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AGO D/A ltr, 29 Apt 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) (16 Apr 68) FOR OT RD 681035

25 April 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 17th  
Field Hospital, Period Ending 31 January 1968 (U)

SEE DISTRIBUTION

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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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*20310*

*att: FOR OT RD*

*Office of Asst Chief of Staff*

3

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 17TH FIELD HOSPITAL  
APO San Francisco 96243

AVBJ GC-FB

4 February 1968

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

THRU: Commanding Officer  
67th Medical Group  
ATTN: AVBJ GC-O  
APO 96227

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

The OPERATIONAL REPORT - LESSONS LEARNED of the headquarters for the quarterly period ending 31 January 1968 is forwarded in accordance with Army Regulation 1-19 and 44th Med Bde Regulation 870-2.

*Ralph F. Wells*  
RALPH F. WELLS  
LTC, MEDICAL CORPS  
Commanding

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681035

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SECTION I: SIGNIFICANT ORGANIZATIONAL ACTIVITIES

AVBJ GC-FB

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

A. Command and Administration: During the reporting period, the 17th Field Hospital continued to provide a 100-bed, inpatient facility, and an active out-patient clinic supporting the Saigon/Cholon area. In addition to general medical and surgical capability, specialty clinics were staffed in internal medicine, dermatology, ophthalmology, optometry, otolaryngology, physical therapy, and urology. In November 1967, the hospital headquarters assumed increased responsibility when the 133rd Medical Detachment (OA) and the 673rd Medical Detachment (OA) were attached for command, administration, and logistical support. These units are located at Cat Lai and the Saigon Port respectively. In the last weeks of the reporting period, considerable effort went into the staffing of a projected move of the 17th Field Hospital to another in-country location. Complementing this were plans to convert the existing facility into a general dispensary with limited in-patient capability. The hospital continued to operate in close cooperation with the Headquarters Area Command which controls the physical facilities occupied by the hospital. Additionally, the 17th Field Hospital Commander continued to serve as the Headquarters Area Command Surgeon.

B. Operations: Until the last day of the reporting period a significant decrease in terrorist activities in the Saigon/Cholon area was observed. Despite this, the 17th Field Hospital continued to maintain a readiness posture capable of supporting a mass casualty situation should it occur. Monthly unannounced mass casualty exercises were conducted in conjunction with the HAC alert. At 0305 hours, 31 January, the mass casualty plan was put into effect to handle patients generated by the V. C. attack on the U. S. Embassy. The initial attack was followed by widespread incidents throughout the city. Patients generated south of the Metropolitan dividing line were brought to the 17th Field Hospital. This proved to be the most sustained demand placed on the plan to date due both to the larger number of patients, the seriousness of injuries, the protracted and widespread nature of the incidents and the critical personnel problems created by the loss of VN employees during the crisis. During the period 0001 hrs, 31 January to 2400 hrs, 3 February, 126 casualties were processed including 71 IRHA and 35 KIA. The latter included 21 VC/VN dead. During the first 36 hours, 6 MEDEVAC (Dustoff) choppers landed on Tran Hung Dao, just north of the hospital ambulance entrance. 10 patients were taken to the 36th Evac Hosp at Vung Tau as soon as stabilized, 2 to the 93rd, and 10 were taken to Tan Son Nhut for evacuation to

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Japan. 1 patient was taken by ambulance to Tan Son Nhut and then by helicopter to the 24th Evac for craniotomy. Critical supplies, including whole blood, were brought in by helicopter and the timely evacuation of stabilized patients precluded the development of an overwhelming surgical backlog. This was the first time helicopter evacuation had been utilized by the 17th Field Hospital. The requirement was created by the dual necessity of patient needs and V. C. control of all roads from the 17th Field Hospital to Tan Son Nhut for over 36 hours which precluded ground evacuation. The problems encountered will be more completely discussed in Section II. The maintenance of a capability to support a mass casualty situation remains an important mission of the 17th Field Hospital.

C. Material:

1. In November 1967, the 133d and 673d Medical Detachments (OA) were attached to the 17th Field Hospital and the Hospital Supply Officer was appointed property book officer for both detachments. Support for these detachments includes medical and general supply, medical maintenance, and technical assistance on matters pertaining to supply and services.

2. In medical maintenance, an alphanumeric locator system was effected to decrease the time required to locate spare parts. The alphanumeric code is affixed to both the parts bin and the respective DA Form 1543 for the corresponding part. Additionally, a color coding system was implemented which readily identifies PLL items, parts due in and follow up action. Both of the systems described above have greatly increased the efficiency of the medical maintenance supply operations and have received favorable comments by inspectors.

