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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
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AD832526

IN REPLY REFER TO  
AGAM-P (M) (22 Apr 68) FOR OT RD 691049

25 April 1968

**SUBJECT: Operational Report - Lessons Learned, Headquarters, 91st  
Evacuation Hospital (SMBL), Period Ending 31 January 1968 (U)**

STATEMENT #2 UNCLASSIFIED

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*FOR-OT RD WASH DC 20310*

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 RD, Operational Reports Branch, within 90 days  
of receipt of covering letter.

2. Information contained in this report is provided to insure appro-  
priate 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  
Major General, USA  
The Adjutant General

1 Incl  
as

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91st Evacuation Hospital

DDC  
MAY 24 1968

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 91ST EVACUATION HOSPITAL (SMBL)  
APO San Francisco 96316

AVBJ GA-EH-AJ

3 February 1968

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

TO: Commanding Officer  
43d Medical Group  
ATTN: AVCA MB-GA-OI  
APO 96240

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

*James T. Gillespie*  
JAMES T. GILLESPIE  
LTC, MC  
Commanding

FOR OT RO  
681049

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AVBJ GA-EH-AJ

1 February 1968

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

A. During the report period this hospital accomplished its assigned mission of providing hospitalization for all classes of patients within the combat zone. The mission of providing for civilian war casualties was somewhat modified (Incl 1). On 28 December 1967 the official notification was received that this facility was to be known as "The First Civilian War Casualty Hospital Operated by the 91st Evacuation Hospital." LTC Annie R. Graham, ANC was assigned as Chief Nurse 20 November 1967 and MAJ G.M. Girone, MSC was assigned as Executive Officer on 22 November 1967.

B. This hospital was hit by Typhoon Frieda on 10 November 1967 with winds up to 85 mph. All roofs were sandbagged on the day prior. The central portions of the roofs held well. However, wind pressure under the eaves proved to be too great and a number of roofs were lost on buildings facing the storm. Eleven buildings were damaged. The wind had abated enough to begin damage assessment by 0900 hours. By 1400 hours power was restored and all roofs were replaced by nightfall. The need for anchors at the ends of buildings and for shutters over screens was evident.

C. The annual CMMI was conducted on 17 November 1967 and an overall score of 90 was given for which this unit received a complimentary letter from BG Glenn J. Collins, Commanding General, 44th Medical Brigade.

D. Personnel. During a 4 day period in November 70 personnel were processed for return to CONUS. However, operations continued to run smoothly. All field 201 files were sent to Group Headquarters. Some difficulties have been encountered in obtaining necessary information due to poor communications between this location and Nha Trang.

E. During the report period difficulty was experienced in gaining classification of detainees and prisoner patients prior to medical discharge. This situation resulted in confusion and difficulty in transferring these individuals either to other medical facilities or in release through military police channels.

F. Medical Service. There was a considerable turnover of professional personnel during the report period. After the peak of activity last September, the monthly surgical case load leveled off at approximately 300 with an increasing number of major procedures in relation to minor procedures. There was an increase in formal thoracotomies and in vascular repairs. The incidence of malaria was negligible in contrast to the high rate of the previous report period. The high incidence of malaria during the previous period was due to the fact that the 173d Airborne Brigade had just returned from an area where malaria was endemic. Certain problems continue to exist in the acquisition and maintenance of vital surgical adjuncts, e.g., Fogarty and embolectomy catheters, cardiac defibrillator, flame photometer and blood gas analyzer. In addition, shortages of trained

1 February 1968

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Ending 31 January 1968

personnel are expected in next report period. The utilization of full bed capacity is difficult without adequately trained personnel.

G. Evacuation. From 28 December 1967 to 11 January 1968 air evacuation missions landed at Phu Hiep Airfield rather than at Tuy Hoa Air Force Base. This change reduced travel time over rough roads and long and uncomfortable waits in ambulances due to changes in ETA. However, the Air Force began using C-118 aircraft which required a change again to Tuy Hoa Air Force Base because of the inadequate runway at Phu Hiep. Often times ETAs are announced only a few minutes prior to aircraft arrival making it quite difficult to effect the necessary internal coordination and move the patients to the Air Force Base. However, some new systems have been devised to make the process simpler and quicker such as preparing baggage tags prior to announcement of an evacuation, taking litters to wards to insure that patients will be ready for loading when the ambulance arrives and preparation of all necessary medications upon receipt of evacuation notification.

