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

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18 OACSFOR

IN REPLY REFER TO
AGAM-P (M) (12 Sep 67) FOR OT RD 670335

27 September 1967

SUBJECT: ~~Operational Report~~ Lessons Learned, Headquarters,
18th Surgical Hospital (MA) (u)

TO: SEE DISTRIBUTION

⑨ Operational rept. for quarterly period ending 30 Apr 67.

1. Subject report is forwarded for review and evaluation by USACDC in accordance with paragraph 6f, AR 1-19 and by USCONARC in accordance with paragraph 6c and d, 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 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: ⑪ 4 May 67

⑫ 15 p.
Kenneth G. Wickham
KENNETH G. WICKHAM
Major General, USA
The Adjutant General

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as

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18th Surgical Hospital (MA)

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

AVCA-MB-GB-SB

4 May 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 30 April 1967 (RCS CSFOR-5)

THRU: Commanding Officer
55th Medical Group
ATTN: S3
APO San Francisco 96318

THRU: Commanding Officer
44th Medical Brigade
ATTN: AVCA-MB-PO
APO San Francisco 96307

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

The OPERATIONAL REPORT-LESSONS LEARNED of this headquarters for the quarterly period ending 30 April 1967 is forwarded in accordance with AR 1-19 and LC Regulation 870-3.

1 Incl
as

Mark T. Cenac
MARK T. CENAC
LTC, MC
Commanding

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SECTION 1. SIGNIFICANT ORGANIZATIONAL ACTIVITIES

AVCA-MB-GB-SB

4 May 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 30 April 1967 (RCS CSFOR - 65)

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A. During the report period, this hospital accomplished its assigned mission of providing surgical care and limited medical care to U.S. Forces, Free World Military Forces and other categories of personnel in the area authorized medical care under existing regulations. Support was rendered to all tactical operations conducted in the Vietnamese Central Highlands. The heaviest casualty loads were encountered during the following periods: 15-16 February, 23 February, 12-15 March, 22 March. Admissions from injuries resulting from hostile action reached the largest number since this hospital has been in Vietnam during the month of March.

B. There was a significant change in key administrative personnel during the quarter. A change of Executive Officers took place on 8 February 67 followed by rotation of the First Sergeant at the end of the month which resulted in a new First Sergeant. With promotion of the First Sergeant to Sergeant Major in April still another change in First Sergeants was experienced. 28 March 67 saw the evacuation of the Supply Officer to an out-of-country hospital. This sudden departure of the Mess, Motor and Supply Officer left the supervision of these areas to the Executive Officer with the Supply Sergeant carrying the bulk of the work load. A replacement for the Supply Officer is scheduled for 2 May 67. Because of the rapid turnover in First Sergeants and the sudden departure of the Supply Officer, administration in these areas has been satisfactory but not yet up to maximum performance.

C. Attachment of a full time, school trained Registrar to this unit materially increased the effectiveness of the registrar functions. Closer supervision of all activities within the registrar field has resulted and improvements both in records and reports and operating procedures as well as the physical layout of the A&D office were made.

D. Adjustments were directed by 55th Medical Group which changed the attachments and support of the 18th Surgical Hospital. The 501st Medical Detachment, General Dispensary, was released from attachment and reassigned to the 71st Evacuation Hospital. This change was appropriate as the 501st Medical Detachment is an area dispensary and is more fittingly assigned under the Sub Area Surgeon who is the Commanding Officer, 71st Evacuation Hospital. The second change was the replacement of the 2nd platoon, 542nd Medical Company, Clearing by the 3rd platoon. This change increased the number of personnel in direct support of the 18th Surgical Hospital as well as providing one additional MC officer.

E. A hospital Chapel constructed from a quonset building was erected through the self help plan. This Chapel was dedicated 22 March 1967 in time for Easter week services.

