



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

IN REPLY REFER TO

AGAM-P (M) (26 Dec 67) FOR OT RD-670562

2 January 1968

AD824983

SUBJECT: Operational Report - Lessons Learned, Hqs, 12th Evacuation Hospital (SMBL), Period Ending 31 July 1967

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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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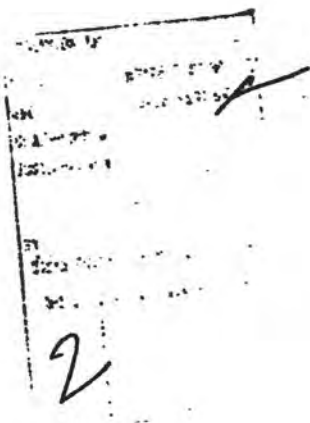
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DEPARTMENT OF THE ARMY
HEADQUARTERS 12TH EVACUATION HOSPITAL (SMBL)
APO US Forces 96353

AVCA MB-GD-ED

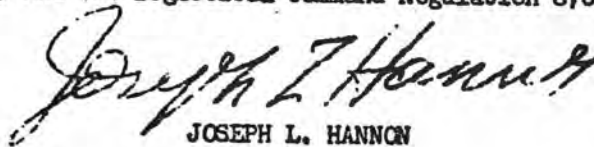
1 August 1967

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
31 July 1967 (RCS CSFOR-65)

THRU: Commanding Officer
68th Medical Group
ATTN: AVCA MB-GD-PO
APO US Forces 96491

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

The OPERATIONAL REPORT-LESSONS LEARNED of this headquarters for the quarterly period ending 31 July 1967 is forwarded in accordance with Army Regulation 1-19 and 1st Logistical Command Regulation 870-3.



JOSEPH L. HANNON
LTC, MC
Commanding

ROUTED
70562

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SECTION 1 SIGNIFICANT ORGANIZATIONAL ACTIVITIES

AVCA MB-GD-ED

3 August 1967

SUBJECT: Operational Report - Lessons Learned For Quarterly Period
Ending 31 July 1967 (RCS CSFOR - 65)

A. During this period the continued loss of medical personnel placed an extra burden on the remaining staff. Approximately a 30% shortage now exists. Five general medical officers, a radiologist, an internist, and a dental officer have been reassigned or rotated without replacements. In August ten or more physicians will rotate. Hopefully new replacements will arrive shortly.

B. Surgical admissions still dominate. Approximately 420 major cases were done this month with another 130 minor procedures. Fluothane continues to be the anesthetic agent of choice. Regional and spinal anesthesia are being used in appropriate situations. Contrary to belief that spinal anesthesia is contraindicated in cases of moderate blood loss or more, our anesthesiology department has had excellent results and no untoward effects by correcting any hypovolemia. Of the various cases of interest, vascular injuries totaled 11, only 5 were associated with a fracture. Autogenous saphenous vein graft remains the operation of choice. Keeping the blood pressure at or above normal during and post surgery has been felt to decrease post operative thrombosis. Only 2 cases had such a complication, both were corrected by the use of Fogarty catheters. One young man sustained a through and through fragment of the ventricles of the heart. Immediate resuscitation and surgical repair proved life-saving. Extensive pelvic and abdominal injuries still plague us. Massive fecal contamination with resultant peritonitis and osteomyelitis invariably occur. Average hospital stay for this type of patient is 35 days. A young man was electrocuted, arrived about 15 minutes later in cardiac arrest, was resuscitated, then fibrillated, and finally was converted to normal rhythm. However he had massive brain damage and edema which led to his demise in 48 hours. A small outbreak of infectious hepatitis occurred on the base camp from the use of contaminated local purchase ice. About 25 cases were handled satisfactorily as well as all the personnel of the involved units. Malaria does not constitute a problem and neither has melioidosis which is prevalent in this area.

C. A new laboratory officer arrived with training in both clinical and anatomical pathology. Finally a flame photometer was made available, enabling our lab to be rather self sufficient. An addition to the x-ray building is underway, with a fluoroscopy and special procedures room. This also gives us additional x-ray capacity which has been a drawback in any mass casualty. Soon we hope to be able to do specialized x-ray studies.

D. Our out-patient department continues to do heavy business. About 2400 patients were seen in our various clinics just during the month of July. As we continue in operation we have seen an increase of 10-15% each month.

