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DEPARTMENT OF THE ARMY
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WASHINGTON, D.C. 20310

IN REPLY REFER TO

AGAM-P (M) (19 June 69) FOR OT UT 69B021 25 June 1969

SUBJECT: Senior Officer Debriefing Report: BG Hal B. Jennings, Jr., CG, 44th Medical Brigade and USARV Surgeon, Period 1 Feb 1969 to 3 June 1969 (U)

SEE DISTRIBUTION

1. Reference: AR 1-26, subject, Senior Officer Debriefing Program (U), dated 4 November 1966.

2. Transmitted herewith is the report of BG Hal B. Jennings, Jr., subject as above.

3. This report is provided to insure appropriate benefits are realized from the experiences of the author. The report should be reviewed in accordance with paragraphs 3 and 5, AR 1-26; however, it should not be interpreted as the official view of the Department of the Army, or of any agency of the Department of the Army.

BY ORDER OF THE SECRETARY OF THE ARMY:

C. A. STANFIEL
Colonel, AGC
Acting The Adjutant General

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DEPARTMENT OF THE ARMY
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AVHGC-DST

11 JUN 1969

SUBJECT: Senior Officer Debriefing Report

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

1. Attached are three copies of the Senior Officer Debriefing Report submitted by BG Hal B. Jennings, Jr. The report covers the period 1 Feb 1969 to 3 June 1969 during which time BG Jennings served concurrently as CG, 44th Medical Brigade and USARV Surgeon.

2. BG Jennings is recommended as a candidate guest speaker at appropriate service schools.

FOR THE COMMANDER:

C. D. Wilson

C. D. WILSON
1LT, AGC
Assistant Adjutant General

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D E B R I E F I N G R E P O R T

(RCS-CSFOR-74)

COUNTRY: Republic of Vietnam

DEBRIEF REPORT BY: BG Hal B. Jennings, Jr., Surgeon

DUTY ASSIGNMENT: CG, 44th Medical Brigade/
Surgeon, US Army, Vietnam

INCLUSIVE DATES: 1 February 1969 - 3 June 1969

DATE OF REPORT: 3 June 1969

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ANNEX A

INTRODUCTION

1. (U) GENERAL MILITARY SITUATION -- The United States Army in Vietnam has continued to support the Republic of Vietnam Forces in pacification and revolutionary development. United States units continue to accomplish their mission by deploying tailored tactical elements into suspected hostile areas to conduct spoiling attacks and reconnaisance-in-force operations. Upon completion of their missions they move to other areas to perform other missions or return to base camp for resupply, refitting and recuperation. Enemy activity increased significantly on 23 February 1969 with stand off rocket and mortar attacks on more than 100 cities and military installations, coupled with ground probes and sapper attacks against many of these installations. This action signalled the start of the long-anticipated enemy "current offensive", which slowly deteriorated without achieving the military or psychological gains which had been its objectives. A new and apparently similar "offensive" with attacks on 204 military installations and cities began on 11 May 1969, however, as the period of this report closed, the enemy again had failed to make any military or psychological gains.

2. (C) GENERAL MEDICAL SITUATION -- The period was highlighted by the following series of actions which when fully implemented will significantly realign the 44th Medical Brigade Force Structure.

a. A Modified Table of Organization and Equipment (MTOE) forwarded to USARPAC by USARV recommends the inactivation of the 7th Surgical Hospital. The personnel spaces generated thereby are to be applied to urgent requirements of the 32d Medical Depot. The 7th Surgical Hospital was the logical source for spaces. For several continuous months its average patient census was extremely low because the major supported unit, the 11th Armored Cavalry Regiment, operates so far from its base (Long Giao) that support is provided by other hospitals. Under these circumstances, which by all indications will not change, there is no justification for retaining the 7th Surgical Hospital. Pending approval of the proposed inactivation, the personnel, equipment, and supplies of the 7th Surgical Hospital have been redistributed to meet other needs within the 44th Medical Brigade.

b. The second major action is somewhat more involved but is based on the same rationale - the need for internal adjustment of resources. Four units are involved: the 91st Evacuation Hospital and 312th Evacuation Hospital; and the 45th and 498th Air Ambulance Companies. The 91st Evacuation Hospital is the marginal unit. Its patient census, particularly US patients, has been low. Maintenance of the hospital plant at acceptable standards has been difficult. For example, the facility is in need of complete rewiring. A plan, presently under consideration by USARV, if implemented, will move most US elements out of the 91st Evacuation Hospital's area (Phu Hiep/Tuy Hoa) and is a second factor which favors relocating this hospital. An isolated hospital in Vietnam experiences major security, maintenance, and

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logistical support problems which cannot be justified if adequate hospitalization can be provided from other locations. Under current plans the 91st Evacuation Hospital will cease operations in June - July 1969 and move to Chu Lai to replace the 312th Evacuation Hospital, a USAR unit. Releasing the 312th Evacuation Hospital frees 313 spaces. USARV has requested that 60 of these spaces plus 56 spaces from the 1st Aviation Brigade be used to add to the 45th and 498th Air Ambulance Companies (MTOE) a critically needed organic 3rd echelon maintenance capability. The remaining 253 spaces will be applied to non-medical USARV requirements.

c. Another major action being implemented is the realignment of Medical Group responsibilities. By any of several standards, the present structure is not in balance. The imbalance has been recognized for some time. Plans to readjust responsibilities while retaining four groups showed that one of the two medical group headquarters in II CTZ was unnecessary and could not be used anywhere in USARV. However, the spaces are needed to augment the remaining three groups so they can meet overall responsibilities. The 43rd Medical Group is the most logical group to be retained in II Corps because of its co-location with Headquarters I FFORCEV. Accordingly, a formal request for inactivation of the 55th Medical Group and concurrent augmentation of the other three groups was forwarded by MTOE action. The phasing out of the 55th Medical Group will begin in June 1969. Command and control of its subordinate units will pass to the 43rd Medical Group.

d. Included in the same MTOE action is the inactivation of two clearing companies, two medical company headquarters (AC), and a medical illustration detachment, none of which are now required in the force structure. The spaces generated are applied to recognized requirements elsewhere in the 44th Medical Brigade.

e. The USARV Surgeon's staff and the 44th Medical Brigade staff are actively evaluating USARV medical resources to adjust them where indicated. Some refinements now being studied are: relocating the 17th Field Hospital to replace the 311th Field Hospital, releasing the latter without the need for a unit replacement; inactivating the 27th Surgical Hospital; following construction of the 85th Evacuation Hospital plant at Phu Bai, inactivation of the 22d Surgical Hospital; if RVN will take over care of convalescent PW patients, releasing the 74th Field Hospital without replacement. Probably the greatest efficiencies (and space savings) can be realized only by converting all TOE hospitals, dispensaries, dental units, professional services teams (except KA detachments), preventive medicine units, and veterinary detachments to TDA Medical Department Activities (MEDDAC) as authorized by AR 40-4. This action should be initiated promptly.

f. It is a source of pride that responsible USARV medical personnel have taken the initiative in identifying and releasing assets excess to need thus providing USARV with spaces to meet other requirements while helping to reduce the drain on CONUS medical assets.

ANNEX B

MILITARY CIVILIAN HEALTH ASSISTANCE

1. (U) USARV participation in the Medical Civic Action Program (MEDCAP) and the Civilian War Casualty Program (CWCP) continues to be refined as additional organizations coordinate plans with the Province Chief, Province Medicine Chief, and the Province Senior Advisor.

2. (U) For the period 1 February - 31 March 1969, MEDCAP outpatient visits averaged 110,600 monthly. In addition, approximately 24,300 Vietnamese civilian were immunized, 3,218 were hospitalized in US Army facilities, and 700 hamlet health workers were trained.

3. (U) Total Vietnamese nationals treated on DENCAPS during this period - 27,564.

4. (U) During the period 1 February - 30 April 1969, 76 VETCAP visits were made and more than 4,300 farm animals were given vaccinations and/or treated for diseases.

5. (U) See Appendix 1 for CWCP workload.

ANNEX C

PERSONNEL

1. (U) GENERAL -- During this report period all branches of AMEDD officers were at or above authorized strength, with exception of MC and ANC. Although slightly below authorization, both Medical and Army Nurse Corps officers were adequately staffed for the workload throughout the command. The only critical shortages existed in the fields of anesthesia and operating room nursing. There was a consistent shortage of qualified anesthesiologists in the Medical Corps and of nurse anesthetists. A requirement exists for 32 anesthesiologists (MC). USARV strength in this specialty generally ranged about 30, but only 10 of these were fully trained. The remainder, for the most part, were OJT trained. Of 95 nurse anesthetists required, USARV strength in this field was about 65 throughout this report period. Operating Room Nurses (MOS 3443) remained constant at only fifty percent of authorized strength.

2. (U) ROTATION OF MEDICAL CORPS OFFICERS -- During the period of this report approximately 178 Medical Corps officers were rotated between medical units of the 44th Medical Brigade and the combat units. Although this policy of rotation after six months duty in a combat unit does contribute greatly to an already heavy personnel turbulance, it is a very positive morale factor and should be continued.

3. (U) REDUCTION IN MEDICAL CORPS OFFICER STAFFING AUTHORIZATIONS -- The quarterly personnel authorization for the 4th Fiscal Quarter was received through technical channels and USARV was requested to submit a 919 Report to indicate grades and MOS desired. For Medical Corps officers a total of 1191 was authorized. After careful review of the actual and projected workload in USARV, it was concluded that 1091 physicians will be entirely adequate. Thus, in preparation of the 919 Report a voluntary reduction of 100 MC officer spaces was reported to USARPAC.

ANNEX D

OPERATIONS

1. (U) HOSPITAL CONSTRUCTION -- Hospital construction priorities for FY 1971 were established by USARV during this period. The most significant construction project is a new facility for the 24th Evacuation Hospital. Current hospital construction continues on 1 evacuation, 1 field, and 1 surgical hospital. It is anticipated that the 85th Evacuation Hospital will be completed in the autumn of 1969. Fixed facilities for three MUST equipped hospitals continues to be a pressing requirement to permit equipment to be transferred to complete two mobile hospitals and to provide a better maintenance float. As air conditioning units become more readily available in USARV, the air conditioning of patient treatment areas of all medical facilities, including fixed aid stations, was approved subject to availability of power and certification that the facility is of construction suitable for air conditioning.

2. (U) OPERATIONAL BEDS -- The 44th Medical Brigade continues to survey its hospitals to establish a realistic indicator of the Brigade's ability to support sustained operations. Average operational beds for the first four months of this calendar year is 5,215, and average daily beds occupied is 3,088, for 59.1 percent average occupancy. (See Appendix 1)

3. (U) AREA SURVEY -- During February the last of the area surveys of medical activities within the Republic of Vietnam was completed. These surveys have proven to be a valuable tool in adjusting resources to requirements. The most significant action which resulted from a survey to date was the closure of the 7th Surgical Hospital at Long Giao; the survey of that area pointed out the under-utilization of the hospital and the lack of requirements for its continued operation.

4. (U) RECAP-PAC -- The revision of USARV Regulation 600-15, Processing of Missing in Action, Returned, Exchanged and Escaped Personnel (U),,which was initiated late in 1968, has been held in abeyance pending publication of a new MACV directive on this subject. Upon receipt of this directive, the USARV regulation and a medical SOP for handling RECAP-PAC personnel will be developed which can be applied to any USARV medical facility.