H. Supply and Services. The size and capability of the hospital utilities section proved to be inadequate in view of the workload. On 15 January 1968 a PA&E Post Engineer team of 52 workers was assigned directly to the hospital. At present a completely new electrical system is being installed. Upon completion of the rewiring the size of this utilities team will be reduced to approximately 25. The typhoon in November demonstrated the need for protection from the elements due to the fact that the top quarter of all buildings is only screen. Shutters had been on order for some time but had not been received. Clear acetate was used as an interim measure but this proved to be unsatisfactory since all circulation was cut off and wards became unbearably hot in the daytime. In January this hospital was directed to provide area medical supply support on very short notice causing considerable problems due to a lack of knowledge of requisition objectives of supported units and not having an initial stockage on hand when the program was implemented. The laundry, which had been experiencing some difficulty keeping adequate linen available to the hospital was given additional personnel, thus providing for a 24 hour operation. This plus needed support from the Tuy Hoa Subarea Command laundry has greatly alleviated the problem. Some pilferage of laundry items was experienced. However, this was stopped by a close inspection of trucks transporting indigenous personnel.

I. Nursing Service. The mission and physical plan of the hospital requires more personnel than the present TOE provides. For example, a dispensary and emergency room must be staffed, but is not provided for in the TOE; ward capacity is limited to only 21 beds resulting in inefficient staffing since personnel utilize much time and effort covering physically separated wards. Requests for additional personnel have been submitted and

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Ending 31 January 1967 (RCS CSFOR - 65)

plans are underway to link twelve (12) 20 bed wards giving six (6) 55 bed wards. Many enlisted personnel (9:410) are arriving with no previous hospital experience. However, aggressive on-the-job training (OJT) and in-service nursing programs have greatly alleviated this problem.

J. Civilian War Casualty Program. Some modifications to facilities and equipment were required for implementation of the program. For example, cots in lieu of hospital beds were used for the safety of pediatric patients; wooden cribs were constructed as an expedient until the standard item was made available. The language barrier has at times created problems, and a definite need exists for additional interpreters. The indigenous employees are constantly becoming more helpful in bridging the cultural gap and no insurmountable problems have been encountered. In keeping with the Vietnamese custom of boarding a member of the family with the patient, the implementing directives provide for a boarder to accompany patients under 14 years of age. During the reporting period while the program was in its infancy there was no sizeable number of boarders since most of the patients were from the local province. However, many families visited patients on almost daily basis. Another minor problem was that the Vietnamese were not accustomed to American food. However, 43d Medical Group Headquarters was instrumental in obtaining a rice supplement which is now being served.

K. MEDCAP. During the report period the MEDCAP program was reevaluated and reorganized with the assistance of the USAID representative, MACV advisor and Province Health Minister to include four outlying districts that had no access to medical care: Dong Tre, La Hai, Cung Son and Song Cau. Inasmuch as the Dong Toc Refugee Camp was receiving adequate coverage by other units, Ninh Tinh Refugee Camp was substituted. Due to the increased interest of personnel, MEDCAP excursions were increased to four times weekly in an attempt to meet the need of medical assistance in these areas. In addition, a physician is sent to Province Hospital in Tuy Hoa on a weekly basis to assist with the more complicated surgical procedures. Work remains to be done in each of the areas mentioned and the inability to provide proper laboratory and x-ray evaluation of some chronically ill people who need prolonged follow up care proved to be very frustrating. Enclosure 1 shows areas supported by MEDCAP.

SECTION II, PART I: OBSERVATIONS (LESSONS LEARNED)

A. DETAINÉES:

ITEM: Detainees and Prisoner Patients

DISCUSSION: For a period of several months this unit experienced difficulty in obtaining status determination of detainees and prisoner patients due to a shortage of qualified military interrogators. This problem became acute during the time when local military operations were at their peak. A request for assistance and clarification of military police and medical detainee policies was initiated. A meeting attended by local and group level military police and medical personnel established the necessary policies.

OBSERVATION: The above meeting resulted in alleviation of the problem and an increased understanding of individual responsibilities not discussed in the appropriate regulations.

B. MEDICAL SERVICE:

ITEM: Use of antibiotics in war wounds.

DISCUSSION: The routine use of prophylactic antibiotics and in particular the combination of penicillin and chloromycetin in patients, with contaminated war wounds, is as yet not documented to be of value. Their routine use is nonetheless practiced and two cases of possible penicillin seizure with subsequent death of patients have occurred. Review of the literature suggests that massive doses of intravenous penicillin may cause seizures and central nervous system deaths.

