

UNCLASSIFIED

AD NUMBER

AD874138

LIMITATION CHANGES

TO:

Approved for public release; distribution is unlimited.

FROM:

Distribution authorized to U.S. Gov't. agencies and their contractors; Critical Technology; 15 AUG 1966. Other requests shall be referred to Assistant Chief of Staff for Force Development, Department of the Army, Washington, DC 20310. This document contains export-controlled technical data.

AUTHORITY

AGO D/A ltr, 29 Apr 1980

THIS PAGE IS UNCLASSIFIED

THIS REPORT HAS BEEN DELIMITED
AND CLEARED FOR PUBLIC RELEASE
UNDER DOD DIRECTIVE 5200.20 AND
NO RESTRICTIONS ARE IMPOSED UPON
ITS USE AND DISCLOSURE.

DISTRIBUTION STATEMENT A

APPROVED FOR PUBLIC RELEASE;
DISTRIBUTION UNLIMITED.

DEPARTMENT OF THE ARMY
HEADQUARTERS, 18TH SURGICAL HOSPITAL (MA)
APO 96318

LOG FILE COPY

130-12-1
15 August 1966

INDEXED

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966,
Reports Control Symbol CSFOR-65

TO: See Distribution

SEP 11 1970
REGISTRATION

1. Section 1: Significant Organization or unit activities.

a. The 18th Surgical Hospital (MA) is composed of 91 enlisted men and 31 officers and has the mission of performing basic resuscitative surgery and emergency life-saving measures in preparing patients for further evacuation to the rear. In order to carry out its mission, the 18th Surgical Hospital (MA) is divided into major sections, namely; Pre-Operative, Surgery, Post-Operative, Holding, Pharmacy, Laboratory and X-Ray, Admission and Disposition, and Central Material Supply, plus its administrative sections. The 18th Surgical Hospital (MA) was originally stationed at Fort Gordon, Georgia. On 1 June 1966, the unit departed CONUS on the USNS Walker and arrived in Vietnam on 17 June 1966. Upon arrival in Republic of Vietnam, the unit was sent to Pleiku.

(1). The advance party arrived in-country 3 days prior to the arrival of the main body. The advance party arrived in Nha Trang, and subsequently moved to Pleiku. They occupied the present location of the hospital and began preparing the area for the main body. Sufficient tentage had been provided by the host unit, 70th Medical Battalion, located in Qui Nhon, and messing facilities were provided by the 2nd Platoon, 542nd Medical Company (Clr) located near by. Water storage in the hospital area was provided by using napalm canisters filled from a borrowed water trailer. One 2½ ton truck was borrowed from the Clearing Platoon to shuttle personnel to and from meals and pull the water trailer.

(2). The major problem upon arrival in-country, was the total lack of equipment and transportation. Due to unloading priorities in the Qui Nhon port facility, the RED TAT equipment did not accompany the main body to Pleiku. This RED TAT equipment contained all items of field gear and miscellaneous comfort items, plus ammunition, that was sorely missed until its arrival three weeks later. It is noteworthy that all individuals had their basic weapon, and ammunition was procured the day of arrival in Pleiku. The personnel were quickly initiated to the Pleiku monsoon rains, and deeper and more substantial drainage ditches were prepared around all tentage.

(3). Of primary concern upon arrival in the Pleiku area and the hospital site, was perimeter defensive positions. One strand of concertina wire had been placed around the compound by the Clearing Platoon prior to our arrival, and slit trenches had been prepared. Work was immediately initiated to build bunkers on the perimeter and string additional strands of concertina wire.

This document is subject to special export controls and its transmission to foreign governments or foreign nationals may be only with prior approval of [redacted]

UNCLASSIFIED REPORT
DISTRIBUTION NO FOREIGN WITHOUT APPROVAL OF
ASSISTANT CHIEF OF STAFF FOR FORCE DEVELOPMENT
(ARMY) ATTN: FOR OT UT, WASHINGTON, D.C. 20310

AD874138

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966,
Reports Control Symbol CSFOR-65 (Continued)

(4). A complex of eight quonset huts had been built by the 299th Engineer Battalion prior to the arrival of this unit. Prior to the time that lights, water, latrines, drainage, and adequate road net could be completed, the engineers were withdrawn from this construction project to support combat operations. The quonsets are arranged in the form of a cross with four quonsets to a cross. It is felt that the cross configuration has proven most satisfactory for a TOE Surgical Hospital, but does not have the expansion capabilities necessary for other larger hospital units. The lack of adequate hard surfaced roads within the hospital compound continues to be a major deficiency which causes manifold problems. It is virtually impossible to keep the hospital quonset floors free of mud tracked in by hospital staff and patients. All types of boot scrapers have been devised to no avail. This remains an unsolved problem.

