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IN REPLY REFER TO

AD872050

AGDA (M) (9 Jul 70) FOR OT UT 702248 14 July 1970

SUBJECT: Operational Report - Lessons Learned, Headquarters, US Army
Medical Command Vietnam, Period Ending 30 April 1970

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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:

Robert E. Lynch
ROBERT E. LYNCH
Colonel, AGC
Acting The Adjutant General

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DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY MEDICAL COMMAND VIETNAM (PROV)
APO San Francisco 96384

AVBJ PO

15 May 1970

SUBJECT: Operational Report - Lessons Learned of USA Medical Command Vietnam
(Provisional) for Period Ending 30 April 1970, RCS CSFOR-65 (R2)

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

CINCUSARPAC
ATTN: GPOP DT
APO 96558

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

1. Section 1, Operations: Significant Activities

a. On 1 March 1970, the HQ, 44th Medical Brigade was consolidated with the United States Army Vietnam, Surgeons Office. This consolidation formed the United States Army Medical Command Vietnam (Provisional) which has performed the mission of providing Field Army level medical service throughout the Republic of Vietnam for the remainder of this reporting period. The Medical Command exercised command and control of assigned units which numbered 127 at the end of the report period.

b. Phase III of the troop redeployment activities in Vietnam (Keystone Blue Jay) which was initiated during this reporting period, continued through 15 April 1970. The following Medical Command units were inactivated (during the report period) in country on the dates indicated:

1st Med Co (Amb)	Pleiku	4 Feb 70
1st Med Det (Mbl Lab)	Phu Bai	6 Feb 70
359th Vet Det (IE)	Qu Chi	6 Feb 70
43d Med Gp	Nha Trang	7 Feb 70

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760th Vet Det (JB)	Qui Nhon	9 Feb 70
463d Med Det (NH)	An Khe	14 Feb 70
67th Med Det (KF)	Nha Trang	16 Feb 70
219th Den Det (KJ)	Chu Lai	16 Feb 70
551st Med Det (NH)	Nha Trang	16 Feb 70
74th Med Det (Mbl Lab)	Nha Trang	18 Feb 70
241st Med Det (MB)	Cam Ranh Bay	18 Feb 70
764th Vet Det (IE)	Cam Ranh Bay	18 Feb 70
257th Den Det (KJ)	Di An	20 Feb 70
945th Med Det (KA)	Nha Trang	20 Feb 70
210th Med Det (MC)	Pleiku	28 Feb 70
2d Surg Hosp	Lai Khe	10 Mar 70

c. Three changes in operating beds occurred during the report period. On 15 February 1970, the 8th Field Hospital located in Nha Trang reduced from 300 to 100 operating beds. The 17th Field Hospital located in An Khe, was raised from 100 to 125 operating beds on 2 March 1970. The 6th Convalescent Center located in Cam Ranh Bay, was reduced from 1300 to 800 operating beds on 12 March 1970.

d. Aviation Activities: (1) Aviation activities continued at a relatively high level. During the quarter, MEDCOMV aircraft flew 27,921 missions evacuating 47,290 patients. This represents a slight increase in missions and patients. In IV CTZ, patients evacuated continued to rise for an all time high. During the report period, 8,510 patients were evacuated which is 1,388 patients more than the last report period. A total of 83 aircraft sustained combat damage and the aircraft availability averaged approximately 71.5%.

(2) On 19 February 1970, the 57th Medical Detachment (RA) completed its move from Lai Khe to Binh Thuy and became fully operational. This move was necessitated by the increased patient load which was generated during the Vietnamization of the IV CTZ and the withdrawal of the 9th Infantry Division.

e. Veterinary Activities: (1) The 359th Medical Detachment located at Cu Chi was inactivated on 6 February 1970, and its mission was transferred to the 4th Veterinary Detachment (Jb) located in Long Binh.

