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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

IN REPLY REFER TO
AGAM-P (M) (11 Apr 68) FOR OT RD 681220

16 April 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 55th
Medical Group, Period Ending 31 January 1968 (U)

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2. Information contained in this report is provided 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:

Kenneth G. Wickham

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

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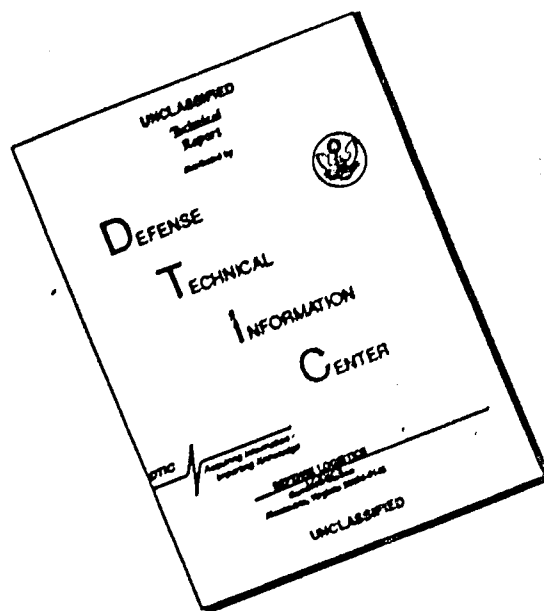
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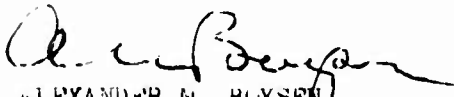
AVBJ GB

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending
31 January 1968 RCS CSFOR - 65)

TO: Deputy Commanding General
United States Army Vietnam
ATTN: AVHGC-DST
APO 96375

The OPERATIONAL REPORT - LESSONS LEARNED, of this headquarters for the quarterly period ending 31 January 1968 is forwarded in accordance with Army Regulation 1-19 and USARV Regulation 1-19.


ALEXANDER M. BOYSEN
COL, MC
Commanding

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OPERATIONAL REPORT - LESSONS LEARNED
FOR QUARTERLY PERIOD
ENDING 31 JANUARY 1968
(RCS CSFOR-65)

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8 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR-65)

SECTION I: SIGNIFICANT ORGANIZATIONAL ACTIVITIES

A. The mission of the 55th Medical Group to provide hospitalization, evacuation and area medical support of United States Army Vietnam (USARV) and other Free World Military Assistance Forces (FWMF) located in Corps Tactical Zone II - North and the southern portion of Corps Tactical Zone I, was further expanded in January, 1968, to include all of Corps Tactical Zone I.

B. Awards and Decorations: The 55th Medical Group had the following awards approved during this quarter:

Purple Heart	22
Air Medal	592
Army Commendation Medal	88
Bronze Star	40
Distinguished Flying Cross	36
Legion of Merit	6
Air Medal "V"	67
Army Commendation Medal "V"	3
Bronze Star "V"	9
Soldier's Medal	1
Silver Star	6

C. Arrivals and Departures of Key Individuals:

a. Arrivals.

1LT Christopher Noble	27 November 1967
CW4 Hoyt M. Hilton	2 December 1967
MJ James P. Craighton	9 January 1968

b. Departures.

1LT Christopher Noble	19 January 1968
SFC William C. Roed Jr.	1 November 1967

D. Safety:

a. During the period 1 November 1967 to 31 January 1968, accident exposure figures for the 55th Medical Group are as follows:

- (1) 10 recordable accidents
- (2) 356,023 Army motor vehicle miles traveled
- (3) Accident rate per 100,000 miles for this period = 2.82

b. 55th Medical Group Regulation 385-1 was published on 15 December 1967. This regulation provides guidelines for safety inspections and completion of recurring reports required by the command safety program.

