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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C. 20310

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IN REPLY REFER TO  
AGAM-P (M) (29 May 67) FOR OT

7 June 1967

SUBJECT: Operational Report - Lessons Learned, HQ, 71st  
Evacuation Hospital (SMBL)

AD829485

TO: SEE DISTRIBUTION

1. Forwarded as inclosure is Operational Report - Lessons Learned, Headquarters, 71st Evacuation Hospital (SMBL) for quarterly period ending 31 January 1967. Information contained in this report should be reviewed and evaluated by CDC in accordance with paragraph 6f of AR 1-19 and by CONARC in accordance with paragraph 6c and d of AR 1-19. Evaluations and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter.

2. Information contained in this report is provided to the Commandants of the Service Schools to insure appropriate benefits in the future from lessons learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

*C. A. Stanfiel*  
C. A. STANFIEL  
Colonel, AGC

Acting The Adjutant General

1 Incl  
as

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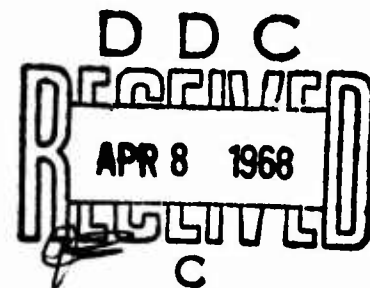
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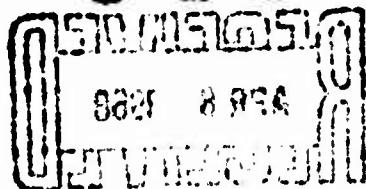
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DEPARTMENT OF THE ARMY  
HEADQUARTERS 71ST EVACUATION HOSPITAL (SMBL)  
APO 96318

AVCA-MB-GB-EG

4 February 1967

SUBJECT: Operational Report -- Lessons Learned for Quarterly Period Ending  
31 January 1967 (RCS CSFOR-65)

THRU: Commanding Officer  
55th Medical Group  
ATTN: AVCA-MB-GB-B  
APO 96238

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

FOR OT RD  
670080

4 February 1967

- SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending 31 January 1967 (RCS CSFOR-65)

SECTION ISIGNIFICANT ORGANIZATIONAL ACTIVITIES

The 71st Evacuation Hospital was alerted for overseas movement on 17 March 1966, and began receiving its personnel fill in early June 1966. An intensive training program was conducted from 27 June to 26 August 66, as preparation for overseas movement. An Operational Readiness Test was administered to this unit by United States Army Hospital, Fort Campbell, Kentucky, and a rating of COMBAT READY was attained.

The main body of the 71st Evacuation Hospital departed Tacoma, Washington, USA, aboard the USNS William O. Darby on 3 November 1966 and arrived in Qui Nhon, Vietnam on 20 November 1966. The seven man advance party headed by LTC Philip H. Welch, Commanding Officer, departed the United States on 13 November 1966 and arrived at Tan Son Nhut Air Base, Saigon, Vietnam, on 15 November 1966.

The bulk shipment of equipment for this unit arrived in Qui Nhon, Vietnam, on 18 November 1966, from Gulf Port, Mobile, Alabama. Unloading was supervised by advance party personnel. The TO&E equipment was transported from Qui Nhon to Pleiku, Vietnam by this unit's organic vehicles. This placed a tremendous burden on maintenance of vehicles. The unit equipment was moved by convoys from Qui Nhon to Pleiku during the period 25 November 1966 to 17 December 1966.

The WABTOC equipment allocated to the 71st Evacuation Hospital was transported from Qui Nhon to Pleiku, Vietnam, via the unit's organic vehicles during the period 20 to 29 December 1966. Thus during the short period of 25 November 1966 to 29 December 1966, the entire TOE and WABTOC equipment was transported from Qui Nhon to Pleiku, Vietnam, without any transportation assistance. Outstanding assistance in the form of a forklift was provided this unit by the 88th Supply and Service Battalion.

The unit personnel arrived in Pleiku, Vietnam, on 24 November 1966, and established an administrative and logistical compound at a temporary site in which the host unit, the 542nd Medical Company (CLR), had set up minimal mess facilities and personnel quarters. As unit supplies and equipment arrived by convoy, the borrowed equipment was returned to the 542nd Medical Company (CLR).