E. A MEDCAP program has been initiated. Once a week 3 physicians, 2 nurses, and 4 corpsmen travel to Cu Chi and carry out this program. So far 500 or more Vietnamese patients have been treated each month. In addition each Saturday morning, Dental MEDCAP is conducted by the dental

AVCA MB-GD-ED

3 August 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period
Ending 31 July 1967 (RCS CSFOR 65)

clinic. Patients are transported to and from the hospital. Two hundred and seven patients have received 350 treatments.

F. Dental x-ray has been implemented during the month of July. As already mentioned a fluoroscopy room will soon be completed. New surgical lights have been put in use as well as the new field type anesthesia machines. An important addition has been the hypothermia unit, however 2 others are still needed.

SECTION II PART I OBSERVATIONS (LESSONS LEARNED)

A. SUPPLY AND SERVICE BRANCH

ITEM 1: Male Officer Quarters

DISCUSSION: The number of assigned male nurses to this type unit is variable. The allowance for officer living quarters is based on officer strength in the TO&E. As the assignment of male nurses fluctuates so does the requirement for male officer quarters. This unit has the capability and materials to build additional quarters but is restricted by base camp policies.

OBSERVATION: It is recommended that future hospital plans allow additional living space for the fluctuation of assigned male officers and that exception to policy be allowed for construction of additional male officer quarters in this unit.

ITEM 2: Disposition of Unclaimed Patient Combat Gear

DISCUSSION: Many combat items i.e. helmets, protective vests, protective masks etc., are left unclaimed by patients or parent units at the hospital after a patient has been admitted.

OBSERVATIONS: It is felt that it would be reasonable to have the nearest QM Supply unit accept these items and credit the patients' parent unit for them upon receipt of a report of survey. This would relieve the hospitals of the responsibility of disposing of this unclaimed property.

ITEM 3: Medical Waste Disposal

DISCUSSION: This unit is faced with a shortage of property suitable for the burying of medical waste in accordance with USARV Regulation 40-32.

OBSERVATION: This problem could be solved by including on (1) 1400° F. incinerator in the bill of materials of future hospital construction plans when the unit has a similar shortage of suitable real estate.

B. DENTAL

ITEM 1: Maxillo-Facial Injuries in Drivers and Commanders of APC's

DISCUSSION: During the past three (3) month period we have continued to see a number of maxillo-facial injuries with the familiar pattern of lacerated chin, and lips, fractured and avulsed teeth and fractures of the mandible and premaxilla. These result from forceful contact with the hatch rim on APC's. These injuries are more common among APC drivers but track commanders are also subject to this trauma.

OBSERVATION: It would appear that if the drivers and track commanders had protective face masks similar to those worn by football players many of these injuries could be avoided.

ITEM 2: Preventive Dentistry.

DISCUSSION: Preventive Dentistry in large part depends upon maximum utilization of assigned enlisted personnel.

OBSERVATION: Reduction of assigned enlisted personnel below authorized TO&E greatly reduces this units capability to perform routine preventive dentistry where it is most needed - in a combat zone.

C. LABORATORY SERVICE

ITEM 1: Lack of Distilled Water

DISCUSSION: There is no source of distilled water for washing glass ware, preparing reagents and performing tests.

OBSERVATION: Presently deionized water is being obtained by passing tap water through an ion exchange resin. This is adequate as a temporary solution but cannot be considered a permanent source of the necessary distilled water. Bottled water for injections is presently being used and to prepare reagents and perform tests.

ITEM 2: Laboratory Equipment.

DISCUSSION: The laboratory is having difficulty keeping sensitive equipment functional because of dust and vibration caused by helicopters landing on the adjacent helipad. The quonset that the Laboratory is in is shared with the x-ray service.

OBSERVATION: The location of the laboratory should be moved away from the vicinity of the helipad, or as a temporary aid, a partition should be placed between the laboratory portion of the building and the x-ray. This would absorb some vibration and assist in the controlling the dust.

D. OPHTHALMOLOGIC SERVICE

ITEM 1: Limited Space for Refraction Lanes.

DISCUSSION: The ophthalmologist and the optometrist both require separate 20 foot refracting lanes with a minimum of space utilized.

OBSERVATION: We have learned that interdigitating wedge shaped or "I" shaped lanes can provide the required refracting lanes with a minimum of space.

ITEM 2: Limited Number of Electrical Switches and Outlets.

DISCUSSION: It is evident that the number of electrical switches and outlets required for an eye clinic is almost always underestimated when the original construction is planned.

OBSERVATION: It would prove beneficial to contact an ophthalmologist prior to the construction of a facility in order to alleviate this problem.