OBSERVATION: A well controlled, double blind study carried out simultaneously by Army hospitals in Vietnam should produce significant statistics in a short period of time.

ITEM: Burned patients.

DISCUSSION: Vietnamese patients and especially Vietnamese with seemingly minor burns have responded poorly to usual techniques and burn therapy.

OBSERVATION: Although usually available, the utilization of 0.5% silver nitrate solution in burned patients is difficult due to intrinsic physical limitations. It is believed that the substitution of sulfamylon would offer greater benefits and be more easily utilized.

ITEM: Guard duty.

DISCUSSION: The utilization of medical personnel for routine guard duty, particularly in mass casualty situations, is believed inefficient and potentially harmful.

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OBSERVATION: The replacement of these persons by support personnel would relieve trained medical technicians for their proper duties. A shortage of these persons has already been noted.

ITEM: Blood gas analyzer.

DISCUSSION: An increasing incidence of patients requiring continuous respirator therapy has been noted. More activity by the section of thoracic surgery is anticipated. The proper monitoring of respirator patients is not optimum without blood gas studies.

OBSERVATION: The capability of blood gas studies falls within the scope of an evacuation hospital.

ITEM: Blood transfusions in Vietnam.

DISCUSSION: Vietnamese patients have repeatedly demonstrated an apparent inherent fragility as wounded surgical patients in contrast to similarly wounded Americans. Their response to blood transfusion is often inappropriate but it is not known whether this is due to poor blood preservation or the Vietnamese patient. There has also been significant difficulty in obtaining a compatible cross match in Vietnamese.

OBSERVATION: Review of preservation techniques may be desirable and proper labelling and dating of blood is essential. The occurrence of previously undetected iscaagglutinius may account for the difficulty in cross matching.

ITEM: Sterilization of Fogarty embolectomy catheters.

DISCUSSION: The present system of sterilization of Fogarty embolectomy catheters in the steam autoclave causes excessive deterioration.

OBSERVATION: A constant supply of catheters is essential. The addition of a gas sterilizer to the TOE would alleviate the above problem.

### C. SUPPLY & SERVICES:

ITEM: Area medical supply support.

DISCUSSION: This hospital was given the responsibility for area medical supply support on very short notice. Time is required to set up accounts with units involved, determine requisitioning objectives and acquire necessary supplies.

OBSERVATION: Medical supply support to other units would be of higher quality and cause less disruption if adequate advance warning is given prior to the transition.

ITEM: Pilferage

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DISCUSSION: Pilferage on a fairly large scale was discovered among the indigenous personnel. This was in spite of the fact personnel are searched each evening prior to leaving the compound.

OBSERVATION: A daily check of trucks, including chassis, battery boxes, OVM boxes, etc., prior to departing the compound has drastically reduced this problem.

E. NURSING SERVICE:

ITEM: Inefficient staffing of wards.

DISCUSSION: The 20 bed wards at this hospital are not conducive to efficient staffing. One nurse is assigned to two or three wards. She must expend much time and effort walking from one ward to another. In addition, she is not able to monitor her full patient census at all times.

OBSERVATION: Connection of two (2) 20 bed wards giving a 55 bed ward with a centralized nurses station will greatly increase staffing efficiency.

SECTION II, PART II: RECOMMENDATIONS

A. DETAINNES:

When problems arise involving different support elements and several echelons of control and when these problems are not dealt with in appropriate regulations, it is helpful to effect face to face coordination of all concerned at the same time.

B. MEDICAL SERVICE:

1. A cooperative double blind study should be established to evaluate the need and/or proper use of antibiotics in wounded patients.
2. Sulfamylon should be available for treatment of burned patients.
3. Support personnel should be substituted for trained operating room personnel in the performance of routine guard duty.
4. Blood gas analyzer would improve the care of respiratory cases.
5. Gas sterilizers should be authorized for the preservation of Fogarty embolectomy catheters.

C. SUPPLY & SERVICES:

1. Adequate lead time should be given to hospitals prior to designating them as area support facilities in order to give them time to determine requisitioning objectives and acquire the necessary stockage.
2. Pilferage can be greatly reduced if, in addition to searching indigenous personnel, the vehicles transporting them are also thoroughly searched.