(5). The 18th Surgical Hospital (MA) became operational on 1 July 1966 without the benefit of its TOE equipment which was not to arrive until 12 July 1966. This task was accomplished by utilizing all existing medical assets in the Fleiku area. These assets consisted of the 2nd Platoon, 542nd Medical Company (Clr), 48th Medical Detachment (KA), two surgical teams and equipment detached from the 67th Evacuation Hospital, and the 463rd Medical Detachment (KH). The existing tentage and compound of the Clearing Platoon was utilized for the hospital.

b. The TOE equipment of the 18th Surgical Hospital (MA) arrived in Fleiku by convoy on 12 July 1966. The present hospital site was occupied and became operational on 27 July 1966. Temporary wiring had been accomplished in the quonsets providing adequate lighting in the ward area, and quite adequate lighting in the OR sections. This hospital operated 31 days during this report period.

c. Due to the total ineffectiveness of a medical unit without its medical equipment, it is strongly recommended that medical units be deployed intact with personnel and equipment together.

d. During the past 31 days, experience has shown that the TOE strength of a Surgical Hospital is inadequate to provide medical treatment plus adequately operate a hospital plant. This problem has partially been solved by hiring local Nationals to perform kitchen police and cleaning details. Litter bearing and guard duty remain a drain of medical corpsman personnel.

e. During the first month of operations this unit was burdened by a significant lack of capability in the radiology section. This was prior to the receipt of our organizational equipment. We were using the equipment placed here by the 463rd Medical Detachment (KH). The film processing capacity in both the developing, washing and drying sections provided about 30% of our actual need. This was a daily problem, not periodically, only at the time of receipt of increased numbers of casualties.

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966
Reports Control Symbol BSFOR-65 (Cont'd)

(1). Planning during this time indicated our organizational equipment might arrive in-country by mid-July and the new hospital site be ready for occupancy by the 25th. It was decided that on arrival (in Pleiku) of our own x-ray equipment, it would be broken out and installed in the hospital wing rather than under tantage.

(2). The overall plan also required procuring and installation of lead shielding in the walls of the two exposure rooms and repositioning of partitions so as to provide adequate space for most efficient functioning in both exposure room and dark room areas; but without wasting any space. Efforts, in all directions, were instituted to procure the required sheet lead and since none was foreseen in time to satisfy our time table, bulk lead was borrowed from a local contractor, poured into sheets and one wall shielded in this manner. This proved only partially satisfactory due to the time and labor required and the second exposure room was shielded with the plastic lead sheeting obtained as a medical item.

(3). In order to increase the washing and drying capacity, these items were designed locally, the first fabricated of stainless steel through the good graces of the local Air Force maintenance facility and the latter constructed by our unit carpenter.

(4). Since we did, in fact, occupy our new facility on 27 July, in general our x-ray capability has been satisfactory to date. Upon receipt of our second table type unit, which is currently on requisition, and its installation, the portable machine will be "freed up" so that it can be used as a portable unit, i.e., to take portable chests on post-operative patients, etc.

2. Section 2, Part I, Observation (Lessons Learned).

a. Roads.

(1). Item: Unsurfaced roads are impassable during monsoon season.

(2). Discussion: Unsurfaced road nets in a hospital compound become impassable to ambulance traffic as well as administrative traffic during the monsoon season in Vietnam. There are positive steps that can be taken to prevent this problem.

(a). Road nets within new hospital complexes should be prepared with a hardsurface before becoming operational.

(b). Adequate drainage ditches and culverts should be prepositioned around road net and roads covered with thick layer of gravel to make them passable until hardsurface can be provided.

SUBJECT: Operational Report for Quarterly Period Ending 31 July 1966,
Reports Control Symbol CSFOR-65 (Cont'd)

(3). Observation: All new hospital complexes should have a pre-prepared road net prior to occupancy.

b. Generators.

(1). Item: TOE 15KW generators are not sufficient to operate a fixed Surgical Hospital in semi-permanent buildings.