5. (U) AIR AMBULANCE OPERATIONS: a. Aeromedical evacuation workloads for the period continued at a high level. February began as a slow month, however, during the last week of February with the onset of the post-TET Offensive, workloads increased dramatically resulting in 15,690 patients being evacuated. Patients evacuated by the 44th Medical Brigade during March increased to 21, 843 which was just 72 patients less than the all time high month of May 1968 when 21,915 were evacuated. May continued at a high level. Total patients evacuated by the Brigade and two Airmobile Divisions for the period 1 February 1969 through 30 April 1969 was 62,612. (See Appendix 2)

b. Several DUSTOFF units were relocated to provide more responsive aeromedical evacuation support. On 13 February 1969, the 57th Medical Detachment (RA) was stationed at Lai Khe. Simultaneously the 4th Platoon, 45th Medical Company (Air Ambulance) was moved from Lai Khe to Long Binh, rejoining its parent unit. This switch was made because the detachment organization is more capable of self sustained operation than is the platoon. The 82d Medical Detachment (RA) moved from Soc Trang to Binh Thuy, closer to the areas where the majority of patients originate. Eighty-five percent of the pick ups are in an area West and North of Binh Thuy, thus evacuation lag has been reduced 20 to 30 minutes for 85% of the patients served by the 82d Medical Detachment.

c. During this period the 44th Medical Brigade submitted a MTOE for the 45th and 498th Medical Companies (Air Ambulance) to add a 3d echelon maintenance capability to each unit. It is estimated that aircraft availability will increase 10% to 15% as a result. All other aviation companies in USARV have been converted to the integrated maintenance configuration. With DA approval of this action the air ambulance companies will be on a par with the tactical units.

d. All 44th Medical Brigade DUSTOFF units are near full authorization of special aviation flight equipment. Nomex flight suits and gloves have been issued on the basis of 2 complete sets per crew members. Ballastic helmets are being received and equitably distributed. Forest penetrators and survival kits continue to be in short supply and no firm input dates have been received for these items.

e. The posture of the aeromedical evacuation capabilities in Vietnam is excellent. Large numbers of casualties are efficiently handled. Aeromedical resources are well distributed with only minimal movement of resources required to handle increased activities in any particular area. This evacuation system effectively ties USARV hospitals to the battlefield.

6. (U) DIVISION LEVEL MEDICAL SERVICE -- To enable division level medical service to keep pace with present medical trends and practices, upgrading the quality of medical care to personnel in combat organizations, the Surgeon's staff is developing a division medical structure which staffs the division medical battalion with fully or partially trained general surgeons, orthopedic surgeons and internists. The plan conceives establishing a "medical battalion outpatient clinic" in these specialties, enabling patients to be seen within the division area, sending to hospitals only those who must be hospitalized or who need more technical consultations. Although this concept may not result in saving AMEDD personnel spaces, it should save many man-days now lost in transit to and from hospitals for outpatient consultations saving considerable "foxhole strength". This concept must be tested by a division in USARV as soon as the summer replacement turbulance has ceased. The test concept is presently being staffed within USARV headquarters.

7. (U) DOD CONTRACTOR-OPERATED AID STATIONS/DISPENSARIES -- In September 1968 efforts were made to have USARV G4 survey DOD contractor-operated aid stations and dispensaries to determine where those facilities duplicated services available at military medical facilities. This survey was not undertaken by G4; therefore, early in 1969 the Surgeon initiated his own review. This review, coupled with area medical surveys conducted by the 44th Medical Brigade, showed that Pacific Architects and Engineers (PA&E), Philco-Ford, Hanjin Transportation Company, Page Communications Engineer, Vinnell Corporation, Raymond, Morrison-Knudsen/Brown and Root-Jones (RMK/BRJ) and Alaska Barge Company operate medical facilities. In most cases, each firm claimed to treat US and Third Country Nationals as well as local nationals civilian employees. At many installations, two or more contractor-operated medical facilities, in addition to military medical facilities, offered the same service. These findings resulted in a decision paper to the command group recommending that 1st Logistical Command direct United States Army Procurement Agency Vietnam (USAPAV) to renegotiate the pertinent contracts to eliminate this duplication. The Surgeon provided technical assistance to determine what facilities, equipment, and supplies were needed, and to act as the responsible staff agency for advising USAPAV on contractual provisions involving medical support to or by DOD contractors. PA&E's contract was the first to be renegotiated (target date: 1 June 1969). Fifty-seven sites were visited and jointly reviewed. As a result, 21 PA&E aid stations and 11 PA&E dispensaries are being closed and the initiation of 13 medical facilities was prevented. The remaining DOD contracts will be reviewed in the same manner. It is expected that results will be comparable to those obtained with PA&E. Operating contractor medical facilities where military medical facilities are available results in the Government paying contractors to provide services already available from military agencies; therefore, this action will result in considerable monetary savings and will reduce the loose control of DOD contractor facilities which invites black marketing of medical supplies and drugs.

8. (U) IN-COUNTRY TRAINING PROGRAM FOR RVNAF MILITARY PHYSICIANS IN US MILITARY MEDICAL FACILITIES -- Beginning in March 1969, an in-country training program for RVN military physicians was established by MACV and initiated at 44th Medical Brigade hospitals. Initially, 21 physicians, selected by a joint board composed of representatives of the RVNAF Surgeon General's Office and the MACV Command Surgeon's Office, began a six-month program of observer training in one of the following specialties: surgery, internal medicine, bacteriology, radiology. The primary aim of this program is to reduce costs previously incurred by providing similar training in CONUS, to provide more meaningful, on-the-scene instruction in the management of battle casualties and diseases endemic and peculiar to RVN, and to foster closer cooperation between US and RVN military physicians.

Appendix 1 to Annex D

HOSPITAL BEDS STATUS

	JAN	FEB	MAR	APR
Beds Operational	5,283	5,476	5,139	4,962
Average Daily Beds Occupied (All Patients)	3,174	2,972	3,149	3,058
Percent of Beds Occupied	60.1	54.3	60.6	61.6

Appendix 2 to Annex D

NUMBER OF PATIENTS EVACUATED

	JAN	FEB	MAR	APR
US	8,733	7,839	10,945	8,741
FWMAF	410	415	589	574
ARVN	8,780	5,488	5,806	4,668
OTHER	1,455	4,942	6,752	5,853
TOTAL	19,378	18,684	24,092	19,836
FLIGHT HOURS	7,924	6,881	8,807	7,625

ANNEX E

PROFESSIONAL SERVICES

1. (U) MEDICINE: a. The Medical Consultant directed a two day program in a combined medical-surgical conference on 27 - 28 March at the 93rd Evacuation Hospital. Lectures by 20 separate military physicians engaged in direct care of patients in Vietnam were presented. The conference was recorded by the Military History Division and publication and dissemination of this up to date information is planned.

b. A technical communication channel between hospital medical services and divisional medical units is being established under the operational title of MEDCON. To establish professional dialogue between these two levels of medical care mutual liaison visits are to be encouraged on a regular basis between physicians operating at each level. Chiefs of Medicine and Division Surgeons will coordinate these professional activities designed to enhance appreciation of problems in each sphere of activity and develop together the solution to these problems. The MEDCON liaison visit represents a new philosophy of field medicine. It affords the opportunity of physician discussion through a new technical channel paralleling channels of patient care/evacuation and affording to personnel at all levels the opportunity to broaden their understanding of the total care of the military patient.

2. (U) NURSING SERVICE: a. LTC Nellie L. Henley served as Chief Nurse, USARV, during the entire report period. LTC Eleanor L. Gordner served as Assistant Chief Nurse until 4 April 1969. LTC Elizabeth A. Blomer served as Assistant Chief Nurse from 5 April 1969 to 31 May 1969.

b. A conference for the Chief Nurses of the 68th Medical Group was conducted at Long Binh on 15 March 1969.

c. The Joint Military/Civilian Nursing Committee conducted meetings in February, April and May. The purpose of the committee is to coordinate civilian and military nursing activities and programs that will benefit the patient and nursing in Vietnam. Participants of these meetings are representatives from USAID Nursing Branch, RVNAF Surgeon General's Office, MACV Nurse Advisors, Ministry of Health Nursing Branch, Chief Nurse, ROKANCV, Chief Nurse, 3d Field Hospital and Chief Nurse, USARV.

d. Assignment of Army Nurse Corps Officer -- Effective 15 March 1969, policy regarding assignment of ANC officer to and within the 44th medical Brigade was changed. Previously, initial assignments and any subsequent in-country reassignments were directed and coordinated by the Chief Nurse, USARV/44th Medical Brigade. Revised policy, giving group commanders authority and flexibility to manage all resources as advantageously as possible, is as follows:

(1) Upon initial arrival of ANC officer in RVN, Chief Nurse selects assignment to one of the four Medical Groups, recommending assignment to one of the hospitals within the group.

(2) Group Commander makes final decision on initial assignment within his group, and subsequently effects reassignments to distribute ANC officers as workload and mission changes require.

3. (U) DENTAL SERVICE: a. Organizational Changes - During the period 1 February 1969 - 31 May 1969, one dental officer from the 56th Medical Detachment (Dental Service) was attached to Company B, 326th Medical Battalion, 101st Airborne Division (Airmobile) located at LZ Sally to provide more adequate dental support to the 2nd Brigade, 101st Airborne Division. A realignment of area dental service was made to support troops in II CTZ. Area of responsibility for Phan Thiet was redefined. The 934th Medical Detachment (Dental Service) will provide dental service in the Phan Thiet area relieving the 437th Medical Detachment (Dental Service) of this area of responsibility. The 934th Medical Detachment (Dental Service) has the responsibility of providing area dental support for the Ban Me Thout area minus the 4th Infantry Division area of operations.

b. Dental officer personnel strength during this period - 276.

c. Dental Facilities:

(1) 99 dental clinics were operated during this period.

(2) During this report period the 38th Medical Detachment (Dental Service) expanded its dental laboratory to accommodate Fluid Resin Technique Program for fabrication of dentures, transferred from the 650th Medical Detachment (Dental Service).

(3) On 24 February 1969, the construction of the new MACV dental clinic at MACV Annex, Tan Son Nhut was started. Construction is 70% completed. Estimated completion date is July 1969.

(4) The remodeling of a second M101 shop van, airmobile, dental clinic number II was completed by the 39th Medical Detachment (Dental Service) and placed into operation at Firebase 5, near Dak To.

(5) Construction of dental clinic at Firebase Oasis by the 39th Medical Detachment (Dental Service) was completed during this report period.

(6) A new air conditioned building has been provided for the Camp Holloway dental clinic.

(7) On 9 February 1969, a new dental clinic at Dong Tam operated by the 137th Medical Detachment (Dental Service) was completed and placed in operation.

(8) On 18 February 1969, a M292A2 shop van was converted into a mobile dental clinic and placed in operation in the 9th Infantry Division area.

(9) During February 1969, construction was completed on the 145th Aviation Battalion dental clinic operated by the 499th Medical Detachment (Dental Service).

d. Preventive Dentistry Programs Initiated -- The preventive dentistry facility at the 90th Replacement Battalion became fully operational during this period. Approximately 90% of Army personnel reporting in-country receive their initial flouride self treatment at the 90th and 22nd Replacement Battalions. The 6 month follow up treatments continue to be given at fire support bases during stand-downs; and when processing for R&R. During this reporting period over 200,000 treatments were received by personnel in Vietnam.

e. Total patient treatments this period - 419,623.

