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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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

IN REPLY REFER TO

AGDA (M) (22 Oct 69) FOR OT UT 693045 31 October 1969

SUBJECT: Operational Report - Lessons Learned, Headquarters, 29th Evacuation Hospital, Period Ending 31 July 1969

SEE DISTRIBUTION

1. Subject report is forwarded for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT UT, Operational Reports Branch, within 90 days of receipt of covering letter.

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

1 Incl
as

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

DEPARTMENT OF THE ARMY
HEADQUARTERS, 29TH EVACUATION HOSPITAL (SMBL)
APO San Francisco 96215

AVBJ GD-EE 1 August 1969

SUBJECT: Operational Report of the 29th Evacuation Hospital (Smbl) for the Period Ending 31 July 1969, RCS CSFOR-65 (R1)

THRU: Commanding Officer
44th Medical Brigade
ATIN: AVBJ-PO
APO 96384

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

1. Section 1, Operations: Significant Activities

a. During the report period, the 29th Evacuation Hospital has continued to support U.S. Forces, U.S. civilians, civilian war casualties, RVN civilians, third country contract personnel, and other Free World Forces within the IV Corps Tactical Zone. The hospital has treated a total of 1258 patients during this time frame. Patients seen were either direct support or referral. This hospital, with present staffing, was capable of operating 167 surgical beds, 70 medical beds, and 110 holding beds, with specialties in general surgery, orthopedic surgery, internal medicine, obstetrics and gynecology, dental service, oral surgery, radiology, anesthesiology, physical therapy, otorhinolaryngology, and optometry capability.

(1) The hospital evacuated 116 patients to in-country medical facilities and 521 to out-of-country areas within this past quarter.

(2) Total admissions for the reporting period were as follows:

	MAY	JUNE	JULY
Army	226	403	249
Navy	14	46	25
Air Force	2	1	1
POW's	0	5	0
Foreign Nationals	53	132	100
Others	0	11	1

(3) Admissions received as a result of hostile action totaled 1034 for the reporting period.

FOR OT UT
693045
Inclosure

1 August 1969

SUBJECT: Operational Report of the 29th Evacuation Hospital (Smbl) for the Period Ending 31 July 1969, RCS CSFOR-65 (R1) (Continued)

b. Personnel, Morale and Discipline, and Administration

(1) Key Personnel Changes:

(a) The following key personnel were transferred from this command during the period:

LTC Eugene C. Curzon Jr.	Chief of Professional Services
MAJ John P. Jones	Executive Officer
MAJ Charles Teates	Chief of Radiology
MAJ Resella Smidt	Assistant Chief Nurse
MAJ J. C. Dunn	Surgery Supervisor
MAJ Dolores Yoder	Operating Room Supervisor
MAJ Eva Easter	Chief Medical Nurse
CPT Pryor H. Robertson	Adjutant
CPT Ken Beverly	Chief of Supply and Service
CPT Gary D. Macomber	Registrar
CPT Normand L. Reynolds	Detachment Commander
CSM Alvin H. Evenson	Command Sergeant Major
MSG George S. Nokama	Chief Wardmaster

(b) The following key personnel were assigned to this command during the report period:

COL Leon H. Dixon	Hospital Commander
LTC Mary Kuhn	Assistant Chief Nurse
MAJ John T. Madden Jr.	Executive Officer
MAJ Alan Wallace	Pediatrician
MAJ Harry Newman	Chief of Radiology
CPT Alfred S. Maloney	Chief of Supply and Service
CPT Robert C. Paxton	Registrar
2LT Peter F. Spears	Personnel Officer and Adjutant
CW3 Delbert D. Bowers	Food Technician

(c) During the report period, the hospital had approximately one-sixth of the assigned strength rotate. Of the 57 losses, 25 were enlisted and 32 were officer personnel. Of the 75 gains, 45 were enlisted and 30 were officer personnel.

