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AUTHORITY

AGO ltr 29 Apr 1980

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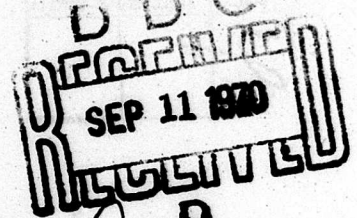
HEADQUARTERS
3D FIELD HOSPITAL
APO 96307

130-18-1
INDEXED

11 August 1966

SUBJECT: Operational Report on Lessons Learned for Quarter ending
31 July 1966 RCS CSGFO-28 (R 1)

TO: See Distribution



SECTION I, Significant Activities:

1. VISITORS: During this reporting period the 3d Field Hospital was visited by many distinguished guests to include Ambassador Henry Cabot Lodge, on 17 June 1966.
2. COMMAND MAINTENANCE: The hospital received a Command Maintenance Inspection in July on ordnance, signal, and engineer equipment. The rating received was 95% on maintenance and 91% on maintenance operations.
3. CIVIC ACTION: The hospital undertook its second civic action project in July. At least three (3) times a week two (2) physicians, three (3) nurses, three (3) corpsman and a dental team conduct sick call for villagers around Ba Queo. This project is proving very successful and the patient load is around 50 to 60 each trip.
4. RENAL TEAM: A renal failure treatment facility was organized in the hospital with the placement of the 629th Renal Team from a TDY status to PCS. The facilities and personnel have been integrated into the hospital and has added to the total treatment capabilities.
5. MAXILLO FACIAL DETACHMENT: The 104th (maxillo facial surgery) Detachment was also attached to the 3d Field on 26 June 1966, to further increase the treatment capability of the hospital.
6. The following is a list of significant activities occurring within the indicated hospital service during this report period.

a. Professional Services:

- (1) In May the professional staff attended an artificial heart demonstration put on by navy personnel from the USNS Repose.
- (2) The members of the professional staff continue to visit the local hospitals and the Medical School in Saigon on a weekly basis furnishing consultation, and assistances in teaching. The neurosurgical, thoracic and radiology services have been especially active in this program.

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b. Surgical Services:

(1) The Surgical Service of the 3d Field Hospital continued to provide general surgery and is now the only facility in III and IV Corps providing neurosurgery and thoracic surgery. Besides, providing treatment for American Military casualties, emergency and elective surgical care was provided selected Vietnamese civilians.

(2) In addition to assigned medical personnel of the 3d Field Hospital, the Surgical Service contains the following attached units:

- (a) 62nd Medical Detachment (KA)
- (b) 104th Medical Detachment (KD)
- (c) 155th Medical Detachment (KF)

(3) The requirement by higher headquarters to treat Vietnamese children who sustain casualties generated by US action place a strain on the surgical service due to its lack of pediatric equipment. Requisitions for these items are consistently disapproved as not authorized in a combat area. ✓

(4) The need for a otorhinolaryngologist continued during this period. Many out-of-country consultations might have been avoided if this capability were available here. ✓

c. Medical Service:

(1) During the reporting period several research teams from Walter Reed Institute of Research conducted studies in the hospital. One of the studies conducted was a metabolic study and Perrokinetics study on malaria patients, utilizing radioactive material.

(2) Major Ray Olsen also from Walter Reed Institute Research Laboratory conducted studies on absorption of the small bowel in patients with hepatitis utilizing xylose and lactose absorption with small bowel biopsy. Preliminary data reveals that a malabsorption defect of variable degree may be present in patients with hepatitis. This is probably related to the systemic effects of hepatitis.

(3) Two patients with renal failure due to malaria, one with blackwater fever were transferred here from other facilities and successfully resuscitated. So far a total of 8 patients have required the services of the renal team now assigned to the hospital. It is planned at the present time that these patients will be stabilized and air evacuated to definitive care facilities.

(4) The present protocol on treatment of malaria patients with Quinine Daraprin and dismenodipylsulfone is nearing completion.