4. (U) VETERINARY SERVICES: a. The quality of dairy products produced by the five large dairies operating in Vietnam remains good. Occasionally there has been a problem with bacterial count which has been resolved without undue pressure having to be applied. One area of inspection that we are incapable of doing at this time is testing dairy products for water and fat content. The 9th Medical Laboratory does not have an explosion proof room in which to perform the ether extraction tests. This deficiency has been recognized by the 44th Medical Brigade and a request has been submitted to make necessary alterations to the existing facilities.

b. The refrigerated space in-country is extremely limited. With the large quantity of perishable food being processed through our supply channel it is very difficult to avoid excessive spoilage. This is particularly true in case of fresh fruits and vegetables and frozen meats. Many of the existing reefers are overfilled and inadequate for long term storage. This is one area of subsistence handling that should be studied. The shipment of fresh and frozen subsistence from the port facilities in Saigon to Long Binh requires an increase in operational reefer vans. Currently a large percentage of perishable subsistence is shipped in CONEX's and non-operating reefer vans. Several hours are required to move the cargo from shipside to refrigerated storage at Long Binh. A considerable amount of cargo is subjected to extremely high temperatures during this period. To date the quantity of defrosted product requiring immediate issue to prevent loss has been minimal; however, as more refrigerated cargo is shipped from shipside directly to Long Binh excessive defrosting will increase. A study is in progress to determine actual length of time subsistence is out of storage, temperatures of products throughout the shipping period and the degree of defrosting or deterioration found at the time the product is returned to refrigerated storage.

c. There has been an increase in the number of Vietnamese bakeries producing bread for US Armed Forces procurement. There have been several instances, subsequent to approval of the facility, the plant was removed from the approved list because the product became unacceptable 48 to 96 hours after baking. The bread spoiled due to spore forming non-pathogenic bacteria which caused the condition referred to by industry as "ropey bread". Once a plant is contaminated with this organism it is almost impossible to produce bread that will not be ropey. Once this condition is observed in a product the bakery should be considered for disapproval since satisfactory products are not likely to be produced. While engaged in this problem it was realized that the existing criteria for approving local bakeries did not stipulate that water used in making bread and cleaning equipment would be potable. This has been changed and all bakeries now have adequate facilities to treat all water utilized in the bakery.

d. A morbidity-mortality reporting system was established to try to define the health status of dogs in a meaningful manner. This report has provided a means to record morbidity and mortality rates for military dog units operating in a combat zone. The data gained should prove useful in future planning. For example the report shows that the incidence of heartworms, which was thought to be very high, is in fact very low. On the other hand the tick problem is much greater than had been previously believed. The report provides for documentation of "lost dog-days" per unit which is very useful to determine if proper preventive medicine is being practiced. Recently an evacuation policy was established to more effectively control the hospitalization of dogs. In addition dogs are transferred from the assigned unit to the veterinary hospital holding detachment when time in the hospital will exceed a prescribed number of days. This procedure allows the losing unit to requisition a replacement to maintain itself at strength. Dogs when returned to duty are transferred to the training detachment for reassignment.

e. The USARV Veterinarian has acted to establish a sub-committee of the MACV Medical Policy Coordinating Committee to coordinate VETCAP activities conducted by US Army, US Air Force and USAID veterinary personnel in support of VN agricultural and zoonotic problems.

5. (U) OPTOMETRY SERVICES -- During the period 1 February 1969 through 31 May 1969, five new optometry clinics were opened for the first time or were re-staffed after a period of time without an optometry officer. These clinics were located at the 29th Evacuation Hospital at Can Tho, the 36th Evacuation Hospital at Vung Tau, the 25th Medical Detachment at Bien Hoa Army Base, the 575th Medical Detachment at Nha Trang and the 14th Medical Detachment at Qui Nhon. All Optometry clinics that had been previously programmed are now fully staffed. The number of patients receiving optometric care as well as the number of spectacle orders being filled has continued to increase with no indication of any decrease in demand yet appearing imminent. It is expected, however, that the workload should level-out within the next few months. The number of spectacles actually fabricated

within the division optical laboratories has increased from approximately 4,000 per month in January to almost 6,000 per month at the present time. The availability of vision care services within the division medical facilities represents a significant savings in "foxhole strength".

ANNEX F

PREVENTIVE MEDICINE

1. (U) DISEASES: a. The physical condition of the troops was excellent during the period from 1 February through May 1969 and the overall health of the command continued at a high level. The total disease admission rate fell from 293.2/1000/annum in February to 280.5/1000/year in March. The malaria rate declined from 15.1/1000/annum in February to 10.1/1000/annum in March but began to increase as expected with the onset of the rainy season to 14.3/1000/year in April. The hepatitis rate for February, March, and April was 4.6, 4.7 and 4.2/1000/annum, respectively. Diarrheal disease remained essentially the same during February and March. There were decreases in respiratory disease and venereal disease.

b. Malaria continues to be a major disease problem in Vietnam causing considerable noneffectiveness. The USARV preventive medicine program, consisting of unit and personal protective measures as well as chemoprophylaxis, receives very strong emphasis from the Surgeon's Office. The only key to success in the control of the malaria is strict command emphasis and required enforcement of all preventive measures at all levels of the command but particularly at the company, platoon, and squad level.

2. (U) ENVIRONMENTAL SANITARIANS -- Medical Service Corps environmental sanitarians, MOS 3370, were added to each of the seven USARV division surgeon's staffs in December 1968. Guidance provided by the USARV Surgeon's Office has assured effective utilization of these new personnel towards improving preventive medicine services organic to the division. This innovation has resulted in more time, formerly devoted to direct first echelon support of divisions by the 20th and 172d Preventive Medicine Units, being available for higher echelon preventive medicine services. The Chief, Sanitary Engineering Section of the Medical Service Corps (Colonel John Redmond, Jr.), from the OTSG, visited USARV in March 1969, for the purpose of reviewing the utilization of divisional sanitarians. Colonel Redmond was impressed and agreed to support USARV requirements for sanitarians.

3. SWIMMING FACILITIES -- USARV has 84 swimming pools and an undetermined number of natural swimming areas used for recreational purposes. To provide protection to personnel using these facilities, standards were prepared to establish sanitary control. These standards were submitted for publication as USARV Supplement No. 1 to AR 40-5, under the new system for military publications in accordance with Ch 12, AR 310-1. The USARV supplement actually prescribes minimal sanitary standards for the critical elements of swimming pool facilities. Most of the pools acquired for USARV could not meet the high standards of design and construction specified for pools in CONUS. The USARV supplement assures minimal risk to personnel at the same time providing for maximum utilization of existing facilities.

4. (U) FIELD SANITATION TEAMS -- The training of field sanitation teams was effectively continued by the 20th and 172d Preventive Medicine Units. These two-man teams, which are mandatory for each company-sized organization, provide a limited but valuable resource to aid the commander in carrying out his responsibility for maintaining acceptable standards of unit hygiene and sanitation. Unfortunately, poor utilization, untimely training of replacement team members, and the lack of adequate supplies and equipment, has rendered these teams ineffective in some units. The situation in divisional units and other organizations with organic preventive medicine personnel has improved with regard to the supervision and effectiveness of the teams. The addition of a commissioned environmental sanitarian to each division has permitted additional staff supervision of the training and utilization of the teams.

5. (U) AERIAL DISPERSAL OF INSECTICIDES -- Continued evaluations have demonstrated that aerial dispersal of insecticides, when utilized correctly, is effective against both adult and larval mosquitoes. Effective 19 April 1969 a second USAF C-123 aircraft for the aerial dispersal of insecticides became operational. As long emphasized by the Surgeon this additional capability will enable expansion of present target areas, but most important it will effect optimum control by permitting reapplication within the desired 15 - 20 day period. Considering the malaria endemicity of Vietnam, and recent explosive outbreaks of falciparum malaria among unprotected civilian populations, the old adage that the "infantryman contracts the disease in relatively inaccessible jungles far from base camps" is not a valid criticism of the aerial program. To the contrary, programs such as this may very well be why such statements are indeed true, and in fact, may be one of the best indicators of the value of such programs.

6. RETROGRADE CARGO -- Initial planning and liaison has taken place for the joint quarantine processing of retrograde materiel. This concept of US Quarantine representatives present in Vietnam has been emphasized by the surgeon. The presence in-country of expert opinion is necessary to preclude the economic and administrative adversities resulting from ships becoming quarantined upon arrival in an unsatisfactory condition at US ports.

7. (U) TRAINING -- The first USARV Preventive Medicine Conference in 1969 was held in the USARV Auditorium at Long Binh on 12 May 1969. The conference discussed in detail the malaria and diarrheal problems, zoonoses, control of venereal disease, environmental hygiene, entomological problem, preventive psychiatry, and dental programs. Eighty (80) personnel attended. This included the following preventive medicine personnel (3005, 7960, 3370, 3315, 91S) as well as staff surgeons, veterinarians, allied science personnel, and medical staff officers. See Appendix 1.

ANNEX G

MEDICAL MATERIEL

1. (U) GENERAL: a. USARV has the primary responsibility for medical supply and maintenance support to all US Army Forces in RVN. In addition, medical supply and maintenance support is provided to US Navy, Free World Military Assistance Forces (FWMAF), MILPHAP and MACV/MACCORDS advisory teams located in the II, III, and IV Corps Tactical Zones. The medical supply and maintenance support mission is accomplished by the 32d Medical Depot located at Cam Ranh Bay and four advance depots located at Long Binh, Qui Nhon, Chu Lai, and Phu Bai. Approximately $42 million of medical materiel was issued in 1968 to support the medical service mission in Vietnam.

b. The medical supply system during this reporting period continued to be responsive to customer demands on a timely basis. The supply performance of the 32d Medical Depot, combat divisions and 44th Medical Brigade medical supply activities continued to improve. The improvement in supply performance can be attributed to the increased command emphasis on supply discipline and the implementation of several management procedures within the command. The following is the supply performance of the 32d Medical Depot during the report period:

	Supply Performance (Percentage of Fill)	
MONTH	STD ITEMS	NON-STD ITEMS
FEB	81%	64%
MAR	86%	69%
APR	87%	73%

The medical supply support provided by hospitals of the 44th Medical Brigade, division and separate combat brigade medical supply activities continued to reflect a high degree of percent of fill averaging between 89% - 95%.