(d) Personnel actions prepared by the Personnel Section averaged 199 per month. This figure includes requests for out of country R&R. During the report period there were 67 requests for out of country R&R prepared. 55 of these were approved.

(2) Morale

(a) Chapel attendance has increased markedly during the last quarter with the 29th Evacuation Hospital Chapel continuing to provide religious coverage for the Can Tho-Vinh Thuy area. The Chaplain has sustained his program of inter-faith social activities which continue to encompass a wide spectrum of ideas and interests. This program was initiated during the last ORLL quarter and includes periodic visits by hospital personnel to local Vietnamese homes and institutions, as well as intra-hospital socials conducted for the benefit of both hospital personnel and patients. Participation is both extensive and enthusiastic. The Chapel beautification program has also progressed during the past quarter with the addition of Christian and Jewish symbols on the front doors and an impressive array of flowers supplementing the new picket fence. Flood lights for the chapel area have been placed on order. Chaplain Van Selow attended the 44th Medical Brigade workshop at Vung Tau from 23 - 25 June 1969, and returned feeling that he had spent a most rewarding three days. The general morale of the unit is high at all echelons.

(b) The following awards and decorations were approved and presented or forwarded to assigned or attached personnel during the period.

(1)	Legion of Merit	1
(2)	Bronze Star	4
(3)	Army Commendation Medal	16
(4)	Purple Heart (Patient)	105

(3) Administration

(a) The following units remained attached to the 29th Evacuation Hospital for administrative and logistical support during this period.

(1) 346th Medical Detachment (HA)
(2) 43rd Medical Detachment (HB)

c. Plans, Operations and Training

(1) The hospital has increased its MEDCAP activities to the degree that staff members are now participating in between five and ten MEDCAP's per month. Although still an informal program, its efforts have been effective and gratifying. Plans are being made to convert it into a formal program in the near future. Geographically, our MEDCAP area is limited to the local orphanage and the villages along the Hau Giang River, with plans to include the provincial Chieu Hoi Center during August.

(2) The defensive posture of the hospital is to be bolstered by the supplementation of added perimeter lights and the elevation of the existing ones. Work orders have been submitted to raise the perimeter fence to a height of nine feet above the road surface at all points.

(3) During the month of July, the 29th Evacuation Hospital obtained permission to use a firing range operated by the 307th Aviation Battalion at Can Tho Army Air Field. A total of 149 enlisted men were able to zero their rifles and fire familiarization. In addition, 30 officers were able to familiarize with the .45 caliber pistol. The range has been reserved for the 15th day of each month and in the future, make-up firing and zero and familiarization firing for newly arrived personnel will be accomplished each month.

(4) Construction has commenced on a separate Red Cross structure which will be located in the front of the hospital compound. This will free the current Red Cross ward for additional patient care activities. The new Red Cross building will provide greatly increased freedom and diversification of activity.

2. Section 2, Lesson Learned: Commander's Observations, Evaluations, and Recommendations

a. Personnel: None

b. Operations:

(1) Dressing Sets.

(a) OBSERVATIONS. CHS was maintaining three types of dressing sets. One set was composed of equipment needed for a simple dressing change. The second set contained the basic dressing set with a suture scissors for the removal of regular sutures. The third type of dressing set was composed of the basic dressing set plus a wire suture removal scissors.

(b) EVALUATION. Time and equipment were wasted because people were frequently opening dressing sets that did not meet the needs of the procedure. One set was prepared in lieu of three sets. The basic dressing set contained both a regular suture removal scissors and a wire suture removal scissors.

(c) RECOMMENDATION. Installations encountering this type of procedural problem should consider adaptation of this packaging method for dressing and suture removal.

(2) Level Control of Sterile Packs and Trays.

(a) OBSERVATIONS. CHS is responsible for maintaining a set level of sterile packs and trays needed by the Operating Room. Personnel frequently removed equipment from CHS without informing CHS personnel or making a notation of the items removed, thus the equipment was not readily available when needed.

