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

IN REPLY REFER TO

AGAM-P (M) (19 Apr 68) FOR OT RD 681267

25 April 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 44th
Medical Brigade, 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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STATEMENT OF WORK
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25

DEPARTMENT OF THE ARMY
HEADQUARTERS, 44TH MEDICAL BRIGADE
APO 96384

AVBJ=PO


12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

THRU: Commanding General
United States Army, Vietnam
ATTN: AVHGC=DST
APO 96375

TO: Commanding General
United States Army Pacific Command
ATTN: GPOP=DT
APO 96558

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.


GLENN J. COLLINS
Brigadier General, MC
Commanding

FOROTRD
681267

4

TABLE OF CONTENTS

	<u>PAGE</u>
SECTION I, Significant Organizational Activities	1
Personnel	2
Aviation	4
Medical Regulating	4
Supply and Construction	5
Dental	8
Preventive Medicine	8
Staff Dietitian	8
Chaplain	10
SECTION II, Part I, Observations (Lessons Learned)	11
Personnel	12
Supply and Construction	12
Dental	14
Nursing	15
SECTION III, Part I, Recommendations	17
Supply and Construction	18
Dental	18

5

SECTION I

SIGNIFICANT ORGANIZATIONAL ACTIVITIES

AVBJ-PO

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

A. Headquarters 44th Medical Brigade, operational throughout the period 1 November 1967 - 31 January 1968, accomplished its mission of command and control of its assigned units which numbered 131 at the end of the period.

B. Most Medical Brigade units were deployed by geographical area under the control of four Medical Groups; the 55th Medical Group in the northern part of the country, with headquarters at Qui Nhon; the 43d in the center, with headquarters at Nha Trang; and the 67th and 68th in the south, with headquarters at Bien Hoa and Long Binh Post respectively. Dental, Veterinary, Laboratory, Preventive Medicine, Depot and other specialized units came under the direct operational control of Headquarters, 44th Medical Brigade, which is located on Long Binh Post.

PERSONNEL

A. Significant increases in workload requirements on manpower management activities plus anticipated implementation of detailed manpower management controls and procedures by Headquarters, USARV, necessitated the establishment of a full-time Manpower Control Officer position in Saigon. Manpower management projects either in effect or anticipated include:

1. Preparation and review of Tables of Distribution and Allowances for all civilian employee augmentations to TOE units.
2. Manpower utilization reviews and/or site surveys by Headquarters USARV Staff.
3. Detailed justification for each civilian position in command.
4. Program 5 Civilianization (conversion of TOE military spaces to civilian positions).
5. Command-wide requirements for officers (by Corps) and enlisted personnel by MOS and unit.
6. Announced policy by USARV that additional spaces required in individual units will have to be provided from current resources through the use of MTOEs.
7. Introduction and utilization of new Civilian Personnel Staffing Tables by Headquarters USARV.
8. Requirements to insure maximum utilization of available manpower resources through proper balance and distribution of available personnel.

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

9. MCS Substitution Program

B. During the reporting period implementation of Program 5 Civilianization began. A review of positions scheduled for conversion during January 1968, indicates that generally low level unskilled jobs for our units will receive RVN employees but those positions requiring basic skills such as Powerman Helpers and Veterinary Animal Assistants will experience difficulty in being filled. This program will eventually be infused into a total Local National Direct Hire (LNDH) employment ceiling by Headquarters, USARV, and control must be exercised to insure that these TOE converted spaces remain identified. A future reduction in manning ceiling for LNDH personnel of this command should not include a reduction of Program 5 Civilianization TOE positions.

C. Implementation of the Personnel Management and Accounting Card Processor (PERMACAP) Automatic Data Processing (ADP) System is scheduled to take place for United States Army Personnel Service Companies, located in Vietnam, during the period January - June 1968. The 222d Personnel Service Company, (PSC) which is the Adjutant General Section for the 44th Medical Brigade, will be affected by this new system. The PERMACAP system includes the following procedures and factors:

1. Centralized Issuance of Orders - All orders, with the exception of those which pertain to such administrative matters as assignment of additional duties, will be centrally issued by the PSC.