The initial weeks of assignment to Pleiku, Vietnam, were spent in construction of the temporary hospital compound to include sanitary messing facilities, adequate personnel billeting, laundry, latrine and shower facilities and the physical security of the area. Two rows of triple strand concertina wire were emplaced around the perimeter of the hospital compound.

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Two large personnel bunkers were completed to provide the main protection against mortar attack. Also three CONTEX bunkers were constructed on the perimeter to include a command post bunker located adjacent to hospital headquarters.

The construction of the temporary hospital site was constantly plagued with a shortage of material and tools. Construction to meet minimal sanitary standards was set back several weeks due to the lack of dimensional (2" X 4" and 2" X 6") lumber. Frames for the mess facility were fabricated from scrap 1" lumber. With the insect and rodent control a serious problem, the chance of infection and disease was always present during the early stages of occupancy of the temporary site.

On 6 December 1966, Major General Eifler, Commanding General, 1st Logistical Command, visited the 71st Evacuation Hospital and welcomed this unit to Vietnam. Major General Eifler stressed the need for adequate defense against mortar attacks in the Pleiku area due to the mortar capability of the enemy.

The morale and efficiency of the unit remained high during this report period even though the hospital was in a non-operational status. A 16 MM free movie account was established on 16 December 1966, and movies have been shown each evening. Sufficient athletic and recreation equipment is available for use of unit personnel to include ping pong, softball, volleyball and football facilities.

On 9 December 1966, LTC Robert Hall, Commanding Officer, 55th Medical Group, visited the 71st Evacuation Hospital to discuss new hospital construction and the consolidated personnel section.

On 8 December 1966, LTC Philip H. Welch assumed the duties of Pleiku Installation Surgeon. LTC Welch initiated strict procedures regarding the sanitary inspections of mess halls and barber shops in the Pleiku area. LTC Welch coordinated with the Pleiku Provost Marshal in establishing procedures for the identification and control of venereal disease contacts in the Pleiku Installation area.

Many hours were spent by LTC Philip H. Welch in conference with Colonel Bonneaux, Commanding Officer, 633rd Combat Support Group, (USAF), and LT McTomney, Officer in Charge of Construction, (Navy), regarding the settlement of the permanent site for the 71st Evacuation Hospital. On 7 December 1966, the agreement for the new hospital site was reached by LTC Philip H. Welch and Colonel Bonneaux.

Groundbreaking ceremony for the 71st Evacuation Hospital was held at 1000 hours, 8 December 1966. In attendance were Colonel C.J. Cannella,



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Commanding Officer, Pleiku Sub Area Command, and LTC Philip H. Welch.  
Actual construction of the new hospital began 9 December 1966.

The status on the new hospital construction as of 31 January 1967,  
is as follows:

- a. Nurses Quarters - Eight buildings are essentially completed with wooden stands for sinks, overhead lights, plugs and switches installed.
- b. Officers Quarters - Three shells are up; two more concrete slabs have been poured.
- c. Laboratory and Dental building - Cement slab completed and plumbing being installed.
- d. Surgical T - Superstructure is up and all rooms are partitioned.
- e. Ward Complex - Seven shells have been erected, interior construction in progress.
- f. Supply Complex - All five slabs poured; one shell is going up.
- g. Ward latrines - #1-Complete plumbing without sinks, toilets and showers, #2, 3 and 4-plumbing being installed.
- h. Laundry, Mess and Roads - Being graded.
- i. Water - Well is almost complete - water was reached at 113 meters. Expected daily output is 115,000 gallons.
- j. Concertina wire has been placed around the entire new hospital perimeter.

Promotion allocations during the report period since arriving in Vietnam were quite unsatisfactory. Allocations in grades E4 and E5 were insufficient to allow promotion of deserving individuals who met promotion criteria requirements.

An enthusiastic civic action program has been initiated by LTC Welch, who makes orthopedic ward rounds each Tuesday and Thursday evening at the local CIDG Montagnard Hospital operated by Captain Homer House, MC, Company B, 5th Special Forces Group. Captain Samuel Byers, DC, has labored many hours with the dependent school children of the 821st AAVN Direct Support Ordnance Company conducting dental surveys and performing dental extractions.

On 18 December 1966, LTC Bradford Berry, Chief, Medical Corps Assignment Branch, visited the 71st Evacuation Hospital and interviewed medical corps personnel.

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On 30 December 1966, Brigadier General Weir, USARV Surgeon, and Colonel Miller, Commanding Officer, 44th Medical Brigade, visited the 71st Evacuation Hospital to view the new hospital construction and tour the temporary hospital compound.