(5) Beginning August, malaria patients who have completed drug therapy will be transferred to the Rehabilitation Center, Cam Ranh Bay.

d. Nursing Service:

(1) The civic action program of rebuilding the orphanage has continued with great success and all the nursing service personnel have volunteered for the village "sick call" conducted weekly.

(2) An in-service committee for professional nurses was founded in May, and has planned the monthly in-service programs for FY 67. A similar committee was founded for the hospital corpsmen to insure that the educational programs are meeting the needs of both the professional and non-professional nursing staff.

(3) The hospital planning committee of the nursing staff also undertook the job for designing nurses stations on all the wards, and advising the Hospital Commander on improvements and changes of ward layouts.

e. Registrar Division:

(1) Significant Registrar organization activities for the period 1 May through 31 July 1966 are as follows:

(2) Aeromedical Evacuation:

(a) On 1 July the USAF started evacuating patients directly from Saigon to COMUS, via Japan. This three times a week flight, plus the regular three weekly flights to Clark Air Base, required a revision in the use of the Casualty Staging Flight (CSF) at Tan Son Nhut. In order to achieve efficiency of patient handling, all patients were required to be processed directly by the CSF. Except for patients classified as URGENT or Seriously Ill, all patients were required to report to the CSF the afternoon prior to the scheduled flight out of country.

(b) In order to meet this requirement, the 3d Field Hospital was required to transfer patients, daily to CSF. This procedure replaced the established schedule to a three times a week transfer directly to the aircraft on the flight line. There was some initial confusion in becoming adjusted to the exclusive use of the CSF. However, with coordination with the professional service, nursing service, and Registrar Division, the movement of patients in the aeromedical evacuation system has become routine. The end result has been a smaller number of patients being transferred on a daily basis.

(3) On 1 June 1966 a new procedure was established for returning patients to duty, to units outside the Saigon-Cholon area. Previously, the patients were released on their own, then were tailed to the 90 Replacement Battalion for travel to their home unit. With the movement of 90th Replacement to Long Binh the 44th Medical Brigade now issued in-country travel orders to either the 8th Aerial Port or 3d Corp ATCO for air transportation to their unit.

(3)

(4) A new Emergency Operation Plan was made during this period. Also, a new system of receiving a large number of patients not under the EOP was conducted to insure that all personnel are familiar with the concepts and operations of the plans.

f. Food Service:

(1) The 3d Field Hospital Food Service is presently feeding an average of 450 men. This is being accomplished on field type equipment.

(2) The hospital mess is presently conducting an CJT program for personnel of 561 (AMB) on patient diet feeding and has planned to include men for 24th Evacuation Hospital in the near future.

g. Plans and Training Division:

(1) A new security plan was put into effect and tested during this reporting period.

(2) As of 31 July 1966 the hospital construction was 50% completed. The Post Exchange and barber shop were completed and occupation of them was in July. The intensive care ward is approximately 90% completed and will be occupied in the very near future.

(3) A request for real estate was submitted asking for property adjacent to the hospital to make a parking lot, heliport, and recreation area. If approved this will alleviate much of the parking and traffic problems in and around the hospital. It will also provide a recreation area for the convalescent patients and hospital staff for at the present no space is available within the hospital grounds.

(4) A request was submitted in May for a TO&E change to dissolve the 51st Field Hospital and activate the 3d Field Hospital to its full TO&E strength. If approved this will eliminate two (2) of the detachment headquarters and make the hospital one unit. ✓

h. Red Cross:

(1) The American Red Cross moved into a new lounge in May, after the completion of the 2nd floor of building 1.

(2) The Red Cross received a donation of \$150 in May from Retail Association Group of New York City which intended use is to purchase a hi-fi to be installed in the lounge.

(3) The Red Cross has received an increase in volunteers in the past month and one of the ladies has had 22 years experience as a Red Cross volunteer worker in military and VA Hospitals.