E. Civilian Personnel:

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SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR-65)

a. Daily Hire Local National (DHLN): During the period 1 November 1967 to 31 January 1968 daily hire authorizations were as follows within the 55th Medical Group:

	Authorized 1 Nov - 31 Dec 67	Authorized 1 - 31 Jan 68
74th Med Bn (2d Surg)	16	16
616th Med Co	12	12
67th Evac Hosp	17	17
85th Evac Hosp	17	17
71st Evac Hosp	17	17
70th Med Bn	13	11
498th Med Co	11	11
HHD, 55th Med Gp	5	5

Daily Hire authorization for 3rd quarter FY 68 totaled 106 DHLN.

b. Local National Direct Hire (LNDH): A chronological sequence of events during the period 1 November 1967 - 31 January 1968 is as follows:

(1) Total LNDH authorizations within the 55th Medical Group on 1 November 1967 was 231 LNDH.

(2) Reallocation of existing LNDH spaces within the evacuation hospitals in the 55th Medical Group effective 1 December 1967 were as follows:

Unit	Authorized LNDH
67th Evac Hosp	54
71st Evac Hosp	50
85th Evac Hosp	58

(3) Table of distribution and allowance study for LNDH was conducted on 10 December 1967 for submission to CG, USAFV; THRU CG, 44th Medical Brigade.

(4) On 19 December 1967 the 55th Medical Group sustained a reduction in force of 14 kitchen employees.

(5) Allocation of new LNDH spaces during the period 1 November - 31 January 1968 are as follows:

(a) 4 KP's authorized for 498th Medical Company (A).

(b) A total of 15 LNDH were authorized evacuation hospitals participating in the "Program 5-Civilianization of T.O. & E. Spaces".

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SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968

(6) LNDH authorizations for units of the 55th Medical Group as of 31 January are as follows:

Unit	Authorized LNDH
2d Surg Hosp	21
616th Med Co	15
67th Evac Hosp	54
85th Evac Hosp	59
71st Evac Hosp	51
70th Med Bn	11
498th Med Co	7

F. Strength Beginning and End of Quarter:

	1 November 1967	31 January 1968
Officers	497	498
Warrant Officers	44	43
Enlisted	1583	1688

G. Procurement, Replacements and Personnel Rotation:

Gains:	Officers	78	Losses:	Officers	77
	Warrant Officers	7		Warrant Officers	8
	Enlisted	543		Enlisted	438

H. Reenlistments: 17

I. Promotions:

<u>E4</u>	<u>E5</u>	<u>E6</u>	<u>E7</u>	<u>E8</u>	<u>E9</u>
142	185	30	2	0	0

J. Public Information Program: Command emphasis continued to be placed on the Public Information Program during the reporting period. Improvement of the program was notable as a total of 870 Home Town News Releases were prepared on members of this command and forwarded to the U.S. Army Home Town News Center. This is an increase of 229% over the past reporting period. A monthly newsletter presenting the performance of individual units during each month is prepared and distributed monthly. This publication permits subordinate units to compare their performance with other units in the Group and has contributed measurable to the success of the program.

K. Operations:

The battle at Dak To, Operation MacArthur, in November 1967, placed great demands on all 55th Medical Group units in CTZ II -N.

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8 February 1968

**SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968**

The mass of casualties received necessitated constant monitoring of hospital patient loads by the Medical Regulating Officer (MRO) at this headquarters, in order to distribute the workload and prevent overloading of any medical facility in the group.

The 71st Evacuation Hospital, due to its proximity to the fighting, received the heaviest influx of casualties. During peak casualty periods, however, those beyond the capability of the 71st Evacuation Hospital were triaged at that facility and evacuated to the 67th Evacuation Hospital and the 85th Evacuation Hospital in Qui Nhon, or to other facilities as directed by the MRO, 44th Medical Brigade.

The importance of the utilization of Field Medical Regulators (FMRs) to coordinate and control the evacuation process from division level medical facilities was readily apparent during this operation. Information received from these personnel enabled the Group MRO to make timely decisions concerning casualty routing, as well as providing up-to-the-minute situation reports for the commanding officer of this group.

A detailed account of the Dak To action, After-Action Report of Medical Support Rendered in Support of Operations in the Dak To Area 9-26 November 1967, is included as Inclosure III to this ORLL.

During the reporting period 55th Medical Group air ambulance units continued to provide local and area evacuation support. The receipt during this period, of the UH-1H model helicopters to replace all the older UH-1D models issued to these units, materially improved their capability to provide evacuation support under all conditions. It is anticipated that these new aircraft will also enable the units to maintain a higher level of operational readiness.

