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AGO D/A ltr, 29 Apr 1980

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IN REPLY REFER TO

AD 844513

AGAM-P (M) (21 Nov 68) FOR OT UT 683375

25 November 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 44th
Medical Brigade, Period Ending 31 July 1968

SEE DISTRIBUTION

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BY ORDER OF THE SECRETARY OF THE ARMY:

Kenneth G. Wickham

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

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as

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

AVBJ PO

15 August 1968

SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for
Period Ending 31 July 1968, RCS CSFOR-65 (R1)

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

TO: CINCUSARPAC
ATTN: GPOP-DT
APO 96558

1. Section 1, Operations: Significant Activities.

a. Headquarters, 44th Medical Brigade, operational throughout the period 1 May 1968 - 31 July 1968, accomplished its mission of command and control of its assigned units which numbered 156 at the end of the period.

b. Nine medical units arrived in Vietnam during the period May - July and were subsequently assigned to the 44th Medical Brigade. These units included the followings:

(1) The 172d Preventive Medicine Unit arrived on 27 June and became operational at An Khe on the 29th of July. This unit has the mission of providing preventive medicine support to I CTZ and II CTZ-N.

(2) The 29th Evacuation Hospital arrived on 20 May and was initially staged at Long Binh Post. During July, assigned personnel, less the professional complement, relocated to Can Tho in the IV CTZ. It is anticipated that the 29th Evacuation Hospital will become operational in September 1968.

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(3) The 188th Medical Detachment (PA) arrived on 27 June and became operational at Long Binh Post on 30 July. The mission of this unit is to provide medical illustration service to all units assigned to the medical brigade.

(4) Other units which arrived in-country included two Veterinary Detachments (JB), two Dental Detachments (KI), one General Dispensary (MC) and one Medical Detachment (RB) (Amb).

c. On 1 July, the 50th Medical Detachment (RA) (Fel Amb) was reassigned from the 44th Medical Brigade to the 101st Air Cavalry Division as part of the division's reorganization from an airborne division to that of an air cavalry division.

d. The 95th Evacuation Hospital at Da Nang and the 27th Surgical Hospital, augmented by the 520th Medical Company (Clr) at Chu Lai, moved into new facilities during June. The addition of the new facilities increased the number of operating beds in I CTZ from 660 in April to 1120 in July.

e. Aviation

(1) The May offensive, which occurred at start of the reporting period yielded the highest sustained aeromedical evacuation loads ever encountered in Vietnam. Brigade "Dustoff" helicopters evacuated 21,915 patients during May to establish a new record. Workload figures for June decreased to 15,434 with a further decrease to 13,334 in July which compares with pre-TET workload figures. These high workload figures translated into increased flying hours with a new record of 6,975 hours flown in May. Aircraft availability was relatively good throughout the period and averaged approximately 70%, which is minimally acceptable. To maintain this level of availability, a tremendous effort was required on the part of organization and direct support maintenance facilities and indicates that there has been significant improvement in this area when compared with TET offensive availability rates which fell as low as 50%.

(2) On 1 July the 50th Med Det (RA) was transferred from the 44th Medical Brigade and assigned to the newly designated 101st Air Cavalry Division. This decreased brigade helicopter authorization (6 helicopters) to 92. The effect of this reduction was immediately felt in the I CTZ and it has been necessary on occasion to augment the 67th Medical Group with up to 3 aircraft from the 55th Medical Group. However, since the evacuation workload has remained low, the problem has not been serious.

