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AUTHORITY

oag, d/a ltr, 29 apr 1980

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① 130-17-1  
**INDEXED** ①

DEPARTMENT OF THE ARMY  
HEADQUARTERS 7TH SURGICAL HOSPITAL (MOBILE ARMY)  
APO US FORCES 96353

14 August 1966

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966,  
RCS CSFOR-65

SEP 11 1970

SECTION I SIGNIFICANT ORGANIZATIONAL ACTIVITIES

During the period of 1 May 1966 through 14 May 1966, this unit was making final preparations for the departure from its home station of Fort Jackson, South Carolina. The unit was broken into three increments. The main body consisting of two officers and eighty-two enlisted men departed Fort Jackson via commercial aircraft in two increments on 15 May 1966 en route to Oakland Army Terminal, Oakland, California, arriving on 16 May 1966. Two officers and three enlisted men joined the unit from leave status at Oakland Army Terminal. These personnel were residents of the west coast of the United States, and they had waited until a few weeks prior to the scheduled departure of the unit before taking their debarkation leave. The majority of the personnel had taken their debarkation leave and had returned to the unit at Fort Jackson prior to the departure date of the unit. On 16 May 1966 the main body boarded the USNS General W H Gordon, which departed Oakland Army Terminal on the same day bound for the Republic of Vietnam. The unit arrived in the Republic of Vietnam and disembarked at Vung Tau on 4 June 1966 with four officers and eighty-five enlisted men.

The unit's advance party of two officers and six enlisted men departed Fort Jackson on 24 May 1966 via commercial aircraft and arrived in the Republic of Vietnam on 27 May 1966. The advance party was attached to the 3rd Surgical Hospital at Bien Hoa in the Republic of Vietnam and was joined by the main body on 4 June 1966.

The professional complement of twelve doctors, eight nurses, and one enlisted man, who was hospitalized when the main body departed home station, arrived via commercial aircraft on 11 June 1966.

On 4 July 1966 this unit sent a surgical team consisting of two surgeons, one radiologist, one anesthetist, five surgical technicians, and one x-ray technician to the 25th Division's medical battalion at Cu Chi to provide a surgical capability until the arrival of the entire unit on 31 July 1966.

On 14 July 1966 a party of one officer and 20 enlisted men came to Cu Chi to start preparations for the main body and to receive equipment, which was being transported from our staging area at the 3rd Surgical Hospital in Bien Hoa.

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ASSISTANT CHIEF OF STAFF FOR FORCE DEVELOPMENT  
(ARMY) ATTN: FOR OT UT, WASHINGTON, D.C. 20310

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STATEMENT of [redacted] controls and [redacted]  
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On 30 July 1966 the remaining enlisted men and the nurses moved to Cu Chi, and on 31 July 1966 the doctors were moved from the staging area at Bien Hoa. No difficulties were encountered during any of these moves.

The 7th Surgical Hospital (MA) became operational on 1 August 1966 at Cu Chi, Republic of Vietnam, the base camp of the 25th Infantry Division.

During the administrative preparation no difficulties were encountered.

During the PCM phase the unit was not well enough informed as to the means or methods of shipment of equipment from home station to ports. This lack of information included general cargo, vehicles, and red disc TAT. It is felt that AR 220-10 should be revised and up-dated.

This unit was the first unit to undergo RVN training at Fort Jackson, and, unfortunately, it did not receive the full benefit from the course.

This unit received no guidance or communication of any kind from the gaining headquarters prior to its arrival in the Republic of Vietnam. For this reason numerous items of TOE equipment were brought that were of no value here and numerous items of equipment (not TOE items) should have been brought that were not.

This unit arrived in the Republic of Vietnam with no orthopedic surgeon, 53% of its nurses, and 66% of its anesthetists authorized by TOE.

## SECTION II, COMMANDER'S OBSERVATIONS AND RECOMMENDATIONS

### Part I, Observations (Lessons Learned)

#### Key Personnel

Item: Assignment of key personnel

Discussion: Several key personnel were assigned to the unit only a few days prior to the departure from Fort Jackson, South Carolina.

Observation: All key personnel should be assigned to the unit at least sixty days prior to departure of the unit for a combat zone so as to become a close working team and to become familiar with the TOE.

#### Advance Party

Item: Logistics for the advance party.

Discussion: This unit's advance party arrived with no means of sustaining itself and preparing for the main body.

Observation: That sufficient equipment and vehicles be shipped early enough so as to be available to the advance party when it arrives in country so that the advance party can sustain itself and make proper preparation for the arrival of the main body.

## Part II, Recommendations

1. It is felt that the policy of attaching a unit to a similar unit prior to the arrival of its equipment is a great help due to the training and acclimatization necessary for the arriving unit. It is further felt that two to three weeks is sufficient time for this training and conditioning.

2. A unit alerted for shipment to Southeast Asia should receive guidance from the gaining headquarters as pertains to personnel, equipment, and supplies.

3. There is no requirement for red TAT if the unit is to be sponsored by a similar type unit; however, if the unit is to be self-sustaining, red TAT should be brought with the advance party and shipped early enough so as to arrive before the advance party.

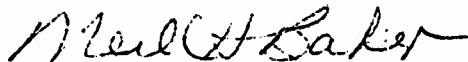
4. Units should be advised well in advance as to the times and modes of travel for their equipment and personnel in order to make adequate preparations.

5. The allowance for tropical clothing should be increased due to the lack of adequate laundry facilities and the hot and humid climate.