The following statistics are indicative of the work load experienced by 55th Medical Group air ambulance units during the reporting period:

<u>498th Med Co (AA)</u>	<u>NOV</u>	<u>DEC</u>	<u>JAN</u>	<u>TOTAL</u>
Patients Evacuated	2298	1637	2116	6051
Hours Flown	1018	797	1014	2829
Aircraft Hit, Combat Damage	4	6	2	12
Casualties, Hostile Action	2	1	2	5
KIA	0	0	3	3

<u>54th Med Det (R)</u>	<u>NOV</u>	<u>DEC</u>	<u>JAN</u>	<u>TOTAL</u>
Patients Evacuated	936	1612	2426	4974
Hours Flown	348	446	548	1342
Aircraft Hit, Combat Damage	3	0	7	10
Casualties, Hostile Action	4	0	1	5
KIA	0	0	0	0

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SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968

<u>283d Med Det (RA)</u>	<u>NOV</u>	<u>DEC</u>	<u>JAN</u>	<u>TOTAL</u>
Patients Evacuated	1246	688	967	2901
Hours Flown	356	287	338	979
Aircraft Hit, Combat Damage	1	1	2	4
Casualties, Hostile Action	4	0	0	4
KIA	0	0	0	0

On 1 November 1967 the dispensary at Da Nang became operational. This dispensary was established and operated by the 2d Platoon, 563d Medical Company (Clearing), during the entire period. On 30 January 1968, however, the 161st Medical Detachment (Team OA) (Dispensary) arrived at Da Nang, and will eventually assume the responsibility for the operation of the dispensary.

On 12 November 1967 the 945th Medical Detachment, Team KA (Surgical), was reassigned to the 43d Medical Group. This detachment departed from Chu Lai on 13 November 1967.

The 18th Surgical Hospital, which until the opening of the 71st Evacuation Hospital had alone provided local hospitalization support in the Pleiku area, was reassigned to the 68th Medical Group on 16 November 1967. Final elements of the unit departed for Long Binh 18 November 1967.

A new system of out-of-country patient regulating was inaugurated in November when the Army relieved the Air Force of this responsibility. Prior to the change a meeting of all Medical Regulating Officers (MROs) was held at Headquarters, 44th Medical Brigade. Following the meeting the system was tested for a period of ten days and was then implemented with little or no difficulty.

The present out-of-country patient regulating system is an improvement over the former. The MROs now know the projected bed status of each hospital 48 hours in advance of out-of-country evacuation, and are able to utilize this knowledge to regulate in-coming patient loads.

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8 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968

SECTION II PART I: OBSERVATIONS (LESSONS LEARNED)

A. COMMUNICATIONS:

ITEM: Standard FM frequency for each Medical Group.

DISCUSSION: It has been noted that the use of the standard FM frequency for 44th Medical Brigade air ambulance units throughout Vietnam facilitates communications between elements of these units and the organizations they support. The elimination of security measures for the protection of this frequency permits wide dissemination. This same method of standard frequencies could be utilized for medical groups.

OBSERVATION: Requests for medical support, because of their frequent urgent nature, must be transmitted without delay. Since many fixed treatment facilities presently operate the AN/VRC 46 FM radio in their emergency rooms a standard FM frequency for each medical group would eliminate confusion and make it possible to release the frequency to all U.S. military elements. Cargo helicopters, "slick" ships, gun ships, local support and tactical units, and Military Police patrols could use the frequency for emergency purposes to contact the medical group headquarters or a treatment facility in their vicinity.

B. LOGISTICS:

ITEM: Direct exchange of helicopter patient evacuation hoists.

DISCUSSION: In supporting tactical operations in this group's area of responsibility, during peak casualty periods, breakdowns and malfunctions of helicopter hoists have necessitated frequent adjustments in the distribution of these items. The distribution of tactical units supported by this group in Corps Tactical Zone II - North and Corps Tactical Zone I dictates maximum dispersal of hoists throughout these areas. When breakdowns do occur replacements must normally be obtained from within this command's own resources or those of the 44th Medical Brigade. The danger inherent in this situation lies in the impossibility of anticipating the requirements for specific operations.