On 9 January 1967, Major General Steger, USARPAC Surgeon, Colonel Wolfe, of the 44th Medical Brigade and Colonel Kielman, Deputy USARPAC Surgeon, visited the 71st Evacuation Hospital to view the new hospital construction and tour the temporary hospital compound.

On 14 January 1967, Colonel Coker, LTC Boyd, LTC Zimov and Major Washington, of the 44th Medical Brigade visited the 71st Evacuation Hospital to view the new hospital construction.

On 16 January 1967, LTC Wiatrowski, SA, 55th Medical Group, visited the 71st Evacuation Hospital to view hospital construction and discuss equipment requisitions.

Upon arrival in Vietnam, the 71st Evacuation Hospital was given the additional mission to provide a consolidated personnel section for all the medical units in the Pleiku area. This assigned the personnel section a responsibility for the maintenance of 600 personnel records. An augmentation of personnel clerks and equipment was needed to accomplish the mission.

On 15 December 1966, 15 enlisted personnel of the 71st Evacuation Hospital were reassigned to the 2nd Surgical Hospital as part of the program to reduce the percentage of unit personnel scheduled for DEROS during the month of November 1967.

Many unit personnel have been sent TDY to operational medical units within the 55th Medical Group, during the reporting period. The following is a breakdown of TDY assignments:

<u>Personnel</u>	<u>TDY Location</u>
1-Medical Corps Officer	85th Evacuation Hospital
5-Medical Corps Officers	67th Evacuation Hospital
4-Medical Corps Officers	18th Surgical Hospital
3-Army Nurse Corps Officers	18th Surgical Hospital
1-Medical Service Corps Officer	67th & 85th Evacuation Hospitals
17-Enlisted Men	55th Medical Group
10-Enlisted Men	67th Evacuation Hospital
2-Enlisted Men	85th Evacuation Hospital
10-Enlisted Men	18th Surgical Hospital

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During the report period this unit provided refresher classes in First Aid and Emergency Medical Care for the benefit of all non-medical units in the Pleiku Sub Area Command. An instructor and an assistant instructor conducted 27 hours of classes at two locations.

On 23 and 24 January 1967, refresher courses were conducted for medical personnel who desired to take the test for the Expert Field Medical Badge. The refresher courses included emergency medical care, basic map reading, military courtesy and medical records. On 25 and 26 January a written and practical test was administered to 43 personnel seeking the Expert Field Medical Badge.

## SECTION II - COMMANDER'S OBSERVATIONS AND RECOMMENDATIONS

### PART 1 OBSERVATIONS (LESSONS LEARNED)

#### DEPLOYMENT PREPARATIONS

ITEM: Preparation of Evacuation Hospital for utilization in Vietnam.

DISCUSSION: This unit organized a 100% TO&E strength 400 bed hospital less professional personnel, at Fort Campbell, Kentucky. Because of this hospital's nonoperational status and the necessity to avoid mass personnel DEROS in one particular period, a tremendous personnel turbulence is required in the first four to six months of assignment in Vietnam.

OBSERVATION: It would seem more logical if no professional personnel were assigned to a nonoperational hospital except the Commanding Officer, and the Chief Nurse. The practice of designating professional personnel other than the Chiefs of Surgery and Medicine, for a nonoperational hospital and subsequently reassigning them is a morale destroying factor.

#### PERSONNEL FILLERS

ITEM: The assignment of personnel to fill a deploying unit is quite critical.

DISCUSSION: This unit experienced numerous instances of personnel assigned for shipment to Vietnam when the personnel were not qualified for deployment. In addition to causing hardships involved by an unnecessary PCS to the individual much additional administrative work was necessary in order to resubmit for personnel fillers.

#### GUIDANCE

ITEM: There exists a lack of guidance for units deploying to Vietnam.

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DISCUSSION: In order to receive any guidance from the Republic of Vietnam, this unit had to correspond to the USARV Surgeon to find out if it had a sponsor. At this time correspondence began to be received from the 55th Medical Group.

OBSERVATION: It would seem feasible that all units assigned as sponsors would correspond to the deploying unit providing information as to probable location, mission and status of hospital construction. This guidance could be accomplished by either classified or unclassified correspondence.

#### PERISHABLE ITEMS

ITEM: Guidance for the disposition of perishable medical items to include biologicals, drugs etc, should be provided.