2. Centralized Records Maintenance - The successful operation of the PERMACAP system is highly dependent upon centralized records maintenance and close coordination between the Records and Administrative Machine Branch. This action will call for a complete consolidation of Personnel Records in one location.

3. Machine Utilization - Initial emphasis will be placed on utilization of the ADP machine for production of PERMACAP requirements and standard reports to local commanders as outlined in AR 600-16. According to USARV, Comptroller Division, even though time may become available for other projects after several months of PERMACAP operation, the conversion and parallel operational periods, as shown by experience in Europe, CONUS, and Eighth U.S. Army, fully occupy both equipment and personnel capabilities.

4. Department of the Army PERMACAP conversion plans require a comprehensive orientation of all personnel concerned with PERMACAP concepts and procedures as essential to providing full command support to the system. Assistance to the 44th Medical Brigade on the PERMACAP System will be given by the USARV PERMACAP Project Team. Detailed briefings on the PERMACAP System will be scheduled for the 44th Medical Brigade Headquarters personnel, Group Commanders, and Personnel Teams of the 222d Personnel Service Company.

AVBJ-PO

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

AVIATION

A. Patient evacuations by medical air ambulances reached all time highs during this three month period. This was due to the increased number of combat forces, greater number of air ambulances available, and the technique of field siting air ambulances, coupled with platoon deployment, to provide increased responsiveness to evacuation requirements. Providing closer and more responsive aeromedical evacuation support to combat troops has also resulted in a smaller percentage of patients being transported by nonmedical Army aircraft. Obviously some patients will invariably be transported by troop and supply aircraft because they are on the spot at the time casualties occur. Of greater significance is the fact that the larger percentage of patients evacuated by air ambulances benefited from being regulated to treatment facilities best suited to provide the required medical care.

B. During tactical operations which generated heavy casualties, evacuation requirements challenged the capability of the aircraft maintenance system. Combat damage, hard flying, and the resulting accelerated programmed maintenance caused a decrease in the number of operationally ready aircraft. Efforts to obtain assistance from nonmedical aviation units to transport large numbers of routine patients were not satisfactory due to tactical priorities. Failure to obtain nonmedical air support resulted in air ambulances flying many hours in evacuating patients who were otherwise transportable by nonmedical aircraft. The practicality and advisability of requesting assignment of six CH-47 helicopters to the 44th Medical Brigade to provide sufficient aeromedical evacuation support to insure responsiveness, timeliness, and continuity of the evacuation mission is under study.

MEDICAL REGULATING

A. A change in the procedure for regulating patients out-of-country was initiated during this reporting period.

1. Prior to the change, patients identified by medical officers for out-of-country evacuation were moved from hospitals to the nearest U.S. Air Force casualty staging facility. There the patients were regulated through the Far East Joint Medical Regulating Office (FEJMRO) and the off-shore destination hospital was obtained and recorded. As a result, hospitals did not close out records and were not aware of where patients were being transferred.

2. In early November the standard Army system was tested and shortly thereafter put into effect. In this system, all hospitals submit a request to their respective medical group MROs, utilizing formats and

AVBJ-PO

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (8CS CSFOR) (44TH MED BDE)

diagnosis codes established in current regulations. Group MROs consolidate hospital reports and submit them to the Brigade MRO who in turn consolidates the group reports and submits them to FEJMRO. FEJMRO then provides a destination hospital for each patient. This information is then passed through the groups to the hospitals and the patient's clinical record is closed out and he is further administratively processed for evacuation out of country.

3. The major advantages noted have been the direct control of out-of-country evacuations by the Brigade MRO and the awareness of hospitals as to patient destinations. One advantage realized, but not anticipated, is that desirable advance information concerning the number of patients for evacuation is available much sooner for coordination with casualty staging facilities, the Military Airlift Command, and off-shore treatment facilities.

SUPPLY AND CONSTRUCTION

A. This period completed the development of Command guidance and issuance of directives in the following areas:

1. Accounting for medical supplies materiel.
2. Supply procedures for TOE medical units.
3. Maintenance of TOE and organizational property.
4. Command Maintenance Management Inspections.
5. Reporting and redistribution of excess medical materiel.
6. Control and safeguard of property.
7. Reporting and processing medical materiel complaints.
8. Reporting of non-reimbursable support costs of RVNAF and FVMAF.
9. Medical Civic Action cost.