(2). Discussion: The 18th Surgical Hospital (MA) has been provided with 21 two ton air-conditioners to install in operating rooms and intensive care wards. Permanent fluorescent lights have been installed in the hospital quonsets. Temporary lights have been provided to all living areas. Permanent wiring has been provided for fixed x-ray machine, and outlets for portable x-ray have been placed in all wards.

(3). Observation: A minimum of two 100KW generators should be provided all Surgical Hospitals to provide adequate power.

2. Section 2, Part II, Recommendations: NONE

/s/ Mark T. Cenac

DISTRIBUTION:

MARK T. CENAC
LTC, MC
Commanding

- 1 - Asst Chf of Staff for
Force Development, DA
(ACS for DA) Wash.,
D.C. 20310
- 2 - ACS For DA, THRU: 55th
Med Gp APO 96238
- 1 - CG, 1st LOG COMD THRU:
55th Med GP APO 96238
- 1 - Hq, USAPAC, ATTN: GPOP-MH
- 3 - Hq, USARV, ATTN: AVC(DH)
- 1 - CO, Pleiku Sub Area Command
- 1 - USASC

AVLC-MB-GB-B (15 August 1966) 1st Ind 17 August 1966
SUBJECT: Operational Report on Lessons Learned for Quarterly Period
Ending 31 July 1966 (RCS CSPOR-65)

Headquarters, 55th Medical Group, APO 96238, 17 August 1966

THRU: Commanding Officer, 44th Medical Brigade, ATTN: Historian,
APO 96307

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

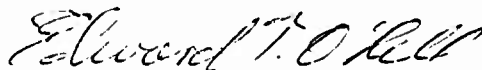
Commanding General, United States Army, Vietnam, ATTN: AVC-DH,
APO 96307

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

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

This headquarters concurs in the observations contained in the
basic report submitted by the Commanding Officer, 18th Surgical Hospital.

TEL: QN 679



EDWARD T. O'DELL
LTC, MC
Commanding

AVCA-MB-PO (15 Aug 66)

2nd Ind

SUBJECT: Operational Report on Lessons Learned for Quarterly Period
Ending 31 July 1966 (RCS CSPOR-65)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 7 September 1966

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

1. Reference Section I paragraph 1. a. (1), basic report. An advance party should arrive in-country more than three (3) days ahead of the main body of personnel in order to permit orientation, coordination with host unit, and necessary travel to permit adequate coordination required. A minimum of one (1) week would be a more realistic period.

2. Reference I, paragraph 1. a. (2), basic report. In consonance with CONARC directives to departing units, this unit should have packed personal field equipment so that it could be readily removed upon debarkation. The basic load of ammunition should have been stored so as to be accessible for debarkation.

3. Reference Section I, paragraph 1. a. (4), basic report. The problem of an adequate road net has remained a problem because of monsoon weather, and very limited engineer capability in the area.

4. Reference Section I, paragraph 1. a. (5), basic report. The equipment made available to this unit prior to arrival of its TOE equipment provided adequately for the emergency treatment of nontransportable patients.

5. Reference Section I, paragraph 1. c., basic report. It is recommended that unit equipment be deployed with a medical unit if possible. This would permit combat loading of vehicles without fear of pilferage, movement from port to destination in one major convoy, and early effective employment of the units professional capability.

6. Reference Section I, paragraph 1. d., basic report. Personnel and equipment inadequacies in the current TOE of this unit are recognized. The unit will be requested to submit an MTOE when it has more experience data on which to base valid recommendations.

7. Reference Section I, paragraph 1. e., basic report. The full TOE equipment of a KH Team was provided and is considered adequate for the emergency type films required in the treatment of nontransportable patients.

6

AVCA-MB-PO (15 Aug 66)

2nd Ind

7 September 1966

SUBJECT: Operational Report on Lessons Learned for Quarterly Period
Ending 31 July 1966 (RCS CSPOR-65)

8. Reference Section I, paragraph 1. e. (3), basic report. The improvised tanks thus provided show ingenuity and a desire to make the best of a less than optimum condition.


9. Reference Section II, Part I, paragraph a, basic report. Construction of this unit's site began in March 1966, but due to higher priority elsewhere for the heavy equipment, roads were not completed prior to it's arrival. Only limited quantities of gravel are available at Pleiku and transportation from port areas, of necessity, had to be utilized to support combat operations.

10. Reference Section II, Part I, paragraph b., basic report. Guidance was furnished to CONUS several weeks ago recommending a minimum of two (2) each 100 KW generators for surgical hospitals deploying to Vietnam to provide the necessary current for air conditioning, lighting, and x-ray.