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(2) The 760th Medical Detachment at Qui Nhon and the 764th Medical Detachment at Cam Ranh Bay were inactivated on 9 February 1970, and 18 February 1970, with the mission being absorbed by the 176th Veterinary Detachment (JB) at Cam Ranh Bay.

(3) On 24 March 1970, a letter was published directing the reduction of the 75th Veterinary Detachment (JA) located at Saigon to zero strength for both property and personnel not later than 15 April 1970. The unit transferred all personnel to the 4th Veterinary Detachment (JB), either turned in or laterally transferred the property to remaining veterinary units. The mission requirements were assumed by the 4th Veterinary Detachment.

(4) Ehrlichia Canis Inclusion Bodies Study. Clinical screening of normal military dogs has occurred during the last quarter in an effort to locate Ehrlichia Canis - like inclusion bodies among normal animals. Since no dogs other than the initial single animal were found the study has been discontinued.

f. Dietetic Activities: During the report period food service units of this command have served a total of 772,226 rations of which 242,693 were served to patients. A total of 22,072 modified diets were served which comprised 9% of total patient rations.

g. Chaplain Activities: (1) During the report period Medical Command Chaplains conducted 1,664 religious services with a total attendance of 35,650. Of these services 1,001 were conducted on weekdays.

(2) Group religious services produced the following percentages based on an average of 20 Chaplains assigned to the Command for the report period.

- (a) Number of services per chaplain per week, this period: 6.99
- (b) Number of services per chaplain per week, last period: 6.73
- (c) Number of services per chaplain per week, same period, last year: 6.00
- (d) Number of services per chaplain per quarter, this period: 93
- (e) Number of services per chaplain per quarter, last period: 88
- (f) Number of services per chaplain per quarter, same period, last year: 119

(3) In addition to the services held by Command Chaplains during the quarter, a total of 255 religious services with a total attendance of 2,980 were held in the hospital chapels by area chaplains providing denominational coverage. These figures are not reflected in the above analysis.

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h. Assessment of Patient Care. Recent experience while traveling on in-country medical evacuation flights suggested that this is a valuable way of assessing patient care at medical installations. Completeness and type of care provided as well as preparation for evacuation for out-of-country travel can be evaluated.

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2. Section 2. Lessons Learned: Commanders Observations, Evaluation and Recommendations

a. Personnel:

(1) Reenlistment

(a) Observations: Lack of interest in reenlistment in the Army by highly trained medical enlisted personnel due in part to the lack of effectiveness of the reenlistment option "CONUS Station of Choice", (table 6-7, AR 601-280) resulting in loss of these individuals at ETS.

(b) Evaluation: At the time when an individual is interested in reenlistment, especially in the station of choice option, it is an accepted fact that the delay in receipt of information from DA will not allow any personal planning on the part of the individual and that the percentage of desired stations of choice received is approximately 30%.

(c) Recommendation: That command emphasis at Department of the Army be placed on expeditious handling of these reenlistment requests. That lists of expected vacancies be published by Army area indicating grade, MOS, and date of anticipated vacancy. These lists would enable the career counselor to offer the individual several choices of known vacancies, thereby giving DA more latitude in granting the desired request.

(2) Veterinary Slots in Transportation Command Positions (Port Veterinarians).

(a) Observation: It has become clear the Army Veterinary personnel assigned to transportation command units are being less than fully utilized due to improved methods of shipping by self-contained shipping containers. This causes port type subsistence inspection to be difficult to perform and less meaningful.

(b) Evaluation: Shipping of subsistence in refrigerated vans and other modern means prevent adequate subsistence inspection because sampling at ports without off loading entire shipments is practically impossible. In addition those subsistence items which enter country by older methods (Hold Cargo) entails a very minute amount of the total imported food stuff.

(c) Recommendation: Veterinary slots be deleted from transportation command units, and personnel be reassigned to Area Veterinary Unit Commanders. Further recommend that subsistence inspection of hold cargoes become an additional mission of the area Veterinarian, and that refrigerated van shipped subsistence items be inspected at their destination depot in conjunction with normal off loading rather than at the port.