This effort completes the majority of the logistical and financial directives considered necessary for adequate control and guidance to the Command.

B. As a result of the implementation of more adequate controls and issuance of firm command guidance, there has been a marked increase in the operational effectiveness of hospital supply systems. All medical groups are reporting reduced order/ship times, increased fill rates (Command

10

AVBJ-PO 12 February 1968
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

average for hospital supply costumers is 89.6% for all stocked items), and stablized stockage objectives. With the recognized requirement for 8000 sq. ft. of medical supply warehouse space, hospitals are in a better position to maintain adequate levels of supply.

C. Medical Supply Operations during this reporting period are best demonstrated by the following statistics:

	3 Month Period Ending 31 January 1968
1. Tonnage Received:	6,496
2. Tonnage Shipped:	4,359
3. Tonnage on Hand:	8,182
4. Lines Processed:	149,680
5. Medical Maintenance Activities:	
a. Work Orders Completed:	1,082
b. Work Orders to Okinawa:	123
c. MUST Work Orders to Toole Army Depot:	28
6. Optical Activities:	
a. Total spectacles fabricated or repaired locally:	23,727
b. Total spectacles to Okinawa for fabrication:	5,242

D. A facility review board consisting of members of the 44th Medical Brigade and the USARV Surgeons Office was appointed for review and approval of construction projects submitted for new construction and upgrading of medical facilities in the command. A periodic listing of MCA construction projects was developed in consonance with the long range plans of the medical service in the command.

E. Plans were finalized for construction of three hospitals for treatment of civilian war casualties, totaling 1100 beds. Real Estate was obtained and contracts were negotiated by the OICC, US Navy, Vietnam, and construction was scheduled to begin on two of the hospitals in early January. The starting date for the remaining hospital, to be built on filled land, is dependent upon completion of dredging operations.

AVBJ-PO

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED EDE)

F. A combined project for construction of the 9th Medical Laboratory and the 20th Preventive Medicine Unit was approved and the OICC, US Navy, Vietnam, was tasked with the design and construction. Beneficial occupancy date is estimated to be June or July, 1968.

G. A plan was approved for construction of a clinic and kennel facility for the 936th Medical Detachment (Veterinary Hospital), Long Binh Post. Beneficial occupancy date assigned for completion of the project is 15 April 1968. This project was developed and submitted as a result of the requirement to move US units out of Saigon.

H. MCA construction plans were developed for 32d Medical Depot facilities at Cam Ranh Bay, Qui Nhon and Long Binh. The plans for Qui Nhon consist of a complete new facility composed of 28,000 square feet of warehouse space, administrative area, and optical and maintenance shops. Real Estate for the new area was allocated, and a total of 8,000 square feet of warehouse space was approved and construction started. The Cam Ranh Bay plan consisted of 100,000 square feet of covered storage space, however, only 79,200 square feet was approved by the USARV AD-HOC Committee on Base Development. A plan for an Optical and Maintenance facility at Cam Ranh Bay was also submitted. At Long Binh, additional outside storage space was approved by the Long Binh Post Planning Board and an MCA project for improvement of the area was submitted.

I. The First Marine Hospital at Chu Lai was programmed for transfer to the US Army. A two phase plan was developed, funded, and construction started, to expand this facility from 160 to 400 beds. Programmed construction consists of additional wards and expansion of basic elements of the hospital, e.g. additional operating rooms, expansion of the X-ray, laboratory, and Central Materiel section. Additional billeting space for officers and enlisted men, enlargement of the mess, and additional supply space was also programmed. Completion of Phase I, to provide 300 operating beds, was forecast for completion by 1 March 1968. The remaining 100 hospital beds will follow in Phase II.

J. A plan was developed and submitted for enlarging and upgrading the mess of the 6th Convalescent Center, to include installation of cantonment mess equipment. Design criteria were furnished to the OICC, US Navy, Vietnam.

K. A contract was let by the OICC, US Navy, Vietnam, to a civilian firm for survey of hospital air conditioning requirements at fixed installations and to determine requirements for equipment, cost of installation and adequacy of existing air conditioning equipment.