D. Preventive Medicine: The preventive medicine section of the hospital continued to increase the scope of its operations. Presently the section is responsible for supervising preventive medicine activities and inspecting over 300 separate operations in the Saigon area including Cholon, Phu Lom, Tan Son Nhut, Gia Dinh, Cat Lai, and Saigon Port. Activities inspected are as follows: 5 field ration messes, 16 Officer and Enlisted Open Messes, 90 billets, 3 swimming pools, 33 water sources, 140 consumption points, 5 contractual Vietnamese ice plants, 11 barber shops, 14 Post Exchanges, and other miscellaneous

7.  
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facilities. Although the military population in Saigon is beginning to decline, it appears that a requirement for an effective PM operation will continue for an undetermined period.

E. Safety: The high incidence of vehicle accidents in the Saigon/Cholon area points up an ever increasing need to review current safety policies. Personnel receive weekly orientation talks on existing hazards. A tighter dispatching policy has been effected to avoid unnecessary dispatching of vehicles and thus reduce accident exposure time to a minimum.

F. Staff Changes: During this period the hospital underwent the following key personnel changes and/or additions:

a. LTC Ralph F. Wells (Commanding Officer) replaced LTC Donald R. Tilson, Jr.

b. MAJ John W. Young, Jr. (Executive Officer) replaced MAJ Harry F. Heldmyer.

c. LTC Roy A. Rada (Executive Officer) replaced MAJ John W. Young, Jr.

d. CPT Francis M. Kelly (Radiologist) departed for CONUS, emergency leave status, but will not return due to imminent DERS.

G. Hospital Statistics: SEE ANNEX A TO THIS REPORT.



SECTION II - PART I: OBSERVATIONS (LESSONS LEARNED)

AVW GC-FB

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

A. Nursing Service

ITEM: Insect Control on Hospital Wards

DISCUSSION: An insect control problem, particularly with mosquitos, was incurred on the hospital wards. Utilization of various sprays appeared to have little affect. It was hypothesized that the insects were nesting in the heavy cloth drapes used on the ward; subsequently plastic drapes were substituted and spray was employed, this time with lasting effect.

OBSERVATION: Utilization of plastic rather than cloth draperies effects better control of small insects plus a more hygienic environment.

B. Preventive Medicine

ITEM: Bacteriologic Analysis of Water

DISCUSSION: Prior to 15 November 1967, water samples collected by this section were processed for bacteriologic analysis at the 9th Medical Laboratory. There was a necessary delay in receiving laboratory results due to transport time and distribution of reports. A field water testing kit was obtained during November and the Preventive Medicine Section began its own bacteriological analysis of water at that time. Personnel are adequately trained in use of this equipment and proper laboratory techniques. Positive or questionable cultures have been interpreted by the Officer in Charge, who is a qualified microbiologist.

OBSERVATION: Bacteriological analysis of water samples collected by this section has been more adequately accomplished by performing the laboratory functions within the section itself. This is primarily due to the more timely reporting of laboratory results and increased ability to monitor the potable water supply within metropolitan Saigon.

C. Supply

ITEM: Delivery System

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

DISCUSSION: Severely limited storage space at the 17th Field Hospital demands continuous evaluation of the use being made of storage space and search for prospective new areas.

OBSERVATION: Constant evaluation should include physical relocation and rearrangement of supplies as well as procedures that may result in improved customer service and a saving in storage space.

#### D. Mass Casualty Management

ITEM: Adequacy of basic plan as defined in hospital procedural guide 6-8 and change 1.

DISCUSSION: The existing mass casualty plan which was last reviewed on 7 June 1967 was based on the assumption that a mass casualty situation would be generated by an isolated incident of terrorism as a bombing or alternately by such disasters as a fire or serious vehicle accident. It does not take into consideration the problems generated by a sustained enemy operation or incidents occurring at numerous sites. Inherent in the latter situations are the problems of reduced logistic support, increased demands on assigned personnel, non-availability of VN Nationals, and increased security requirements.

OBSERVATION: There is a requirement for a reviewed mass casualty plan to cope with either an isolated event or a sustained period of enemy activity.

#### ITEM: Utilization of Personnel during Disasters

DISCUSSION: Once assignments are made to a team under the mass casualty plan, it is essential that the roster be constantly updated to compensate for rotation, leave and R&R. Once the plan is effected during a mass casualty situation, the rosters should provide a continuous working tool for control of personnel. This will provide better control over duty personnel.