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(3) It had been recognized for some time that it would be desirable to have a fixed wing aircraft assigned to Brigade provide a limited courier, passenger, and cargo service. In May this aspiration was realized when a U-1A (Otter) was assigned. It is capable of carrying 7 passengers and cargo with a maximum load of 1200 lbs. During May several MSC aviators trained and qualified in the Otter and in early June operational service began. Utilization was immediate and 56 passengers and 50 hours were flown in June with an increase to 71 passengers and 94 hours in July. Utilization is expected to increase and there is little doubt that limited fixed wing capability is a definite asset to the Brigade's efficiency.

f. Medical Regulating. At the request of this headquarters, the 7th Air Force Surgeon's Office initiated necessary action to inactivate the 25th Casualty Staging Facility at Qui Nhon on 11 July 1968. This CSF had been utilized as a staging area for out-of-country evacuation of patients from the 67th Evacuation Hospital, the 85th Evacuation Hospital and the 6th Evacuation Hospital (ROK). Evacuation out of country from Qui Nhon was disadvantageous because all flights terminated at Clark Air Force Base where it was necessary for patients regulated to Japan to remain over night. As a result, patients lost at least one additional day prior to being further evacuated. Under the present system, all U.S. military patients from the Qui Nhon area are evacuated to the 26th Casualty Staging Facility at Cam Ranh Bay for further evacuation directly to Japan utilizing regularly scheduled Military Airlift Command flights. Korean patients are also evacuated to the 26th CSF for movement to Clark Air Force Base and further evacuation to Korea. The primary advantages have been the elimination of delays enroute to destination hospitals and consolidation of out of country evacuations at casualty staging facilities serviced on a regular basis by Military Airlift Command flights.

g. Chaplain's activities

(1) A hospital Chaplains' Workshop was held at Vung Tau, 6-9 May 1968, with 21 chaplains in attendance.

(2) During the quarter, five new chaplains were assigned to the following 44th Medical Brigade facilities: 2d Surgical Hospital, 50th Medical Clearing Company; 29th Evacuation Hospital, 85th Evacuation Hospital, and the 93d Evacuation Hospital.

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(3) The quarterly consolidated Religious Activities and Character Guidance Report submitted to the Staff Chaplain, USARV, for April-June 1968, reveals that the 44th Medical Brigade chaplains conducted 2,400 religious services during the period, with an attendance of 54,689. They made 7,013 visits to the hospitals making 44,838 contacts; serving communion 4,693 occasions; and conducting 115 character guidance programs with an attendance of 18,926.

(4) A new chapel was constructed for joint use by the 44th Medical Brigade, 1st Aviation Brigade, Saigon Support Command and the 79th Maintenance Battalion. A dedication service of this chapel was held 21 July 1968.

(5) In order to evaluate the effectiveness of the chaplains and chapel programs, the Brigade Chaplain made staff visits to fourteen hospitals during the quarter.

D. Dental activities

(1) As of 31 July 1968 there were 263 dental officers operating in 96 dental treatment facilities in the Republic of Vietnam.

(2) Colonel Fred F. Foxx was appointed Dental Surgeon, 44th Medical Brigade, with additional duty as Dental Surgeon, USARV, on 27 May 1968, vice Colonel Jack B. Pollock, who was assigned to Fort Benning, Georgia. Colonel James L. Monahan assumed command of the 932d Medical Detachment (Headquarters Dental Professional Service) on 25 May 1968, vice Colonel Fred F. Foxx.

(3) Major General Robert B. Shira, Assistant Surgeon General and Chief of the Dental Corps visited Vietnam from 4 July to 13 July 1968. During this period he was briefed by the USARV CofS and DCG, the Commanding General of the 44th Medical Brigade and the USARV Surgeon, I and II FFV Commanding Generals, commanders of 6 tactical units and 3 medical group commanders. He also visited 56 medical or dental treatment facilities throughout the Republic of Vietnam.

(4) To support the troop buildup in Vietnam, the 219th Medical Detachment and the 499th Medical Detachment arrived in country on 22 May 1968. The 499th Medical Detachment (Dental Service) (-) is now in Chu Lai and supports the Americal Division and US Army support personnel in the Chu Lai area. The 56th Medical Detachment (Dental Service) is now responsible for I CTZ from Da Nang to the DMZ and the 518th Medical

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Detachment(Dental Service)will provide area dental support in the An Khe and Qui Nhon areas.