L. Approval was obtained for construction of a 240 bed hospital at Qui Nhon for treatment of wounded prisoners of war. This project will release

AVBJ-PO

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

hospital beds in Army Hospitals now occupied by long term convalescent PWs. Construction consists of tropicalized wood frame wards and quonset huts for surgery, lab, pharmacy, X-ray and CMS.

DENTAL

A. As of 31 January 1968 there were 215 brigade dental officers operating 51 separate dental treatment facilities. The newest facility is located in Dong Ha, approximately 8 kilometers from the DMZ.

B. Pending the arrival of dental units programmed to support the overall increase in troop strength, existing resources were redistributed. Of particular significance was the assignment of an overstrength to the 518th Medical Detachment (Dental Service) for the purpose of providing area dental support to troops in the I Corps Tactical Zone.

C. Construction of a new 14 - chair permanent dental facility was begun at Long Binh Post.

D. During the period of this report 3 professional meetings were held as part of the Continuing Education Program. In addition, 12 visits were made by brigade dental officers who are consultants to the USARV Surgeon.

PREVENTIVE MEDICINE

A. Since the publication of USARV Reg 40-12, 7 October 1967, USARV Preventive Medicine Program, commanders of Brigade medical treatment facilities providing primary (sick call) medical service for units lacking organic medical personnel, have also been responsible for providing first echelon preventive medicine service. To assist surgeons in large areas of troop concentration, MSC officer sanitarians have been assigned to supervise the sanitary inspection program. By the end of the reporting period sanitarians had been assigned to the acting surgeons of Headquarters Area Command, Qui Nhon Support Command, and Long Binh Post.

B. Brigade Regulation 40-24, Command Health Report, was published 12 November 1967. This regulation standardizes reporting procedures for Brigade officers acting as area surgeons.

STAFF DIETITIAN

A. A conference was held on 15-16 December 1967, and attended by the four dietitians assigned to Vietnam. Since this theater is the first combat area in which dietitians have been assigned, no prior experience exists as a guide for the activities of the dietitian. The conference served as a valuable means of assessing what has been accomplished and

13
AVBJ-PO

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

determining areas on which to place increased emphasis in the future. The recommendation was made that similiar conferences be held quarterly to provide the dietitians an opportunity for professional contact.

B. The Staff Dietitian made twenty-five liason visits to units of the Brigade during the reporting period. Mess equipment layout plans were developed for submission to OICC for the civilian war casualty hospitals and for the Marine hospital at Chu Lai. Renovation plans were developed and sent to the 616th Clearing Company at An Khe.

C. For the first time in over a year the number of personnel assigned to hospital messes, at the end of this quarter, equal and in some cases exceed the number authorized. However, the majority of incoming personnel are privates or PFCs who, almost without exception, are unfamiliar with hospital feeding. A morale problem has developed due to the unwillingness of this command to permit the conversion of unqualified personnel to the hospital MOS, and the resulting curtailment of promotion opportunities. With the rapid turnover of personnel in this theater such conversions would result in a great surplus of men in these MOSs, few of whom would be qualified. A letter is presently being prepared for submission through channels requesting permission to promote MOS 94B4 against 94F4 TOE spaces.

D. The recent curtailment of the hiring of local national civilians and the enforcement of a formula allowing two LNs for the first 40 persons served and one for each 40 thereafter, has created a hardship. This formula is applied theater wide to field ration messes without regard to the vastly different functions of a hospital mess. Several of the Evacuation hospitals are serving 650-750 rations daily, including up to 150 bed patients, with a total of 37-40 authorized military and civilian personnel. Other than the use of mess trays in lieu of china, the type of service and the menus are not markedly different from our CONUS hospitals which would be staffed at least 100% higher. Efforts to obtain increased authorization for local national employees have, so far, been unsuccessful.

E. A total of 16 food service Warrant Officers are authorized in units of the Brigade as mess officers or food advisors. As of the end of the quarter, six were assigned.

F. During the quarter, units of this Brigade served approximately 885,850 rations, of which some 183,000 were served on wards. Modified diets comprised 10% of all patient rations.