OBSERVATION: During the 31 January 1968 crisis, there was an initial tendency for personnel to bolt assigned tasks and look for more exciting jobs, particularly as members of ambulance teams. Also noted was a tendency for people to stay on the job to the point of extreme

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fatigue. Use of sign out rosters provided a means for monitoring rest periods and assuring peak efficiency as well as precise location on and off duty.

ITEM: Emergency Operation Center

DISCUSSION: The orderly room functioned as the emergency operations center due to the location of radio equipment there, its accessibility to the motor pool and its relative security.

OBSERVATION: Because of the proximity to the triage area, the EOC tended to function as a lounge for personnel not immediately engaged in patient care. The only existing lounge facility is on the 5th floor of the hospital.

ITEM: Adequacy of Professional Staffing

DISCUSSION: The overall professional coverage during the 31 Jan crisis proved adequate only due to timely aeromedical evacuation by dust off chopper. An adequate number of physicians were available to triage and stabilize patients. Our surgical capability was confined to two general surgeons and an ENT man augmented by 3100's. Increased orthopedic capability would have been desirable. Minor problems were created by the lack of a radiologist.

OBSERVATION: Excellent triage, appropriate resuscitation, and outstanding support by dustoff helicopter compensated for critical personnel shortages in the hospital staff. The basic plan had been conceived on a full strength basis without allowance for personnel on R&R, emergency leave, or rotation. (Because of the projected relocation of the 17th, the hospital staff was at reduced strength during this time)

ITEM: Utilization of Dustoff Helicopters

DISCUSSION: During previous mass casualty situations, it had not been necessary to utilize dustoff helicopters. Several special circumstances created an urgent need for their use on 31 Jan and 1 Feb. These included the large number of patients, particularly orthopedic patients, the limited strength of the 17th Field Hospital Surgical Staff, and

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the control of all ground evacuation routes by the enemy. The dustoff aircraft also provided timely resupply of fresh whole blood and critical medical supplies; hitherto, helicopter evacuation from the 17th had not been considered feasible.

OBSERVATION: Tran Hung Dao, the street in front of the hospital, is barricaded during mass casualty situations as part of the security procedure. The intersection with Nguyen Cu Trinh provided a reasonably clear approach with a landing zone 100 feet north of the hospital entrance on Tran Hung Dao. A total of 22 patients were taken out by dustoff in the first 24 hours. These included several severe orthopedic cases. Their timely evacuation reduced the surgical backlog to a manageable level throughout the remainder of the incident. Use of the LZ designated above is contingent on securing the surrounding roof tops to preclude sniper fire. One patient was subsequently taken by ground ambulance to pad H-3, Tan Son Nhut, and air lifted to the 24th Evac for Neurosurgical procedures.

ITEM: Location of Registrar Activities

DISCUSSION: The present mass casualty plan calls for an A&D clerk to be located in the triage area whereas the main A&D desk is located in the Registrar's Section on the 2nd floor of the Metropole Hotel across the street from the hospital. Initially, arrangements for bagging/tagging patients clothes and valuables were inadequate.

OBSERVATION: It was found that a team of 3 EM from the Registrar's section located in the triage area is essential. An A&D desk should be located in the triage area adjacent to the orderly room. The 3 personnel assigned would include an A&D clerk, a man to bag and label valuables, and finally, a man to maintain a flow sheet (on either blackboard or acetate) indicating patient movements. In addition, all patients regardless of whether admitted, should be CRO to maintain an accurate assessment of work flow.

ITEM: Morgue Operation

DISCUSSION: The area designated as the morgue has several drawbacks. The most important are the lack of refrigeration and the fact it occupies the driveway which must be used for refueling the hospital gen-

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erators. It is also essential that rubberized bags for the storage of remains be on hand. Finally, registrar assistance to promptly identify bodies, and bag valuables is essential.

OBSERVATION: Of 35 bodies received, 21 were VN/VC. The latter were taken to Cho Ray Hospital, Cholon in the late afternoon of 31 Jan. 12 American Military KIA and 2 US Civilians could not be evacuated to grave registration at Tan Son Nhut until late afternoon of 1 February 1968 because of security conditions. The graves registration workload was such that the hospital had to deliver the bodies. No rubberized bags were available at the hospital consequently, shrouds had to be improvised from mattress covers. No direct exchange of bags was possible at Grave Registration site.