(5) During the reporting period, the Dental Surgeon and Deputy Officer made 101 staff visits to dental treatment facilities throughout the Republic of Vietnam.

i. Nursing Service

(1) Forty-seven nurses assigned to the 29th Evacuation Hospital arrived in country 20 May 1968. Since the site for the unit was not ready for occupancy and there was insufficient billeting at any one installation, the designated chief nurse selected a cadre of ten nurses and all other assigned personnel were reassigned to established hospital units in Vietnam. Five nurses were attached to the 93rd Evacuation Hospital and five were attached to the 24th Evacuation Hospital. On 10 July the cadre was transferred to Can Tho where officers assisted in preparing the hospital for operation.

(2) Chief Nurses' Conferences for the 68th Medical Group and the 67th Medical Group were conducted at Vung Tau on 20 July 1968 and at Da Nang on 25 July 1968, respectively. Chief nurses from the Navy, Air Force, Australian and Korean hospitals in Vietnam were invited.

j. Veterinary activities

(1) Two veterinary TOE units arrived in country during the period covered by this report. The 176th Medical Detachment (JB) arrived on 22 May 1968 and was assigned to II CTZ with its headquarters located at Cam Ranh Bay. The 175th Medical Detachment (JB) arrived on 23 May 1968 and was assigned to I CTZ with headquarters at Da Nang. The addition of these two units completes the programmed build up of veterinary capability which should provide adequate veterinary support for the existing Free World Forces deployed in Vietnam.

(2) With the arrival of these two units, the brigade assigned each JB team a specified geographical area of responsibility. The commanding officer of each JB team is charged with the responsibility of supervising the activities of all veterinary TOE units deployed within his area. In essence each JB commander functions as a corps veterinarian ensuring that full veterinary support is provided to all units in his geographical area of responsibility.

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(3) The duties of Staff Veterinarian for the 44th Medical Brigade and HQ USARV were assumed by Colonel Arthur L. Hogge, Jr. upon the departure of Colonel B. Richard B. Morgan on 10 May 1968.

(4) Two new Infantry Scout Dog platoons arrived in country during this period. This brings the total of scout dog platoons requiring veterinary support to 20.

(5) The incidence of Shigellosis in military personnel stimulated the investigation of locally produced vegetables as a possible source of this pathogen. Shigella organisms were isolated from cucumbers and green onions. This contamination was no longer detectable after mid-July 1968. No parasite ova were found on the food items suggesting that the contamination probably resulted from washing the vegetables prior to delivery.

(6) The construction of the facility at Long Binh Post to be occupied by the 936th Med Det. (ID) had not been initiated. No firm date has been provided by the engineers as to when construction will begin. However, it is anticipated that work will begin during the next quarter.

(7) Colonel Arthur L. Hogge, Jr. attended a conference held at CORDS III Hq on 24 May. Present were veterinary personnel (civilian and military) having control over actual and potential resources which could be utilized in support of Civic Action Programs. This was primarily a meeting designed to stimulate interest in augmenting the assistance provided local livestock owners in the prevention and treatment of animal diseases.

(8) A meeting of veterinary commanders was held on 4 and 5 July at Long Binh. Policy guidance was given relative to veterinary activities. Drafts of SOPs were prepared and when finalized will be published and utilized by all veterinary personnel in USARV.

k. Dietitian

(1) Lieutenant Colonel Mary R. Preston arrived in Vietnam on 28 April to replace Major Mary A. Armstrong as Staff Dietitian, 44th Medical Brigade with additional duty as Dietetic Consultant, USARV.

(2) Effective 5 July 1968, the food service staff section at the 44th Medical Brigade and the medical groups was established to function as

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a separate element. All food service functions and personnel were transferred from the S-4 section with the staff dietitian designated as a primary staff officer. MTOE action requesting authorization for a staff dietitian and reorganization of each headquarters establishing a food service staff section is pending at the present time.

