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AUTHORITY

AGO D/A ltr, 29 Aug 1980

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

IN REPLY REFER TO

AD 868167

AGDA (M) (3 Apr 70)

FOR OT UT 701022

21 April 1970

SUBJECT: Operational Report - Lessons Learned, Headquarters, 8th Field Hospital, Period Ending 31 January 1970

SEE DISTRIBUTION

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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

1 Incl
as

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 8TH FIELD HOSPITAL
APO San Francisco 96240

AVBJ GD-FC

5 February 1970

SUBJECT: Operational Report - Lessons Learned 8th Field Hospital
Period Ending 31 January 1970, RCS CS FOR - 65 (R2)

THRU: Commanding Officer
68th Medical Group
ATTN: AVBJ GD-PO
APO 96491

Commanding General
44th Medical Brigade
ATTN: AVBJ PO

TO: Assistant Chief of Staff for Force
Department of the Army
Washington, D.C. 20315

1. Section 1. Operations: Significant Activities.

a. Organization and Mission:

(1) During the period 1 November 1969 - 31 January 1970, the 8th Field Hospital continued to fulfill its mission of providing specialized medical support for US Military, Free World Military Assistants Forces, ARVN Forces and US and Vietnamese Civilians. In addition to providing area medical support to the Nha Trang Area, the 8th Field receives acute medical and surgical cases from an extensive area in central II Corps Tactical Zone. The 8th Field Hospital continues to receive and evacuate all Neuropsychiatric patients from other hospitals in the I and II Corps Tactical Zones.

(2) The 67th Medical Detachment (KF), the 945th Medical Detachment (KA), the 933rd Medical Detachment (KE), the 551st Medical Detachment (KH), the 440th Medical Detachment (RB), and the 98th Medical Detachment (KO) remain attached to the hospital. All units except the 98th Medical Detachment (KO) are completely integrated into the hospital organization. The 98th Medical Detachment (KO) is partially integrated into the hospital by operating one 24 bed ward. It also operates a Mental Hygiene Consultation Clinic in the Nha Trang area at Camp McDermott and a smaller clinic in the Cam Rahn Bay Area. The 575th Medical Detachment (WB) is also attached to the 8th Field Hospital. It operates a General Dispensary at Camp John F. McDermott, Nha Trang, RVN. The 74th Mobile Laboratory is attached for rations and quarters only, and it too is integrated into the hospital organization.

FOR OT UT

701022

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SUBJECT: Operational Report - Lessons Learned 8th Field Hospital
 Period Ending 31 January 1960, RCS CS FOR-65 (R2)

(3) The 8th Field Hospital operates a total of 300 operating beds (82 Medical, 194 Surgical, and 24 Neuropsychiatric). The hospital provides a wide range of Medical Specialities to include internal medicine, general surgery, urology, ENT, and orthopedic surgery. The hospital operates an out patient clinic with several specialty clinics. At present, the hospital has no neurosurgeon or thoracic surgeon.

b. Improvements and Projects:

(1) In assisting the government in its cost reduction program, the hospital has expanded its self-help program to all feasible areas of the hospital.

(2) Physical security has received the greatest support with the reconstruction of bunkers, construction of new firing positions, and the addition of concertina wire and lighting around the perimeter.

(3) The nurses have made curtains for Ward V. The remaining wards will have curtains made when additional material and supplies become available.

(4) The mess hall is continually maintaining and improving its already outstanding rating received during AGI in August 1969 by accomplishing the following:

(a) The mess hall kitchen was painted and tables were rearranged to provide additional storage space and increased efficiency.

(b) A new tray rack was built and installed in the Officer's Dining Room.

(c) The walls in the Dishwashing room were rebuilt and painted.

(d) New screens were installed in the Mess Hall Dining Room and Dishwashing Room.

c. Activities Statistics:

(1) The following statistics are indications of the hospital's workload during this reporting quarter.

<u>MONTH</u>	<u>AVG BEDS Occupied</u>	<u>AVG BEDS Occ by POW</u>	<u>AVG PAT Stay</u>	<u>AVG Daily Admission</u>
Nov	195.4	2.0	9.6	20.1
Dec	158.3	3.5	9.3	15.5
Jan	153.1	1.1	17.0	17.0

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2.

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Period Ending 31 January 1970 CSFOR-65(R2)**

<u>MONTH</u>	<u>Total Air Evacs</u>	<u>Major Surg Cases</u>	<u>Minor Surg cases</u>	<u>Total Surg cases</u>
Nov	228	121	44	165
Dec	157	181	38	219
Jan	139	191	35	226

2. Lessons Learned, Commander's Observations, Evaluations, and Recommendations.

a. Personnel:

(1) Maintenance Officer Vacancy

(a) Observation: No maintenance officer is authorized for this hospital.