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(3) Dental Personnel

(a) Observation: Dental personnel, both officers and enlisted, of a unit scheduled for inactivation or redeployment are unable to be utilized for treatment after standdown.

(b) Evaluation: After a dental unit stands down from its primary mission of providing dental care, the dental officer personnel have nothing to do. The officer personnel do not possess the knowledge of supply and maintenance procedures necessary to be of assistance during inactivation. The enlisted personnel after cleaning, packing, and shipping of the equipment have taken place, also are unable to be gainfully employed.

(c) Units that are standing down should have reassignment orders of all personnel staggered in order to insure that as the personnel have accomplished their missions they can be reassigned with a minimum of unemployable time.

b. Intelligence: None

c. Operations:

(1) Morbidity-Mortality reporting on Military Dogs.

(a) Observation: It is vital that accurate medical statistics on military dogs in Vietnam be recorded monthly both as a diagnostic and aid for future use in compilation of clinical data.

(b) Evaluation: Present Morbidity-Mortality reports give fairly good outlines of trends and overall conditions but many valuable statistics have been missing, preventing conclusive use of the data.

(c) Recommendation: That the new data reporting system recently devised by the USA Medical Command Vietnam on 1 April 1970, based on individual dog records be fully implemented by Department of the Army. This system will collect, sort, and record valid medical statistics in such a way that future use of mechanical card handling may be applicable.

d. Organization: Consolidation of the 44th Medical Brigade and USARV Surgeon's Office forming the United States Army Medical Command Vietnam (Provisional).

(1) Observation: The USARV Surgeon's Office and Headquarters, 44th Medical Brigade were duplicating effort in a number of functional areas. A study group was appointed by the USARV Surgeon to determine the feasibility of combining the two facilities into a Medical Command. The new command must perform all functions of both activities with no loss in efficiency.

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(2) Evaluation:

(a) The study was based on three assumptions:

(1) That present staff relationships between the USARV Surgeon and the General and Special Staffs of Headquarters USARV would continue.

(2) That present administrative and staff support provided by Headquarters USARV to the Surgeon's Office would continue.

(3) That space to house the new Medical Command would be made available.

(b) Organization and Functions:

(1) The CG, Medical Command would also serve as the Surgeon, USARV, with the Deputy Commander serving as the Deputy Surgeon, USARV.

(2) The Organization Chart shown below provides an organization that is adequate to command presently assigned units and would facilitate future reduction if necessary. The Dental Surgeon and the Veterinarian are also Commanders of the 932d Medical Detachment and the 522d Veterinary Professional Service respectively, thus eliminating the requirement for carrying manpower spaces in the Headquarters for these two offices.

(3) The manpower resources available for this reorganization were taken from the Table of Distribution and Allowances, Headquarters USARV for the Surgeon's Office (55 spaces), and the MTOE submitted by the 44th Medical Brigade (99 spaces), plus a Table of Distribution and Allowances augmentation to the 44th Medical Brigade (7 spaces).

(4) This study revealed that an overall 17% reduction could be realized by combining the staffs into a single organization with no loss of function or reduction in efficiency. The proposed Medical Command requires 134 spaces out of the combined 161 spaces allowing a savings of 11 officers, 12 enlisted men and 4 local nationals.

(5) After approval of the proposed organization the US Army Medical Command was activated 1 March 1970, with the following benefits derived:

(a) Eliminated duplication of efforts in the functional areas of command to include dental and veterinary control, administration, and plans and operations.

(b) Enhances the management of medical personnel and reduced manpower requirements without degrading the efficiency of medical operations.