DISCUSSION: With insufficient guidance received concerning perishable items this unit was compelled to transport its perishable items by air from Fort Campbell, Kentucky, to Madigan General Hospital. The perishables were then transported by bus to the port dock at Tacoma, Washington. Then the perishables were stored under refrigeration aboard the USNS Darby only to turn them in upon arrival in Vietnam.

OBSERVATION: Deploying units should be advised that TO&E perishable medical items are to be turned in prior to deployment from CONUS.

#### WABTOC PACKET

ITEM: The WABTOC packet must be supplied upon each unit's arrival in country.

DISCUSSION: The WABTOC packet did not arrive at this unit's present location until 35 days after the unit had established the hospital compound.

OBSERVATION: In order to allow better usage of the WABTOC package, the arrival of the WABTOC should be more closely coordinated with the unit's arrival.

#### EQUIPMENT REQUESTS

ITEM: CONUS requests should be authorized for hospital equipment over and above TO&E authorization.

DISCUSSION: Experience has shown that supplies and equipment authorized under present TO&E does not support realistic requirements of hospital missions in Vietnam. Some of the additional equipment is on the Hospital Equipment Program list authorized for issue in-country. However, some of the equipment must be requisitioned from CONUS.

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OBSERVATION: It would seem more efficient if deploying its would be given authorization to acquire equipment available in the states and bring it with them rather than having to order from CONUS after arriving in Vietnam.

#### PUBLIC INFORMATION

ITEM: Hometown News Releases are an important responsibility of every unit.

DISCUSSION: An important factor in the morale of the men is their realization that someone in the states knows that they are in Vietnam supporting their country. The Hometown News Release is an excellent means of letting relatives know the job being done and is a source of deserved recognition.

OBSERVATION: A Public Information Officer should be appointed on orders for each unit and all personnel assigned be afforded the opportunity and assistance to fill out a Hometown News Release. These releases not only provide satisfaction to the families of assigned personnel, but are an important factor in the morale of each individual soldier.

#### HOSPITAL CONSTRUCTION

ITEM: Timing of hospital construction should be coordinated with unit's arrival.

DISCUSSION: This unit arrived in country on 20 November 1966, and the land site for the new hospital construction had not been determined. The Notice to Proceed was limited to six basic items, not to include basic exterior utilities. The Notice to Proceed excluded some of the larger elements of the hospital to include the administration building. The hospital commander was required to negotiate with the Air Force concerning the hospital site selection and to request support for that site from higher headquarters. In addition, it was necessary to request the Officer in Charge of Construction (OICC) to obtain an exterior utility contract.

OBSERVATION: It is recognized that some of the foregoing conditions were unavoidable situations due to the military buildup, however, these occurrences resulted in updating the hospital operational date from 15 January 1967, to approximately 15 April 1967.

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#### OFFICE EQUIPMENT

ITEM: TO&E equipment of an Evacuation Hospital cannot support a consolidated personnel section which maintains 600 personnel records.

DISCUSSION: Due to the increased number of personnel records, the TO&E equipment of the 71st Evacuation Hospital is not sufficient to operate a consolidated personnel section. In order to establish the consolidated personnel section, one typewriter was borrowed from the 1st Medical Company (AMB). Two typewriters were drawn from the Registrar Branch.

OBSERVATIONS: Needed items are on requisition, but the consolidated personnel section is able to operate only because the 71st Evacuation Hospital has been nonoperational. Once the hospital becomes operational, the office equipment must be available from another source in order to keep the consolidated personnel section functioning at peak capacity.

#### SAFETY STATISTICS

ITEM: This unit encountered no traffic accidents during the reporting period.

DISCUSSION: Despite the hazards of sending many convoys from Qui Nhon to Pleiku, Vietnam, to transport unit TO&E and WABTOC equipment, this unit experienced no traffic or personnel injury accidents.

OBSERVATION: The development of a sound safety program with fixed rules and procedures to be followed has resulted in an outstanding safety record. For units required to move equipment in country, the basic guide is to establish preventive maintenance teams at both ends of convoy trips and provide personnel to load and unload vehicles thus allowing drivers sufficient rest.

#### EDUCATIONAL PROGRAM

ITEM: There is a lack of educational facilities in the Pleiku area.

DISCUSSION: The problem of continuing education in Vietnam has been of primary concern to this command, due to the interest shown by personnel desiring to take college correspondence courses or to complete high school equivalency.

OBSERVATION: Due to the lack of educational facilities, advancement in civilian education is sparse. Facilities to allow individuals to complete their high school education and take the General Educational Development Test are non-existent in the Pleiku area. An educational facility would be a definite positive morale factor.