(3) The staff dietitian made thirty-five liaison visits to units of the brigade during the quarter. Emphasis was placed on mess hall sanitation; space design and layout, procurement of cantonment mess equipment; training of cooks in preparation and service of food to patients and personnel, with particular emphasis on patient feeding on the wards; training Local Vietnamese Nationals (LVN); mess management; standard hospital diets; procurement of supplemental foods and beverages for patient feeding; and organization of mess operation in the utilization of hospital MOS 94F40 personnel.

(4) 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, 14 food service warrant officers were assigned.

(5) During this period, forty-five hospital MOS 94F40 personnel have been assigned to hospital messes in the 44th Medical Brigade.

(6) During this quarter, units of the Brigade served a total of approximately 1,400,000 rations of which approximately 186,450 were served on the wards. Modified diets served to patients comprised 10% of all rations.

(7) The new 28 Day Cycle Menu, consisting of "A" Rations for all field ration messes in Vietnam has been received and has been distributed to the Class I Ration Breakdown Points for issue to messes. The new menus will be effective on or about 15 September 1968. The staff dietitian has prepared standard hospital diets consisting of eleven modified diets to conform with the new 28 Day Cycle Menu. The standard hospital diets will be utilized by hospital food service personnel in Vietnam to serve modified diets as ordered by the medical and dental officers. Foods required for the modified diets have been estimated and forwarded for procurement to the 1st Logistical Command for FY 69.

(8) The staff dietitian completed a consolidated one-time cantonment mess equipment report of equipment on hand and the type of fuel utilized from all units in the brigade and forwarded it to the 1st Logistical Command. Most authorized equipment not on hand has been released from

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the quartermaster depots to the hospital units.

(9) Three visits were made to mess facilities of the Free World Forces at the request of US Army Engineer Command, Vietnam (USA&ECAV) to lend assistance with the Cantonment Mess Program. Hospitals visited were Republic of Korea Hospitals in Vung Tau and Qui Nhon, and the Australian Hospital at Vung Tau. Permission was given by the group commanders in which these hospitals are located to permit the staff dietitians for the groups to give assistance to the hospital personnel. The staff dietitian of the 68th Medical Group assisted the personnel at the ROK and Australian Hospitals in Vung Tau in the procurement of all mess equipment available in-country and detailed a MOS 94F40 mess steward to teach the Korean cooks in the use of the equipment. The staff dietitian of the 55th Medical Group assisted the mess officer at the ROKA Hospital at Qui Nhon in the procurement of mess equipment and made arrangements for ROKA cooks to rotate through the 85th Evacuation Hospital in Qui Nhon to learn the operation of equipment and the preparation of foods using the Field Ration 28 Day Cycle Master Menus for Vietnam.

(10) In space design and layout, the plans for the renovation of the 6th Convalescent Center were completed and approved for accomplishment of construction in FY 69. The cost estimate is approximately \$3,000. Additionally, during this reporting period two renovation or "Upgrading Projects" were accomplished for the mess halls of the 95th Evacuation Hospital in Da Nang, the 27th Surgical Hospital in Chu Lai, and the 29th Evacuation Hospital in Can Tho. The construction of the 93d Evacuation Hospital mess hall was completed and started operation during May.

2. Section 2, Lessons Learned: Commanders' Observations, Evaluations and Recommendations.

a. Personnel

(1) Reduction of Rotational Humps

(a) OBSERVATION. The problems based on supply and demand of personnel are not pertinent to the purpose of this report; however, problems concerning information about supply and demand are pertinent. Each command is charged with conducting an infusion program to reduce rotational humps. In addition, each command should monitor and reallocate its resources as internal missions ebb and flow. In order to do this logically, some information concerning enlisted replacements is required 60 days, but certainly not less than 30 days, in advance. This organization has been informed by Headquarters USARV that this information is available only 72 hours in advance.