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AVBJ-GA-OI (3 Feb 68) 1st Ind  
SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending  
31 January 1968

Headquarters, 43d Medical Group, APO 96240 12 February 1968

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

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

1. Forwarded is the Operational Report - Lessons Learned for the  
period ending 31 January 1968 from the 91st Evacuation Hospital, APO 96316.

2. The following comments are made pertaining to the indicated items  
in the report:

a. Reference Page 2, Paragraph E: Local coordination with the  
66th Military Police Group resulted in a meeting at the 91st Evacuation  
Hospital. As a result of this meeting, processing of Detainees and PW's is  
far more expeditious. However, the lack of trained MI interrogators in the  
Tuy Hoa area still remains a problem in addition to the lack of trained in-  
terpreters.

b. Reference Page 2, Paragraph F: Subsequent to the preparation  
of this report, maintenance of defibrillators, flame photometers, and blood  
gas analyzers was discussed with the maintenance officer of the local 3d  
Advance Platoon of the 32nd Medical Depot. The maintenance officer offered  
his assurance that he would be able to provide the required maintenance,  
providing he were made aware of the breakdowns, and that the maintenance  
was within his echelon of authority and capability to repair. The 91st  
Evacuation Hospital has been informed of this available maintenance sup-  
port.

c. Reference Page 2, Paragraph F: A personnel shortage does not  
exist in the 91st Evacuation Hospital at this time. Actually, the unit  
has some twenty individuals in excess, several of which are senior non-  
commissioned officers. Shortages of critical personnel are constantly  
under surveillance by this headquarters, and all necessary measures are  
taken to correct anticipated critical MOS imbalances. Future shortages  
cannot be predicted since no advance notice of arriving personnel is  
available. At the present, assignments are made to subordinate units on  
an equitable basis and no problems of obtaining replacements are forecasted  
in the near future.

d. Reference Page 6, Last Item (Guard Duty): Trained medical  
personnel performing guard duty was a subject of interest to the Inspector  
General during the Annual General Inspection conducted at the 91st Evac-  
uation Hospital during the period 6 - 7 September 1967. In paragraph  
10b (1) of the Inspector General's Report, he recommended a security de-  
tachment be authorized for the purpose of providing the perimeter defense

AVBJ-GA-OI (3 Feb 68)

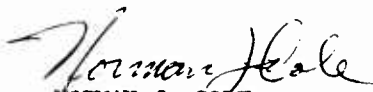
1st Ind

12 February 1968

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

for the hospital area, and in paragraph 41 he recommended the Deputy Commanding General, United States Army, Vietnam take appropriate action to correct the conditions in paragraph 10b (1). To date, the results of this recommendation are unknown.

e. Reference Page 7, Sterilization of Fogarty embolectomy catheters: A discussion with the Chief of CMS at the 91st Evacuation Hospital revealed that they had solved their own problem in regard to deterioration of Fogarty embolectomy catheters due to steam autoclave sterilization. Autoclaving is non-essential if the catheters are soaked in a solution of Zephrian, 1:750.



NORMAN J. COLE

LTC, MC

Commanding

15-  
AVBJ-FC (3 Feb 1968) 2d Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period  
Ending 31 Jan 1968 (RCC 00FOR-65) (91st Evacuation Hospital)

HEADQUARTERS, 44th Medical Brigade APO 96384 28 Feb 1968

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

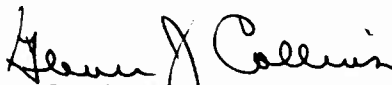
1. The contents of the basic report and first indorsement have been reviewed.
2. The following comments pertaining to the recommendations in Section II, Part II (page 10) of the basic report are submitted:
  - a. Reference paragraph A. The problem of processing detainees will be improved throughout the 44th Medical Brigade as detainees are now being hospitalized at centralized locations near Military Intelligence units.
  - b. Reference paragraphs B.1., B.2., B.4. and B.5. These recommendations concern technical professional matters and should be considered by appropriate consultants to the USAFV Surgeon and the Surgeon General.
  - c. Reference paragraph B.3. This recommendation is unclear in that it does not specify the type of guard duty involved, i.e. base perimeter or hospital perimeter. However, the employment of medical personnel as base perimeter guards deprives these personnel and their treatment facility of the protection of Article 24 of the Geneva Convention. FM 27-10 clearly explains that medical personnel can only be used to defend themselves, their patients and their medical treatment facility.
  - d. Reference paragraph C.1. Concur. Units of this Brigade were instructed per 44th Medical brigade letter, subject: Satellization of Medical Supply Customers, dated 12 June 1967, to assume area medical support missions for non-divisional non-medical units effective 1 July 1967. A subsequent inspection of the 91st Evacuation Hospital indicated that the unit had not assumed this mission, and as a result, was immediately instructed to initiate appropriate action. Failure to take adequate action can only be attributed to poor liaison with supported elements.