(b) EVALUATION. Each sterile pack and sterile tray was tagged with marked tongue blades, stating the name of the item. As the sterile packs and trays were used, the marked tongue blades were removed and placed in a box in the work area. At the end of the shift, the marked tongue blades were returned to CHS allowing them to replace the items that had been used.

(c) RECOMMENDATIONS. The CHS departments should instigate this simple method of controlling the level of sterile packs and trays that are used by the Operating Room

(3) Care of Amputations and Vascular Injuries.

(a) OBSERVATIONS. The number of patients hospitalized in time of war with amputations and vascular injuries are numerous. These injuries are severe and the patient must be closely observed for signs of shock and hemorrhage.

(b) EVALUATION. Emergency equipment must be in close proximity to the severely injured patient. Emergency equipment for respiratory failure and emergency drugs are always available in the areas caring for the severly injured, but a simple emergency tourniquet to control hemorrhage is sometimes difficult to locate.

(c) RECOMMENDATIONS. An emergency tourniquet to control hemorrhage should be attached to the foot of the bed of those patients with vascular injuries or amputations. In-service training should be given to all ward personnel stressing the proper utilization of all emergency equipment and stressing the use of the tourniquet to control hemorrhage.

(4) Visitors and Boarders.

(a) OBSERVATIONS. The problems of visiting and boarding patient relatives of civilian war casualty personnel became a point of concern when the 29th Evacuation Hospital became aware of an unusually large number of Vietnamese personnel assuming a self-styled boarder status on Vietnamese patient wards after normal visiting hours had terminated.

(b) EVALUATION. Due to the increasing number of Vietnamese treated at this facility, and to the limited capacity on the Vietnamese wards, strict control of visiting and boarding patient relatives has been maintained on a day to day basis with cooperation of Registrar, nursing, and gate security personnel. The policy that one adult may remain with one child patient has been maintained with some exceptions in the case of SI/VSI patients. Adult patients are not normally authorized boarders. Authorized Vietnamese boarders are given identification patient-type bands showing which patient they are accompanying. This identification band provides easy identification and control of authorized boarders. Control of Vietnamese visitors is performed at the hospital gate with visitors being allowed during scheduled visiting hours. Authorized Vietnamese boarders, except for companions of small children, have been boarded on ward 23 with visiting rights during the normal visiting hours.

(c) RECOMMENDATION. Ward chiefs, the Registrar Branch and Nursing Service must maintain continuous supervision of boarders in their hospitals and enforce rigid control to keep the boarder census to a minimum. Hospital security personnel, in conjunction with Nursing Service, must control Vietnamese visitors at all times and must establish a system of control of visitors.

c. Training:

(1) Fire Protection.

(a) OBSERVATIONS. Under the provisions of AR 95-26, and AFR 92-4, one crash truck, type 530-B, with four man crew is required on site for hospital and medical treatment facilities which utilize a heli-pad. Such equipment, although authorized by regulation, is unavailable according to Mr. Richard Mellen, Area Fire Chief for Can Tho area installations, and Mr. Jim Hopkins, Fire Chief, Binh Thuy Naval Support Activity. With the nearest fire truck equipment nearly one mile away, and in light of the approximate average of 10 landings and 10 take-offs daily, there is a very real need for hospital personnel to be properly trained in use of available fire fighting equipment, in the event that its use should be required.

(b) EVALUATION. There has been no record of training on available hospital fire-fighting equipment at the heli-pad since the hospital facility opened in August 1968. Recognizing that this was a definite training void, and that the use of this equipment could be required at any time, the Fire Chief of Binh Thuy Naval Support Activity Fire Department responded to our request to provide training and instruction in the use of all types of extinguishers and in air crash rescue methods. This training, initially offered to those hospital personnel most likely to be proximately available, namely Registrar Branch personnel, will be expanded to include other hospital personnel when scheduled on a recurring periodic basis.