E. CHAPLAIN ACTIVITIES

ITEM: Participation in the Religious Activities

9 DISCUSSION: By the nature of a hospital chaplain's job it is necessary that he become acquainted with all personnel assigned to the hospital and patients who are admitted in order to increase attendance at the chapel activities.

OBSERVATION: Personal contact with newly assigned personnel can best be handled as a visit to the chaplain's office as a part of in-processing. Continuing personal contact is maintained by holding a coffee call Sunday mornings at the conclusion of the services.

SECTION II PART II RECOMMENDATIONS

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ENGINEER SUPPORT: As hospital construction continues, it becomes increasingly obvious that there is a lack of central coordination. The agencies involved in planning construction, Engineer and PA&E, fail to communicate. The Engineers install pipe as far as the buildings and then abruptly announce that responsibility for installing faucets and sinks rests with PA&E. A Hospital Construction Board should review all phases of the construction plans in detail to include assignment of areas of construction priority and responsibility. This Hospital Construction Board would serve as a clearing house for suggestions, priorities for materials, and as the approving authority for requests to modify existing structures.

ANNEX B

SUPPLY AND SERVICE BRANCH

1. During the last quarter construction in the hospital area is progressed steadily. The mess hall is nearing completion with only the electricity and propane gas to be connected. It is contemplated that 2-500 gallon liquid propane gas tanks will be utilized with an additional 10 bottles to be utilized as emergency standby. The electricity has been delayed because of lack of material.

2. Pipe borne water is now available in the hospital area. The surgical complex, mess hall and nurses quarters all have running water but it is not yet connected to the fixtures. Three (3) septic tanks with leeching pits have been constructed to serve the above mentioned areas.

3. Enclosed corridors have been constructed between the two (2) operating rooms and the CMS. These will help a great deal in controlling dust and dirt being brought in as personnel move between those areas. In addition to the corridors, vestibules for the operating rooms are being contemplated.

ANNEX C

DENTAL

1. Within our dental clinic we have an increasing load of out-patients. In addition, hospitalized patients request and require scaling and prophylaxis along with routine cleaning.

2. MEDCAP activities are growing weekly. During the month of July we examined and treated more than 150 Vietnamese children. In addition approximately 50 Vietnamese civilian employees have been seen each month for examination and/or emergency treatment.

ANNEX D

LABORATORY SERVICE

1. The laboratory is presently functioning on a necessarily limited basis due to lack of space and less than desirable environment. BUN, glucose, SGOT, alkaline phosphatase, potassium, sodium, chloride, and bilirubin tests are presently being performed by the chemistry section. Upon receipt of equipment which is presently on order the chemistry section will have the added capability to do carbon dioxide content tests. Employment of sensitive equipment required for blood pH, blood gases and measurement of electrolytes are not feasible at this time because of the unfavorable environment in the laboratory.

2. The laboratory presently occupies approximately 900 square feet of a quonset hut. It is estimated that an additional 500 square feet is required to provide the required space. Moving the laboratory at this time is not practical because of the need for maintaining the hospital's bed capacity and building restrictions placed on the hospital. In addition to the existing building is being considered to help alleviate the cramped conditions that now exist.

ANNEX E

CHAPLAIN ACTIVITIES

1. The religious program within the hospital located in a combat zone is unique from all other types of units. The activities of the hospital chaplain and other chaplains who assist in the religious coverage are centered largely on a bedside ministry. Administration, formal worship services, bible studies, character guidance instructions, are limited due to the mission and nature of the hospital organization. The majority of communions, confessions, individual counseling, instructions are administered in the wards to individual patients. The chaplain to patient relationship is the most time consuming and vital aspect of the total religious program.

2. The chaplain's activities also seek to encompass the spiritual, moral, and emotional needs of the hospital staff and personnel who visit the hospital on an out patient basis. This work is also carried out largely on a person to person relationship due to the fact that the hospital operates on a 24 hour schedule with shifts being alternated. The addition of a hospital chapel, reading room, and private office facility for the chaplain has enhanced this part of his work considerably.

3. The hospital chaplain also has the opportunity to become involved in a certain amount of civic action due to the large number of Vietnamese civilians who are patients in the hospital. Frequent visits with the assistance of an interpreter, seeks to express concern and friendly feeling toward these people and other members of their families.

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AVCA MB-GD-PO (1 Aug 67) 1st Ind
SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
31 July 1967 (RCS CSFOR-65) (12th Evacuation Hospital)

HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491

13 August 1967

THRU: Commanding General, 44th Medical Brigade, APO 96307


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

1. Reference paragraph F, page 3. Two hypothermia units are on
order and due out from the medical depot.

2. Reference Item 2, page 5. Unclaimed patient combat gear will
be disposed in accordance with appropriate regulations by the hospital
supply officer. Items, when cleaned and proper forms completed, are ac-
cepted by supporting Quartermaster units.