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AVEJ-PC (3 Feb 1968) 2d Ind 28 Feb 1968  
SUBJECT: Operational Report-Lessons Learned for Quarterly Period  
Ending 31 Jan 1968 (ROB USFUR-65) (91st Evacuation Hospital)

e. Reference paragraph C.2. Concur

TEL: LBH 2909/2494

  
GLENN J. COLLINS  
Brigadier General, MC  
Commanding

cc: 91st Evacuation Hospital

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AVHGC-DST (3 Feb 68) 3d Ind  
SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 January 1968 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96375 17 MAR 1968

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

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 January 1968 from Headquarters, 91st Evacuation Hospital (SMBL) (WBJEAA).

2. Pertinent comments follow:

a. Reference item concerning use of antibiotics in war wounds, page 6, paragraph B; and page 10, paragraph B1: Non-concur.

(1) War wounds are contaminated wounds; the value of antibiotics in contaminated wounds is well established. The role of antibiotics in clean cases is controversial and the subject of numerous investigations. Adequate debridement, correct surgical techniques, and proper drainage when collections are anticipated is the best prophylaxis against infection. Antibiotic coverage will not substitute for these procedures, however, failure to use antibiotics in wounds known to be contaminated is not in the best interest of the patient. The type and dosage of antibiotics will depend upon the nature of the wound, the degree of contamination, the organism present, and other factors. Routinely massive dosages either intramuscularly or intravenously have not been recommended. Broad spectrum coverage in the usual dosages is advised.

(2) Concur this is not a closed subject and additional research is indicated; however, experience has shown that due to the many considerations involved, i.e., variation in wounds, wounding agents, initial surgery, personnel changes, fluctuations in casualty loads, evacuation of patients both in-country and out-of-country, it is difficult to engage in a well-controlled study. Units having the resources and case material are encouraged to study existing problems and submit the findings to the USARV Surgeon for publication in the USARV Medical Bulletin.

b. Reference item concerning burned patients, page 6, paragraph B; and page 10, paragraph B2. Concur. Arrangements are being made to obtain sulfamylon.

AVHGC-DST (3 Feb 68) 3d Ind 17 MAR 1968  
SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 January 1968 (RCS CSFOR-65)

c. Reference item concerning sterilization of Fogarty embolectomy catheters, page 7, paragraph B; and page 10, paragraph B5: Concur. The Bard amprolene sterilizer #2270 using ethylene oxide will satisfy this requirement.

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

FOR THE COMMANDER:

*John A. DeWitt*

Copy furnished:  
HQ, 44th Medical Brigade  
HQ, 91st Evacuation Hospital (SMBL)

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GPOP-DT (3 Feb 68) 4th Ind  
SUBJECT: Operational Report of HQ, 91st Evac Hosp (SMBL) for Period  
Ending 31 January 1968, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 3 APR 1968

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

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

FOR THE COMMANDER IN CHIEF:



K. F. OSBOURN  
MAJ, AGC  
Asst AG

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DEPARTMENT OF THE ARMY  
HEADQUARTERS 43RD MEDICAL GROUP  
APO 96240

AVBJ-GA-OI

7 January 1968

SUBJECT: Special Letter of Instruction, 91st Evacuation Hospital

TO: Commanding Officer  
91st Evacuation Hospital  
APO 96316

1. PURPOSE: To establish responsibilities, provide general guidance and prescribe policies applicable to the employment and operation of the 91st Evacuation Hospital referred to hereafter as "The First Civilian War Casualty Hospital operated by the 91st Evacuation Hospital."