(b) Evaluation: Maintenance of equipment has historically become more and more important in the Army. Only one officer is authorized for the Supply & Services Division. This hospital is authorized ordnance (wheeled vehicles and weapons) equipment, signal equipment, generators, and through USARV authorizations, extensive medical equipment. Additionally, four medical detachments are currently attached for complete maintenance operations. Three other detachments are attached for vehicular maintenance only. All this equipment is technical in nature and is subject to maintenance procedures outlined in TM 38-750 (The Army Equipment Records System) and an extensive array of technical manuals. Prescribed load lists (PLI) must be maintained for many types and items of equipment. Personnel authorized include mechanics, wiremen, powermen, medical maintenance specialists, and an armorer. The ranking enlisted men are an E6 medical maintenance specialist and an E5 motor sergeant. Because of the specialized nature of medical maintenance, the motor sergeant is left to coordinate and control the maintenance efforts within all other technical groups. Because of emphasis placed upon maintenance command-wide and the diversity of equipment on hand within the hospital and its attached units, a maintenance officer becomes a distinct requirement.

(c) Recommendation: That this hospital, and those with similar missions and MTOE's, be authorized an MSC IIT, MOS 3506/30600, to be assigned as maintenance officer to alleviate the above problem.

b. Intelligence: None

c. Operations: None

d. Organization:

(1) Junior Enlisted Men:

(a) Observation: Junior enlisted men have no way of expressing their views, ideas, complaints and so on concerning their present location, position and command.

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(b) Evaluation: Good morale is essential for the success of any unit regardless of its mission. Having the opportunity to express one's views collectively eliminates many problems. A Junior Enlisted Men's counsel consisting of Specialist 5 and below was established to open additional channels of communication with the junior enlisted personnel of the Hospital. Initial results of the counsel have been excellent.

(c) Recommendation: Other units initiate a Junior Enlisted Men's counsel on a trial basis to determine its merits within their unit.

e. Training:

(1) Awards and Decorations:

(a) Observation: Immediate recognition of achievement among enlisted men increases troop morale.

(b) Evaluation: Presentation of awards and decorations to enlisted men should be observed by the largest audience possible. This additional publication of awards and decorations has been achieved by having the presentations during training. It has had a positive effect on morale.

(c) Recommendation: That other units make their presentations of awards and decorations of personnel in front of the largest audiences possible.

f. Logistics: None

g. Communication:

(1) Warning System:

(a) Observation: The alert siren has been used for both yellow and red alerts whether the alert be practice or real.

(b) Evaluation: Confusion exists among personnel during yellow and red alerts in distinguishing between a practice or real alert.

(c) Recommendation: That other similar facilities utilizing sirens for real emergency alerts only and not for practice alerts.

(2) Perimeter Field Phones:

(a) Observations: Immediate communication between the guards on the perimeter and headquarters is virtually non-existent.

(b) Evaluation: Emergency condition necessitate immediate and clear communication between perimeter guards and headquarters. Field phones have been installed in all the perimeter bunkers enabling direct communications between perimeter guards and headquarters.

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Period Ending 31 January 1970 RCS CSFOR-65 (R2)

(c) Recommendation: That other similar facilities investigate the need of utilizing field phones for better communication within limited outer areas.

h. Material: None

i. Other: None

John T. Bergman

JOHN T. BERGMAN
COL, MC
Commanding

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AVBJ GD-PO (5 Feb 70) 1st Ind
SUBJECT: Operational Report - Lessons Learned 8th Field Hospital Period
Ending 31 January 1970, RGS GSFOL-65 (R2)

MAJ Conklin/jrl/2223

DA, HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491 10 February 1970

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

1. This report has been reviewed.

2. The following changes are made:

a. Reference paragraph 2a(1)(b); second sentence changed to read,
"This hospital is authorized wheeled vehicles, weapons, signal equipment..."

b. Reference paragraph 2d(1)(b); second sentence changed to read,
"Having the opportunity to express one's views collectively eliminates
many problems."

3. The following comments pertaining to section 2 are submitted:

a. Reference paragraph 2a: Nonconcur. A maintenance officer is not
authorized for this hospital. Personnel of the 68th Medical Group are
assigned on an equitable basis and until the MFOE is changed, a maintenance
officer may not be assigned.

