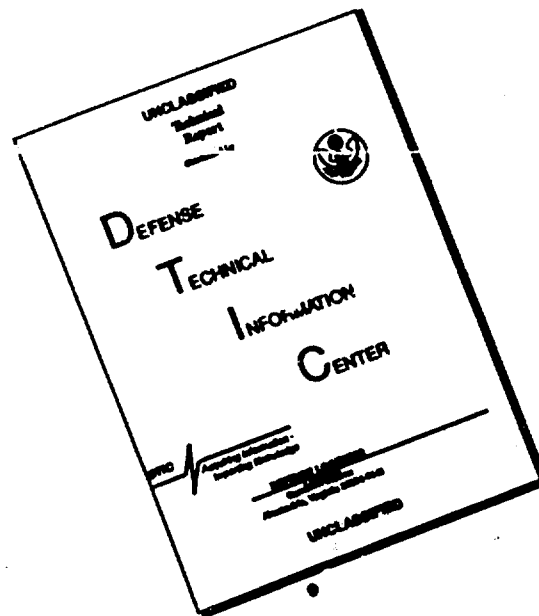


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Reports Control Symbol
CSGPO-28(RI) +

30 April 1966

DEPARTMENT OF THE ARMY
36TH EVACUATION HOSPITAL (SERV)
Fort George G. Meade, Maryland 20755
APO San Francisco 96291



OPERATIONAL REPORT ON LESSONS LEARNED
FOR QUARTERLY PERIOD ENDING 30 APRIL 1966

Thomas Rogers
THOMAS ROGERS
1st Lt, MSC
Historical Officer

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ASSISTANT CHIEF OF STAFF FOR FORCE DEVELOPMENT
(ARMY) ATTN: FOR OT UT, WASHINGTON, D.C. 20310

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DEPARTMENT OF THE ARMY
36TH EVACUATION HOSPITAL (SPL)
APO US Forces 96291

SUBJECT: Operational Report on Lessons Learned for Quarterly Period
ending 30 April 1966 (RCS CSGPC-28(MI))

Section I

Significant Organizational Activities

When the unit was alerted on 17 November 1965 with a personnel readiness date of 15 February 1966, only 2 officers and 35 enlisted men were POR qualified. From 1 January to the date departed COMUS station, 85 personnel (6 Officer, 1 Warrant Officer and 78 enlisted) had to be received, processed, and prepared for overseas movement. Eleven of the ten officers, including the Unit Commander, who moved overseas with the unit did not join the unit until two to four weeks prior to shipment.

Some of the incoming officer personnel were alerted as designated in early December; but did not receive actual orders until late January with a 1 February reporting date. A few enlisted personnel had an even more aggravated situation as they reported into the unit up until three (3) days prior to the unit's departure. This left insufficient time to process and orient these people prior to movement.

These are the difficulties that resulted from late publication of orders.

1. The losing organization could not requisition a replacement until orders were issued.
2. Personnel could not begin to clear post and move their families as they were given no definite yes or no as to whether they were actually going overseas until they received orders. Usually they were given ten (10) to fourteen (14) days to settle their families, clear post, be released from funds, settle accounts (fiscal and property) and settle personal affairs.
3. Short notice also caused difficulty in obtaining FA21 equipment as there was no opportunity for the supply source to obtain items it did not have. By the time the person had arrived at this unit much of its equipment had been packed for shipment and was not immediately available after arrival in country.

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4. Several personnel, both officers and enlisted, assigned at the last moment were section chiefs or NCOIC's and were afforded no time to insure proper and sufficient supply of forms and equipment had been packed.

Five (5) personnel assigned as fillers in required MOS's were not qualified to perform duty in that MOS. A check of personnel records indicated that these individuals were awarded their MOS prior to departure from the previous unit and without any schooling or training in the MOS.

Six (6) personnel reported in with the old DA Form 24 and DA Form 20 in their personnel records. The New DA Form 20 had not been made.

The overall personnel records were not up to standards and the many deficiencies required much time and effort to be brought up to standard.

A number of personnel were assigned to this unit on orders which did not include the special instructions "Movement of dependents and shipment of household goods is authorized to a designated location. Dependent travel and movement of household goods to the vicinity of Fort George G. Leide, Md is not authorized except as a move to a designated place." The lack of this statement caused some personnel many financial problems and hardships. These personnel also had to utilize leave time relocating their families.