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(b) EVALUATION. Such a system forestalls logical planning and makes reallocation of resources a haphazard proposition.

(c) RECOMMENDATION. Programmed replacements by MOS be furnished USARV and thence to major commands. While some differences between programmed replacements and actual replacements will be noted, at least a logical base for planning will be provided.

(2) Automated Personnel System

(a) OBSERVATION. In order to provide the maximum information in the shortest period of time, ambitious programs have been undertaken to automate the USARV personnel system (PERMACAP). PERMACAP relies upon timely receipt of accurate information in a useable form at a central point. Units such as this brigade, which have subordinate units spread throughout this entire command, to include remote areas, can provide accurate information; but the timeliness is at the mercy of communications. Efforts have been undertaken to reduce the time lag by utilizing courier services and telephone and radio communications when such are available under existing traffic and security conditions. Under the present system, median times for service across the post is five days and to Da Nang and back from ten to twenty days.

(b) EVALUATION. The time lag between action and updating is still too great to provide an effective information and accounting system.

(c) RECOMMENDATION. Recognizing the tremendous requirement placed on the communications system, additional transceivers and teletypes are needed. A USARV seminar on courier and dispatch problems might serve to pin-point bottlenecks and devise a more workable system.

(3) Staffing and MTOEs

(a) OBSERVATION. While organization and TADS system are functions of the "3", the implementation of staffing based on these documents is a personnel function. An inordinate amount of time is required between the submission of an MTOE and its approval. In the interim, requisitioning, assignments, and enlisted promotions must be based on the old document. As mission and changes occur, new changes are withheld pending approval of the one in channels. Therefore, a personnel officer may be attempting to support a commander based on a document three times out of date.

(b) EVALUATION. None.

(c) RECOMMENDATION. Where ceilings are not involved, either approval authority should be delegated to a lower level, or requisitioning authority based on recommended changes should be granted.

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(4) Loss of Professional Time

(a) OBSERVATION. All personnel of units organized in CONUS and deployed to Vietnam in the last two dental service detachments arrived at the same time. Since it took approximately 21 days for units to become operational, dental officers were not performing their primary mission during this period.

(b) EVALUATION. In order to avoid loss of professional talents during the initial stages when a unit is deploying to Vietnam, only an advanced party of key officers and enlisted men should accompany TOB equipment. In most instances, setting up dental treatment facilities and living quarters could be accomplished by the advance party while the majority of dental officers could continue serving in dental treatment facilities in CONUS.

(c) RECOMMENDATION. Only key officers and enlisted men should be sent with the unit's advance party. All other dental officers should be utilized in dental treatment facilities in CONUS until their unit's treatment facilities are ready for operation in Vietnam.

(5) Equalization of Workload at Port Facilities

(a) OBSERVATION. Veterinary officer personnel organic to Terminal Commands (Ports) are frequently confronted with problems of an uneven workload. This is due to the irregular schedule of ships arriving and the improved methods employed in the shipment of perishable food by sea-land refrigerated vans.

(b) EVALUATION. The personnel requirements for the port operations should be adjusted as required to provide the desired level of veterinary support and at the same time ensure full utilization of these personnel in other activities when little or no workload exists at the port.

(c) RECOMMENDATION. To correct this situation, operational control over the veterinary personnel of the 4th Terminal Command (Saigon) has been delegated to the commanding officer of the 4th Medical Detachment by written order. Verbal orders provide a similar basis for giving the commanding officer of the 176th Medical Detachment operational control over the veterinary personnel of the 124th Terminal Command (Cam Ranh).

b. Operations

(1) Communications

(a) OBSERVATION. Utilization of the Collins Single Side Band (SSB) Radio by units of the medical brigade during the month of May 1968 was

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unsatisfactory due to the poor quality of voice transmission on the brigade SSB radio net. The problem of transmission difficulty was attributed to interference encountered on the assigned low frequency range.