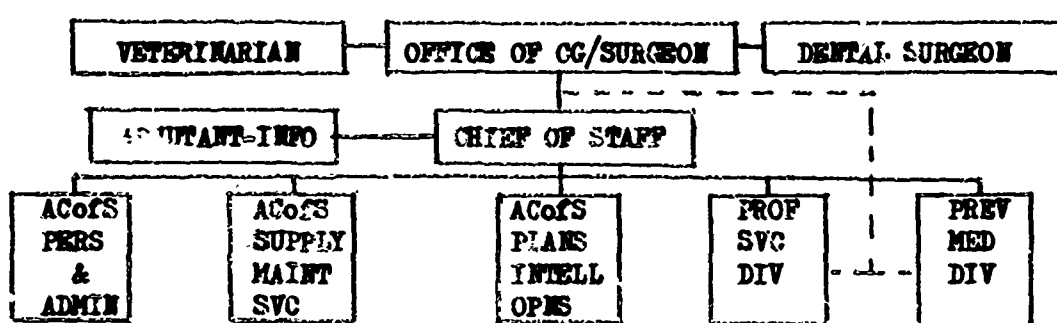
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(c) Improved responsiveness and flexibility to change in medical support requirements.

USA MEDICAL COMMAND VIETNAM
OFFICE OF THE SURGEON USARV



- (1) MEDCOM Staff Only
- (2) CO, 522d Med Det
- (3) CO, 932d Med Det
- Prof Channel

(d) Recommendation: That the dual function concept of the Surgeon also commanding the subordinate medical unit be considered at all levels as a method of reducing manpower requirements and gaining best utilization of limited medical resources.

e. Training: Administrative Training of Veterinary Officers.

(1) Observation: Veterinary Officers arriving in RVN are often thrust into a position as an OIC of a substation or XO of a larger unit, or occasionally CO of a Veterinary Unit such as a JA Team. Some background in administration, military justice, and use of Army Publications would be extremely valuable to new Veterinary Officers who have difficulties in trying to perform their professional mission, yet successfully control their units administratively.

(2) Evaluation: Veterinary Captains with no prior training in non-professional aspects of commanding a unit have many problems attempting to accomplish their food inspection or animal care mission while simultaneously learning and supervising the necessary unit administration.

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(3) Recommendation: That consideration be given to increased administrative non-technical training in the Officer Basic Course given to newly commissioned Veterinarians.

f. Logistics: Expendable Items and Supplies.

(1) Observation: Many small expendable items and supplies and broken sets of expendable items must be disposed of during inactivation.

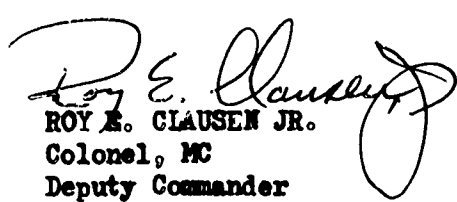
(2) Evaluation: Broken sets of expendable items and numerous other expendables, such as small instruments, partially used filling materials, etc are generated in a standdown and inactivation. The depot will not take much of this material back, and the requirement to make turn in slips on each line item which is still returnable poses an enormous problem. Turn in of this material would swell the depot shelves, resulting in a force issue of items not needed or wanted by other units, or automatic relagation of these items to the disposal section, which is costly and beneficial to no one.

(3) Recommendation: All such material and items in useable condition, and either not returnable to the depot or which will, in the opinion of the officer in charge, be disposed of at the dump, be given to local MACV Advisory Groups for proper distribution to hospitals, leprosariums, and other medical facilities in the area having a requirement for this material. Sensitive items expected.

g. Communications: None.

h. Materiel: None.

i. Other: None


ROY E. CLAUSEN JR.
Colonel, MC
Deputy Commander

AVHGC-DST (15 May 70) 1st Ind
SUBJECT: Operational Report - Lessons Learned of USA Medical Command
Vietnam (Provisional) for Period Ending 30 April 1970, RCS
CSFOR-65 (R2)

Headquarters, United States Army Vietnam, APO San Francisco 96375 27 MAY 1970

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 30 April 1970 from Headquarters, USA Medical Command Vietnam (Provisional). This headquarters does not normally process ORLL's of provisional units; however, the USA Medical Command Vietnam (Provisional)(USAMEDCOM) replaced the 44th Medical Brigade which heretofore had submitted ORLL's. While the 44th Medical Brigade exists by DA standards, the USAMEDCOM executes the function; hence, this ORLL is processed.