ITEM: Security

DISCUSSION: The basic mass casualty plan places the responsibility for security on the Military Police. Three posts are provided. The primary responsibility is traffic control with only 1 guard screening pedestrians, including walking wounded, and vehicles at the ambulance entrance.

OBSERVATION: In the face of large scale efforts to overrun BEQ's, BOQ's, and other facilities, a need for increased local security was apparent. Increased guard posts were established as outlined in the attached diagram to cover all approaches to the hospital. The success of the plan was due to the volunteering of services by non-organic personnel living in the Metropole Annex as well as utilization of patients.

ITEM: Weapons Control

DISCUSSION: No effective system of weapons control existed at the onset of activities. Weapons were issued on a demand basis.

OBSERVATION: A major problem existed in this area. Inexperienced people had weapons and because of anxiety the risk of injury from friendly fire was as great as the risk from hostile fire. When the problem was recognized by the command, positive control measures were initiated utilizing a sign out book.

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ITEM: Supply Procedures

DISCUSSION: No major problems were encountered with medical supply. Linen posed a problem in that a new contract had been let effective 1 February 1968. The hospital had only one (antique) washing machine and no dryer. Shortages were encountered in the area of bed linen and OR greens. Sterile linen packs proved no problem. No rubberized morgue bags were available.

OBSERVATION: A need for better stock control procedures was apparent. Medical supplies were obtained quickly upon requisitioning through S-4, 67th Medical Group with delivery by MED EVAC chopper. The laundry situation was handled when an automatic washer and dryer was provided by HAC Billeting Office and by using the laundry at Tan Son Nhut (self-help) when the route to Tan Son Nhut was clear.

ITEM: Vehicle Maintenance

DISCUSSION: HAC motorpool routinely provides 2nd echelon maintenance. The hospital motor pool did not have spare tires or tubes on hand. Limited storage space precludes holding any appreciable fuel reserve at the hospital. The projected M TOE eliminates the motor sergeants slot.

OBSERVATION: The motor sergeant proved to be a key individual supervising 1st echelon maintenance and acting as a vehicle dispatcher. 46 ambulance runs were made during the mass casualty situation. 2 runs were made to the HAC motor pool to refuel vehicles. The HAC maintenance vehicle made 1 run to the hospital to replace tires. It was subjected to hostile fire and did not return. Tire repairs were subsequently accomplished by motor pool personnel.

ITEM: Rations

DISCUSSION: Under seige conditions, Class I rations will be available in limited quantity. Hospital C-Rations had been stored at Tan Son Nhut.

OBSERVATION: A ration run was accomplished within 48 hours after initial hostile attacks on Saigon. At the same time a 3 day supply of C-Rations was picked up at Tan Son Nhut for storage in the hospital.

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ITEM: Propane Tanks

DISCUSSION: The hospital mess uses propane as their main fuel. Average consumption is 7 tanks per week.

OBSERVATION: The propane tanks are not metered. Consumption and replenishment has been based on estimates. Storage capacity is limited to approximately 7 tanks. Field ranges have been stored at Tan Son Nhut with the balance of TOE equipment. Their use is precluded by lack of storage area for gasoline.

ITEM: Civilian Personnel

DISCUSSION: All house keeping tasks as well as key jobs in the mess hall and kitchens are accomplished by Vietnamese Nationals. One Vietnamese National is employed as a secretary in headquarters and 3 in the Registrar Section. Two Vietnamese drivers are assigned to the motor pool.

OBSERVATION: The loss of Vietnamese Nationals severely handicapped the hospital operation. Fortunately the hospital's activities were confined to a limited area and personnel and patients could be diverted to KP and police rosters. The situation was further aided by a dozen USAF personnel billeted across from the Metropole, who volunteered their services and worked around the clock until they had transportation provided to return them to duty at 1600 hrs on 2 February 1966.

ITEM: Garbage Disposal

DISCUSSION: The 17th Field Hospital relies on HAC for pickup of all garbage and trash.

OBSERVATION: There were no trash pickups during the period concerned by this report. After 36 hours of activity, it became apparent that disposal was imperative from both the sanitary and aesthetic standpoint. All debris was burned in the boulevard adjoining a vacant lot north of the hospital. This was done daily until routine services were resumed.

SECTION II - PART II: RECOMMENDATIONS

AVBJ GC-FB

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

O-P-E-R-A-T-I-O-N-S

A. Insect Control: Only plastic drapes should be used in any facility, particularly a hospital area if insect control is a problem.