A special Department of the Army Inspector General Readiness Inspection of this unit was held on 2 February 1966. The unit was rated READY provided personnel shortages were furnished.

Report results were as follows:

1. The enlisted shortages were four (4) MOS 91020's.

BR	MOS	GRADE	TITLE	AUTH	ASG OR DESIG	SHORT
MC	3131	Major	Neurosurgeon	1	0	1
AN	3445	Captain	Anesthetist	3	0	3
AN	3445	Captain	Anesthetist	2	1	1

All were considered essential to mission performance.

2. Arrangements had been made with Ft Leide to initiate action to provide replacement of projected losses.

3. Logistics

(a) There were no critical TC&E equipment shortages.

(b) Prescribed Load List (PLL)

Chemical 100% Ordnance 91% Signal 95%
Engineer 100% G. 99%

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PLL shortages had been placed on PCM requisition. The bulk of shortages were repair parts for new multifuel vehicles.

(c) All authorized supplies, classes I, III, and V were on hand.

(d) All supplies and equipment had been packed for shipment.

The Equipment Readiness Date (ERD) was originally 5 February 1966. This was later changed to 20 January which left even less time to order and pack items. The equipment did not actually leave until 9 February 1966. Because of the early ERD, many items could not be brought which otherwise would have been packed. The unit had approximately two (2) months to order and receive items necessary to be at full TO&E equipment authorization. During this same period all equipment and supplies were packed, loaded and documented. Sixty-one (61) line items were placed on PCM requisition to date none have been received. The majority of the items were for the seventeen (17) new M35A2 $2\frac{1}{2}$ Ton truck, cargo. The trucks were received lacking repair parts, manuals, and driver instructions. The unit departed CONUS with all its major items of equipment.

Lack of personnel assigned during December 1965, and the first week of January 1966, put the burden of packing and loading on a handful of assigned personnel. The majority of enlisted personnel arrived at Ft Meade after the packing of equipment and supplies had been completed. Individuals in this category were unfamiliar with the type of equipment and supplies available upon arrival to overseas destination.

Special arrangements had to be made for shipment of biologicals, drugs, acids, and gases. These included refrigeration, temperature control for freezables, receipt for securing of narcotics, storing gas on deck, and marking of crating. Refrigerators should be loaded aboard the vessel in such a way so that they may be unloaded well before the reefer items so as to be ready for use.

Transportation Movement Control Documents, DD Form 1384, should be accurately prepared listing every item in the respective packing container-- vehicle, insert, COMEX, chest, or box-- to prevent having to "search" for items.

Date for moving the main shipment to Baltimore Port was changed four (4) times because of storms and a local labor strike. Consequently requests for Convoy Clearance with military, state and local police had to be changed. The actual convoy movement was conducted satisfactorily. Upon arrival at Port, batteries were disconnected and terminals taped, mirrors removed, windshields lowered and covered with plywood and vehicle cabins were covered with canvas. Equipment was ready for loading in approximately $1\frac{1}{2}$ hours.

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ending 30 April 1966 (20363SGFC-28(RI))

The main party of troops departed Friendship Airport, Baltimore, Maryland, on 15 February, with 208 personnel on three aircraft. Upon arrival at San Francisco Airport approximately 9 - 10 hours later, they were transported by bus to Oakland Army Base. The movement was smooth with no difficulties encountered. The unit boarded the USNS General Walker on 16 February, but did not depart until 18 February, as the ship's sailing was held up awaiting this unit's Red Circle MAT. This equipment had been delayed after leaving the Baltimore railroad station by a snowslide which closed part of the P&O R.R. track. During the delay the troops were allowed pass off the ship to the PA, theater, gymnasium area and EOC and Officer's Clubs of Oakland Army Terminal. This definitely had a positive effect on morale.

The USNS General Walker departed CMRT at 1400 hours 18 February 1966. The voyage required twenty (20) actual days; the unit crossed the International Date Line on 24 February and arrived at Hung Yen, Republic of Vietnam on 10 March 1966.