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#### EXPENDIBLE SUPPLIES

ITEM: There exists a shortage of expendible supplies (cleaning materials) in Vietnam.

DISCUSSION: Guidance gathered in the United States regarding expendible supplies (cleaning materials) was to bring a 30 day level of expendibles.

OBSERVATION: After two months in-country, this unit had yet to receive cleaning materials. Through rationing, a bare minimum of sanitary standards has been maintained. It would be wise for deploying units to bring a 90 day supply of cleaning materials.

#### REFRIGERATION

ITEM: The WABTOC package for a 400 bed Evacuation Hospital authorizes one 70 cu ft reach-in refrigerator.

DISCUSSION: This unit was in-country approximately 30 days prior to the arrival of the WABTOC refrigerator. When the refrigerator was prepared for operation, the compressor was found to have a defective oil seal, causing a further 15 day delay before it could be replaced.

OBSERVATION: One 70 cu ft refrigerator for a 400 bed Evacuation Hospital does not furnish sufficient refrigeration. Receiving a 100% A Ration coupled with Vietnam's climatic conditions, has precipitated an undue amount of food spoilage. This spoilage not only decreases the efficiency of the ration, but causes the government a financial drain which could be circumvented by furnishing more refrigeration and larger spare parts kits.

#### MAINTENANCE

ITEM: Many problems are encountered in the realm of equipment maintenance in the Republic of Vietnam.

DISCUSSION: Repair parts are in short supply causing difficulty in maintaining serviceable equipment. Weapons, vehicles and laundry and shower equipment require first class care due to the dust and corrosion caused by climatic conditions.

OBSERVATION: By utilizing unit personnel in on-the-job and cross training, it has been possible to spread knowledge in the field of equipment maintenance. Classes in maintenance at the unit level are a definite requirement.

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### PLEIKU SURGEON

ITEM: The duties of Pleiku Surgeon place a tremendous additional burden on an Evacuation Hospital Commander.

DISCUSSION: In the Pleiku area which is growing so rapidly, the hours involved in the activities of area Surgeon take many hours away from the commanding officer's primary duty.

OBSERVATION: There exists definite need for authorization of a Preventive Medicine Officer, one preventive medicine enlisted specialist, one clerk typist and one  $\frac{1}{4}$  ton vehicle, to handle the preventive medicine activities in the Pleiku Installation Area.

### REGULATIONS

ITEM: The scarcity of regulations supplied to incoming units places an unnecessary administrative burden on the units.

DISCUSSION: The only regulations which this unit had when deployed were a rather complete set of Army Regulations and those 55th Medical Group Regulations acquired by unit as it passed through Qui Nhon.

OBSERVATIONS: The shortage of regulations limited the unit's ability to comply with report requirements and necessitated many hours of research. This administrative backlog could be eliminated if the incoming unit were furnished one complete set of 55th Medical Group, 44th Medical Brigade, 1st Logistical Command and USARV Regulations immediately upon arrival in country.

### PART 2 RECOMMENDATIONS

1. PERSONNEL: It is recommended that the Chiefs of Surgery and Medicine be Regular Army Officers and that they be designated prior to the deployment of the hospital. No other professional personnel should be designated until the hospital is ready for operation.

2. OPERATIONS:

a. It is recommended that hospitals being formed in CONUS for deployment to Vietnam deploy only with the Commanding Officer, Chief Nurse, all authorized Administrative Officers, all administrative enlisted personnel and approximately 50 enlisted personnel from the professional nursing services. These personnel would be responsible for the deployment of all TO&E equipment for the 400 bed hospital and would be readily available for in-country details plus operating a 120 bed facility upon arrival in Vietnam with professional augmentation. The remaining personnel authorizations should be assigned in country as the hospital construction nears completion, thus avoiding a skilled manpower waste plus avoiding a mass rotation of medical personnel at the completion of their tour of duty.



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b. It is recommended that a Hospital Project Liaison Team consisting of the Commanding Officer, Chief Nurse, Registrar, Supply Officer, Food Service Technician and sufficient administrative enlisted personnel, depart CONUS at a minimum of 60 days prior to the deployment of the main hospital party. This team would work hand and hand with the Hospital Project Officer designated by the Medical Brigade, at the site of the new hospital construction. This type of coordination would eliminate time loss now being experienced in getting construction changes approved and would facilitate the procurement of hospital supplies and equipment.

c. It is recommended that each medical facility be authorized and supplied with a security platoon to provide area defense in order to allow the hospital to accomplish its primary patient treatment mission.

d. It is recommended that each incoming unit be escorted to its location and advised on the proper physical security measures to protect the unit from enemy activity during initial phases of operation.