2. MISSION: The Commanding Officer, 91st Evacuation Hospital, will:

- a. Provide hospitalization for civilian war casualties.
- b. Be prepared to receive civilian war casualties from GVN/MOH and US/FWMAF hospitals.
- c. Adjust current patient load by attrition.
- d. Continue to provide hospitalization for US military and FWMAF in the local area as required.
- e. Accept emergency cases as required.
- f. Maintain a minimum of 400 operating beds.
- g. Notify the originating Province Medical Coordinator through this headquarters of patient movement or any major change to the patient condition.
- h. Notify the Province Medical Coordinator through this headquarters of condition of patient who, upon completion of treatment in the auxiliary system, require further convalescence.
- i. Exercise custody of civilian medical records and render reports as required.
- j. Collect, evaluate, interpret, and consolidate medical statistical data and submit to this headquarters.

INCL 1

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AVBJ-GA-OI

7 January 1968

SUBJECT: Special Letter of Instruction, 91st Evacuation Hospital

k. Provide preventive medicine support within capabilities to civilian war casualties and boarders.

3. COMMAND: "The First Civilian War Casualty Hospital operated by the 91st Evacuation Hospital" is assigned to the 43rd Medical Group.

4. SPECIAL INSTRUCTIONS:

a. The hospital facility at Tuy Hoa will be referred to as "The First Civilian War Casualty Hospital operated by the 91st Evacuation Hospital."

b. Care of US military and FWMF patients will not be degraded. They will receive required care when in the best interest of such patients.

c. Erect a sign immediately referring to the 91st Evacuation Hospital as "The First Civilian War Casualty Hospital operated by the 91st Evacuation Hospital."

d. Civilian war casualty patients under 14 years of age are authorized an escort when hospitalized in "The First Civilian War Casualty Hospital operated by the 91st Evacuation Hospital." Escorts will normally be an adult relative of the patient and will remain at the installation in facilities provided by the Installation Coordinator, Tuy Hoa throughout period of patient hospitalization.

e. Direct coordination with the Installation Coordinator in the establishment of support facilities for and control of escorts and visitors of civilian war casualty patients is authorized.

f. Problems involving the disposition of remains which cannot be resolved locally will be referred to this headquarters, ATTN: AVBJ-GA-OI.

5. COORDINATION:

a. Direct coordination, as appropriate and required, is authorized with the local USAID Province Medical Coordinator.

b. All official correspondence on policy of the Civilian War Casualty Program will be routed through this headquarters, ATTN: AVBJ-GA-OI.

c. Information for release to the press on medical support of civilian war casualties will be submitted through this headquarters, ATTN: AVBJ-GA-OI.

d. This headquarters will not regulate military patients from outside the local area into your facility except when directed by higher headquarters.

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AVBJ-GA-OI

7 January 1968

SUBJECT: Special Letter of Instruction, 91st Evacuation Hospital

6. This letter of instruction is effective upon receipt.

Tel: Goldfinch 558/447

NORMAN J. COLE  
LTC, MC  
Commanding

Copies furnished  
CG, 44th Med Bde

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AREAS SUPPORTED BY MEDCAP

<u>NAME</u>	<u>LOCATION</u>	<u>POPULATION</u>
Mang Lang Orph	Tuy Hoa	200
Phuoc Hua Oeph	Tuy Hoa	200
Ninh Tinh Refugee Camp	Tuy Hoa	5000
Hon Chua Refugee Camp	Hon Chua Island	5000
Dong Tre - SFC	N. of Tuy Hoa	2000
Son Cau - SFC	N. of Tuy Hoa	1000
Cung Son - SFC	W. of Tuy Hoa	2000
La Hai - Montagnard Village	N. of Tuy Hoa	1000

UNCLASSIFIED

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DOCUMENT CONTROL DATA - R & D

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

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3. REPORT TITLE  
Operational Report - Lessons Learned, Hqs. 91st Evacuation Hospital (SMBL)

4. DESCRIPTIVE NOTES (Type of report and Inclusive dates)  
Experiences of unit engaged in counterinsurgency operations, 1 Nov 67-31 Jan 1968

5. AUTHOR(S) (First name, middle initial, last name)  
CO, 91st Evacuation Hospital

6. REPORT DATE 1 February 1968	7a. TOTAL NO. OF PAGES 20	7b. NO. OF REFS
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8a. CONTRACT OR GRANT NO.  b. PROJECT NO. N/A c. d.	9a. ORIGINATOR'S REPORT NUMBER(S) 681049 9b. OTHER REPORT NO(S) (Any other numbers that may be assigned this report)
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11. SUPPLEMENTARY NOTES N/A	12. SPONSORING MILITARY ACTIVITY OACSFOR, DA, Washington, D.C. 20310
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13. ABSTRACT