G. With a few exceptions general supplies and rations have been more than adequate. There was a serious shortage of soap and detergents for dishwashing, particularly in the Saigon Support Command, during the first two months of the quarter. Some detergent for use in dishwashing machines was available, however, most hospitals do not have machines. This compound

AVBJ-PO

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

is too harsh for use in hand washing of utensils. Silverware has been short throughout the theater. Some portion control items, particularly individual servings of salt, pepper and sugar, have generally been unavailable for tray service. Since the milk plant at Cam Ranh Bay became operational in November the consumption of milk and cereal has more than doubled in that area. Although fresh milk, ice cream and cottage cheese have been available in the Saigon Support Command for several months, great difficulty has been encountered in obtaining them at the 3d Surg, 45th Surg, and 36th Evac. Most hospitals have received sufficient quantities of fresh vegetables and fruits to permit a choice of salads at the noon and evening meals. Notable exceptions have been the 3d and 45th Surgical Hospitals.

H. Because of the prohibitive cost of providing electric power, a decision was made by Headquarters, USARV, to cancel requisitions for the diesel-electric portion of cantonment mess equipment. In checking requisitions it was determined that electrical equipment specifically intended for hospitals had, in fact, never been approved or requisitioned even though Appendix 4 to USARV Reg 30-10, implied that both actions had been completed. Much equipment of this type is already in country and in use. Since service and repair parts will not be available, a restudy is being made of the availability of LP gas in those areas originally designated for electricity. Locations affected include Pleiku, An Khe, Tay Ninh and Tuy Hoa. Most items of gas equipment are now available in country or due in within the next quarter.

I. No progress has been made on the 93d Evacuation Hospital mess during the quarter. Completion has been delayed due to failure to include installation of utilities in the original contract. Interest in the renovation of the 6th Convalescent Center mess has been revived with this project presently in the hands of the USARV Engineer Command.

CHAPLAIN

A. During this reporting period Brigade Headquarters received a new staff Chaplain and 22 other chaplains were assigned to elements of the brigade. Five chaplains, recently assigned to the brigade, were briefed by the brigade Chaplain and were also given an orientation-briefing by the Staff Chaplain, USARV.

B. A quarterly consolidated Religious Activities and Character Guidance Report was submitted for the months of October, November and December 1967. This report is submitted through AG channels to Department of the Army, Office of the Chief of Chaplains. During this period chaplains of the brigade conducted 2,468 Group Religious Services. This is an increase of 398 over the preceding quarter and accounts for the increased attendance of 7,707.

15-

SECTION II PART I
OBSERVATIONS (LESSONS LEARNED)

AVBJ-PO

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

A. PERSONNEL

ITEM: Increase in Number of Awards.

DISCUSSION: The number of awards increased from 400 in November to 800 in January. The majority of the increase was in Air Medals for sustained operations. Excluding the Air Medals for sustained operations the percentage of awards processed for heroism was 22.2% of the total awards.

OBSERVATION: Due to the increase in awards a more efficient method of administrative processing had to be devised. The key was a more equitable distribution of the workload among the three awards clerks. A secondary result was a cross training of the three individuals which is a necessity with the rapid rotation of personnel.

ITEM: Elimination of duplication in recording of award data.

DISCUSSION: Part of the change in the method of processing awards and decorations was the designing of an award control card. Each individual given an award has a card on file and all awards given to him are put on the same card. Because all awards data is now readily available at this headquarters, the subordinate units no longer are required to submit a list of all previous awards with every recommendation for the Air Medal. This has helped to lighten the administrative workload of the helicopter ambulance units.

ITEMS: LNDH Manning Level

DISCUSSION: Manpower authorization vouchers issued by Headquarters, USARV, require that the manning ceiling not be exceeded as of a certain specified date. When reductions in force have been required, this headquarters has experienced difficulty in being able to reduce to the new ceiling. Although proper civilian personnel actions are affected, the Area Civilian Personnel Officer will not allow the LNDH employees to be discharged until a new job has been procured. The result of this action has been that this headquarters has found it difficult to grant units, with valid requirements, the authorization to hire LNDH personnel while other units are excess to their authorization.

OBSERVATION: There is a need for clarification of the LNDH program to insure that units having valid authorizations to hire Vietnamese employees are not hindered from employing these people due to lack of proper administrative action by Area Civilian Personnel Offices.