(c) RECOMMENDATION. All medical facilities with heli-pads should request proper fire protection under existing regulations; in the absence of actual equipment, training for hospital personnel should be requested from fire department support activities to insure readiness in the event that fire extinguisher equipment is needed in the saving of patient or air-crew life.

d. Intelligence: None

e. Logistics:

(1) Medical Supplies.

(a) OBSERVATIONS. During the last quarter of FY 69, the 29th Evacuation Hospital experienced a drop to 48 percent of fill for medical supplies on order. This problem was further compounded by a larger than normal lead time of 70 days from time of order to time of receipt of those supplies that actually arrived.

(b) EVALUATION. The impact of the low rate of medical supply fill and the long lead time soon became felt. There was an increase in the number of 03 priority, emergency requisitions for medical supplies used in surgery. This in turn made the availability of supplies one of the major factors in scheduling of surgery.

There were many reasons for the low fill rate on medical supplies. One was a turnover in supply officers at this hospital, also, there was a turnover in key personnel at the advance platoon of the medical depot that supports this unit. In addition, it was learned that shipping labels were incorrectly coded with the location of the 29th Evacuation Hospital being listed as Cu Chi. Thus, many of our medical supplies were being misrouted. The supply officer of this hospital decided to accompany his requisitions along each step of the supply line to determine causes for non-receipt of medical items. On the spot corrections were made as well as suggestions for improvement. Within three weeks, medical supply percent of fill went from 48% to 92%, and lead time required for requisition of medical supplies is now well below 60 days.

(c) RECOMMENDATION. All hospitals should be reminded that there is no substitute for positive and aggressive action on the part of the supply officer in the follow-up of supply actions. Merely submitting a requisition for supplies, in itself, does not constitute a completed supply action.

f. Organization: None

g. Other:

(1) Bunkers and Revetments.

(a) OBSERVATIONS. Bunkers and sandbag revetments located on the 29th Evacuation Hospital compound were collapsing within two months after construction. It was noted that the sandbags were still serviceable and had not deteriorated. The problem was that the bunkers and revetments were being built on soft sand fill, and when the monsoon season arrived, the base of the fortifications were being undercut by water run off, and therefore collapsing due to lack of support.

(b) EVALUATION. In an effort to improve the stability of bunkers and revetments, 50% of the new construction of fortifications included the placement of a cement, wood or metal base before the fortifications were erected. It was observed that those fortifications built on a firm base are still standing, while others built at the same time, on soft sand, are starting to shift and one has fallen. The solid base has prevented water runoff from undercutting fortifications and they have remained stable. The amount of manpower needed to construct revetments has been reduced due to the reduced number requiring repair.

(c) RECOMMENDATION. Other installations that are faced with fortification construction projects that must be built on a soft base, should use a stable base material before constructing fortifications.

LEON M. DIXON
COL, MC
Commanding

AVBJ GD-PO (1 Aug 69) 1st Ind
SUBJECT: Operational Report of 29th Evacuation Hospital (Smbl) for Period Ending 31 July 1969, RCS CSFOR-65 (R1)

DA, HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491 14 August 1969

TO: Commanding General, 44th Medical Brigade, ATTN: AVBJ PO, APO 96384

1. This report has been reviewed.

2. The following comments are submitted concerning Section 2:

a. Reference, paragraphs 2b (1), 2b (2), 2b (4), 2c (1), 2e (1) and 2g (1): concur.

b. Reference 2b (3): this recommendation concerns technical professional matters and should be considered by appropriate consultants.