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AVCA-MB-GB-SB

4 May 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 30 April 1967 (RCS CSFOR - 65)

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F. A new helipad was constructed and completed on 27 April 1967. This helipad constructed of solid steel planking with a 23 X 23 foot concrete center which houses sunken amber lights in form of an H. Ground level perimeter lights were also installed. This arrangement replaced the previous arrangement of only two perimeter flood lights and a poorly surfaced helipad which had been inadequate and a hazard to incoming helicopters.

G. Several significant engineer projects were approved or completed. Authority was granted for the construction of two 20 X 100 foot medical supply buildings, and for the placement of tile on the floors of the operative suites and the pre and post operative wards. These projects have not yet been started. A landscaping project was completed by the supporting engineers which materially improved the drainage on the north side of the hospital complex. Drainage around one X complex of the hospital was improved at the same time the concrete pads of the four buildings were shored up.

H. Important additions to the hospital's equipment during the quarter were a new 100 MA X-Ray Unit, Defibrillator and Emerson Chest Pumps.

I. A water purification system was completed on 6 April 67. This system provides potable throughout the existing water system of the compound. Difficulties in power to operate the plant were encountered after it was placed in operation, however R&U were attempting to rectify this by laying new power lines to the plant.

J. Assignment of a resident R&U work force on the 18th Surgical Hospital compound was of great benefit in maintaining and improving the physical plant.

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SECTION II. PART I. OBSERVATIONS (LESSONS LEARNED)

A. EVACUATION

ITEM: Coordination for Special Evacuations.

DISCUSSION: With requirements existing from time to time for special evacuations, it is necessary to ask for Air Force aircraft to provide the needed movement of patients. Such a request involves the coordination with both the Medical Group MRO and the Air Force. The detachment of the Aero-Medical squadron at Pleiku has direct access to Air Force channels controlling aircraft.

OBSERVATION: It has been found to be more efficient to deal directly with the Air Force Medical Detachment than with the Medical Group MRO when aircraft are needed. Since the Air Force is located in Pleiku and the MRO is in Qui Nhon, the communications problem is less involved if arrangements are handled locally.

ITEM: MISSION 660

DISCUSSION: Mission 660 provides routine air evacuation on each Tuesday, Thursday, and Saturday between this Surgical Hospital and the supporting medical facilities.

OBSERVATION: Because of the extra day that patients must be held between the Saturday and Tuesday routine evacuations, special evacuations are often required on Sundays or Mondays in order to maintain adequate bed space. This is particularly true if there is any significant increase in medical or surgical admissions.

B. COMMUNICATIONS

ITEM: Allocation of FM radios.

DISCUSSION: Currently the 18th Surgical Hospital is authorized only one FM radio. This radio is currently on requisition. However, due to theatre priorities, it has not been issued. This situation necessitates the borrowing of radios from other units in order to comply with the requirement to be on the local defense radio net.

OBSERVATION: Borrowing radios in order to maintain contact with the local defense TOC has proven generally unsatisfactory. Loaning units often encounter situations which necessitate rapid withdrawal of the loaned radio, thus leaving the hospital temporarily deficient in radio communications. In addition it has been found that often the only radios available for loan are the older series of radio which are difficult to maintain.

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C. TREATMENT OF SURGICAL PATIENTS

ITEM: Use of Whole Blood

DISCUSSION: When this unit began caring for battle casualties this unit was informed of the source of whole blood, and from the outset personnel were quite impressed with the bountiful supply and efficient delivery service by Dust Off from Qui Nhon to Fleiku. Individuals were treated who were massively injured and required a large volume of whole blood for resuscitation. The staff began to observe repeated instances of marked clinical jaundice on the first or second postoperative day. The anesthesiologist also observed that the filters clogged with such rapidity that ordinarily it had to be changed after not more than two units of blood had been administered.