### 3. LOGISTICS:

a. It is recommended that incoming units be supplied with materials to construct physical security barriers to include tools, sandbags and concertina wire.

b. It is recommended that supply depots have adequate repair parts on hand to return deadlined equipment to the organization within a reasonable period of time.

c. It is recommended that deploying units be furnished a list of equipment that will be furnished them in-country and a list of equipment over and above TO&E, that they are authorized to acquire prior to departure from CONUS.

TEL: FLEIKU 120/125

*Philip H. Welch*  
PHILIP H. WELCH  
LTC, MC  
Commanding

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1 - Commander-in-Chief, USARPAC  
ATTN: GPOF-MH, APO 96558

3 - Commanding General, USARV  
ATTN: AVC-DH, APO 96307

1 - Commanding General, USASUPCOM, Qui Nhon  
ATTN: Historian, APO 96238

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AVCA MB-GB-C (7 February 1967) 1st Ind  
SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 January 1967 (RCS CSFOR-65)

Headquarters, 55th Medical Group, APO 96238, 9 February 1967

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: Surgeon  
APO 96307

Commander-in-Chief, United States Army, Pacific, ATTN: GPOF-1H,  
APO 96558

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

1. This headquarters concurs in the observations and recommendations contained in the basic report submitted by the Commanding Officer, 71st Evacuation Hospital.

2. The 71st Evacuation Hospital does not have any units assigned, attached, or under its operational control as of 31 January 1967.

TEL: OM 679

*Robert M. Hall*  
ROBERT M. HALL  
Lieutenant Colonel, MC  
Commanding

AVCA-MB-PO (4 Feb 67)

2nd Ind

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending  
31 January 1967 (RCS CSFOR-65)

HEADQUARTERS, 44th Medical Brigade, APO 96307

19 February 1967

TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-O, APO  
96307

1. Concur with comments in Section I of basic report.
2. Reference to Section II, Part I of basic report.

a. ITEM: Guidance - a letter subject: Letter of Welcome, dated 18 July 1966 was sent to the 71st Evacuation Hospital which did not arrive in RVN until 24 November 1966. This letter encouraged direct communications with this headquarters. Also, it informed them that the 55th Medical Group would be the host unit. Correspondence was initiated by the 55th Medical Group with sufficient time to give detailed answers to questions by the 71st Evacuation Hospital prior to their departure from CONUS.

b. WABTOC - Every unit is responsible for arranging the shipment of WABTOC items required by the unit after arrival in country.

c. ITEM: Hospital Construction - concur with the comment that timing of hospital construction should be coordinated with units arrival. However, land procurement problems of the past will have to be solved, and an increase in engineering construction effort must be available before the timing of hospital with hospital construction can be improved.

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~~Incl  
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*Ray L. Miller*  
RAY L. MILLER  
Colonel, MC  
Commanding

AVCA GO-O (4 Feb 67)

3d Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 January 1967 (RCS CSFOR-65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 **27 MAR 1967**

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

1. The Operational Report - Lessons Learned submitted by the 71st Evacuation Hospital for the quarterly period ending 31 January 1967 is forwarded herewith.
2. Reference paragraph 3, page 2: It is standard procedure for units to transport general cargo, red TAT, yellow TAT and hand baggage with organic vehicles.
3. Reference paragraph 4, page 2: WABTOC equipment is normally transported by the using unit.
4. Reference Section I, page 3, Shortage of 2 x 4, 2 x 6: During the period covered by this report, there was a critical shortage of 2 x 4 lumber country-wide. Concentrated effort has been made to expedite shipment of 2 x 4 and 2 x 6 material to RVN and the situation on these items has improved greatly since the period covered by this report. Forecasts of shipments indicate that depot stocks will remain at a level which will support construction activities. This command will continue coordination with CONUS and USARPAC to insure continued and increased flow of 2 x 4 to RVN.
5. Reference page 4; "Promotion Allocations": The lack of promotion quotas was not brought to the attention of this headquarters. Promotion allocations are distributed based on information submitted by the commander on DA Form 2644-R, "Enlisted Personnel Eligible for Temporary Appointment (RCS CSGPA-342(R5))". Coordination is being effected with Commanding Officer, 44th Medical Brigade to insure promotion of deserving individuals who meet promotion eligibility requirements of grades E-4 and E-5.
6. Reference Section II, Part I, page 6; "Deployment Preparation": Concur. The assignment of professional personnel to a non-operational hospital is a waste of talent. Non-concur that only the Chiefs of Surgery and Medicine, Chief Nurse, and Commanding Officer be assigned prior to deployment. A unit must be operational upon arrival in-country. The problem involved appears to be the lack of the gaining command to have adequate facilities prearranged for a new unit upon its arrival.
7. Reference Section II, Part I, page 6; "Personnel Fillers": Concur that all filler personnel assigned to deploying units be POR qualified prior to departure from losing CONUS organizations. Emphasis must be stressed at all levels of CONUS command to insure personnel are POR qualified prior to final selection and assignment to a deploying unit.