2. (U) SIGNIFICANT ACTIVITIES: a. In February, the first stratification report of Class VIII for the 32d Medical Depot was accomplished. This report enabled the medical depot to purify stock record data, accomplish interdepot stock leveling and identify command excesses. A second stratification report was accomplished in April which accelerated the program of identification and disposition of depot excesses. The identified depot excesses beyond the authorized retention level were offered to RVNAF and USAID medical depots to satisfy their requirements. Excesses not required by RVNAF and USAID were shipped to the US Army Medical Depot, Ryukyu Islands. Since the beginning of the excess program 1 December 1968 to 30 April 1969, the following total dollar value of excesses have been transferred:

UNIT	DOLLAR VALUE
RVNAF	$410,019.00
USAID	18,100.00
US Army Medical Depot, Ryukyu Islands	522,000.00

b. To reduce the number of line items of medical materiel stocked in the medical supply system in USARV and to better control medical materiel, a program was initiated in February to develop a Command Medical Stockage List (CMSL). The Command Medical Stockage List will consist of those standard and nonstandard medical items professionally determined to be essential for the accomplishment of the medical mission in this command. A Pharmacy Officer was assigned to the USARV Surgeon's Office to assist in the development of the Command Medical Stockage List. A USARV regulation establishing the policies and procedures for the development and maintenance of the CMSL was approved and is in publication. In conjunction with the CMSL, a Therapeutic Formulary is being prepared for distribution to all medical units within the command. The formulary lists each pharmaceutical authorized for stockage by therapeutic grouping and restriction code. The professional consultants have identified those items which are authorized for hospital use only and those which may be issued for general use. The CMSL and Therapeutic Formulary Program will result in:

(1) Better control of medical materiel.

(2) Reduction of depot inventories.

(3) Reduction of storage requirements.

(4) Improved inventory management.

(5) Conservation of supply dollars.

(6) Increase supply responsiveness.

c. In February 1969, the Data Automation Requirement to automate the medical materiel management in RVN was approved by Department of the Army. The approval included the following conditions:

(1) That system design efforts, programs and routines developed for 3S VN be utilized in proposed MEDLOG system where feasible.

(2) That ADPE resources available within the command be considered prior to initiation of equipment acquisition.

(3) That personnel requirements for support of MEDLOG system are made available within the command.

The major problem area existing is determining the availability of computer time in RVN to support a MEDLOG system which will operate a central inventory management center. The USARV Comptroller is determining the feasibility of sharing the 7010 system at Cam Ranh Bay and weighing other alternatives with a view of satisfying the Department of the Army conditions. The USARV Surgeon's Office has certain reservations regarding the use of the 3S VN due to its complexities and the inordinate number of programs required to run a medical supply cycle. A simple system would more effectively and economically accommodate medical supply management in RVN. Likewise, as a result of lessons learned in other commands, the USARV Surgeon's Office is insistent that medical supply have dedicated computer cycle if medical must share a computer with other materiel categories.

d. In April, NCR 500 computer systems were received for the 4th Advance Depot, Phu Bai and the 507th Medical Detachment, Chu Lai, to automate the stock control activities at these depot sites. The conversion from manual stock record accounting systems to the NCR 500 computers entailed conducting a 100% inventory, reconciling dues-in/dues-out and transferring all data to stock ledger cards. The conversion was completed on 30 April 1969. The receipt of the two NCR 500 computers completed the conversion of the 32d Medical Depot from a manual to a mechanized supply accounting system.

e. To evaluate the effectiveness of the medical supply support system in USARV, and to assist medical units in improving their supply procedures, numerous liaison visits were made to US Army and FWMAF medical units during the report period. These liaison visits also provided a means to identify excesses within the command and to monitor the management of medical materiel.

f. In an effort to improve and standardize the medical supply management within the TOE medical units (i.e., combat divisions, separate brigades, hospitals, and dispensaries), a USARV regulation on Property Accountability for Medical Materiel was developed and published in April 1969. This regulation established policies and procedures and provides adequate guidance for the operation of a medical supply activity in a TOE medical unit. The development of this regulation was essential since there is no existing Department of the Army regulation which prescribes an accounting system for TOE medical units in combat.

g. In an effort to develop procedures to improve the medical supply support from Okinawa and reconcile requisitions submitted by the command to the US Army Medical Depot, Ryukyu Islands, a liaison trip to Vietnam was scheduled in February for Colonel John E. Mathis, CO, US Army Medical Depot, Ryukyu Islands. During this liaison trip the following medical supply subjects were discussed and procedures established:

(1) Dues-In/Dues-Out Reconciliation.

(2) T-Day Planning.

(3) Class VIII Excesses.

(4) Potency Dated Items.

(5) Receipt of Overshipments.

(6) Requisition and Follow-up Status.

As a result of the liaison visit, a significant improvement has been experienced by the 32d Medical Depot as reflected in the continued increase in supply performance and a reduction in zero balances during this report period.

h. A significant improvement was experienced in the supply support of repair parts for MUST Utility Packs. This improved repair parts supply support resulted in a decrease in the command's Utility Pack deadline rate from 27% in January to 17% in April. Constant communication is maintained with MEDCOM and other NICPs to keep them apprised of the essentiality of MUST repair parts requirements.

i. In an effort to control and monitor the issue and use of medical supplies, an aggressive program was implemented to review, challenge and reduce the number of line items, quantities and dollar value of issue of medical materiel to US Forces and Free World Military Assistance Forces (FWMAF). In addition, the issue of many drug items were restricted to medical units having specialized professional and medical treatment capabilities. The above actions resulted in a significant reduction in the line items and quantities requisitioned by customers from the 32d Medical Depot during this reporting period. A reduction in the monthly dollar value of issues, particularly to major FWMAF customers, was also noted.

j. In the area of medical maintenance, action was initiated in March to establish a USARV Medical Equipment Density List. All medical units were required to submit an initial equipment report by 31 May and monthly changes thereafter. This density listing, by providing valuable information for the determination of repair parts and equipment replacement requirements in the command, will enhance the medical maintenance support provided by the 32d Medical Depot.

3. (U) SUMMARY — The Army Medical Supply System continued to function effectively during this report period. The supply performance of the 32d Medical Depot and unit medical supply activities were responsive in satisfying the demands of the command for medical supplies and equipment on a timely basis. Every effort is being made by the USARV Surgeon's Office, the 44th Medical Brigade and the 32d Medical Depot to develop and implement various materiel management programs to improve the medical supply support performance in RVN.

ANNEX H

MEDICAL RECORDS AND STATISTICS

1. (U) OBJECTIVES -- The Medical Records and Statistics Division, Office of the Surgeon, USARV, has continued to operate as a central medical records and reports agency for Vietnam. This office receives, verifies, corrects, consolidates, and forwards to higher headquarters all medical records and reports prepared in Vietnam. Medical statistical information is also provided locally to USARV staff agencies, MACV, and the 44th Medical Brigade. In addition, this division provides guidance to all medical units in the preparation of medical records, medical reports, and all other matters pertaining to patient administration. Data provided in this annex includes only that available through April 1969 since May data is not available in sufficient time to allow inclusion.

2. (U) SIGNIFICANT DATA: a. Data presented in this section is arranged to indicate both present and past experience in Vietnam. In most instances, past figures are shown back to January 1966. When considering the apparent increases in figures in 1966 and early 1967, it should be noted that this was a period of increasing troop strength in RVN.

b. Admissions and dispositions data in USARV medical treatment facilities is shown in figures 1-10 of this annex. This also includes the Army daily admission rate by cause per 1000 troop strength and the Army daily non-effective rate. IHHA admissions are noted to be high during the periods following the TET Offensive of January 1968 and slightly elevated following the Post-TET Offensive of February 1969 and other periods of increased enemy activity. Disease admissions seem to follow a seasonal cycle, with lows in February-March and peaks around August-October. There is no apparent change in non-battle injuries.

c. Figures 11 and 12 provide information on hospital and convalescent center bed status. Convalescent center bed occupancy appears to follow the same seasonal cycle as disease admissions in USARV facilities. This is due to the high percentage of malaria patients in the summer months.

d. The USARV death rate is shown in figure 13, and is computed as deaths per 1000 admissions. This data compares most favorably with that of any previous military conflict in recent history.

e. Figures 14 through 21 represent graphically (as charts) the incidence of selected morbid conditions per 1000 troop strength, by month, from January 1966 to the present. These include hepatitis, diarrheal conditions, skin diseases, psychiatric disorders, malaria, fevers of undetermined origin, acute respiratory diseases, and pneumonia.

Appendix I

TOTAL ADMISSIONS-ALL ARMY FACILITIES

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
ALL CAUSES												
1966	4504	5693	6133	7747	8300	9067	7648	8991	8561	10413	10979	11427
1967	11200	11240	13070	13102	15673	14673	14868	14181	14764	16300	15879	15392
1968	15930	16953	17600	19441	21178	17191	17545	20793	18973	17574	17736	18262
1969	18323	16674	15296									
DISEASE												
1966	3134	3367	3957	5367	5785	6586	5929	6582	6305	7866	7947	8453
1967	7488	6898	8184	8939	10270	10220	10536	10020	10270	11515	10084	10077
1968	8792	6839	9021	9834	11087	10960	11676	12389	11970	11927	11112	11650
1969	11398	9233	8727									
NBI												
1966	856	798	1003	1243	1115	1074	965	1239	1289	1597	1655	1808
1967	1855	1706	2108	1966	2260	2141	2161	2104	2245	2444	2425	2379
1968	2319	2125	2773	2882	2663	2400	2570	2727	2440	2584	2583	2816
1969	2568	2512	2108									
IRHA												
1966	514	1528	1173	1137	1400	1407	754	1170	967	950	1377	1166
1967	1857	2636	2778	2197	3143	2312	2171	2057	2249	2341	3370	2936
1968	4819	7989	5806	6725	7428	3831	3299	5677	4563	3063	4041	3796
1969	4357	4929	4461									

Source: Morbidity Report (DA Form 8-268)

Appendix 2

TOTAL ARMY ADMISSIONS-ALL ARMY FACILITIES

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
ALL CAUSES												
1966	4164	5421	5794	7267	7790	8551	7221	8361	8060	9617	10201	10598
1967	10215	10248	11895	11820	14155	13283	13357	12529	13219	14720	14065	13393
1968	13656	13305	15186	16768	17963	14288	14840	17244	15724	14546	14098	14594
1969	14563	13077	19334									
DISEASE												
1966	2924	3210	3752	5037	5443	6235	5708	6163	5968	7431	7500	8023
1967	7025	6467	7676	8368	9681	9600	9935	9273	9713	10843	9363	9470
1968	8217	6394	8442	8989	10298	10002	10622	11238	10954	10597	9735	10311
1969	10105	8189	9958									
NBI												
1966	756	735	910	1132	1005	955	845	1106	1179	1348	1422	1515
1967	1531	1442	1734	1598	1739	1676	1600	1600	1766	1991	1960	1854
1968	1874	1598	2247	2354	2187	1943	2014	2155	1944	2003	1915	2153
1969	1876	1924	2663									
IRHA												
1966	484	1476	1132	1098	1342	1362	680	1092	913	838	1279	1060
1967	1659	2339	2485	1854	2735	2007	1822	1656	1740	1886	2742	2069
1968	3565	5313	4497	5425	5478	2343	2204	3851	2826	1946	2448	2130
1969	2582	2964	6713									

Source: Morbidity Report (DA Form [illegible] 268)

Appendix 3

SOURCE OF ADMISSION TO US ARMY HOSPITALS
ALL PATIENTS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
TOTAL ADMISSIONS												
1966	3383	3353	3534	5096	5176	5935	6138	6427	6947	7653	8182	8890
1967	8180	8423	9733	9962	11526	10944	10939	10221	10248	11383	11899	10236
1968	11631	11526	11884	14147	17626	13845	13982	15569	14808	14468	14254	14006
1969	13776	12691	15514									
DIRECT ADMISSIONS												
1966	3008	2796	3320	4365	4813	5037	4950	5171	5188	5709	6086	6503
1967	6315	6628	7550	7664	8772	8528	8331	7992	8013	8486	8872	8263
1968	8764	8776	8363	9455	12467	9886	9970	11316	11006	10854	10964	10976
1969	11135	10119	12469									
TRANSFER ADMISSIONS												
1966	375	557	214	731	363	898	1188	1256	1761	1944	2096	2387
1967	1865	1795	2183	2298	2754	2416	2608	2229	2235	2897	3027	1973
1968	2867	2750	3521	4692	5159	3959	4012	4253	3803	3614	3290	3030
1969	2641	2572	3045									