Hospital personnel were also informed of the theater policy that authorized administration of whole blood until it was 28 days old, approximately one week longer than is ordinarily the custom. Since most of our whole blood was two weeks or more old at the time of administration a source of fresh blood was sought. Here in Fleiku there are several thousand young airmen who rarely are subjected to the rigors of ordinary combat troops in the field and who, when called upon to donate blood, responded dramatically. The professional staff agreed on the concept that if a patient, at the time of triage was felt likely to need more than 10 units of blood then fresh blood rather than bank blood would be used.

OBSERVATION: Without any supporting figures it is our impression that we have encountered far fewer instances of jaundice in the post-operative patients and also fewer cases of what is termed the wet lung syndrome. Knowing that every effort is being made to procure and distribute fresher blood to our hospital, we plan to use blood drawn locally for the uses described above.

D. CONSTRUCTION:

ITEM: Heliport Construction

DISCUSSION: One of the long list of items to be constructed in order to provide required essential facilities for this hospital was a helipad. This had been sited as well as four nearby latrine buildings when the unit arrived in country. In order to achieve the earliest possible occupancy date, no suggestions for change in locations were submitted. Throughout the succeeding nine months repeated attempts to properly surface and adequately light the helipad were unsuccessful. However, on 31 March 67, a gunship missed the pad and resulting accident investigations created sufficient support to enable the immediate accomplishment of a project to provide a safe helipad. In addition to surfacing the 100' X 100' area and installing recessed lights in the center of the pad and perimeter lights the two latrine buildings to the West of the pad had to be relocated so that

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DISCUSSION (Cont)

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a completely unobstructed approach and exit could be realized.

OBSERVATION: Increased attention must be paid to the details of construction of heliports for hospitals in the Vietnamese Highlands. With the decreased lifting power of air of the ambient temperatures experienced here and at 2,500 feet of elevation the functional capacity of an air ambulance is significantly reduced. Without an unobstructed, gradual entry and exit path from the helipad, safety factors become unacceptable.

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SECTION II. PART II. RECOMMENDATIONS

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A. COMMUNICATIONS: Recommend that any unit in a combat zone authorized only one FM radio be given priority in initial issue over other units authorized multiple sets.

B. HELIPORT CONSTRUCTION: Recommend that the locations of any hospital heliports in the Vietnamese highlands be coordinated with an aviation officer prior to construction in order to insure that proper safety standards are met.

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AVCA MB-GB-C (4 May 1967) 1st Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 30 April 1967 (RCS CSFOR-65)

Headquarters, 55th Medical Group, APO 96238, 15 May 1967

TO: Commanding Officer, 44th Medical Brigade, ATTN: AVCA MB-PO, APO 96307

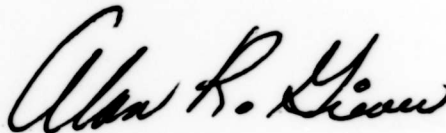
1. This headquarters concurs generally with the comments of the
Commanding Officer, 18th Surgical Hospital.

2. Comments, Section II, Part II:

a. Communications: Concur in recommendation that priority be
given to issue of FM radios to units under circumstances described, and
further recommend that requisitions for these items be processed in as
short a time as possible.

b. Heliport Construction: Coordination with an aviation officer
concerning helipad location should be accomplished at the time of facility
construction.

FOR THE COMMANDER:



ALAN R. GIEVER
1LT, MSC
Adjutant

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AVCA MB-PO (4 May 1967) 2d Ind
SUBJECT: Operation Report - Lessons Learned for Quarterly Period
Ending 30 April 1967 (RCS CSFOR-65)

Headquarters, 44th Medical Brigade, APO 96307, 22 May 1967

TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-0

1. The contents of basic document and first indorsement thereto have been reviewed.

2. The report is forwarded with comments pertaining to Section II, Part II as follows:

a. Communications: Concur. It is strongly recommended that radios be distributed so that every potential user has one (1) set before any one user is issued a second set. The new family of radios presently in use in Vietnam is in short supply and it is important that distribution be as wide as possible to effect critical communications.

b. Heliport Construction: Concur. Aviation consultations and coordination should be a prerequisite for a selection of heliport locations.