2. Comments follow:

a. Reference item concerning "Reenlistment", page 5, paragraph a(1): nonconcur that lists of expected vacancies be published by Army area. This is not feasible as lists of expected vacancies would be outdated before they could be disseminated to the field. A survey of US Army Medical Command Vietnam Reenlistment Central Assignment Program (RECAP) requests during the three month period ending 30 April 1970 reveals that a total of 46 RECAP's were submitted. Of these, 24 have been approved, 10 not favorably considered and 12 are still outstanding. Of the 12 outstanding, the oldest was submitted on 4 March 1970 with individual's DEROS in August 1970. The RECAP program is based on DEROS. Prior to March, the number of RECAP's being returned late was high. A reorganization has recently taken place and a marked improvement in processing has been noted since that time.

b. Reference item concerning "Veterinary Slots in Transportation Command Positions", page 5, paragraph a(2): concur. The USARV Chief of Staff approved action on 13 April 1970 to delete the veterinary personnel spaces from three Terminal Commands. A USARV Force Structure Change, with supporting MTOE documentation, was submitted on 23 April 1970. HQ, 1st Logistical Command agreed, on 27 March 1970, to the transfer of terminal command veterinary functions and personnel to the USAMEDCOM.

c. Reference item concerning "Expendable Items and Supplies", page 9, paragraph f(1): concur with the recommendation contained in paragraph 2f(3), page 9; however, either a "cost" or "no cost" record control number (RCN) should be applied to all items issued ARVN. This will enable the reduction

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27 MAY 1970

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of an established ARVN programmed line, commensurate with the quantity and dollar value of the items issued and/or the recording of the quantity and dollar value of assets turned over to ARVN at no cost to the ARVN program. RVNAF, FWMAF, MACV Advisors, etc. are budgeted under Primary Program (PP) 10, US Forces under PP2. Issues to any of the Program 10 participants must be recorded and reported to the Central Financial Management Agency (CFMA) for appropriate cost transfers.

FOR THE COMMANDER:

Cy furn:
USAMEDCOM


D. J. WINTER
1LT, AGC
Assistant Adjutant General

GPOP-DT (15 May 70) 2d Ind
SUBJECT: Operational Report of HQ, US A Medical Command Vietnam (Prov)
for Period Ending 30 April 1970, RCS CSFOR-65 (R2)

HQ, US Army, Pacific, APO San Francisco 96558 25 JUN 70

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

1. This headquarters concurs in subject report as indorsed.
2. Last word of paragraph f(3), Section 2, should be amended to read,
"exempted."

FOR THE COMMANDER IN CHIEF:


D.D. CHINE
2LT, 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, US Army Medical Command Vietnam		
4. DESCRIPTIVE NOTES (Type of report and inclusive dates)		
Experiences of unit engaged in counterinsurgency operations, 1 Feb 70 to 30 Apr 70.		
5. AUTHOR(S) (First name, middle initial, last name)		
CG, US Army Medical Command Vietnam		
6. REPORT DATE	7a. TOTAL NO. OF PAGES	7b. NO. OF REFS
15 May 1970	15	
8a. CONTRACT OR GRANT NO.	9a. ORIGINATOR'S REPORT NUMBER(S)	
	702248	
b. PROJECT NO.	9b. OTHER REPORT NO(S) (Any other numbers that may be assigned this report)	
N/A		
c.		
d.		
10. DISTRIBUTION STATEMENT		
11. SUPPLEMENTARY NOTES		12. SPONSORING MILITARY ACTIVITY
N/A		OACSFOR, DA, Washington, D.C. 20310
13. ABSTRACT		

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DD FORM 1473
1 NOV 65

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* U. S. GOVERNMENT PRINTING OFFICE: 1970 431-280 (213)