B. Water: Preventive Medicine Teams should be equipped and staffed to perform laboratory analysis of water at the team level.

C. Management of Mass Casualties:

1. It is recommended that a two phase mass casualty plan be developed with the first phase being implemented for isolated mass casualty situations of short durations and routine exercises with the second phase to be implemented by the hospital commander in the face of multiple incidents or a sustained siege.

2. It is recommended that rosters be utilized to provide more effective control over personnel activities and localities.

3. During future mass casualty situations, it is recommended that the physical therapy clinic be designated as a lounge and ready room to reduce congestion in the triage area and EOC.

4. Although generally adequate, it is recommended that serious considerations be given to retaining adequate general surgical and limited orthopedic capability in this area.

5. Dustoff helicopters were successfully used by the 17th Field Hospital and played a critical role in maintainin the surgical backlog at a manageable level and in bringing in essential medical supplies, most notably blood. Their effective utilization should be considered in future plans for this installation.

6. It is recommended that the Registrar establish an A&D desk near the triage area during a mass casualty situation to assure recording of all patients and to provide more efficient administration support.

7. Space limitations handicaps the construction of an actual morgue thus making it essential that an adequate stock level of rubberized bags for disposal of remains be maintained on hand.



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8. It is recommended that security be increased during a sustained widespread uprising drawing on assigned and patient personnel who will be deployed as indicated in the attached diagram. (Annex C)

9. It is recommended that the present weapons sign out book be replaced by a weapons card system at the earliest possible date with rigid control by a responsible individual in the arms room.

10. Thorough inventories and rigid stock control policies and accurate up to the minute knowledge of stock levels must be available and will require increased command emphasis.

11. It is recommended that the M TOE for this unit be reassessed and the position of motor sergeant be re-authorized.

12. It is recommended that a minimum of 3 days C-rations be kept on hand at the hospital for assigned personnel to assure that class A and B rations are used for patients.

13. It is recommended that H.C engineers be contacted and meters installed in propane tanks to provide firm information on consumption rates and amount in reserve.

14. All ambulatory patients and non-essential (unskilled) medical personnel should be placed in a manpower pool for KF, area police and trash details.

15. The feasibility of construction an incinerator in the area to the rear of the generator for routine as well as emergency use should be investigated.

#### L-O-G-I-S-T-I-C-S

Storage Areas: All units with a severe storage space problem should study the possibility of establishing a prompt delivery system for medical supplies to the user level. This procedure allows improved customer service and effects immediate removal of supplies from the storage area.

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AVBJ CG-O (4 Feb 68)

1st Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending 31 January 1968 (RCS CSFCR-65) (17th Field Hospital)

Headquarters, 67th Medical Group, APO 96227

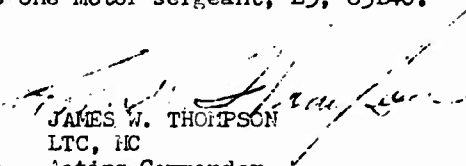
12 February 1968

TO: Commanding General, 44th Medical Brigade, APO 96384

Reference Section II, Part II.

a. Reference paragraph C 4. Concur with recommendation. MTOE 8-500G, Team MC, General Dispensary, has been submitted for the General Dispensary which will replace the 17th Field Hospital. This MTOE provides an emergency surgical capability.

b. Reference paragraph C 11. Concur with recommendation. MTOE 8-510D, Field Hospital, will be submitted for approval on or about 14 February 1968. This MTOE provides one motor sergeant, E5, 63B40.

  
JAMES W. THOMPSON  
LTC, MC  
Acting Commander

AVJG-10 (12 Feb 1968)

2d Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period  
Ending 31 Jan 1968 (AUG 68-65) (17th Field Hospital)

TO: D.UMTFAC, 44th Medical Brigade, AIC 96384

19 Feb 1968

FM: Commanding General, United States Army Vietnam, ATTN: AVHGO-DGT,  
AIC 96375

1. The contents of the basic report and first indorsement have been reviewed.

2. The following comments pertaining to the recommendations in Section II, Part II (pages 14 and 15) are submitted:


a. Reference paragraph A: Non-concur. There is no objection to the use of plastic drapes, but they are not absolutely necessary. Pyrethrin space spray will kill mosquitoes on cloth drapes as well as plastic drapes if the drapes are not closed in folds to prevent the spray from reaching the insects.

b. Reference paragraph B: Concur. The millipore filter kit is the best means of checking the bacteriological quality of water.

c. Reference paragraph C: It is recognized that the recommendations concerning management of mass casualties are valid and will improve the unit's ability to operate more efficiently in future emergency situations. However, these recommendations reflect internal problems unique to the unit and do not indicate changes to mass casualty procedures as established by current doctrine. Units should continuously review mass casualty plans to insure effective response to emergency situations. Concur with comments in first indorsement pertaining to paragraphs C.4. and C.11.

d. Reference logistical recommendation: Non-concur. All units with a severe storage space problem should take action to obtain additional space by renovation of existing facilities or submitting requests for construction of new facilities.