TEL: Lynx 382

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Ray J. Miller
RAY J. MILLER
Colonel, MC
Commanding

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AVCA GC-0 (4 May 67) 3d Ind
SUBJECT: Operational Report for Quarterly Period Ending 30 April 1967
(RCS CSFOR 65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307

25 JUN 1967

TO: Deputy Commanding General, US Army Vietnam, ATTN: AVHGD-DH, APO 96307

1. The Operational Report - Lessons Learned submitted by the 18th Surgical Hospital for the quarterly period ending 30 April 1967 is forwarded.
2. Reference page 3, paragraph F; page 6, paragraph D; and page 9, paragraph B:
 - a. This headquarters concurs with the comments of the 18th Surgical Hospital, 55th Medical Group, and 44th Medical Brigade. Heliport sitings should be coordinated with a qualified aviation officer.
 - b. The Engineer Command has been requested by this headquarters, that in future heliport sitings, coordination be effected with a qualified helicopter pilot prior to final site selection.
3. Reference page 9, paragraph A: This headquarters concurs with the intent of the recommendation that any unit in a combat zone authorized only one FM radio be given priority in initial issue over other units authorized multiple sets. This recommendation would be better stated that any units in a combat zone which are authorized one or more FM radios but have none on-hand be given priority for issue of one set over other units with sets on-hand. These criteria are necessary because every unit is required to enter an emergency alert net.
4. The 18th Surgical Hospital engaged in combat service support for 89 days during the reporting period.
5. Concur with basic report as modified by indorsements. The report is considered adequate.

FOR THE COMMANDER:

Timothy S O'Hara

TEL: Lynx 732/430

TIMOTHY S. O'HARA
1ST INF
Acting Asst AG

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AVHGC-DST (4 May 67) 4th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending 30 April 1967 (RCS CSFOR-65) (U)

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HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96375 24 JUL 1967

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

1. (U) This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 30 April 1967 from Headquarters, 18th Surgical Hospital (NA) as indorsed.

2. (C) Pertinent comments follow:

a. Reference item concerning priority for issue for FM radio, paragraph a, page 9 and paragraph 3, 3d Indorsement: Concur with the comments of the 3d Indorsement. Priority of issue is being reevaluated.

b. Reference item concerning heliport construction, paragraph b, page 9 and paragraph 2a, 3d Indorsement: Concur with comments in paragraph b, page 9; and paragraph 2a, 3d Indorsement.

FOR THE COMMANDER:

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E. L. KENNEDY
Cpt. AGC
Ass: Adjutant General

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GPOP-DT(4 May 67) 5th Ind (U)
SUBJECT: Operational Report for the Quarterly Period Ending 30 April 1967
from HQ, 18th Surg Hosp (MA) (RCS CSFOR-65) (U)


HQ, US ARMY, PACIFIC, APO San Francisco 96558 31 AUG 1967

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

This headquarters concurs in subject report subject to the
following comment:

Section II, Part I, paragraph C, states that theater policy
is to use whole blood until it is 28 days old. Actually, there are
more definitive restrictions than implied by the above statement.
USARV regulation permits the free use of blood that is less than 22
days old. Blood over 21 days of age is kept for an additional ten
days for use in mass casualty situations.

FOR THE COMMANDER IN CHIEF:


HEAVRIN SNYDER
CPT, AGC
Asst AG

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Operational Report - Lessons Learned, HQ, 18th Surgical Hospital

4. DESCRIPTIVE NOTES (Type of report and inclusive dates)
Experiences of unit engaged in counterinsurgency operations 1 Feb to 30 Apr 67.

5. AUTHOR(S) (First name, middle initial, last name)
CO, 18th Surgical Hospital

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13. ABSTRACT

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