OBSERVATION: A readily available source of hoists through direct exchange must be available at each Direct Support Unit providing maintenance for aeromedical evacuation helicopter units. The supply of hoists on hand at these DSU's should be not less than twice the total number authorized the units they are supporting.

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SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968

SECTION II PART II: RECOMMENDATIONS

A. COMMUNICATIONS: Recommend that each medical group in Vietnam be assigned a standard, unclassified FM frequency and call sign which may be released to all United States military units.

B. LOGISTICS: Recommend that each aeromedical evacuation helicopter unit be authorized a minimum of one (1) patient evacuation hoist for each two (2) TOE aircraft, and that Direct Support Units have on hand, for direct exchange, twice the number of hoists authorized the units they support.

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SUBJECT: Operational Report-Lessons Learned for Quarterly Period
Ending 31 Jan 1968 (RCS CSFOR-65) (55th Medical Group)

HEADQUARTERS, 44th Medical Brigade, APO 96384 29 Feb 1968

TO: Commanding General, United States Army Vietnam, ATTN: AVHGC-DST,
AFO 96375

1. The contents of the basic report have been reviewed.
2. The following comments pertaining to the recommendations in Section II, Part II (page 10) of the report are submitted:

a. Reference paragraph A. Concur. Authorization of a standard unclassified FM frequency and call sign for each medical group would assist in providing a more responsive aeromedical support system to allied forces in Vietnam. Each Medical Group Commander will be directed to submit a request for such to the appropriate radio frequency control headquarters in the medical group's area of operations.

b. Reference paragraph B. Concur in part. Medical aviation units in Vietnam are authorized hoists on the basis of one per two aircraft. The hoists were a non-standard item, and as a result, neither replacements nor spare parts have been available in the supply system. At present, hoists and spare parts are on procurement with delivery in Vietnam expected to start in June 1968. At present, hoists are still in very short supply and are not available for issue at authorized levels. The recommendation that direct support units maintain a large supply of hoists for direct exchange was undoubtedly derived from the fact that absence of spare parts made repair impossible, except by cannibalization. The problem should disappear when hoists and parts, now on procurement, arrive in country for issue at authorized levels.

TEL: LBH 2909/2494


GLENN J. COLLINS
Brigadier General, MC
Commanding

cc: 55th Medical Group

8-14
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AVHGC-DST (12 Feb 68)

2d Ind

SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending
31 January 1968 RCS CSFOR - 65

HEADQUARTERS, US ARMY VIETNAM, APO San Francisco 96375 5 MAR 1968

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

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 January 1968 from Headquarters, 55th Medical Group (BHAA) as indorsed.

2. Concur with report as indorsed. Report is considered adequate.

3. A copy of this indorsement will be furnished to the reporting unit through channels.

FOR THE COMMANDER:


CHARLES E. READ
Major, AGC
Assistant Adjutant General

Copy furnished:

HQ 55th Med Gp

HQ 44th Med Bde

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GPOP-DT (12 Feb 68) 3d Ind

SUBJECT: Operational Report for the Quarterly Period Ending 31 January
1968 from HQ, 55th Med Gp (UIC: WBHAAA) (RCS CSFOR-65)

HQ, US Army, Pacific, APO San Francisco 96558 22 MAR 1968

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

This headquarters has evaluated subject report and forwarding indorse-
ments and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF:



K. F. OSBOURN
MAJ, AGC
Asst AG

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~~INCLOSURE II~~

8 February 1968

ASSIGNED UNITS

The following units were assigned to 55th Medical Group at the end of the reporting period:

a. Battalions:

70th Medical Battalion
74th Medical Battalion

b. Hospitals:

2d Surgical Hospital (Mobile Army)
67th Evacuation Hospital (Semimobile)
71st Evacuation Hospital (Semimobile)
85th Evacuation Hospital (Semimobile)

c. Companies:

1st Medical Company (Ambulance)
51st Medical Company (Ambulance)
498th Medical Company (Air Ambulance)
542d Medical Company (Clearing)
563d Medical Company (Clearing)
616th Medical Company (Clearing)

d. Medical Detachments:

14th Medical Detachment (MC) (Dispensary)
48th Medical Detachment (K) (Surgical)
54th Medical Detachment (RA) (Helicopter Ambulance)
138th Medical Detachment (KE) (Neuro Surgical)
139th Medical Detachment (KB) (Orthopedic)
142d Medical Detachment (MA) (Dispensary)
152d Medical Detachment (MA) (Dispensary)
240th Medical Detachment (KF) (Thoracic)
283d Medical Detachment (RA) (Helicopter Ambulance)
435th Medical Detachment (KA) (Surgical)
438th Medical Detachment (RB) (Bus Ambulance)
463d Medical Detachment (KH) (X-Ray)
501st Medical Detachment (MA) (Dispensary)
915th Medical Detachment (KH) (X-Ray)

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INCLOSURE III

8 February 1968

DEPARTMENT OF THE ARMY
HEADQUARTERS, 55TH MEDICAL GROUP
APO 96238

AVBJ GB-C

19 January 1968

SUBJECT: After-Action Report of Medical Support Rendered in Support
of Operations in the DAK TO Area 9-26 November 1967

TO: Commanding General
44th Medical Brigade
APO 96384

1. Reference 44th Medical Brigade Regulation 1-5, dated 12 May 1967.
2. Name or identity of Operation: Operation MacArthur.
3. Statement of Mission: The 55th Medical Group provided evacuation, hospitalization, and medical regulating as required in support of Operation MacArthur.
4. Dates of Operations: The dates of 9-26 November 1967 were selected for this report since they contain the highlights of the medical activity of the operation.
5. Location of Medical Support: The 55th Medical Group supported the operation by placing Field Medical Regulators in the field with each Brigade Clearing Station. Air Ambulance support was provided by the 283d Medical Detachment (RA) and elements of the 498th Medical Company (Air Amb). Ground ambulance support was provided by the 1st and 51st Medical Companies (Amb). The 71st Evacuation Hospital provided direct support to the operation, and the 67th and 85th Evacuation Hospitals provided hospitalization for the overflow of patients from the 71st.

6. Medical Support Provided:

a. Air Ambulance Support:

	<u>498th</u>	<u>283d</u>	<u>TOTAL</u>
(1) Flight Time in Support	63 hrs	184 hrs	248 hrs
of operation:	20 min	55 min	15 min
(2) Patients evacuated from the LZ to clearing stations, DAK TO:	196	420	616
(3) Patients evacuated from the LZ to the 71st Evacuation Hospital:	0	12	12

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19 January 1968

SUBJECT: After-Action Report of Medical Support Rendered in Support of Operations in the Dak To Area 9-26 November 1967

(4) Patients evacuated from clearing station (Dak To) to 71st Evac Hosp: 31 256 287

(5) Patients Hoisted . 9 45 54

(6) The 498th Medical Company (A), averaged five (5) helicopters in the Dak To area during 10-12 November 1967, and 20-24 November 1967.

(7) The 283d Medical Detachment (RA), averaged five (5) helicopters in Dak To area during 10-12 November 1967, and 20-24 November 1967.

It was interesting to note that in the week preceding 9 November 1967, the 283d Medical Detachment (RA) hoisted 59 patients. The use of power saws to clear landing zones after 9 November 1967 reduced the number of hoist missions during the time that casualties were highest.

b. Ground Ambulance Support:

(1) 16-22 November 1967: 51st Medical Company (Amb) evacuated eight (8) patients from Headquarters and A Company, 15th Medical Battalion to the 71st Evacuation Hospital. Headquarters and A Company, 15th Medical Battalion was located in Kontum.

(2) The 51st Medical Company (Amb) gave convoy support from LZ Uplift to Kontum on 6 November 1967.

(3) 21-26 November 1967: 1st Medical Company (Amb) evacuated 50 patients from Headquarters and A Company, 15th Medical Battalion, located in Kontum to the 71st Evacuation Hospital located in Pleiku. Seventy patients were evacuated from the 173d Airborne Brigade Clearing Station located at Dak To to the Dak To airfield. 172 patients were evacuated from the Pleiku airport to the 71st Evacuation Hospital, located in Pleiku.

(4) The Air Force sent in a Casualty Staging Unit (CSU) to establish communication with the Army regulating personnel. The CSU was used to airlift 94 patients to Qui Nhon during the mass casualty situation at the 71st Evacuation Hospital.