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8. Reference Section II, Part 1, page 7, "MAETOC PACKET": MAETOC packets should be shipped to the COMUS debarkation port and shipped with unit equipment.

9. Reference Section II, Part 1, page 7, "Equipment Requests": There is no formula for determining exactly what equipment will be required for a unit prior to its deployment to RVN. Only experience on the ground can determine this. The Modification Table for Organization and Equipment program established by AR 310-34 was developed as a method by which a unit can change its TOE as required.

10. Reference Section II, Part 1, page 8, "Public Information": The importance of a strong information program within a unit is recognized by all commanders. Often the lack of experienced personnel precludes the establishment of such a program. To initiate adequate information programs for units without assigned information specialist personnel, IO, 1st Log Comd, now conducts a four hour seminar on the information program on an as needed or as requested basis. Current command directives state that a minimum of two individuals (one commissioned, one noncommissioned) are to be appointed unit information specialists as an additional duty.

11. Reference Section II, Part 1, page 8, Item: "Hospital Construction." The timing of construction should be coordinated with unit arrival. In this regard USARV Regulation 415-4 was published to provide minimum facilities prior to arrival of units to preclude facilities not being available when a new unit comes into country. Construction is now on schedule and completion of the hospital facilities currently stands at 70%.

12. Reference Section II, Part 1, page 9, "Office Equipment": TOE 8-581E does not authorize a consolidated personnel section for the 71st Evacuation Hospital. During the period of this report, elements of the 44th Medical Brigade were experiencing an overage of assigned personnel. No TOE can be adjusted to meet the situation described by the 71st Evacuation Hospital since DA's policy is to maintain a unit at 100% of authorized strength.

13. Reference Section II, Part 1, page 9, "Educational Program". Letter, Headquarters, 1st Logistical Command, 8 February 1967, subject: Inclusion of Army Education Centers in Basic Development Plans, directed commanders to include Army Education Centers in their base development plans. Information received indicates that Fleiku Sub-Area Command plans to establish an education center at Camp Schmidt. This facility when operational, will provide ample education opportunity to personnel of the 71st Evacuation Hospital.

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14. Reference Section II, Part I, page 10, "Expendable Supplies": With the daily arrival of expendable cleaning materials this deficiency should no longer exist.

15. Reference Section II, Part I, page 10, "Refrigeration": Beach-in refrigerators, 70 cu ft, are available in-country. Submission for equipment in excess to 70 cu ft will satisfy this requirement.

16. Reference Section II, Part I, page 11, "Regulations": Concur that local directives and regulations should be furnished all incoming units immediately upon arrival. This headquarters charged commanders of major subordinate commands with the responsibility of insuring that all newly assigned units are furnished essential copies of all local and higher headquarters regulations and directives (Letter, AVTC AG-A, this headquarters, 13 May 1966, subject: Requisitioning Blank Forms and Publications). Complete packets of directives published by this headquarters and Headquarters, USMIV should have been requisitioned from this headquarters. AR's and DA Circulars are under "pinpoint" distribution and are distributed based on DA Form 12's which are submitted by the unit/organization.

17. Reference Section II, Part I, page 12, "Security Forces": Concur. The lack of security guard forces in Vietnam makes it imperative that all medical units be authorized their own security platoon because of their mission.

18. Reference paragraph 1b, page 12, "LOGISTICS": In an effort to further reduce the quantity of equipment deadlined for parts, all maintenance and supply depots are constantly updating and purifying their stockage lists based on using unit's PLIs to insure an adequate supply of repair parts are always on hand. Also, if critical major end items of equipment are not repaired and returned to using units in a reasonable period of time, full advantage is taken of available maintenance float equipment which is authorized to be kept on hand at the support unit.