FOR THE COMMANDER:

William P. Hendricks
WILLIAM P. HENDRICKS
CPT, MSC
Assistant Adjutant

AVBJ PO (1 Aug 69) 2d Ind
SUBJECT: Operational Report of the 29th Evacuation Hospital (SMBL) for the Period Ending 31 July 1969, RCS CSFOR-65 (R1)

DA, Headquarters, 44th Medical Brigade, APO 96384 9 Sep 69

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

This headquarters has reviewed the subject report and the following comments are submitted:

a. Reference para 2b(1), 2b(2), and 2b(3), basic report; recommend these items be reviewed by the consultants to the USARV Surgeon since they deal with professional matters.

b. Reference para 2b(4), basic report; concur. The problem of visiting and boarding patients' relatives must be monitored very closely. This procedure may be applied to other units and will be disseminated.

c. Reference para 2c, basic report; concur. Fire fighting equipment, crews and training is a responsibility of the local fire department. Where such assistance is not given, the matter should be brought to the attention of the installation commander, the appropriate medical group, and the 44th Medical Brigade.

d. Reference para 2e, basic report; concur. The recommended procedure is a normal action presently in use, and is recommended by brigade and group staff members while on staff visits.

e. Reference para 2g, basic report; concur.

FOR THE COMMANDER:

Douglas Lindsey
DOUGLAS LINDSEY
COL, MC
Deputy Commander

Cy furn:
CO, 68th Med Gp
CO, 29th Evac Hosp

AVHGC-DST (1 Aug 69) 3d Ind
SUBJECT: Operational Report of the 29th Evacuation Hospital (Smbl) for the Period Ending 31 July 1969, RCS CSFOR-65 (R1)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96375 29 SEP 1969

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 July 1969 from Headquarters, 29th Evacuation Hospital (Smbl).

2. Reference item concerning "Care of Amputations and Vascular Injuries," section II, page 5, paragraph 2b(3); nonconcur. An emergency tourniquet should be located with the emergency tray in each ward. The use of emergency equipment and the tourniquet to control a hemorrhage is standard training for AMEDD personnel with patient care MOS's.

FOR THE COMMANDER:

RICHARD V. FULP
CPT, AGC
Assistant Adjutant General

Cy furn:
29th Evac Hosp
44th Med Bde

GPOP-DT (1 Aug 69) 4th Ind
SUBJECT: Operational Report of 29th Evacuation Hospital (Smbl) for the Period Ending 31 July 1969, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 9 OCT 69

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

This headquarters concurs in the subject report, as indorsed.

FOR THE COMMANDER IN CHIEF:

C. L. SHORTT
CPT, AGC
Asst AG

UNCLASSIFIED
Security Classification

DOCUMENT CONTROL DATA - R & D

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

1. ORIGINATING ACTIVITY (Corporate author) HQ, OACSFOR, DA, Washington, D.C. 20310	2a. REPORT SECURITY CLASSIFICATION UNCLASSIFIED 2b. GROUP

3. REPORT TITLE

Operational Report - Lessons Learned, HQ, 29th Evacuation Hospital

4. DESCRIPTIVE NOTES (Type of report and inclusive dates)

Experiences of unit engaged in counterinsurgency operations, 1 May 69 to 31 July 69.

5. AUTHOR(S) (First name, middle initial, last name)

CO, 29th Evacuation Hospital

6. REPORT DATE	7a. TOTAL NO. OF PAGES	7b. NO. OF REFS
1 August 1969	14	

8a. CONTRACT OR GRANT NO b. PROJECT NO c. N/A d.	9a. ORIGINATOR'S REPORT NUMBER(S) 693045 9b. OTHER REPORT NO(S) (Any other numbers that may be assigned this report)

10. DISTRIBUTION STATEMENT

11. SUPPLEMENTARY NOTES N/A	12. SPONSORING MILITARY ACTIVITY OACSFOR, DA, Washington, D.C. 20310

13. ABSTRACT

DD FORM 1 NOV 68 1473

UNCLASSIFIED
Security Classification

* U. S. GOVERNMENT PRINTING OFFICE : 1969 O-341-832 (47137)