B. SUPPLY AND CONSTRUCTION

ITEM: Absence of definitive guidance on accounting procedures and staffing

AVBL-PO

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

for Medical Supply operations in TOE Medical Units in a Theater of Operations.

DISCUSSION: Para 6, AR 40-61, directs the establishment of accounting for Medical Supplies and equipment in accordance with AR 711-16 and 735-35. This is much too broad a concept when considering the fact that to apply AR 711-16, a hospital must perform the mission of a Direct Support Unit (DSU). TOE Medical Units must maintain stockage and process receipts and issues with a staff that is barely adequate to maintain a TOE property book operation, much less a DSU.

ITEM: Direct Medical supply support of nondivisional units within the command has been directed by USARV.

DISCUSSION: A requirement exists to recognize the vertical supply requirements of Medical Materiel in TOE Medical Units. This requirement may be satisfied through revision of current TOEs by the stipulation that a TOE Field or Evacuation hospital performs a "DSU" function. Provisions for proper staffing of the vertical system are considered necessary in applicable DA directives and Technical Manuals.

ITEM: Ballistic helmets and body armor were unevenly distributed throughout the brigade.

DISCUSSION: Through coordination with the aviation staff officer an equitable redistribution was agreed on and intergroup transfer and receipt of these items was accomplished.

ITEM: Preparation of surface for erection of MUST Inflatable shelters.

DISCUSSION: Experience with operations of the MUST hospitals indicate that the ground is not a suitable foundation for MUST shelters. Ground laterite pads and concrete platforms were tested for approximately one year and it was found that water collects beneath the shelter flooring, forms muck, and results in an unstable weight bearing surface. Concrete pads which are poured by inexperienced personnel are not always level and as a result water tends to collect beneath the MUST floor. The water eventually works into the floor material causing deterioration. To alleviate this problem wood platforms were designed and constructed to form a base upon which the MUST shelters could be erected. These floor sections are raised in the center and taper to each edge of the platform. Each piece of flooring measures 8' x 13" and three pieces are required for each inflatable section. The floor sections, which are held together with bolts and metal straps, provide a firm, smooth base for the inflatable sections and reduce required ground preparation. It should be noted that platforms for one hospital weigh approximately 45,000 lbs. and require considerable transportation to move.

AVBJ-PO

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

OBSERVATION: A lightweight portable base is required to provide a firm, dry foundation for erection of the MUST hospitals.

ITEM: Standard design for fixed hospitals suitable for use in a tropical climate.

DISCUSSION: There is a need for the development of a standard design for fixed facilities which are to function in a theater of operations. Standardized designs are needed for a 400 bed Evacuation Hospital, a 400 bed Field Hospital, and a Surgical Hospital augmented by a Clearing Company. Numerous fixed hospitals have been constructed in Vietnam by contractors and troops. In each case, designs were prepared by OIGC, US Navy, Vietnam, and in each case the designer omitted many essential details that have required additional construction after completion of the original hospital.

Round wall quonset huts were used exclusively, which restricted use of wall space for equipment, beds, and circulation of personnel. This deficiency has been recognized in current projects and remedied by the construction of three foot concrete walls upon which quonsets are mounted.

OBSERVATION: Standard designs should be prepared for semi-permanent construction of fixed hospitals in a theater of operations, utilizing prefabricated medical buildings designed specifically for hospital use.

There are numerous firms in the US which specialize in prefabrication of homes, office buildings, et cetera, utilizing modern lightweight materials. Development of packaged hospitals would expedite construction of such facilities in an overseas theater and would insure a standardized, complete, and usable facility and would reduce the expenditure for design staffs in an operational theater.

C. DENTAL

ITEM: Utilization of dental hygienists

DISCUSSION: Dental service detachments have five dental hygienists authorized by TOE 8-500. However, dental chairs, operating lights and dental operating sets are authorized only in sufficient numbers for dental officers. If the five hygienists are performing oral prophylaxes on patients dental officers are unable to provide patient care and vice versa.

OBSERVATION: Approval has been obtained to requisition dental chairs and other equipment, of the type used in fixed CONUS installations, for use in all out tactical dental facilities. As such equipment is received it releases field equipment which can be used by enlisted hygienists and local hire hygienists. This greatly increases the number of oral prophylaxes and stannous fluoride treatments which can be provided the troops.

