240-727-8465 has been replaced as a standard item by Light, Dental, Operating, Field, FSN 6520-074-4531. Seventy-four (74) of the new lights were requisitioned in February 1966, and are now arriving in country. Distribution will be made as soon as possible. Units in semi-permanent and permanent buildings have had the Light, Wall Bracketed type, FSN 6520-552-3005, approved on request.

3. Concur with all other comments in basic report, and 1st Indorsement.


RAY J. MILLER
Colonel, MC
Commanding

AVCA GO-0 (12 Nov 66) 3d Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 October
1966 (RCS CSFOR-65)

Headquarters, 1st Logistical Command, APO 96307 3 DEC 1966

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

1. The Operational Report - Lessons Learned submitted by the
36th Evacuation Hospital (SMBL) for the quarter ending 31 October
1966 is forwarded herewith.

2. The 36th Evacuation Hospital engaged in combat support oper-
ations for 92 days during this reporting period.

3. Concur with the basic report as modified by the preceding indor-
sements. The report is considered adequate.

FOR THE COMMANDER:

Franklin E. Coning, Capt
for

GLENN A. DOYLE
Capt AGC
Sect. AG

TEL: LMX 782/930

1 Incl
nc

AVHCC-DH (12 Nov 66)

4th Ind

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

15 DEC '66

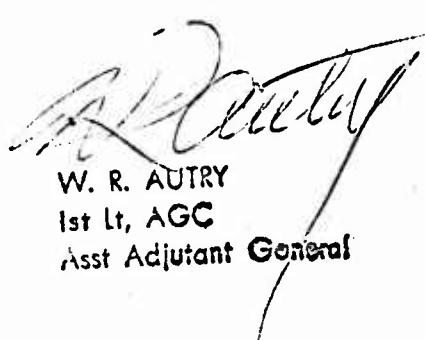
HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307

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

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 October 1966 from Headquarters, 36th Evacuation Hospital as indorsed.

2. Concur with all items on Operational Report-Lessons Learned, Section II, Part II and indorsements with exception of item, page 10, on Dexapram, a new respiratory stimulant. Surgical and Anesthesiology Consultants concur that this drug should not be made a standard item since there are relatively few anesthesia specialists in RVN well experienced in its use. This item (Dexapram) has not been included under the Hospital Equipment Program as indicated in paragraph 1, 2d indorsement.

FOR THE COMMANDER:


W. R. AUTRY
1st Lt, AGC
Asst Adjutant General

1 Incl
nc

GPOP-OT (12 Nov 66) 5th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 October 1966 (RCS CSFOR-65)

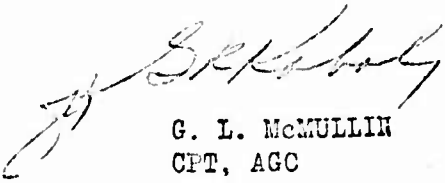
HQ, US ARMY, PACIFIC, APO San Francisco 96558 4 FEB 1967

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

This headquarters concurs in the basic report as indorsed. Where
indicated, appropriate command action has been taken.

FOR THE COMMANDER IN CHIEF:

1 Incl
nc



G. L. McMULLIN
CPT, AGC
Asst AG

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Experiences of unit engaged in counterinsurgency operations, 1 Aug to 31 Oct 66.

5. AUTHOR(S) (First name, middle initial, last name)

CO, 36th Evacuation Hospital

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