FOR THE COMMANDER:

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ROBERT L. SIMMONS
CPT, MSC
Adjutant

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14
AVBJ-PO (1 Aug 67) 2d Ind
SUBJECT: Operational Report - Lessons Learned for Quarterly Period Ending
31 July 1967 (RCS CSFOR-65) (12th Evac Hosp)


HEADQUARTERS, 44th Medical Brigade, APO 96307 31 August 1967

TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-O,
APO 96307

1. The contents of basic document and first indorsement have been reviewed.
2. The comments in Section II, Part II (Recommendations) are concurred with.

TEL: Lynx 382

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GLENN J. COLLINS
Brigadier General, MC
Commanding

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AVCA GO-O (1 Aug 67) 3d Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 July 1967
(RCS GPOK 65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307

14 SEP 1967

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

1. The Operational Report - Lessons Learned submitted by the 12th Evacuation Hospital for the quarterly period ending 31 July 1967 is forwarded.

2. Reference page 5, paragraph A, item 1: Concur. The ratio of male to female nurses must be identified in order to determine the required living space for both male and female nurses. It is recommended that the Medical Brigade in coordination with USAFV G-1 determine the expected number of male and female nurses at each installation and provide this information to the Engineer.

3. Reference page 5, paragraph A, item 2: Government property should be turned in to the nearest supply support activity. Paragraph 2, 1st Indorsement, is appropriate.

4. Reference page 5, paragraph A, item 3: Concur. It is recommended that the need for medical waste disposal be considered in the design and construction of future hospitals.

5. Reference page 6, paragraph C, item 2: Concur. A job order request has been received at this headquarters for construction of a partition. It was returned to the support command with instructions to initiate work.

6. Reference page 9: Concur in part. Construction plans for hospitals have been incomplete. It is recommended that construction directives include all work to provide a completely usable facility. Non-concur with the comment that PA&E is responsible. PA&E is responsible for repairs and maintenance. They do not have a responsibility for the planning of hospital construction.

7. The 12th Evacuation Hospital engaged in medical support for 92 days during the reporting period. The UIC is W5H5AAA.

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16
AVHGC-DST (1 Aug 67) 4th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 July 1967 (RCS CSFOR-65) (U)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96375

TO: Commander in Chief, United States Army, Pacific, ATTN: GROP-OT,
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 July 1967 from Headquarters, 12th Evacuation Hospital (SMBL) (BH5A) as indorsed.

2. Pertinent comments follow:

a. Reference item concerning medical waste disposal, item 3, page 5, paragraph A. Medical waste incinerators are programmed for inclusion in future hospitals constructed in RVN. The 12th Evacuation Hospital will be advised concerning incinerators which may be procured for the disposal of medical waste.

b. Reference item concerning lack of distilled water, item 1, page 6, paragraph C. Distillation apparatus is available from the Medical Supply System and the hospital will be advised to requisition appropriate equipment.

c. Reference item concerning hospital construction plans, page 9 and 3d Indorsement, paragraph 6. Concur with recommendations contained in 3d Indorsement, paragraph 6. The 44th Medical Brigade has actively reviewed new plans for future hospitals at the 50% and 90% design phases. All recommendations within MACV criteria have been incorporated in the design.

3. Unit will be notified of recommended actions, comments, and actions by this headquarters by a copy of this indorsement which will be furnished, through channels, to the preparing organization.

FOR THE COMMANDER:


STANLEY R. SCHULTS
Major AM

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Copies furnished:

HQ, 1st Log Comd
HC, 12th Evac Hospital (SMBL)

17
GPOP-DT (1 Aug 67)

5th Ind

SUBJECT: Operational Report for the Quarterly Period Ending 31 July 1967
from HQ, 12th Evacuation Hospital (SMBL) (UIC: WBH5AA) (KCS
CSFOR-65)

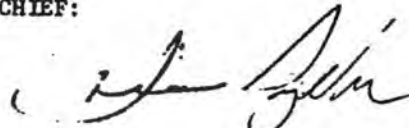
HQ, US ARMY, PACIFIC, APO San Francisco 96558

4 DEC 1967

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

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

FOR THE COMMANDER IN CHIEF:



1 Incl
nc

HEAVRIN SNYDER
CPT, AGC
Asst AG

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