19
AVBJ-PC

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

ITEM: Dental POR standards.

DISCUSSION: a. Except for dental emergencies, dental POR requirements are essentially nonexistent. Therefore, a large percentage of replacements in Grades E1, E2 and E3 arriving in Vietnam are in dental classes 3 and 4 and require immediate care before further deployment.

b. The ratio at which dental officers are assigned to Vietnam is theoretically 1 officer per 1450 troops. In actuality, the ratio is nearly 1 officer per 1600 troops as contrasted with a CONUS ratio of 1 officer per 750 troops.

OBSERVATION: Improving the dental health of replacements in CONUS prior to their assignment to Vietnam would reduce the dental workload and enable dental personnel to increase the amount of definitive and routine care as distinguished from immediate and emergency care.

D. NURSING

ITEM: The necessity for a more appealing type of fatigue headgear for female officers.

DISCUSSION: On 17 November 1967, questionnaires on field clothing for female officers was forwarded to all ANC female officers on duty in Vietnam. This was an attempt to obtain constructive suggestions for improvement, determine the adequacy of the current clothing, and ascertain any problems that should be conveyed to the Chief of the Army Nurse Corps who makes recommendations to the Quartermaster General on all matters pertaining to clothing for the Army Nurse Corps.

OBSERVATION: The questionnaires are being forwarded to the Chief of the Army Nurse Corps for interpretation. On initial review of these questionnaires it was found that the lightweight shirt and slacks seemed adequate and the men's combat boot and women's black boot satisfied most of the wearers. However, the resistance to the "baseball cap" was enlightening. It is evident that a form of headdress is needed which is designed for women.

ITEM: The necessity for a Chief Nurse's Conference to be held at regular intervals with the Brigade Chief or Assistant Chief Nurse in attendance, if possible.

DISCUSSION: The first Chief Nurse's conference in Vietnam was conducted on 4 December 1967 in the 55th Medical Group for the Chief Nurses of that particular group. The need for the Chief Nurses to discuss problems, share ideas and learning experiences, and develop their roles as Chief Nurses was deemed advisable by both the 55th Medical Group Commander and

AVBJ-PO

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

the Chief Nurses. An evaluation of this meeting should encourage other medical groups to hold similar conferences.

OBSERVATION: The first group conference was a valuable tool for the participants and should be held every sixty to ninety days for one day sessions. The next conference is scheduled for 3 February 1968.

ITEM: Scheduled group meetings for Army Nurse Corps officers in the hospitals, with the Brigade Chief or Assistant Chief Nurse, are advisable.

DISCUSSION: Due to the large number of newly commissioned ANC officers and inexperienced supervisors and Chief Nurses, it was decided that scheduled group meetings should be conducted throughout the year in order to place emphasis on education, extensions of categories, Regular Army, Career Reservists, officer preference sheets, submission of 1049s, extensions of Foreign Service Tours, and requested information. During the months of October, November and December 1967, a total of 10 such meetings were conducted in hospitals by the Brigade Assistant Chief Nurse as part of the in-service education program for nursing service. Although the primary mission of the ANC is to provide the best nursing care possible, the need to retain ANC members is necessary to accomplish this mission. Through dissemination of information and attention directed to individual members, retention in military nursing is encouraged.

OBSERVATION: As a result of these meetings, there has been an increase in requests for OEV extensions and RA applications. Also, there are fewer queries on the proper procedure for initiation of personnel actions. It is anticipated that this will decrease the number of direct personal inquiries to the ANC Branch of the OTSG when most of the questions can be taken care of here in Vietnam.

71

SECTION II PART II
RECOMMENDATIONS

AVBJ-PO

12 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44TH MED BDE)

A. SUPPLY AND CONSTRUCTION

1. That the provisions of paragraph 6, AF 10-6 be reviewed toward adoption of a more definite accounting procedure for Medical Material in TOE Units.
2. That consideration be given to standardizing designs for semi-permanent construction of fixed hospitals in a theater of operations.
3. That the Office of The Surgeon General, MUST Project Officer, give consideration to the possible fabrication of a lightweight, portable base for MUST inflatables.

B. DENTAL

It is recommended that the appropriate agencies in the Office of The Surgeon General, Department of the Army, re-evaluate current dental POR requirements.