Source: Beds and Patients Report (DA Form 2789)

Appendix H

DIRECT ADMISSION TO US ARMY HOSPITALS BY CAUSE
ALL PATIENTS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
DISEASE												
1967	4149	4075	4387	4963	5390	5665	5552	4248	5155	5581	4985	4748
1968	4125	2886	3973	4508	5401	5349	5786	5897	5754	6354	5845	5910
1969	5765	4799	5615									
NBI												
1967	778	801	959	880	1039	972	1133	2269	1152	1191	1216	1188
1968	1174	1189	933	1435	1416	1624	1883	1813	2001	2066	2127	2189
1969	1988	1655	1848									
IRHA												
1967	1388	1752	2204	1821	2343	1891	1646	1475	1706	1714	2671	2327
1968	3465	4701	3457	3512	5650	2913	2301	3606	3250	2434	2992	2877
1969	3382	3665	5006									

Source: All Patients & IRHA Beds & Patient Report (DA Form 2789)

Appendix 5

ARMY DIRECT ADMISSIONS TO [illegible] ARMY HOSPITALS BY CAUSE

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
TOTAL												
1968	6902	6318	6640	7481	9821	7592	7631	9572	8130	8135	7761	7842
1969	7878	7079	8964									
DISEASE												
1968	3086	2405	2978	3562	4374	4541	4838	4978	4914	5161	4599	4704
1969	4617	3883	4466									
NBI												
1968	1348	1068	1084	1314	1347	1186	1268	1363	1407	1555	1527	1583
1969	1384	1162	1317									
IRHA												
1968	2468	2845	2578	2605	4100	1844	1475	2231	1809	1419	1635	1555
1969	1877	2034	3181									

Appendix b

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DIRECT ADMISSIONS U.S. ARMY HOSPITALS, VIETNAM

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
ARMY													
	1968	6902	6310	6640	7481	9821	7582	7631	8572	9139	8135	7761	7842
	1969	**7878**	**7079**	**8964**									
OTHER US ETY													
	1968	234	266	255	412	492	464	527	446	542	433	481	529
	1969	**550**	**543**	**568**									
ARVN													
	1968	163	127	96	63	172	75	82	82	111	173	137	69
	1969	**47**	**85**	**90**									
ARVN													
	1968	259	481	325	308	472	397	291	431	455	386	537	445
	1969	**505**	**491**	**375**									
CIVCP													
	1968	573	1119	763	872	1073	1014	1069	1391	1465	1346	1337	1487
	1969	**1515**	**1501**	**1717**									
POW													
	1968	233	260	102	136	201	131	98	156	218	141	251	172
	1969	**199**	**225**	**267**									
OTHERS													
	1968	400	211	182	183	236	233	272	238	84	240	260	432
	1969	**441**	**195**	**488**									
TOTAL													
	1968	8764	8776	8363	9455	12467	9886	9970	11316	11005	10854	10964	10876
	1969	**11135**	**10119**	**12469**									

Appendix 7

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ARMY DISPOSITIONS - US ARMY HOSPITALS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
TOTAL DISPOSITIONS												
1967	6621	8753	7644	7699	8244	8313	8000	6829	7321	8041	8821	7321
1968	8371	8130	8120	9843	12327	9420	9385	10423	11814	11094	10512	10790
1969	10215	9422	11329									
Return-to-Duty												
1967	3515	3222	3539	3880	4195	4166	4236	4049	4126	4136	3937	3687
1968	3661	2647	3205	3481	4184	3709	3952	4384	5695	5514	5322	5406
1969	5101	4363	4780									
In-Country-Transfer												
1967	1608	1785	1867	1728	2158	2005	1835	1563	1733	2246	2441	1595
1968	2232	2150	2512	3526	4241	3109	3386	3420	2808	2683	2439	2304
1969	1963	1988	2456									
Off-Shore-Evacuation:	PACOM/CONUS											
1967	1108/ 291	1489/ 175	1894/ 231	1778/ 207	1584/ 204	2017/ 65	1778/ 215	1014/ 133	1288/ 98	1527/ 70	2249/ 103	1833/ 125
1968	2281/ 102	3146/ 82	2248/ 68	2608/ 135	3663/ 137	2365/ 159	1747/ 230	2342/ 200	3055/ 179	2680/ 156	2505/ 173	2840/ 169
1969	2953/ 101	2876/ 90	3877/ 109									

SUBJECT: ARMY DISPOSITIONS - US ARMY HOSPITALS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Hospital Deaths												
1967	34	49	63	41	60	29	48	31	53	47	66	65
1968	82	104	85	90	129	72	62	72	66	56	70	60
1969	77	88	105									
Other Dispositions												
1967	65	33	50	65	43	31	38	39	23	15	25	16
1968	13	1	2	3	9	6	5	5	11		5	11
1969	20	17	2									

Source: Beds and Patients Report (DA Form 2789)

Appendix 8

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ARMY DIRECT IRHA ADMISSIONS AND DISPOSITIONS - HOSPITAL

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
IRHA Admissions												
1967	1231	1519	1972	1566	1994	1585	1158	1124	1238	1323	2188	1660
1968	2463	2845	2578	2605	4097	1855	1475	2229	1809	1419	1635	1555
1969	1877	2034	3181									
Total IRHA Dispositions From Hospital												
1967	1641	1716	2065	2262	2677	2074	1707	1640	1659	2019	3065	2129
1968	3030	4224	3618	4112	5812	2973	2572	3039	3157	2361	2393	2630
1969	2855	2882	4525									
In-Country Evacuation												
1967	560	645	957	827	882	672	463	447	611	908	1154	456
1968	1135	1180	2431	1718	2394	1236	940	1383	959	770	755	811
1969	810	885	1257									
Evacuation To PACOM												
1967	376	463	911	649	1102	752	586	500	523	529	1102	961
1968	1235	2255	1709	1703	2433	1257	900	1215	1405	993	1018	1124
1969	1323	1377	2365									
Evacuation To CONUS												
1967	140	83	104	64	73	65	56	133	15	18	23	35
1968	24	27	8	31	24	11	19	24	30	15	19	19
1969	26	23	38									

SUBJECT: ARMY DIRECT IRHA ADMISSIONS AND DISPOSITIONS - HOSPITAL

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Hospital Deaths												
1967	28	38	54	32	48	29	32	28	41	32	50	47
1968	71	91	72	77	113	57	43	59	53	40	46	44
1969	64	66	88									
Return-to-Duty												
1967	537	487	639	690	572	556	570	493	469	532	736	630
1968	565	671	638	527	846	412	670	358	710	543	554	632
1969	627	531	777									
Other Dispositions												
1967	-	-	2	-	-	1	-	39	-	-	-	-
1968	-	-	-	1	2	-	-	-	-	-	1	-
1969	5	-	-									

Source: Beds and Patients Report (DA Form 2789)

Appendix 9

ARMY DAILY ADMISSION RATES, ALL [illegible]
(per 1,000 troop strength)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
All Causes												
1966	1.12	1.57	1.42	1.55	1.54	1.75	1.40	1.42	1.45	1.45	1.47	1.40
1967	1.27	1.38	1.40	1.45	1.62	1.44	1.43	1.25	1.37	1.52	1.46	1.34
1968	1.33	1.36	1.43	1.58	1.63	1.27	1.30	1.59	1.47	1.33	1.31	1.33
1969	1.30	1.29	1.37									
Disease												
1966	.79	.93	.93	1.08	1.07	1.28	1.10	1.04	1.08	1.12	1.08	1.06
1967	.88	.87	.90	1.02	1.11	1.04	1.07	.93	1.01	1.12	.97	.95
1968	.80	.65	.80	.85	.93	.89	.93	1.04	1.03	.97	.90	.94
1969	.90	.81	.78									
NBI												
1966	.20	.21	.23	.24	.20	.20	.16	.19	.21	.20	.21	.20
1967	.19	.19	.20	.20	.20	.18	.17	.16	.18	.21	.20	.19
1968	.18	.17	.21	.22	.20	.17	.18	.20	.18	.18	.18	.20
1969	.17	.19	.19									
IRHA												
1966	.13	.43	.28	.23	.26	.28	.13	.19	.16	.13	.18	.14
1967	.20	.32	.30	.23	.31	.22	.20	.17	.18	.19	.28	.20
1968	.35	.54	.42	.51	.50	[illegible]	.19	.35	.26	.18	.23	.19
1969	.23	.29	.40									

[illegible] Report (DA Form 3-26). Average Strength, Periodic Personnel Report.

Appendix 10

ARMY DAILY NONEFFECTIVE RATE - ALL FACILITIES
(per 1,000 troops)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
All Causes 1966	9.91	11.61	10.78	11.64	11.89	12.08	12.76	12.35	14.18	13.48	11.89	12.43
1967	10.5	9.77	10.38	10.19	10.99	10.20	10.44	10.28	10.14	10.50	11.20	9.31
1968	9.4	8.15	8.16	9.10	10.80	10.92	9.75	10.24	9.60	9.31	8.87	8.73
1969	7.65	7.33	7.63									

Source: Morbidity Report (DA Form 8-268).

Appendix II

HOSPITAL BED STATUS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Beds Operational												
1966	1896	2031	2053	2499	2703	2820	3020	3280	3462	3549	3656	38
1967	3148	3163	3328	3506	3608	3808	3948	3880	4090	4141	4235	4245
1968	4305	4350	4265	4525	4905	4905	5065	5365	4787	5287	5597	5357
1969	5283	5476	5139									
Average Daily Beds Occupied												
1966	1179	1260	1148	1341	1643	1615	1898	1818	1736	1629	1603	1889
1967	1790	1764	1935	2031	2003	2200	2305	2171	2280	2460	2639	2387
1968	2465	2442	2376	2583	2689	2622	2680	2785	2597	2968	3176	3162
1969	3174	2972	3149									
Percent of Beds Occupied												
1966	62.18	62.04	55.92	53.66	62.08	61.74	67.38	63.17	67.30	70.53	67.24	65.56
1967	56.86	55.77	58.14	57.92	55.51	57.78	58.38	55.95	55.75	59.40	62.31	56.23
1968	57.25	56.13	52.68	57.08	54.82	53.47	52.91	51.91	54.25	56.13	56.74	59.02
1969	60.07	54.27	60.63									
Average Length of Patient Stay												
1967	7.41	6.48	6.91	6.93	6.57	6.91	7.61	8.26	7.83	8.04	7.69	8.22
1968	7.67	6.48	7.34	6.13	5.80	6.60	7.07	6.62	9.44	7.35	7.53	7.54
1969	7.60	6.99	6.85									

Source: Beds and Patient Report (DA Form 2789)

Appendix 12

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CONVALESCENT CENTER BED STATUS