19. The 71st Evacuation Hospital engaged in 2 days POB, 17 days of troop movement and 73 days of hospital construction during the reporting period.

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20. Concur with the basic report as modified by the comments contained  
in the preceding indorsements. The report is considered adequate.

FOR THE COMMANDER:

TEL: Lynx 782/430

~~1 Incl~~  
~~no~~



Franklin E. Boring  
Cpt, AGC  
Asst Adjutant General

AVHGC-DH (4 Feb 67) 4th Ind  
SUBJECT: Operational Report-Lessons Learned for the Period Ending  
31 January 1967 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307 8 MAY 1967

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

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 January 1967 from Headquarters, 71st Evacuation Hospital as indorsed.

2. Pertinent comments follow:

a. Reference Item concerning perishable items, Page 7: Concur. There should be no need for medical units to be encumbered during deployment with the handling and transport of drugs and biologicals which require refrigeration. The medical supply system is sufficiently established and stocked in RVN to issue stocks of drugs and biologicals of this type when the unit becomes operational.

b. Reference Item on Pleiku surgeon, Page 11: The only means by which unit authorizations may be changed is by submission of MTOE. USARV Regulation 310-31 provides guidance for the preparation of MTOE. Current policy precludes the addition of spaces to units without a corresponding reduction in other spaces already approved. It is essential, therefore, that each level of command consider additional space requirements with the view of trade-off at that level.

c. Reference Item on preparation of evacuation hospital, Page 6; Paragraphs 1 and 2a, Page 11; and Paragraph 6, 3d Indorsement: Concur with the comments of 1st Logistical Command in 3d Indorsement. The majority of the professional complement of the 71st Evacuation Hospital was reassigned upon arrival in RVN to operational hospitals. Concur that, when available, the chiefs of surgery and medicine should be Regular Army officers.

d. Reference Paragraph 2b, Page 12, and Paragraph 2a, 2d Indorsement, concerning the early deployment of a project liaison team: The current policy of appointing a host unit in-country to act as sponsor for each deploying unit alleviates the problems cited by the unit.

e. Reference Paragraph 2c, Page 12, concerning the assignment of a security platoon for area defense: Ten security companies



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were requested by this headquarters for physical security of fixed installations. They were disapproved by the Secretary of Defense on 11 November 1966 (Program 4). Seven infantry companies (less weapons platoons) are currently used as a security element. Limitations imposed by Program 4 preclude additional security companies.

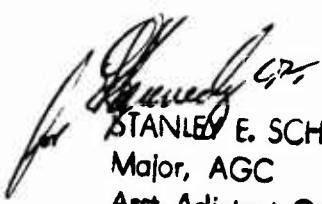
f. Reference Paragraph 2d, Page 12, concerning the reception of deploying units: The procedure outlined is the current policy of USA RV.

g. Reference Paragraph 3a, Page 12, concerning the supply of barrier materials: Units are authorized the listed items in WABTOC packages which should accompany the main body of a deploying unit.

h. Reference Paragraph 3b, Page 12, and Paragraph 18, 3d Indorsement, concerning repair parts: Concur with the comments of 1st Logistical Command in 3d Indorsement.

i. Reference Paragraph 3c, Page 12, concerning lists of equipment available to deploying units: Concur. The host unit will provide lists of in-country equipment available, upon request. The applicable CONUS commander will, upon request, furnish units with a list of equipment available and authorized over and above TOE authorization prior to their departure from CONUS.

FOR THE COMMANDER:

  
STANLEY E. SCHULTS  
Major, AGC  
Asst Adjutant General

GPOP-OT(4 Feb 67)

5th Ind

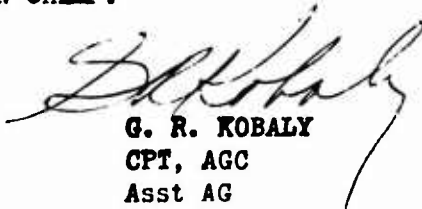
SUBJECT: Operational Report-Lessons Learned for the Period Ending  
31 January 1967 (RCS CSFOR-65) - Hq 71st Evac Hosp (SMEL)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 20 MAY 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.

FOR THE COMMANDER IN CHIEF:



G. R. KOBALY  
CPT, AGC  
Asst AG