6. It is my feeling that a large amount of the equipment in a mobile surgical hospital is obsolete. There is a real need for complete revision of the TOE at Department of the Army level by individuals who have had recent combat experience in the field with this type of unit.

7. All TOE units alerted for deployment to a combat area should be brought up to full strength in sufficient time to train as a team prior to their arrival in the area. The policy of substituting enlisted men for nurses is unsatisfactory and inadvisable.

8. A sponsoring unit should have adequate housing and living conditions available for all personnel (officers and enlisted men) of the arriving unit.



NEILL H BAKER  
LTC, MC  
Commanding

AVCA MB-CD-PO (14 Aug 66)

1st Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966  
RCS CSFOR-65

HEADQUARTERS, 68th Medical Group, APO 96491 20 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. Reference item in part 1, Section II of basic report regarding logistics for advance party. While the advance party did not have its own equipment, it did have the use of the vehicles of unit that hosted the 7th Surgical Hospital. It is important that the equipment of an in-coming unit be in-country at about the same time as arrival of the main body. In that way, the unit can sustain itself by its own resources.

2. The following comments are keyed to paragraphs of Part II, Recommendations, in basic letter:

a. Para 1. The 7th Surgical Hospital was hosted by the 3d Surgical Hospital. There was no minimum or maximum time for this attachment. It all hinged on when the site at Cu Chi was ready for the 7th Surgical Hospital. While the 7th Surgical was staging with the 3d Surgical Hospital personnel received valuable on-the-job training while at the same time filling vacancies in the host unit caused by rotational gaps.

b. Para 2. All such information is distributed to units alerted for overseas movement by CONUS agencies.

c. Para 3. Red TAT should arrive on or before arrival of the main body not necessarily before the advance party.

d. Para 4. This remark applies to CONUS agencies.

e. Para 5. Tropical clothing is issued on priority basis. Combat service support units are on low priority for issue. Fatigues and boots that the individual brings from CONUS are satisfactory for the climate in RVN.

f. Para 6. The Commander, 7th Surgical Hospital has been requested to submit his recommendations for TOE revision in accordance with current regulations.

g. Para 7. Agreed that all (except professional) personnel should train as a unit prior to debarking for overseas. It is recognized that enlisted substitution for nurses is done of necessity but should be held to a minimum.

AVCA MB-GD-PO (14 Aug 66)

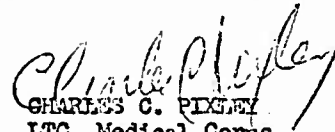
1st Ind

20 August 1966

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966  
RCS CSFOR-65

h. Para 8. Adequate quarters, rations, and other logistical support were available for the 7th Surgical Hospital. This statement is not a complaint but a recommendation.

3. The Commanding Officer, 7th Surgical Hospital was advised to expand on certain of his recommendations and submit them through channels.

  
CHARLES C. PICKETT  
LTC, Medical Corps  
Commanding

AVCA-MB-PO (14 August 1966)

2nd Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966 RCS  
CSFOR - 65

HEADQUARTERS, 44th Medical Brigade, APO 96307, 10 September 1966

TO: Commanding General, 1st Logistical Command, ATTN: AVC-GO-H, APO 96307

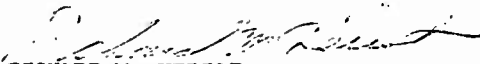
1. Reference Section II, Part II, paragraph 8, basic report. Do not concur with recommendation of hospital commander. Units are informed while in CONUS that they must be prepared to operate and live under tentage upon arrival in Vietnam. No assurance can be given for the completion of constructed facilities prior to the arrival of the unit, even though every effort is made to provide for such.

This headquarters has a program now in effect to welcome units scheduled for deployment to Vietnam and subsequent assignment to this brigade. In this communication, units are advised of their tentative location and a host unit is designated. Units are advised of items to bring and are encouraged to communicate directly with this headquarters or their host unit.

2. Concur with all other provisions of basic report, except as indicated in paragraph 1 above, and with comments as contained in 1st Indorsement. Concur with recommendations of hospital commander, except as indicated in paragraph 2, 1st Indorsement.

FOR THE COMMANDER:

Lynx 893

  
RICHARD M. HERIOT  
Major, MSC  
Adjutant



AVCA GO-H (14 August 1966) 3rd Ind  
SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966  
(RCS CSFOR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 15 SEP 1966

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

1. Forwarded in accordance with AR 1-19 and USArV Regulation 870-2.
2. Concur with the Operational Report of the 7th Surgical Hospital as indorsed.

FOR THE COMMANDER:



GLENN A. DOYLE  
Capt, AGC  
Asst. AG

TEL: Lynx 834

(1)

7

AVHGC-DH (14 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 11 OCT '66

TO: Commander-in-Chief, United States Army, Pacific, ATTN: GPOF-MH  
APO 96558

1. The Operational Report-Lessons Learned submitted by the  
7th Surgical Hospital (Mobile Army) for the quarter ending 31 July  
1966 is forwarded herewith.

2. Concur with the basic report as modified by the comments  
contained in the preceding indorsements.

FOR THE COMMANDER:

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

GPOP-OT(14 Aug 66)

5th Ind

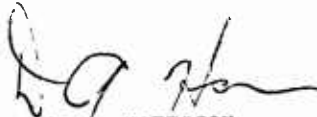
SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966,  
RCS CSFOR-65

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

(9)

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CO, 7th Surgical Hospital

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