TEL: DDH 2909/2194

  
GLENN J. COLLINS  
Brigadier General, MC  
Commanding

cc: 17th Field Hospital

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AVHGC-DST (4 Feb 68)

3d Ind

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

HEADQUARTERS, US ARMY VIETNAM, APO San Francisco 96375 24 FEB 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, 17th Field Hospital (FMGA).

2. Concur with report. Report is considered adequate.

FOR THE COMMANDER:

  
CHARLES A. BIRD  
Major, AGC  
Assistant Adjutant General

Copy furnished:

HQ 17th Fld Hosp  
HQ 44th Med Bde

GPOP-DT (4 Feb 68) 4th Ind

SUBJECT: Operational Report of HQ, 17th Fld Hosp for Period Ending  
31 January 1968 (RCS CSFOR-65)

HQ, US Army, Pacific, APO San Francisco 96558 29 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

ANNEX A  
HOSPITAL STATISTICS

November 1967:

ADMISSIONS:		<u>DISEASE</u>	<u>INJURY</u>	<u>IRHA</u>
Army	237	214	20	3
Others	<u>100</u>	<u>87</u>	<u>13</u>	<u>0</u>
TOTAL:	337	301	33	3

DISPOSITIONS:

Army	231	206	20	5
Others	<u>108</u>	<u>93</u>	<u>13</u>	<u>2</u>
TOTAL:	339	299	33	7

DISPOSITIONS BY TRANSFER: (INCLUDED IN TOTAL DISPOSITIONS,

	<u>ARMY</u>	<u>OTHERS</u>
RVN	16	3
PACOM	49	18
CONUS	<u>7</u>	<u>6</u>
TOTAL:	72	27

HOSPITAL DEATHS: 0

December 1967:

ADMISSIONS:		<u>DISEASE</u>	<u>INJURY</u>	<u>IRHA</u>
Army	222	192	22	8
Others	<u>98</u>	<u>77</u>	<u>21</u>	<u>0</u>
TOTAL:	320	269	43	8

DISPOSITIONS:

Army	229	201	23	5
Others	<u>94</u>	<u>73</u>	<u>21</u>	<u>0</u>
TOTAL:	323	274	44	5

DISPOSITIONS BY TRANSFER: (INCLUDED IN TOTAL DISPOSITIONS

(cont)

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ANNEX A

HOSPITAL STATISTICS

(cont)

		<u>ARMY</u>	<u>OTHERS</u>
RVN	25	22	3
PACOM	30	24	6
CONUS	<u>15</u>	<u>5</u>	<u>10</u>
TOTAL:	70	51	19

HOSPITAL DEATHS: 1

January 1968:

ADMISSIONS:		<u>DISEASE</u>	<u>INJURY</u>	<u>IMHA</u>
Army	206	181	12	13
Others	<u>100</u>	<u>79</u>	<u>18</u>	<u>3</u>
TOTAL:	306	260	30	16

DISPOSITIONS:

Army	193	175	13	5
Others	<u>100</u>	<u>80</u>	<u>20</u>	<u>0</u>
TOTAL:	293	255	33	5

DISPOSITION BY TRANSFER: (INCLUDED IN TOTAL DISPOSITIONS)

		<u>ARMY</u>	<u>OTHERS</u>
RVN	14	13	1
PACOM	31	20	11
CONUS	<u>11</u>	<u>3</u>	<u>8</u>
TOTAL:	56	36	20

HOSPITAL DEATHS: 1

(cont)

ANNEX A  
HOSPITAL STATISTICS

(Cont)

DISPENSARY AND CLINIC STATISTICS

November 1967 - Outpatient visits:	6971
Quarters cases:	<u>130</u>
TOTAL	<u>7101</u>
December 1967 - Outpatient visits:	6277
Quarters cases:	<u>94</u>
TOTAL	<u>6371</u>
January 1968 - Outpatient visits:	5034
Quarters cases:	<u>78</u>
TOTAL	<u>5112</u>



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