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Beds Operational												
1966	-	-	-	-	160	200	250	450	1000	1000	1000	1000
1967	1000	1000	1000	1000	1200	1200	1200	1200	1300	1300	1300	1300
1968	1300	1300	1300	1300	1300	1300	1300	1300	1300	1300	1300	1300
1969	1300	1300	1300									
Average Daily Beds Occupied												
1966	-	-	-	-	35	126	147	254	594	733	721	865
1967	730	598	799	860	1078	1149	1174	1069	895	966	1056	819
1968	645	775	830	1094	1095	1189	1196	1137	1037	912	939	891
1969	525	510	602									
Percent of Beds Occupied												
1967	73.00	59.80	79.90	86.00	89.83	95.75	97.80	82.23	68.85	74.31	81.23	63.00
1968	49.62	59.62	63.85	84.15	84.23	91.46	92.00	87.46	79.80	70.20	72.23	68.54
1969	40.38	39.23	46.31									
Average Length of Patient Stay												
1967	22.53	27.41	28.57	30.68	32.31	24.35	31.11	21.71	18.76	19.44	17.21	18.24
1968	15.01	18.31	20.10	18.61	14.68	19.18	18.33	17.77	13.44	16.98	18.95	20.02
1969	17.23	16.12	21.20									

Source: Beds and Patients Report (DA Form 2789)

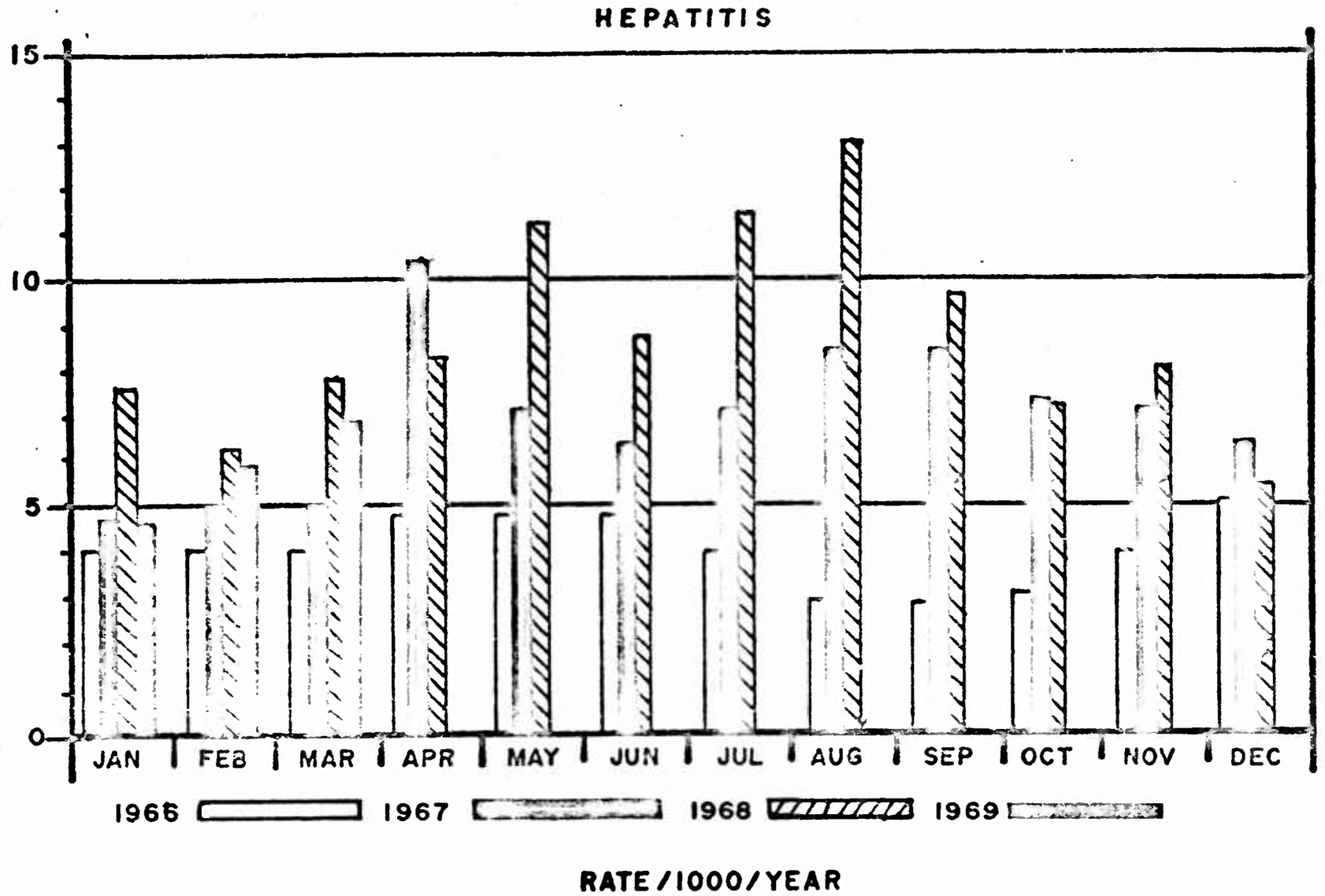
Appendix 13

USARV DEATH RATE
(per 1000 admissions)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Total-All Facilities												
1966	11.1	10.3	5.4	5.0	7.8	6.6	5.7	4.7	4.9	4.3	5.6	5.1
1967	5.8	7.9	9.0	6.6	8.1	7.4	8.0	6.5	9.3	7.3	9.2	10.6
1968	12.9	18.2	13.1	11.5	14.1	8.8	9.6	11.3	13.5	11.6	14.1	13.9
1969	14.0	18.5	18.3									
Army-All Facilities												
1966	7.4	9.0	4.3	3.6	6.4	5.0	4.6	3.9	3.6	2.9	3.5	2.7
1967	3.6	5.0	5.5	3.8	4.6	3.1	3.6	3.1	4.2	3.2	4.8	4.8
1968	6.4	8.6	6.0	5.5	6.4	3.9	3.4	4.6	4.3	4.0	5.5	4.3
1969	5.3	6.9	7.0									
Total-Hospitals												
1966	15.0	15.4	7.5	7.8	9.3	11.9	7.9	6.8	6.9	6.0	9.7	7.2
1967	8.9	12.8	15.0	10.6	14.2	12.4	14.2	11.3	15.8	13.1	15.7	18.0
1968	21.3	29.6	23.9	21.6	20.9	13.4	19.2	17.8	22.0	17.5	31.7	23.7
1969	23.1	30.4	35.8									
Army-Hospitals												
1966	10.0	13.5	6.4	5.8	8.0	8.5	6.7	6.1	5.1	5.2	6.5	5.2
1967	6.3	8.4	9.7	6.2	8.5	5.7	7.0	5.5	8.2	6.7	9.0	9.9
1968	11.9	16.5	12.7	12.6	13.1	6.5	5.6	8.4	8.1	6.9	9.0	7.6
1969	9.8	12.4	8.54									

Source: Beds and Patient Report (DA Form 2789) and Morbidity Report (DA Form 8-268)

Appendix 14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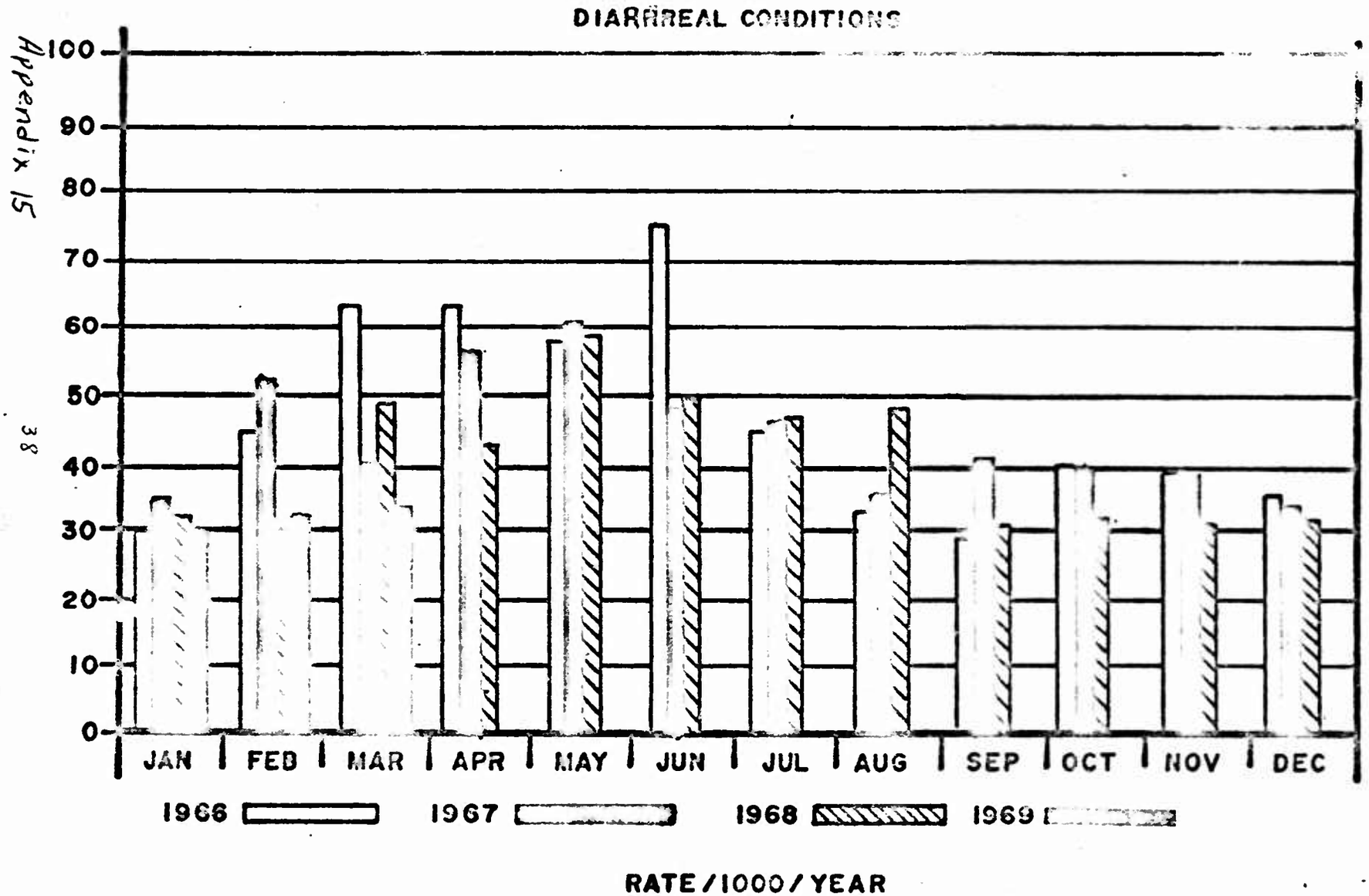
RATE/1000/YEAR