3 2 1968

23

3

AVHGC-DST (12 Feb 68) 1st Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44th MED BDE)

HEADQUARTERS, US ARMY VIETNAM, APO San Francisco 96375 19 MAR 1968

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

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

1. This headquarters has reviewed the Operational Report-Lessons
Learned for the quarterly period ending 31 January 1968 from Headquarters,
44th Medical Brigade (DD3A).

2. Pertinent comments follow:

a. Reference item concerning LNDH manning level, page 12, para-
graph A. The problem of termination of LNDH employees whose services
are no longer required is not unique to the 44th Medical Brigade, but appears
to be prevalent throughout RVN. At a meeting in the OACofS, G1, 12 Febru-
ary 1968, with the CPD and G3 representatives, it was concluded that the
CPD has authority to terminate LNDH employees for sound management rea-
sons. The CPD and G3 were charged with the responsibility of jointly pre-
paring a command policy statement for dissemination to all concerned on the
subject of termination of LNDH employees. A policy statement is being pre-
pared. Implementation of this policy by the CPD should preclude future oc-
currences such as the one reported.

b. Reference item concerning absence of definitive guidance or ac-
counting procedures for medical supply operation, page 13, paragraph B; and
page 18, paragraph 1: Concur. Paragraph 6, AR 40-61, prescribes that
TOE units will accomplish supply accounting in accordance with sections of
AR 711-16 (other than Section XVII) and/or AR 735-35. It is assumed that
reference to Section XVII is an error and the intended exclusion is to Chapter
13, AR 711-16. If this assumption is correct, medical TOE units in a
theater of operations should normally account for supplies and equipment in
accordance with AR 735-35. This regulation prescribes a simple "Property
Book" accounting system which is adequate for TOE combat divisions' medical
supply operations, provided these divisions are not required to support other
non-divisional units. Conversely, the system is inadequate for hospitals
which must provide medical supply support for large numbers of medical and

19

24

AVHGC-DST (12 Feb 68)

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR) (44th MED BDE)

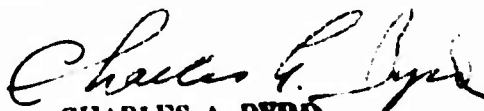
non-medical units located in the hospital's geographic area for medical support. Formal accountability as prescribed in Chapter 12, AR 711-16 is too complex for application to an evacuation or field hospital in the theater of operations. Nor is staffing of the supply section of these hospitals sufficiently adequate to permit its adoption. This means that there is no intermediate system for accomplishing supply accounting for medical materiel in evacuation and field hospitals which have the added supply support mission. The 44th Medical Brigade has developed a medical supply accounting system based on modifications adapted from Chapter 13, AR 711-16. The system is adequate, but AR 711-16 should be modified to provide authority for a simple, yet effective, system of accounting for medical materiel in those TOE hospitals providing medical supply support to other units.

c. Reference item concerning preparation of surface for erection of MUST inflatable shelters, page 13, paragraph B; and page 18, paragraph A3: Nonconcur. While care must be exercised in placing a suitable concrete floor, equal care is required to build a wood base. Further, wood will deteriorate rapidly because of ground water and the action of termites. Proper siting, site preparation, and drainage are all within troop capability. Consideration will be given to providing a sloped concrete floor for future MUST installations.

d. Reference item concerning standard design for fixed hospital suitable for use in a tropical climate, page 13, paragraph B; and page 18, paragraph A2: Concur with the advisability of standard designs for hospitals in the theater of operations. Such designs should be monitored by the Office of the Surgeon General. The use of pre-engineered buildings should be considered at that time; however, such structures do have inherent disadvantages such as long procurement lead time, shipping problems, and loss of component parts.

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

FOR THE COMMANDER:



CHARLES A. BYRD
Major, AGC
Assistant Adjutant General

Copy furnished:
HQ 44th Med Bde

73-
GPOP-DT (12 Feb 68) 2d Ind
SUBJECT: Operational Report of HQ, 44th Med Bde for Period Ending
31 January 1968 (RCS CSFOR-65)(R1)

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-
ment and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF:



K. F. OSBOURN
MAJ, AGC
Asst AG

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