7. IRHA Dak To Patients Evacuated from the Pleiku Airport:

a. 11 November 1967:

(1) 71st Evacuation Hospital - 50 IRHA, Dak To patients were admitted to the 71st Evacuation Hospital. 23 IRHA, Dak To

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19 January 1968

SUBJECT: After-Action Report of Medical Support Rendered in Support of Operations in the DAK TO Area 9-26 November 1967

patients, triaged by the 71st Evacuation Hospital but not admitted, were sent to Qui Nhon by C-130 fixed wing aircraft.

(2) 67th Evacuation Hospital - 28 IRHA, Dak To patients, evacuated from the Pleiku airport by C-130 fixed wing aircraft, were admitted to the 67th Evacuation Hospital.

(3) 85th Evacuation Hospital - 13 IRHA, Dak To patients, evacuated from the Pleiku airport by C-130 fixed wing aircraft, were admitted to the 85th Evacuation Hospital.

(4) Total number of IRHA, Dak To patients received in Qui Nhon from the Pleiku airport was 41. Of those 41 patients, 23 were triaged at the 71st Evacuation Hospital, but were not admitted. The remaining eighteen (18) patients were Dak To, IRHA patients who were triaged at a clearing station of the 4th Medical Battalion or the 173d Airborne Brigade.

b. 12 November 1967:

(1) 71st Evacuation Hospital - 56 Dak To, IRHA patients were admitted to the 71st Evacuation Hospital. 132 Dak To, IRHA patients, triaged at the 71st Evacuation Hospital but not admitted, were sent to the 67th, 85th, or 91st Evacuation Hospitals and the 8th Field Hospital.

(2) 67th Evacuation Hospital - 50 Dak To, IRHA patients, evacuated by C-130 fixed wing aircraft from the Pleiku airport to Qui Nhon were admitted to the 67th Evacuation Hospital.

(3) 85th Evacuation Hospital - 50 Dak To, IRHA patients, evacuated by C-130 fixed wing aircraft from the Pleiku airport to Qui Nhon, were admitted to the 85th Evacuation Hospital.

(4) 91st Evacuation Hospital - 22 Dak To, IRHA patients, evacuated by C-130 fixed wing aircraft from the Pleiku airport, were admitted at the 91st Evacuation Hospital.

(5) 8th Field Hospital - 20 Dak To, IRHA patients, evacuated by C-130 fixed wing aircraft from the Pleiku airport, were admitted at the 8th Field Hospital.

(6) The total number of Dak To, IRHA patients evacuated from the Pleiku airport, on 12 November 1967 was 142. Of these 142 patients, 132 were triaged at the 71st Evacuation Hospital, but were not admitted. The remaining ten (10) Dak To, IRHA patients were triaged

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SUBJECT: After-Action Report of Medical Support Rendered in Support
of Operations in the DAK TO Area 9-26 November 1967

at a clearing station of the 4th Medical Battalion, or of the 173d
Airborne Brigade.

c. 21 November 1967:

(1) 71st Evacuation Hospital - 46 Dak To, IRHA patients.
were admitted to the 71st Evacuation Hospital. 126 Dak To, IRHA patients
were triaged at the 71st Evacuation Hospital but were not admitted.
These patients were evacuated to the 67th and 85th Evacuation Hospitals
in Qui Nhon.

(2) 67th Evacuation Hospital - 48 Dak To, IRHA patients,
evacuated by C-130 fixed wing aircraft from the Dak To airstrip, were
admitted to the 67th Evacuation Hospital.

(3) 85th Evacuation Hospital - 47 Dak To, IRHA patients,
evacuated by C-130 fixed wing aircraft from the Dak To airstrip, were
admitted to the 85th Evacuation Hospital.

(4) Bien Hoa - 42 Dak To, IRHA patients, evacuated by
C-130 fixed wing aircraft from Dak To airstrip, were admitted to treat-
ment facilities in the Bien Hoa area.