Some shipboard training was conducted, but lack of facilities and training areas hindered it. One of the mess areas was used in the afternoon. Although one of the areas least in use at the time, KP personnel carrying food to other areas constantly traveled through along the side of the room and intercom announcements interrupted the instructor.

An orientation, including a film on Southeast Asia, its strategic importance, and our role there, was presented.

The Personnel Section was established with the Yellow Disc material in one corner of a lower hold. The morning report was prepared as required, personnel records worked on, necessary orders published, and military pay vouchers prepared. This prevented a backlog of work from accumulating and enabled the men to be paid February's pay five days after arrival. In fact, they would have been paid earlier except that confusion over what our APC and destination were to be prevented the section of the pay voucher pertaining to that from being completed until the unit landed. Also, the local finance office did not possess sufficient funds and a two day delay resulted while they were being obtained.

The composition of the Advance Party was as follows:

OFFICERS - 4

Commanding Officer
Supply Officer
Asst Supply Officer
Mess Officer

ENLISTED - 16

Headquarters
Sergeant Major
Two Clerks
Medical Section
Chief Wardmaster
Two Medical Corpsmen

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SUBJECT: Operational Report on Lessons Learned for Quarterly Period
ending 30 April 1966 (RCS CSGPC-28(RI))

Mess Section
Mess Sergeant
Four Cooks
Supply
Led Sup Sergeant
Led Sup Specialist
Unit Sup Sergeant
Mechanic
Carpenter

Equipment brought by the Advance Party included those items deemed necessary to sustain and defend for a period up to ten (10) days, i.e. two (2) General Purpose Medium Tents, one (1) weapon per individual, one (1) light set, rations, supply forms, and etc. The weight restriction of 10,000 lbs on board the aircraft was ample.

The Advance Party flew into Tan Son Nhut Airport, Saigon, Republic of Vietnam, on 25 February 1966, where it was met by the Commanding Officer of the 68th Medical Group, Lt Col Richard Barquist. The Advance Party proceeded to the Vung Tau Airfield, Vung Tau, Vietnam, on 28 February. The 553rd Ordnance Company was the Vung Tau sponsoring unit.

The Advance Party quartered and messed in Tent City "B" while in Saigon and was quartered in quonset huts near the north end of the runway at Vung Tau Airfield. At Vung Tau the enlisted personnel messed at the Consolidated Mess and the Officers at the Vung Tau Mess Association.

Liaison with higher headquarters and local support units was established. Necessary arrangements for the quartering, messing and transportation of the Main Body were made.

Plans for construction and redesigning structures for the hospital were devised and finalized with the area engineers. This required the presence of the Commanding Officer.

Supply accounts were established and medical expendable supplies were ordered from the 1st Advance Platoon of the 32nd Medical Depot during the first week in country.

Arrangements were made to acquire initial distribution of publications.

Arrangements were made to have the main shipment of supplies off-loaded at Vung Tau rather than Da Nang.

The Advance Party carried too much equipment and too many personnel for the mission it was required to accomplish after it arrived here. However, if local support had not been as complete as it was, the equipment and personnel would have been necessary.

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Upon arriving on 10 March 1966, the main body established itself at the Vung Tau Airfield. The enlisted men were billeted temporarily in medium tents on concrete slabs. Officers and Senior NCO's were billeted in four quonsets at the north end of the Vung Tau Airfield runway occupied by the Advance Party.

On 12 March the enlisted men, after pitching 20 GP Medium tents on concrete slabs were moved to another temporary area, pending completion of the permanent area adjacent to the hospital. The female nurses arrived on 12 March necessitating the move of the Senior NCO's to the enlisted area.

After the arrival of the nurses, a roll of concertina wire was placed around their quonset billets and perimeter guards set out.

On the evening of their arrival, 12 March, they were greeted by a mortar attack on the airfield. About 50-60 shells were fired into the area. Two personnel of this unit, PFC Randall Helton, RA14825054, and SSgt Daniel W. Bryant, RA187638, received injuries from the fire. The former was evacuated and the latter treated on an outpatient basis.

In the detachment area, the enlisted men were set out in a perimeter defense. Each of the four(4) platoons were sent to one of the four sides of the area. Ammunition was issued to the Platoon Sergeants for control. Individuals had their own weapons.