(b) EVALUATION. In an attempt to improve the quality of voice transmission, a series of tests were conducted. The 68th Medical Group conducted a two-week test utilizing a high frequency range. The high frequency range proved unsatisfactory as a result of a void experienced at short ranges and increased interference. A test was then conducted with all units in the net utilizing a mid-range frequency. The results proved satisfactory at long ranges; however, a void was again experienced at short ranges, particularly between units of the medical groups located in the mountainous areas of I and II-N CTZ. Separate, internal group nets were established by the medical groups in I and II-N CTZ utilizing assigned low-range frequencies. Within these groups internal voice communications between units proved very satisfactory with no void and very little interference experienced. Both group headquarters maintained a second SSB radio on the brigade-wide net. By utilizing the brigade mid-range frequency, satisfactory results were obtained. It is anticipated that the medical group operating in the II-S CTZ and the medical group which operates in the III/IV CTZ will establish internal group nets utilizing a lower frequency range.

(c) RECOMMENDATION. None.

(2) Evacuation of Military Dogs

(a) OBSERVATION. The evacuation of military dogs to the 936th Medical Detachment (Team ID) usually necessitates the movement of the handler with the dog.

(b) EVALUATION. To reduce the incidence of animals transferred to the hospital, instructions have been issued to field units to discontinue transferring dogs for heartworms treatment to the hospital. Treatment should be accomplished by the attending veterinarian at the site where the dog is assigned.

(c) RECOMMENDATION. None.

(3) Procedures for Control of Ticks in Military Dogs

(a) OBSERVATION. Military dogs have been routinely dry-dipped to control ticks.

(b) EVALUATION. This method of dipping is undesirable since the undercoating of hair retains large quantities of the insecticide which serves no useful purpose. Additionally the insecticide is absorbed by the

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dog. Frequent dipping in this manner could adversely affect the health of the dog.

(c) RECOMMENDATION. Wet-dipping is recommended.

(4) Causes of Heatstroke Among Military Dogs

(a) OBSERVATION. The occurrence of heatstroke cases in military dogs has precipitated a check on the possible ways to prevent this from happening.

(b) EVALUATION. It was determined that some dogs were given salt tablets which is contraindicated. It should be noted that the working dog does not lose salt when sweating.

(c) RECOMMENDATION. With his limited water intake, a working dog should never be given more salt than is contained in his food.

c. Training. Training Cycle for MOS 94F40 Personnel.

(1) OBSERVATION. The majority of hospital food service personnel with MOS 94F40 assigned to hospital food services in Vietnam are failing to meet the required standards of performance in the overall management of hospital messes.

(2) EVALUATION. In evaluating the performance of duty by hospital food service personnel, certain facts must be noted. First, the authorization for the hospital food service MOS dates back only two years and, the enlisted personnel who are usually assigned to hospitals have little or no experience in hospital food service management. Also, when assigned to hospitals in Vietnam, they are usually working under the direct supervision of a food service warrant officer who has no experience in hospital food service. Additionally, such personnel receive only indirect staff supervision by the dietitian of the medical group.

(3) RECOMMENDATION. Dietitians qualifying hospital food service personnel for MOS 94F40 should insure that a thorough training cycle be given to include management, leadership courses, and a thorough understanding and a knowledge of information found in AR 40-2, TM8-500, ST 8-503.1, and AR 30-41. Hospital food service personnel should also be given practical experience with limited supervision in all areas of hospital food service to include supply.

d. Intelligence. None.

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SUBJECT: Operational Report of headquarters, 44th Medical Brigade for
Period Ending 31 July 1968, RCS CSFOR-65 (R1)

e. Logistics. Procedures for Return of Repaired Rescue Hoists.