SECTION II, Part I, Observations: (Lessons Learned): None

SECTION II, Part II Recommendations: None

Joseph E. Molloy
JOSEPH E. MOLLOY
Lt Colonel, MC
Commanding

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AVCA MB-GD-PO

1st Ind


SUBJECT: Operational Report on Lessons Learned for Quarter Ending 31 July
1966 RCS CSGPO-28 (RI)

HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491 16 August 1966

TO: Assistant Chief of Staff For Force Development, Department of the
Army, Washington, D. C. 20310
✓ Commanding Officer, 44th Medical Brigade, APO 96307

1. The 3d Field Hospital was operational in RVN during the entire period covered by this report.
2. Reference paragraph 6b (3). This matter has been brought to the attention of higher headquarters.
3. Reference paragraph 6b (4). There is now available at the 17th Field Hospital an MC officer, MOS 3126. Out-of-country trips for ENT consults should now be eliminated or drastically reduced.
4. Reference paragraph 6e (2). Patient comfort has been improved by transfer to CSF prior to evacuation rather than direct off-loading on a plane. Delays in aircraft departure caused unnecessary patient discomfort.

Long Binh 325/6


CHARLES C. PIXLEY
LTC, Medical Corps
Commanding

(6)

AVCA-MB-PO (11 August 1966) 2d Ind
SUBJECT: Operational Report on Lessons Learned for Quarterly Period
Ending 31 July 1966

HEADQUARTERS, 44th Medical Brigade, APO 93307, 28 August 1966

TO: Commanding General, 1st Logistical Command, ATTN: AVC-GO-H,
APO 93307

1. Reference Section I, paragraph 6 b (3), basic report. Author-
ization of pediatric surgical equipment has been held in abeyance
pending a definite mission statement by MACV. ✓


2. Reference Section I, paragraph 6 b (4), basic report. A list
of specialties available in the various hospitals throughout the
brigade is being published. ✓

3. Reference Section I, paragraph 6 c (5), basic report. The term
"Rehabilitation Center" should be interpreted to mean "Convalescent
Center".

4. Reference Section I, paragraph 6 c (2), basic report. Utiliz-
ation of the CSF permits the loosing unit to rid itself of considerable
administrative overhead which the CSF is well-staffed to provide. Trans-
fer of the patient the day before evacuation provides for further un-
biased evaluation of the patient's ability to withstand the trip with-
out undue discomfort or decompensation.

FOR THE COMMANDER:

Lynx 893


RICHARD M. HERIOT
Major, MSC
Adjutant

AVCA GO-H (11 August 1966) 3rd Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966
(RCS CSFOR-65)


HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 14 SEP 1966

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

1. Forwarded in accordance with AR 1-19 and USARV Regulation 870-2.
2. Concur with the comments of the Operational Report of the 3rd Field Hospital as indorsed.
3. Reference Section I paragraph 6 g (3) and (4): Requests for real estate and change of T&E were returned to unit for additional information and correction in format respectively. Required staffing will be accomplished upon receipt at this headquarters.

FOR THE COMMANDER:

TEL: Lynx 834



GLENN A. DOYLE
Capt, AGC
Asst. AG

✓
AVHGC-DH (11 August 1966) 4th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending 31
July 1966 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96307 19 OCT '66

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

1. The Operational Report-Lessons Learned submitted by the 3d Field Hospital for the quarter ending 31 July 1966 is forwarded herewith.
2. Concur with the comments contained in the basic report and the preceding indorsements.
3. Reference Section I, Paragraph 6b(3): USARV is approving request for pediatric equipment in hospitals.
4. Reference Section I, Paragraph 6g(4): This headquarters concurred with the request to reorganize the 3d and 8th Field Hospitals and to inactivate the 9th, 51st and 533d Field Hospitals. The ITOE was returned to 1st Logistical Command for correction and will be returned to this headquarters by 22 October 1966.

FOR THE COMMANDER:

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

GPOP-OT(11 Aug 66)

5th Ind

SUBJECT: Operational Report on Lessons Learned for Quarter ending
31 July 1966 (RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 1 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:



D. A. HARRISON
Capt, AGC
Asst AG

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