The professional complement of fifty-four (54) persons arrived in theater beginning 10 March. Personnel shortages were a surgeon, neurosurgeon, thoracic surgeon, three (3) anesthesiologists, five (5) operating room nurses, one (1) psychiatrist, and one (1) urologist.

The professional complement spent their first two weeks in theater working at the 43rd Ave Hosp. This provided an excellent opportunity for them to become familiar with the medical problems encountered in the theater.

The hospital was originally scheduled to become operational on 1 April with a 100 bed capacity. On 21 March instructions were given to have a clearing company capacity by 25 March in order to support the 5th Marine Amphibious Force in Operation Jackstay. The freighter with the unit equipment did not arrive until 21 March. The equipment arrived in excellent condition even though it was off loaded and relocated at another location. The unit's equipment was top-loaded for unloading at initial port of arrival, but unit's destination was changed (destination was originally procured for Da Nang) after departure from Da Nang.

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Once the vessel arrived at unit's location, all equipment was transferred by shuttling "Mike-boats" from vessel to shore. Personnel from Area Transportation and this unit worked twenty-four (24) hours straight to complete off-loading.

By 0001 hours 25 March the Unit was prepared to receive patients, perform surgery, and had a 30 bed capacity. The dining area of the mess hall, which was not in operation, was utilized with a section being screened off with sheets stretched on improvised frames to serve as an operating area with two operating tables and other necessary equipment. The beds were set up in the remaining area. The total area used for beds and operating room was 3200 square feet. This operation proved successful.

During preparation for the 25 March deadline, the unit was instructed to have Surgical Hospital capability by 1 April 1966. By 0001 hours, 31 March, capacity was increased to 100 beds and on 1 April the surgical operations moved into the air-conditioned permanent operating room areas.

At 0001 hours 17 April 1966, bed capacity had reached 150 beds and rose to 200 beds by 21 April.

The unit was instructed on 27 April to increase capacity to 250 beds. Originally this level was not to be reached until early May because material shortages had slowed the completion of construction. Despite this, through relocation of offices, the goal was reached; a 250 bed capacity being reported as of 0001 hrs 28 April 1966. This change became necessary because of an influx of Malaria patients from other units in the theater.

This hospital has supported the following operations and units:

<u>OPERATION</u>	<u>UNIT</u>
Jackstay	5th Marines Amphibious Force
Abilene	1st Infantry Division
Austin	101st Airborne Division

Up to 30 April 1966, the hospital had admitted 360 patients, performed 118 surgical operations and 128 procedures.

The moving up of the operational date and the requirements for over 200 bed capacity were met without undue difficulty. In fact the added pressure may have been responsible for getting some construction problems settled more quickly. If the added bed capacity had to be used, though, patient medical care would have been up to standards, but patient comfort would not have been what it should be. In particular, sewage disposal, messing and water facilities were not adequate for 250 patients.

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Section 2 - Commander's Recommendations

1. Personnel:

a. Officers and enlisted personnel who are to join the unit should be issued orders to that effect at least thirty (30) days in advance of their reporting date. Settling of personal affairs and clearing the old station could be accomplished more easily, efficiently, and completely.

b. Units required to furnish filler personnel should be instructed to provide only qualified individuals and to make a thorough screening of personnel records prior to reassigning the individual.

2. Intelligence:

a. There was confusion as to the unit's destination.

(1) The travel order had debarkation of men and equipment at Da Nang.

(2) The commanding officer was given a briefing at the Office of the Surgeon General indicating that the unit was to go to Pleiku.

(3) The unit was given APO 96236 (Qui Nhon) once underway on ship.

(4) The unit finally landed and established itself at Vung Tau, Vietnam, APO 96291.

b. This multiplicity of APO addresses had several undesirable effects.

(1) A negative effect on the morale of the troops. They received the impression that no one really knew where they were going.

(2) The APO 96236 had been given to the old station, Ft Geo G Meade, Md.

(a) This delayed mail as it had to go through another APO and be redirected here. Upon arrival, the advance party had the local APO notify the Postal Officer at APO 96236 of the change. Also, the organization sent a letter to the Postal Officer at APO 96236 notifying him of the change. Despite these efforts, some personnel were without mail for as long as six (6) weeks since departing Ft Meade.