(5) The total number of Dak To, IRHA patients received
in Qui Nhon from the Dak To airstrip was 95. The total number of Dak
To, IRHA patients received in Bien Hoa from the Dak To airstrip was
42. Total number of Dak To, IRHA patients evacuated from the Pleiku -
Dak To area was 137. Of these, 42 patients were triaged at the 71st
Evacuation Hospital. The remaining 95 Dak To, IRHA patients were
triaged at a clearing station of the 4th Medical Battalion or the 173d
Airborne Brigade.

d. 71st Evacuation Hospital (Pleiku): Patients admitted
from the Dak To Area (IRHA):

<u>DATE</u>	<u>NUMBER OF PATIENTS</u>
9 Nov	49
10 Nov	4
11 Nov	50
12 Nov	56

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<u>DATE</u>	<u>NUMBER OF PATIENTS</u>
13 Nov	29
14 Nov	21
15 Nov	10
16 Nov	4
17 Nov	40
18 Nov	48
19 Nov	25
20 Nov	21
21 Nov	46
22 Nov	28
23 Nov	36
24 Nov	35
25 Nov	9
26 Nov	<u>23</u>
TOTAL	534

c. 67th Evacuation Hospital (Qui Nhon): Patients admitted
from the Dak To Area (IRHA):

<u>DATE</u>	<u>NUMBER OF PATIENTS</u>
9 Nov	43
10 Nov	5
11 Nov	28
12 Nov	50
13 Nov	2
14 Nov	2
15 Nov	13

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<u>DATE</u>	<u>NUMBER OF PATIENTS</u>
16 Nov	5
17 Nov	8
18 Nov	11
19 Nov	5
20 Nov	7
21 Nov	48
22 Nov	7
23 Nov	0
24 Nov	7
25 Nov	8
26 Nov	<u>10</u>
TOTAL	259

f. 85th Evacuation Hospital (Qui Nhon): Patients admitted from the Dak To Area (IRH):

<u>DATE</u>	<u>NUMBER OF PATIENTS</u>
9 Nov	29
10 Nov	5
11 Nov	13
12 Nov	50
13 Nov	18
14 Nov	0
15 Nov	8
16 Nov	1
17 Nov	9

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<u>D.TE</u>	<u>NUMBER OF PATIENTS</u>
18 Nov	6
19 Nov	3
20 Nov	6
21 Nov	47
22 Nov	15
23 Nov	4
24 Nov	0
25 Nov	11
26 Nov	<u>0</u>
TOTAL	225

8. Special equipment and techniques: The 283d Medical Detachment (RA) and the 498th Medical Company (Air Amb) had a combined total of 10 hoists at the beginning of the operation of which 8 were operational. It was recognized early that additional hoists would be required. A request was telephoned to the 44th Medical Brigade for extra hoists and three were received in a very short time.

9. Problem Areas Encountered: Hoists. When hoists became inoperable exchange hoists were not always available at the Direct Support Units. At one time the 498th Medical Company (Air Amb) had only one hoist that was not in use in Dak To area for coverage of five different field sites.

10. Conclusions: a. Evacuation of patients must be controlled by one agency who has available communications to all means of patient evacuation and with all treatment facilities. Field Medical Regulators as employed by the 55th Medical Group proved invaluable. They must have effective long range communications, so that they can establish close liaison with the 55th Medical Group Regulating Office. The Field Medical Regulator must also keep close liaison with the units providing transportation by land and air in order to evacuate patients in the most effective manner. The ultimate coordination must be accomplished by the medical group. In this way all means of evacuation and all treatment

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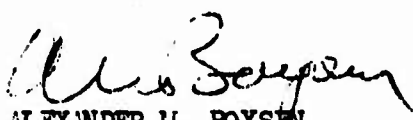
facilities available to the Group can be utilized to provide unsurpassed medical treatment to the individual patient on a timely basis.

b. Additional hoists and aircraft should always be available to meet emergency demands. Units should always be ready to deploy their resources quickly and in a well organized and preplanned manner.

c. Communication networks should be well established and flexible enough to respond quickly if necessity dictates a deviation from previous plans.

d. Field Medical Regulators must be thoroughly acquainted with sources of supply of critical medical items. The medical supply system can respond rapidly to any urgent requests when they are aware of this need. The Field Medical Regulator through his communications equipment, can make the supply system aware of this need. Close liaison should be established with the supply points and rapid response will alleviate many problem areas.

11. Recommendations: Hoists. That two backup hoists be made available in the Direct Support Unit for each authorized hoist in Air Ambulance Units of the 55th Medical Group.


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