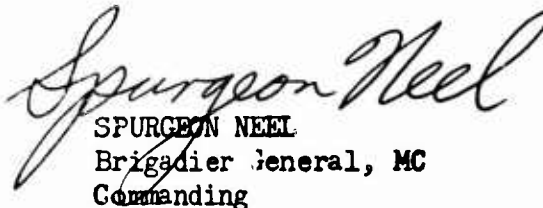
(1) OBSERVATION. It was discovered that an inordinate amount of time was required to effect repair of helicopter rescue hoists. In several instances repair procedures delayed the return of the hoists to the unit by as much as three months. Since this emergency equipment was in high demand and short supply, such a delay was unacceptable.

(2) EVALUATION. A series of visits to brigade aviation units revealed that the problem existed to some degree in all units but especially in units operating in the northern sections of Vietnam. It was determined that the Floating Aircraft Maintenance Facility (FAMF) anchored at Vung Tau was the sole hoist repair facility in Vietnam. It was further determined upon visiting the FAMF that their normal repair time was ten days, thus revealing that transportation time was the weak link in the current repair system. The 34th General Support Group was contacted and permission was requested to by-pass normal maintenance channels and to effect delivery and pick-up of the hoists directly from the FAMF by use of the 44th Medical Brigade's U-1A (Otter) fixed wing aircraft. The new system was put into effect and has dramatically decreased hoist downtime and increased availability of this life-saving device.

(3) RECOMMENDATION. Critical items of equipment in need of maintenance require special handling. Maintenance systems which hamper speedy return to the user should be eliminated. Future problem areas with similar implications might well be handled successfully by analyzing all facets of the systems involved and by eliminating non-essential and time-consuming procedures.

f. Organization. None.

g. Other. None.


SPURGEON NEEL
Brigadier General, MC
Commanding

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AVHGC-DST (15 Aug 68) 1st Ind MAJ Klingman/ds/LBN 4433
SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for
Period Ending 31 July 1968, RCS CSFOR-65 (R1)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96375 18 OCT 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 July 1968 from Headquarters, 44th Medical Brigade.

2. Comments follow:

a. Reference item concerning reduction of rotational humps, page 8, Section 2, paragraph 2a(1): Nonconcur. Replacements in grades E1-E6 are requisitioned for assignment to the Vietnam Transient Detachment; final unit of assignment is not determined until receipt of flight notification rosters (approximately 24-36 hours prior to arrival of personnel). The number of enlisted personnel, by MOS, scheduled to arrive in this command during any given month is therefore not available until replacements physically arrive.

b. Reference item concerning automated personnel system, page 9, Section 2, paragraph 2a(2). The unit will be advised of actions to be taken to improve this situation. This headquarters has taken this problem under study and is in the process of reviewing messenger schedules and the time length required for courier dispatch of messages to units located throughout the country. The unit has been advised of current courier schedules and will be kept advised of changes made to increase the speed of service.

c. Reference item concerning staffing and MTOEs, page 9, paragraph 2a(3). At this time, DA is automating information derived from MTOE, TDA, and MTDA documents that have been approved. Once a data base has been firmly established, it is expected that the time required to obtain approval of documents will be considerably shortened.

AVHGC-DST (15 Aug 68) 1st Ind

MAJ Klingman/ds/IBN 4433 18 OCT 1968

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d. Reference item concerning training cycle for MOS 94F4C personnel,
page 12, paragraph c: Concur. Actions have been taken by this head-
quarters to improve the training and experience of presently assigned
personnel.

FOR THE COMMANDER:



A.R. GUENTHER
CPL. ATC
ASST. ADJUTANT GENERAL

Cy furn:
HQ 44th Med Bde

GPOP-DT (15 Aug 68) 2d Ind
SUBJECT: Operational Report of HQ, 44th Med Bde for Period Ending
31 July 1968, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 14 NOV 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:



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CPT, AGC
Asst AG

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