(b) Shipment of some personal baggage was delayed.

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3. Logistics:

a. Medical units alerted for overseas areas should be afforded the opportunity to have Medical Corps officers assigned to the unit or be placed on TDY for liaison purposes three months prior to the unit's departure to determine their preferences for expendables and, possibly, even for non-expendables. This would allow sufficient time for items to be ordered, received and packaged for shipping. Further recommend that authorization be granted medical treatment facilities to purchase those medical supplies and equipment the medical corps Officer deem necessary for patient care. This would provide greater flexibility and better patient care.

b. It is not felt that SC 6945-a-SL-415, Sets, Kits, and Outfits Components List Medical Equipment Set, Evacuation Hospital, 400 Bed Semi-Mobile is adequate for treatment of casualties in the present day medical field. Recommend revision of component listing to reflect contemporary medical needs.

c. More knowledge of common items and non-perishable drugs not available in the theatre would allow incoming units to bring such items with them. This could also lessen wasted shipping space.

4. Operations:

a. Key personnel should be assigned or sent TDY to the unit several months prior to the unit's shipment so that they can supervise the procurement, operations, and packing of equipment and supplies being sent.

b. The Commanding officer should accompany the Advance Party. Composition of the advance party as indicated in section I was satisfactory. There should be some planning toward providing transportation for the advance party in the assigned duty area. This is necessary as numerous details with support units must be finalized, the unit will have no post telephones for several weeks, and much personal liaison has to be accomplished.

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LESSONS LEARNED

Medical Equipment

ITEM: FORM 8-581E equipment is outdated.

DISCUSSION: Scope and nature of the surgery being performed is advanced beyond that prevailing at the time the FORM was established. Resuscitative, Vascular, Ophthalmological and Neurosurgical procedures are being performed much sooner after the soldier is wounded due to air evacuation direct from the battle field. Also more severely wounded soldiers are arriving at the hospital for life saving measures. Modern surgical equipment to accomplish these new surgical techniques would be needed in the revised FORM.

OBSERVATION: That the FORM 8-581E be revised to reflect the need for greater quantity of and more advanced equipment.

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(14 May 66)

1st Ind

SUBJECT: Operational Report on Lessons Learned for the Quarterly
Period Ending 30 April 1966 (RCS CSGPO-28(RI)).

HEADQUARTERS, 68TH Medical Group, APO US Forces 96491, 21 May 1966

TO: Commanding Officer, 44th Medical Brigade, APO US Forces 96307

1. The following are lessons learned from the viewpoint of Headquarters, 68th Medical Group.

a. This Headquarters strongly supports the inclusion of the Medical Corps commanding officer in the advance party of all patient care units. Headquarters, 68th Medical Group has now received units with MSC Executive Officer in advance party or with MC Commander. There are usually questions of facility design, staff supplementation, medical supply and equipment to be answered by the advance party which are best handled by the MC Commander.

b. The 36th Evacuation Hospital, despite the disadvantages of early packing and shipping of equipment, late fill of personnel and some apparent confusion, has performed extremely well to date. It was fortunate in having a partially completed set of temporary buildings available upon arrival. It was doubly fortunate in having very vigorous assistance from Vung Tau Support Command, which continuously gave the hospital priorities for resources needed. Its accomplishments to date demonstrate that a hospital which on 1 December 1965 was about as unready and undermanned as a hospital could be can be deployed and rendering effective care 120 days later. The many who contributed to this achievement deserve considerable credit.

c. The delayed deployment of professional complements for hospitals has been previously considered. In the case of this hospital, the time ~~between~~^{after} arrival of professional complement on 10 March 1966, permitted a valuable but brief period of climatic adjustment, observation of function of a parallel unit, and working out of procedures before the 36th Evacuation Hospital began patient care on 25th March 1966. This was about optimal lead time. Longer would bring boredom and loss of morale to professional staff. Rushing them to work immediately upon landing is possible but leads to heightened confusion, duplications of errors already learned by others and early fatigue. I would recommend timing the arrival of professional complements to expected operational date of facility which, in Viet-Nam has depended upon engineer construction. Ten to fifteen days prior to anticipated operational date is recommended for landing of professional complement. This phasing should be feasible during the later and more orderly phases of an operational build-up.