Appendix 15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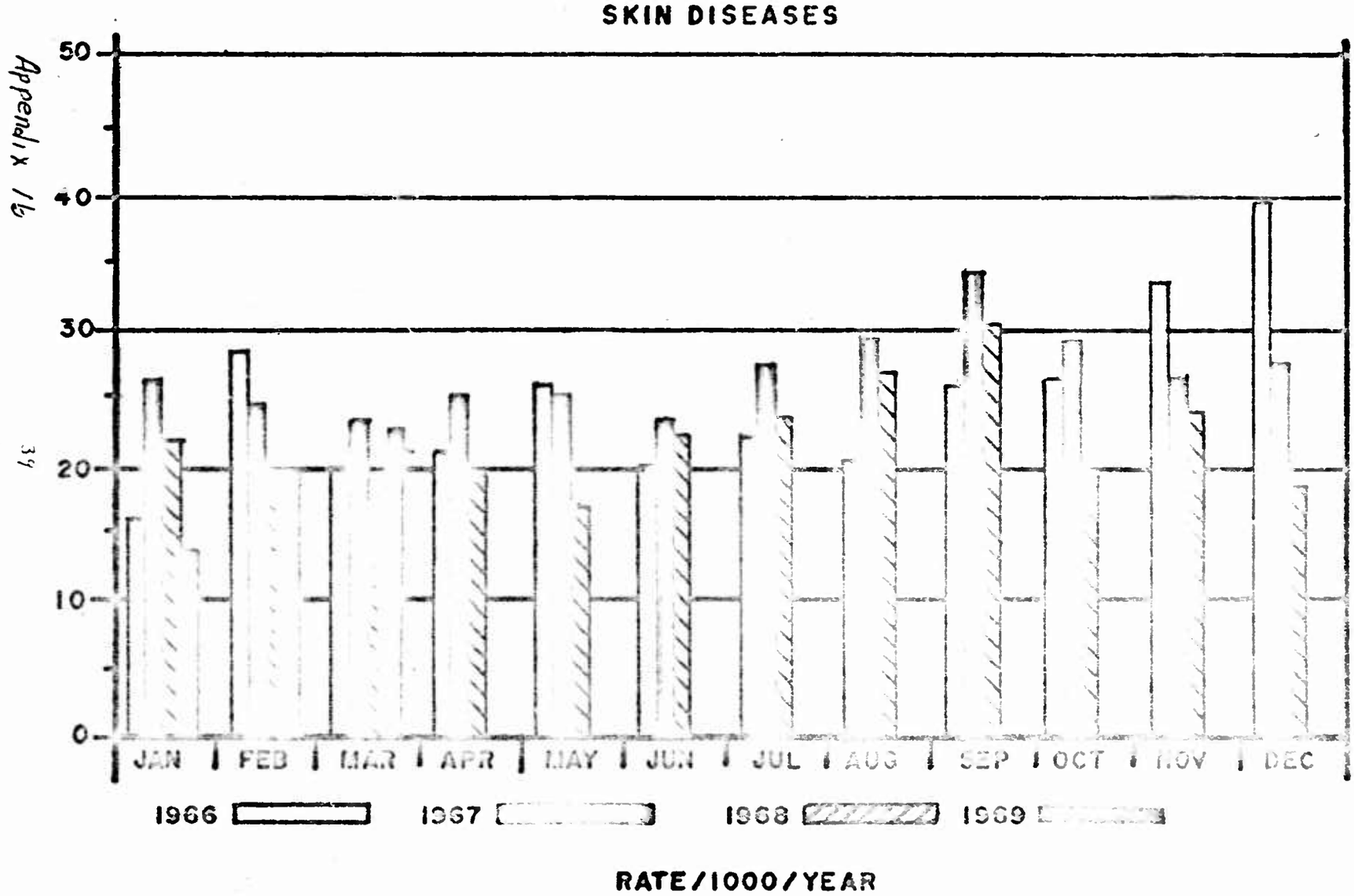
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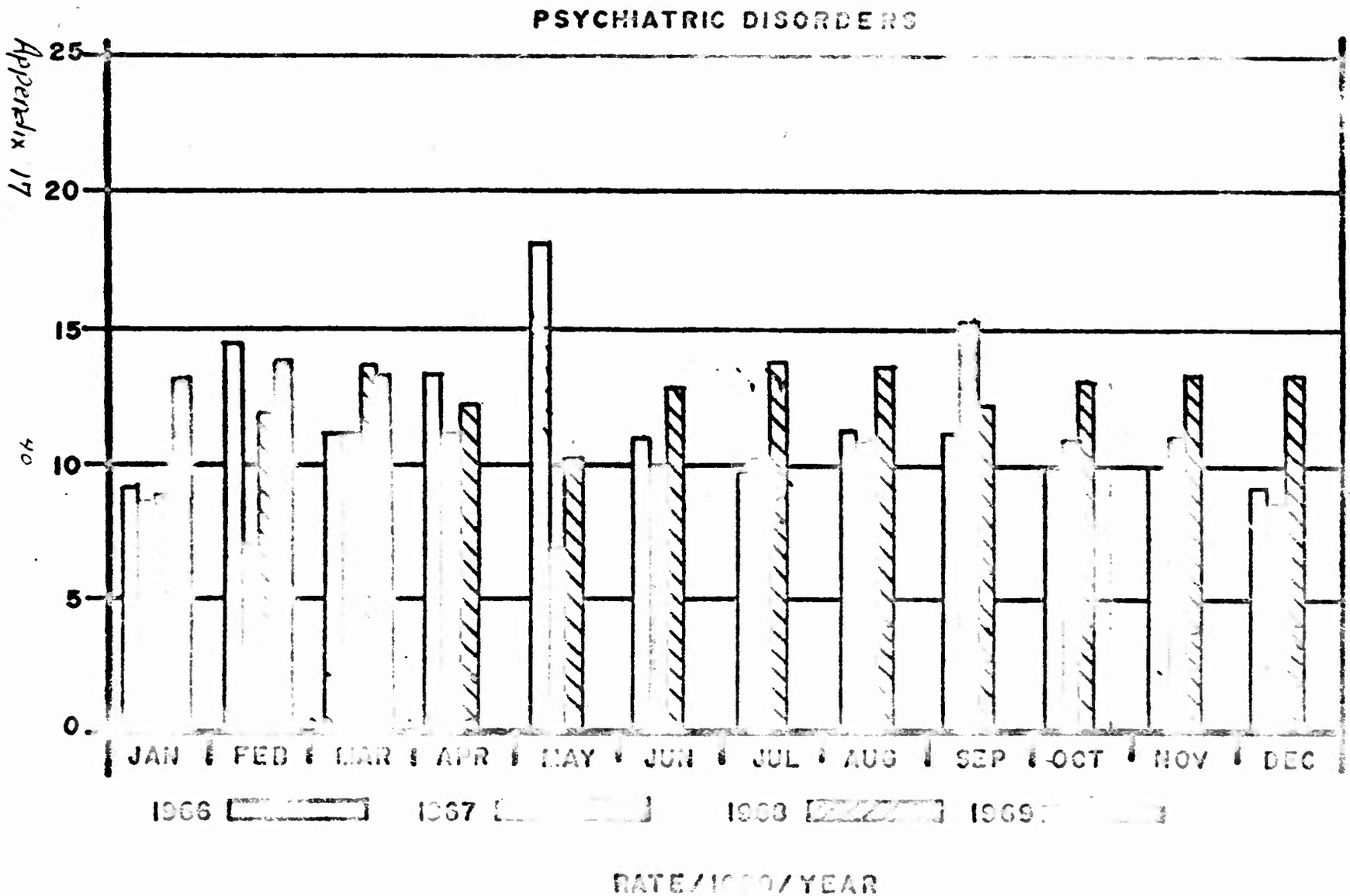
RATE/1000/YEAR

Appendix 16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RATE/1000/YEAR

Appendix 18

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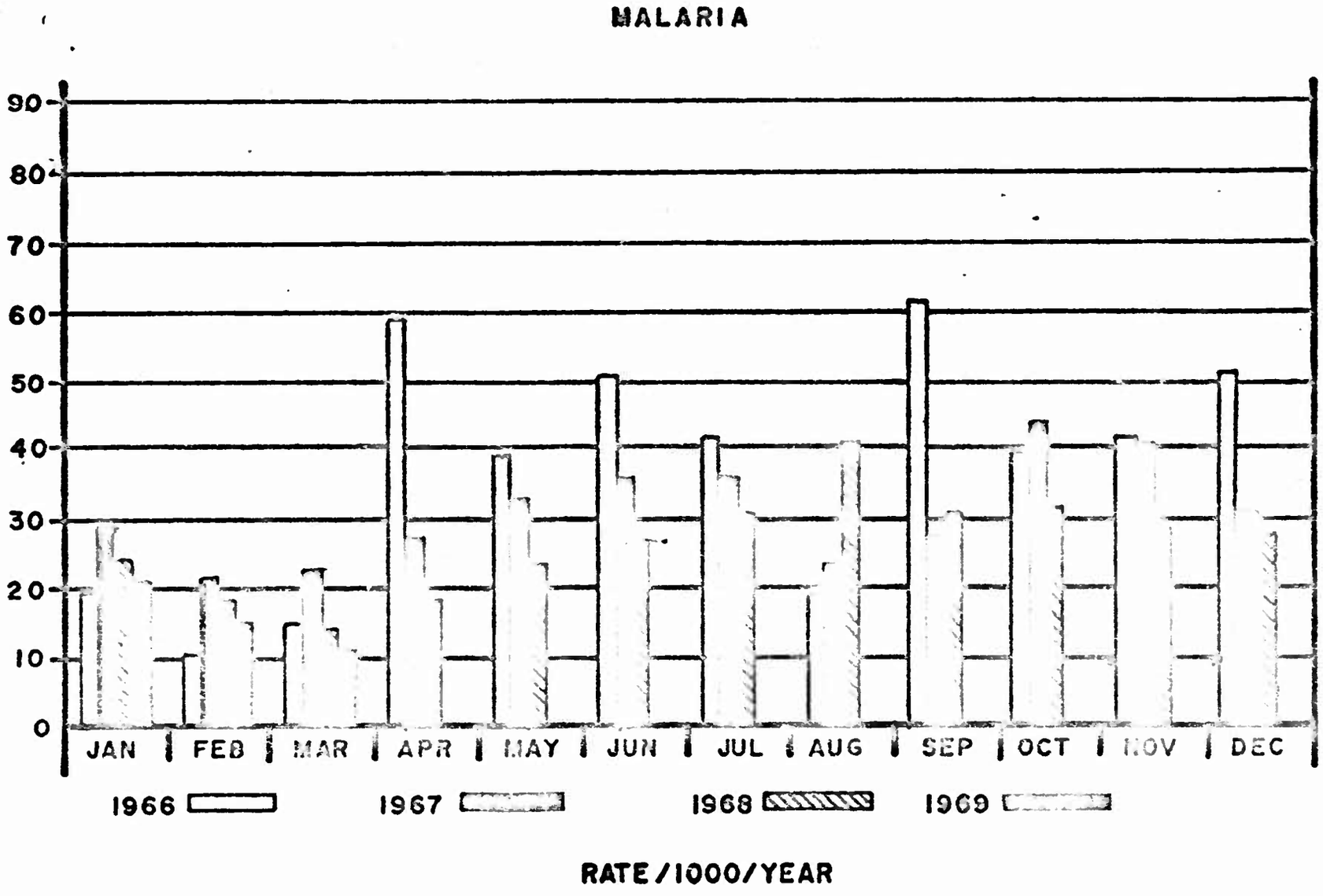