11. Concur with all other provisions of basic report and comment contained in 1st Indorsement.

FOR THE COMMANDER:

TEL: Lynx 893


RICHARD M. HERIOT
Major, MSC
Adjutant

AVCA GD-H (15 August 1966) 3rd Ind
SUBJECT: Operational report for Quarterly Period Ending 31 July 1966
(ICS CSFOR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 1 OCT 1966

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

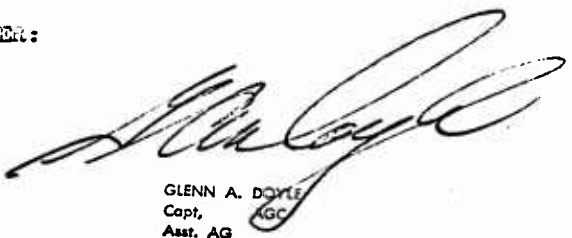
1. Forwarded in accordance with AR 1-19 and USAFV Regulation 870-2.
2. Concur with the Operational Report of the 18th Surgical Hospital as indorsed. The following information is added.

Reference paragraphs 1 a(4) and 2 a of basic report and paragraph 3 of 2d Indorsement: In the past month, the 299th Engineer Battalion has placed sufficient rock on roads and around the 18th Surgical Hospital to quite thoroughly stabilize all their roads. Some work remains in the cleaning of ditches and in improving drainage. The 18th Surgical Hospital is in better condition in this respect than any other installation incidental to the Sub-Area. Maintenance and repair projects have been initiated to repair roads and provide a crushed rock surface for all of the Pleiku compounds.

FOR THE COMMANDER:

TEL: Lynx 834

1 Incl
nc



GLENN A. DOYLE
Capt, AGC
Asst. AG

AVHGC-DH (15 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 25 OCT '66

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

1. The Operational Report-Lessons Learned submitted by the 18th Surgical Hospital for the quarterly period ending 31 July 1966 is forwarded herewith.

2. Concur with the comments contained in the basic report and the previous endorsements.

3. Reference Section 1, Paragraph 1c: Concur with the recommendation contained in the referenced paragraph as a matter of general policy. Exceptions to this policy must be considered on an individual basis.

4. Reference Section 2, Part I, Paragraph b: Concur with the comment that two 100KW generators should be provided for a 60-bed surgical hospital provided a central power distribution system is not servicing the area. When a central power distribution system is servicing the area, one 100KW generator should be provided the surgical hospital for stand-by emergency power. Generators will be available to support incoming hospital units until permanent power distribution systems are complete. 100KW generators have been requisitioned and are arriving in-country to support 1st Logistical Command's power float requirements.

FOR THE COMMANDER:



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

GPOP-OT(15 Aug 66)

5th Ind

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

HQ, US ARMY, PACIFIC, APO San Francisco 96558

25 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:



L. L. CHAPPELL
MAJ, AGC
Asst AG

DOCUMENT CONTROL DATA - R & D

(Security classification of title, body of abstract and indexing annotation must be entered when the overall report is classified.)

1. ORIGINATING ACTIVITY (Corporate author)		2a. REPORT SECURITY CLASSIFICATION	
HQ, OACSFOR, DA, Washington, D.C. 20310		UNCLASSIFIED	
3. REPORT TITLE		2b. GROUP	
Operational Report - Lessons Learned, HQ, 18th Surgical Hospital			
4. DESCRIPTIVE NOTES (Type of report and inclusive dates)			
Experiences of unit engaged in counterinsurgency operations, 17 Jun to 31 July 66.			
5. AUTHOR(S) (First name, middle initial, last name)			
CO, 18th Surgical Hospital			
6. REPORT DATE	7a. TOTAL NO. OF PAGES	7b. NO. OF REFS	
15 August 1966	11		
8a. CONTRACT OR GRANT NO.	8c. ORIGINATOR'S REPORT NUMBER(S)		
2. PROJECT NO. N/A	660206		
c.	8d. OTHER REPORT NO(S) (Any other numbers that may be assigned this report)		
d.			
10. DISTRIBUTION STATEMENT			
11. SUPPLEMENTARY NOTES		12. SPONSORING MILITARY ACTIVITY	
N/A		OACSFOR, DA, Washington, D.C. 20310	
13. ABSTRACT			