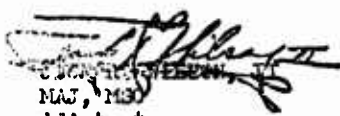
b. Reference paragraph 2d(1): Nonconcur. Although a council has
been valuable to this unit, there is no reason to believe that one would
be necessary or valuable at other units. Views, ideas and complaints can
and should be brought to the attention of the next individual in the chain
of command. Many other avenues are open such as the Red Cross, Chaplain, etc.

c. Reference paragraph 2e: Concur. This suggestion will be made to
other 68th Medical Group units.

d. Reference paragraph 2g(1): Nonconcur that this qualifies as a
lesson learned. This system is presently in use on Long Binh Post.

e. Reference paragraph 2g(2): Inappropriate. Field phones are designed
for this purpose.

FOR THE COMMANDER:


MAJ, MS
Adjutant

AVBJ PO (5 Feb 70) 2d Ind

SUBJECT: Operational Report - Lessons Learned 8th Field Hospital, Period
Ending 31 January 1970, MGS CSFOR-65 (R2)

Headquarters, US Army Medical Command, Vietnam, (PROV), APO 96384
5 March 1970

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

1. The subject report has been reviewed.
2. Reference item concerning need for maintenance officer, paragraph 2a (1) of basic. Concur. Since this hospital is operating similar to a COMUS station hospital, the need for a maintenance officer, not presently authorized by TOR, is recognized. Recommend that this problem be considered by Department of the Army.
3. Reference item concerning Junior Enlisted Men's Council, paragraph 2d (1) of basic. Concur.
4. Reference paragraphs 2d (1), 2e (1), 2g (1), and 2g (2) of basic. Concur. These lessons-learned will be disseminated to other subordinate units through the Medical Command Commander's Notes.

FOR THE COMMANDER:


C. J. SHIVELY
Colonel, USA
Chief of Staff

CF:
CO, 68th Med Gp
CO, 8th Fld Hosp

AVHGC-DST(5Feb70) 3d Ind

SUBJECT: Operational Report - Lessons Learned 8th Field Hospital
Period Ending 31 January 1970, RCS CSFOR - 65 (R2)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96375 20 MAR 1970

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

1. (U) This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 January 1970 from Headquarters, 8th Field Hospital and concurs with the comments of indorsing headquarters.

2. (U) Reference item concerning Maintenance Officer Vacancy, page 3 para 2a(1). The recommendation appears to merit further consideration. However, as a result of the current USARV moratorium on processing TDA, MTDA and MTOE, any request for MTOE action would have to be justified as a critical requirement. Personnel increases would have to be financed by appropriate tradeoff within the unit, as no additional spaces are available due to current USARV personnel restraints. Unit will be advised to submit a request for a TOE change when moratorium is lifted.

FOR THE COMMANDER:



C. EDMICHELS

MAJ, AGC

Assistant Adjutant General

Cy furn:
8th Field Hospital
USA Medical Comd

GPOP-DT (5 Feb 70) 4th Ind

SUBJECT: Operational Report of HQ, 8th Field Hospital for Period Ending
31 January 1970, RCS CSFOR-65 (R2)

HQ, US Army, Pacific, APO San Francisco 96558 27 MAR 70

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

This headquarters concurs in subject report as indorsed.

FOR THE COMMANDER IN CHIEF:


C. L. SHORTT
CPT, AGC
Asst AG

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Security Classification

DOCUMENT CONTROL DATA - R & D

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

1. ORIGINATING ACTIVITY (Corporate author)		2a. REPORT SECURITY CLASSIFICATION	
HQ, OACSFOR, DA, Washington, D.C. 20310		UNCLASSIFIED	
2b. GROUP			
3. REPORT TITLE			
Operational Report - Lessons Learned, HQ, 8th Field Hospital			
4. DESCRIPTIVE NOTES (Type of report and inclusive dates)			
Experiences of unit engaged in counterinsurgency operations, 1 Nov 69 to 31 Jan 70.			
5. AUTHOR(S) (First name, middle initial, last name)			
CO, 8th Field Hospital			
8. REPORT DATE	7a. TOTAL NO. OF PAGES	7b. NO. OF REFS	
5 February 1970	12		
6a. CONTRACT OR GRANT NO.		6b. ORIGINATOR'S REPORT NUMBER(S)	
a. PROJECT NO. N/A		701022	
c.		8b. OTHER REPORT NO(S) (Any other numbers that may be assigned this report)	
d.			
10. DISTRIBUTION STATEMENT			
11. SUPPLEMENTARY NOTES		12. SPONSORING MILITARY ACTIVITY	
N/A		OACSFOR, DA, Washington, D.C. 20310	
13. ABSTRACT			