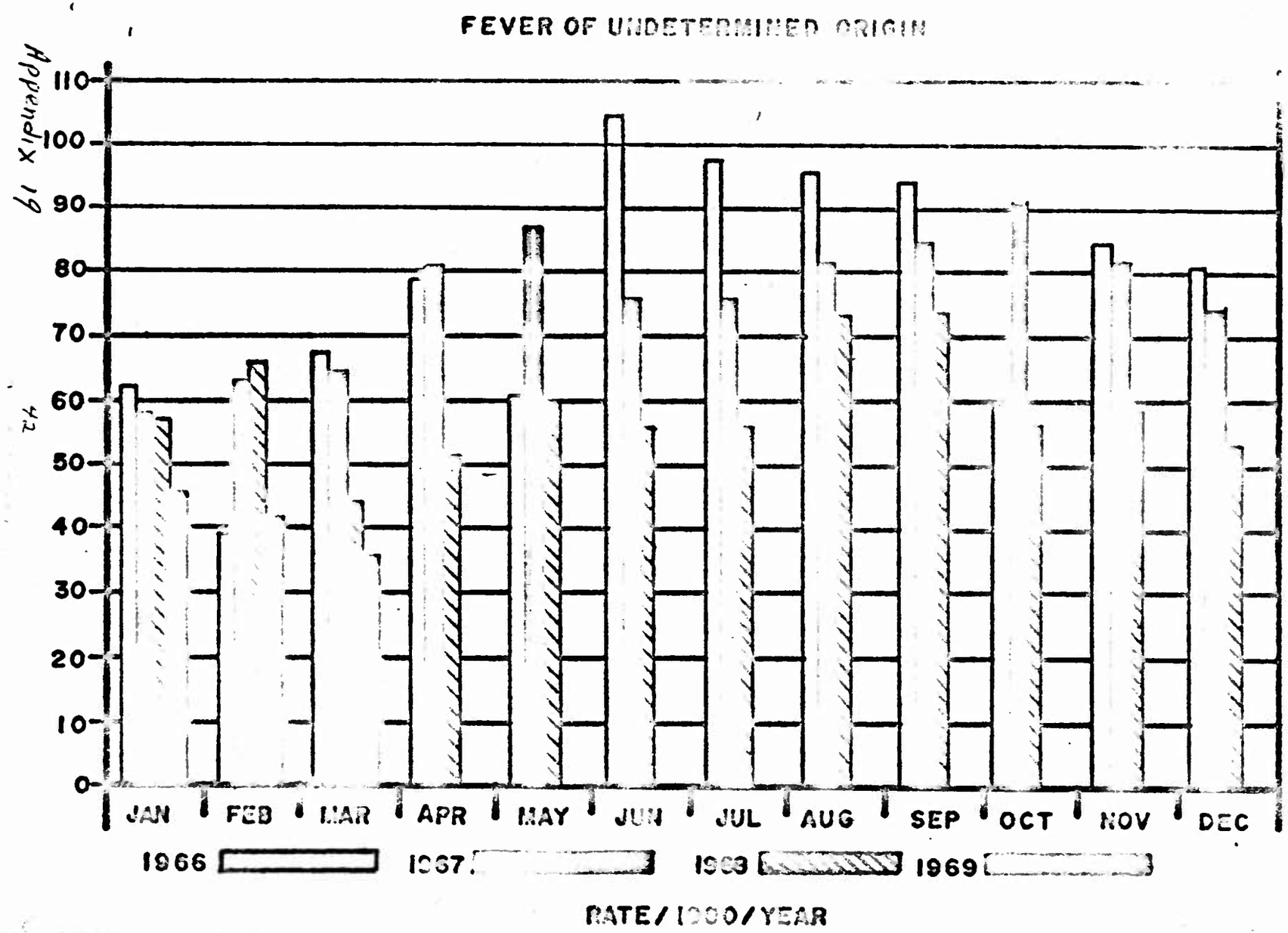

Appendix 19

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Appendix 20

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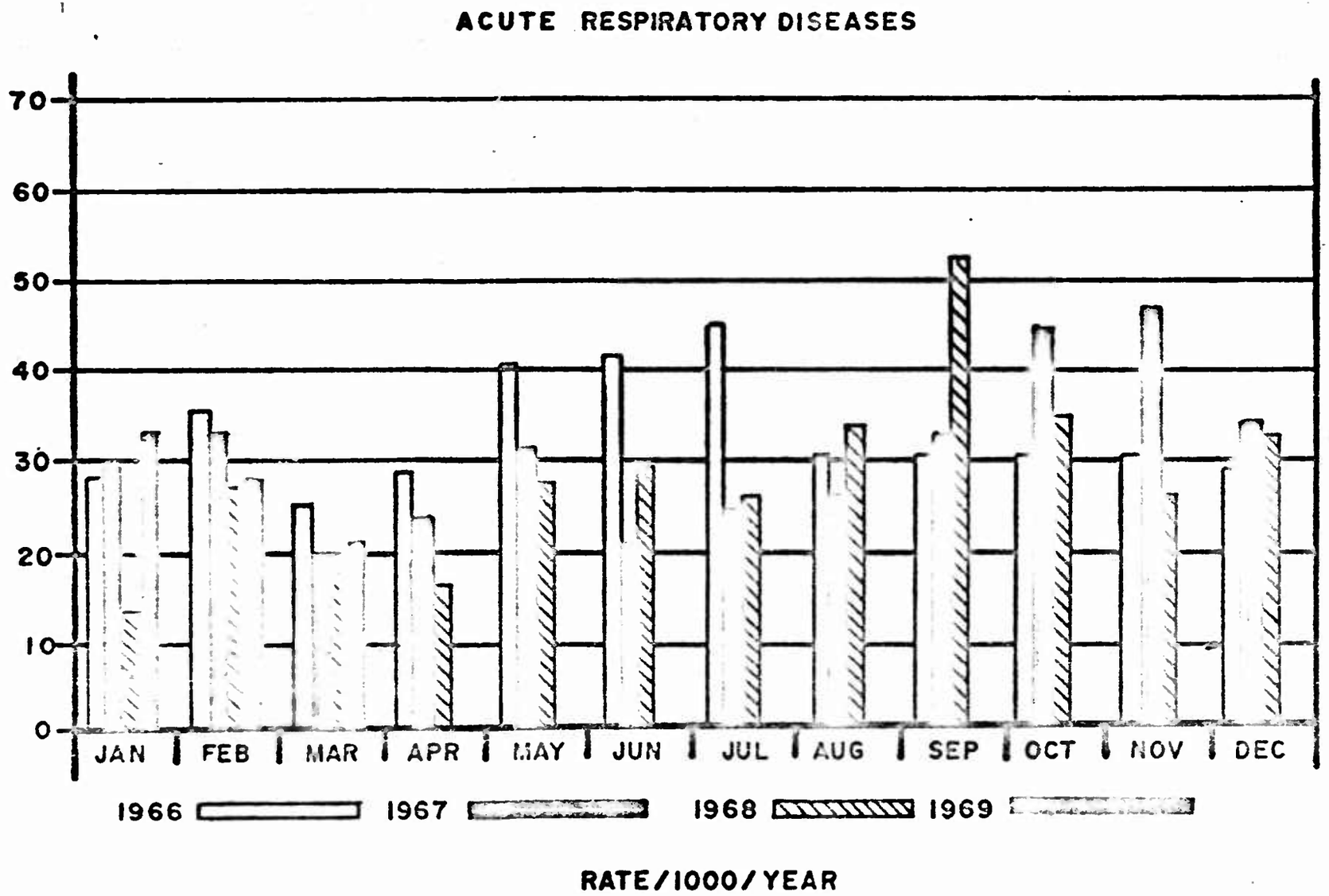

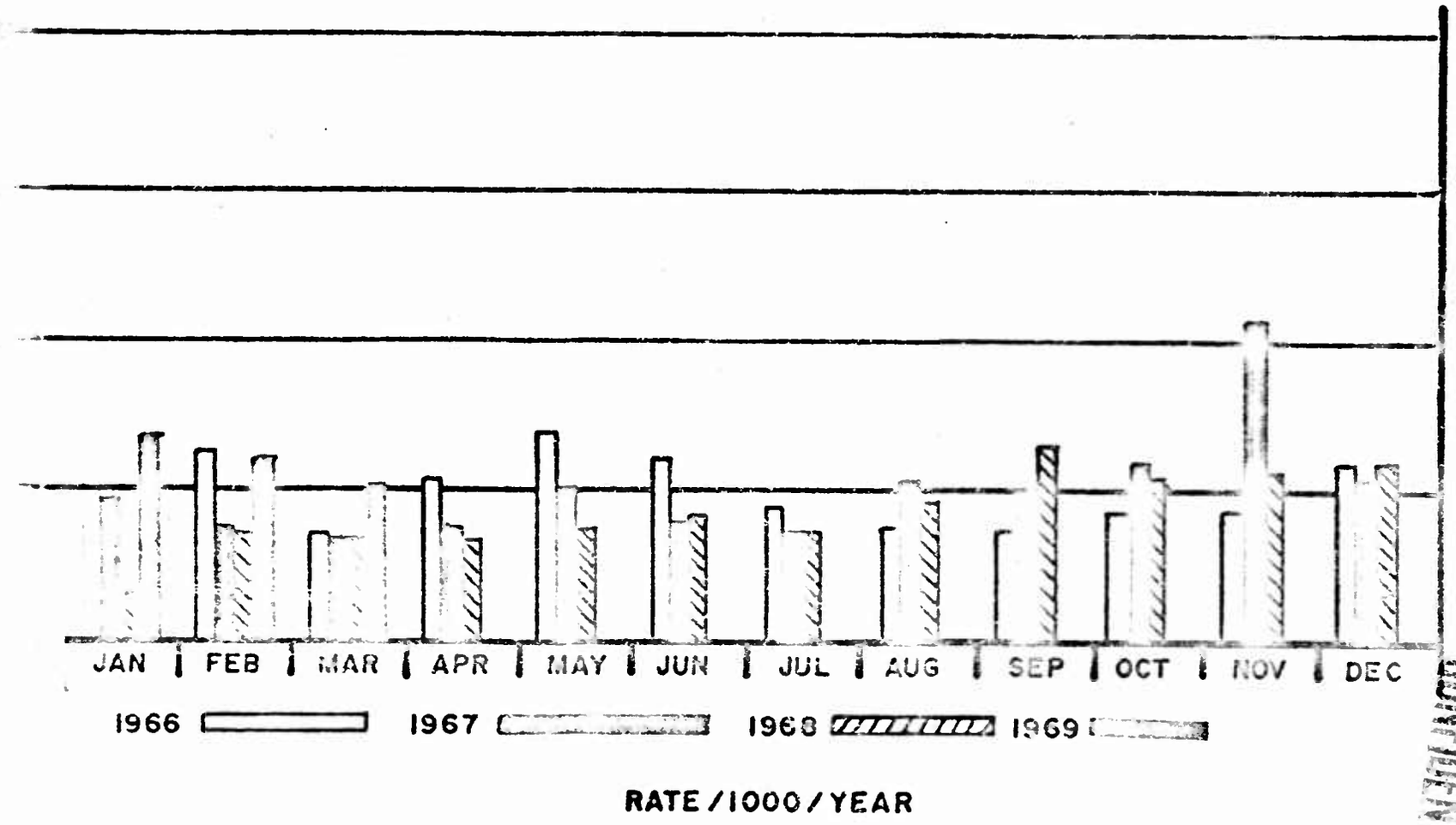
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