d. Based on experience with other hospitals, the 36th Evacuation Hospital was provided with augmented equipment for tropical operation from

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(14 May 66)

1st Ind

21 May 1966

SUBJECT: Operational Report on Lessons Learned for the Quarterly
Period Ending 30 April 1966 (RCS CSGFO-28 (RI)).

in-country resources, including additional refrigeration, fans, air conditioning, ice making machines, and power generating capacity. The magnitude of the augmentation is similar to that reported for the 93d Evacuation Hospital.

e. The reported confusion as to final destination reflects in part difficulties in communication of decision changes up through higher echelons to DA.

2. The subject of timely revisions of Medical Equipment Sets will be continuously considered based on experience in Viet-Nam. As equipment in excess of TO&E is requested by each unit its justification is reviewed in the medical command echelons. Certain consistent patterns are evolving which, after more experience, will permit recommendations for increased allowances of equipment presently standardized and recommendations for new items to be standardized. After another half year of observation the validity of these recommendations should be firm, and will be proposed by this Headquarters.

1 Incl
nc


RICHARD F. FARQUISS
Lt Col, Medical Corps
Commanding

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AVLC MB-PO (14 May 66)

2d Ind

SUBJECT: Operational Report on Lessons Learned for the Quarterly Period
Ending 30 April 1966, (RCS CSGPO-28 (Rt))

HEADQUARTERS, 44TH MEDICAL BRIGADE, APO 96307 15 Jun 66

TO: Commanding General, 1st Logistical Command, APO 96307

Concur with recommendations and comments in basic report and 1st
indorsement.

FOR THE COMMANDER:

Byron L. Evans
BYRON L. EVANS
Capt, MSC
Adjutant

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AVLC-GB (14 May 66) 3rd Ind
SUBJECT: Operational Report on Lessons Learned for the Quarterly Period
Ending 30 April 1966, (RCS CSGPO-28 (R1))

HEADQUARTERS, 1st Logistical Command, Office Of The Director Of Medical
Service, APO 96307

TO: Commanding General, United States Army Vietnam, APO 96307

Concur.

FOR THE DIRECTOR OF MEDICAL SERVICE:

Robert E. Watkins
ROBERT E. WATKINS
Major, MC
Admin Officer

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AVC-DH (14 May 66)

4th Ind

SUBJECT: Operational Report on Lessons Learned for the Quarterly
Period Ending 30 April 1966 (RCS CSGPO-28 (R1))

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96307 5 JUL 1966

THRU: Commander in Chief, United States Army, Pacific, ATTN: GPOP-MH,
APO 96558

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

1. This headquarters concurs with the 36th Evacuation Hospital's
Operational Report on Lessons Learned as indorsed, with the exception noted
below.

2. Reference Section II, paragraph 3 and paragraph 2, 1st Indorsement:
It is agreed that additional and non-standard equipment is needed for optimal
patient care in Vietnam. However, the equipment authorized in excess of TOE
authorization is to be standardized by Headquarters, USARV, in coordination
with the 1st Logistical Command. Requirements are currently being studied to
determine the listing of non-standard items. This will avoid having a large
variety of different models of similar type items among the various hospitals
and insure minimum stockage and maintenance requirements.

FOR THE COMMANDER:

1 Incl
nc

W.R. Quibrey
For *W.R. PERRY* *1/27 ABC*

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DEPARTMENT OF THE ARMY
36TH EVACUATION HOSPITAL (SMBL)
APO US Forces 96291

14 May 1966

SUBJECT: Operational Report on Lessons Learned for the quarterly
Period Ending 30 April 1966 (RCS CSGPO-28(R1)).

TO: Commanding Officer
68th Medical Group
APO US Forces 96227

1. Reference para 5, Ch 1, 1st LC Reg 870-2.
2. In accordance with the above reference, the Operational Report on Lessons Learned for the quarterly Period Ending 10 Apr 66 (RCS CSGPO-28(R1)) is herein submitted.

FOR THE COMMANDER:

1 Incl
as

Thomas Page
THOMAS PAGE
1st Lt, MSC
Adjutant

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